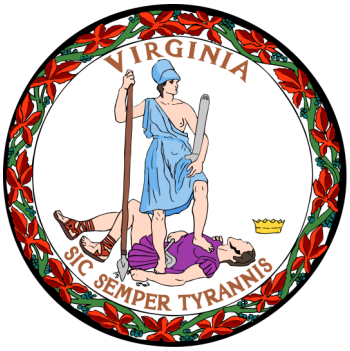
Virginia Department of Behavioral Health & Developmental Services

Not Guilty by Reason of Insanity:

Reference Manual for Community Services Boards & Behavioral Health Authorities



Developed by Virginia's Department of Behavioral Health and Developmental Services

Office of Forensic Services

January 2016

Introduction

Individuals that have been found Not Guilty by Reason of Insanity (NGRI) are also referred to as insanity acquittees or acquittees because they have been *acquitted* of their charges. NGRI(s), acquittees, and insanity acquittees all mean the same thing. This group of people poses a unique challenge to Virginia's mental health service system because they require attention for clinical and legal needs as a result of their connection to both the mental health and criminal justice systems.

Since the revisions to the Virginia Code for individuals found Not Guilty by Reason of Insanity on July 1, 1992, the Community Services Boards (CSBs)/Behavioral Health Authorities (BHAs) have been required to participate in conditional release planning and, once discharged, to implement the court's conditional release orders. After a period of hospitalization in a Department of Behavioral Health and Developmental Services (DBHDS) facility, Virginia Courts have placed well over a thousand acquittees into the care and supervision of the CSBs/BHAs since that time.

This reference manual is provided to the CSB/BHA staff as a tool for working with acquittees while they are in a DBHDS facility, and while they are on conditional release. This manual is not intended to be a substitute for the policy manual from the DBHDS, entitled *Guidelines for the Management of Individuals Found Not Guilty by Reason of Insanity, 2003 Edition*. We encourage you to take advantage of the forensic expertise available at the DBHDS Forensic Services Office and in each of our DBHDS facilities. A list of these individuals is provided in this reference manual.

The Office of Forensic Services will be offering NGRI Training for CSB/BHA staff in conjunction with the dissemination of this manual. Please contact Sarah Shrum (804-786-9084 or sarah.shrum@dbhds.virginia.gov) at the DBHDS Forensic Services Office if you are interested in training or a copy of this reference manual.

Virginia Department of Behavioral Health & Developmental Services

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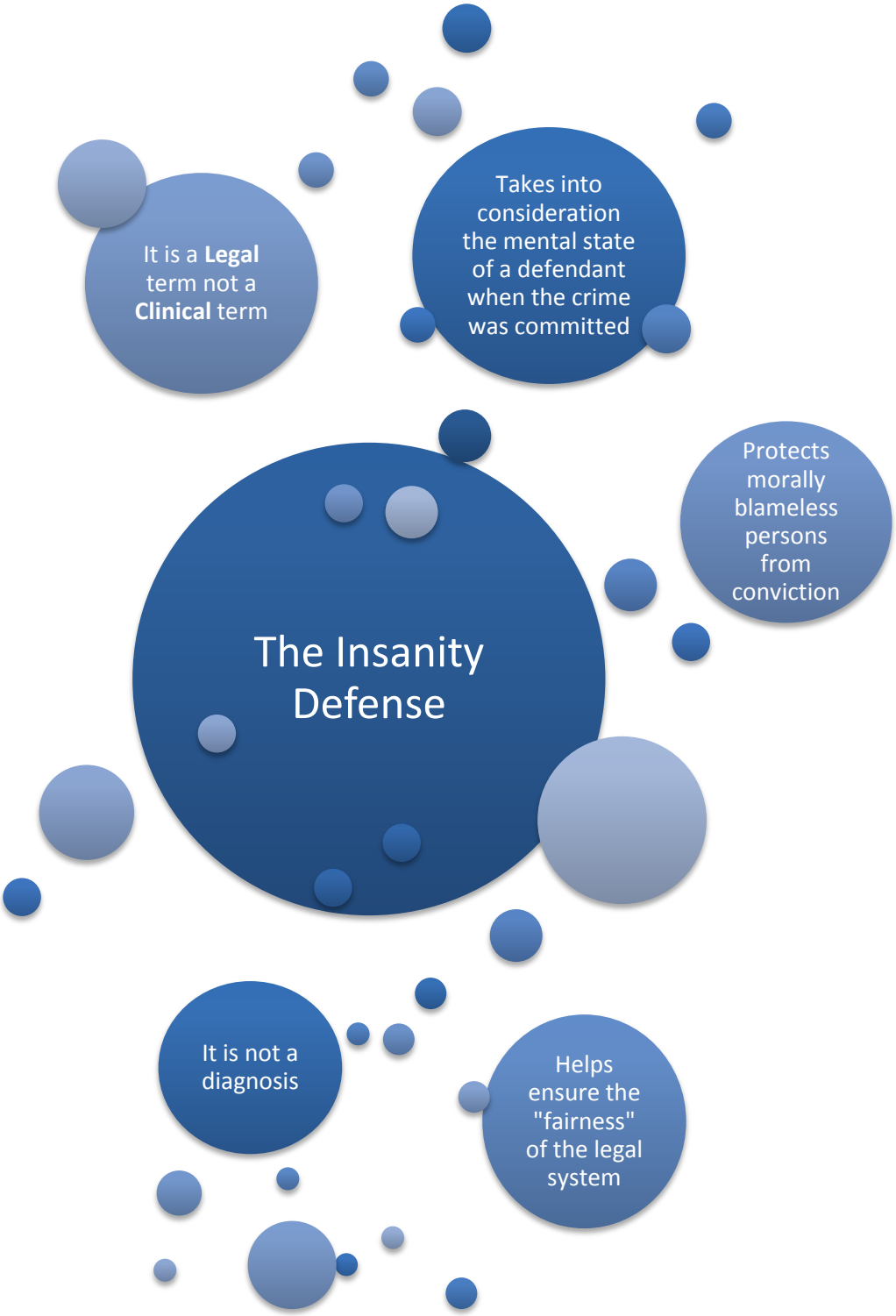
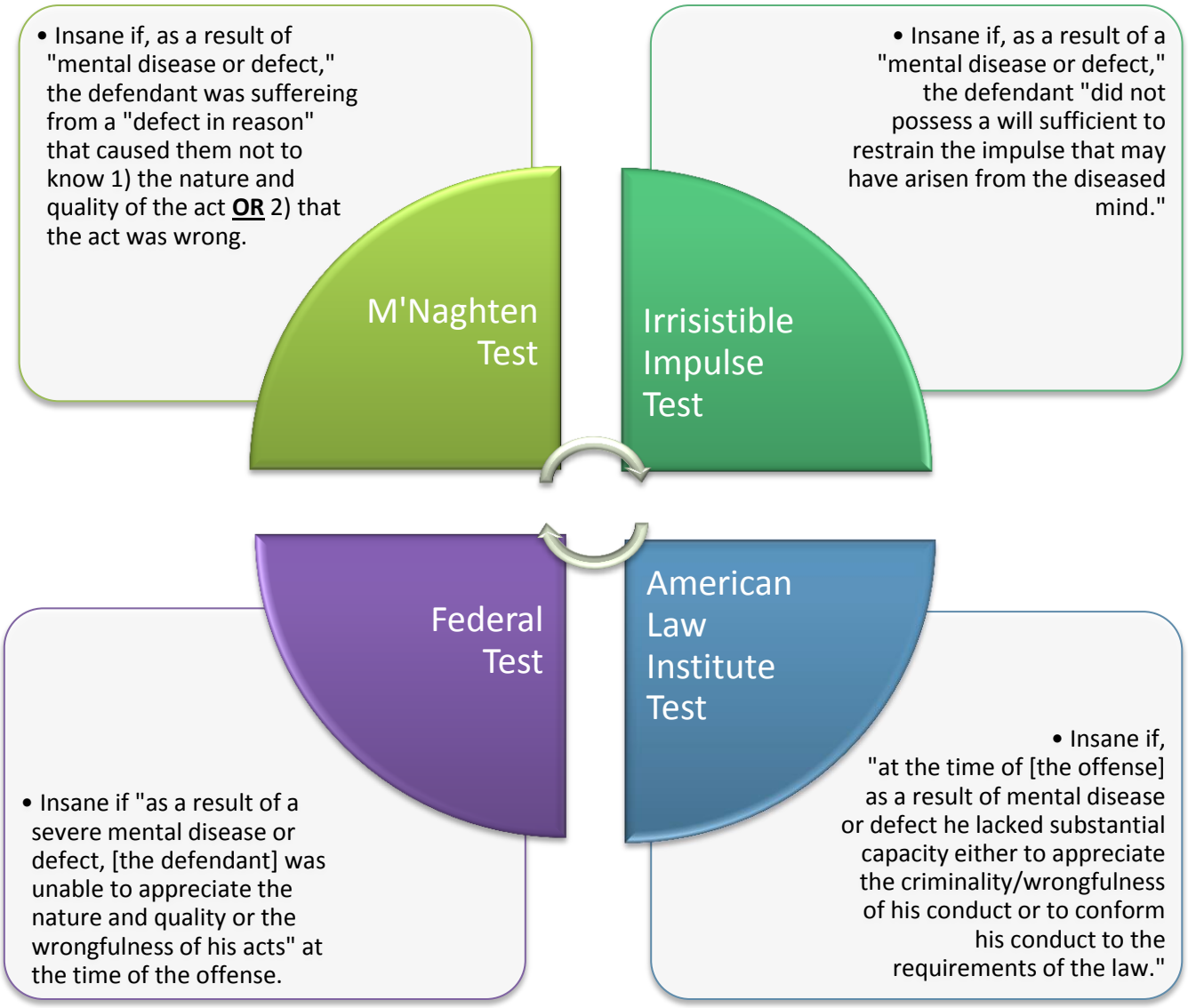
Virginia Department of Behavioral Health & Developmental Services

The Definition of Insanity



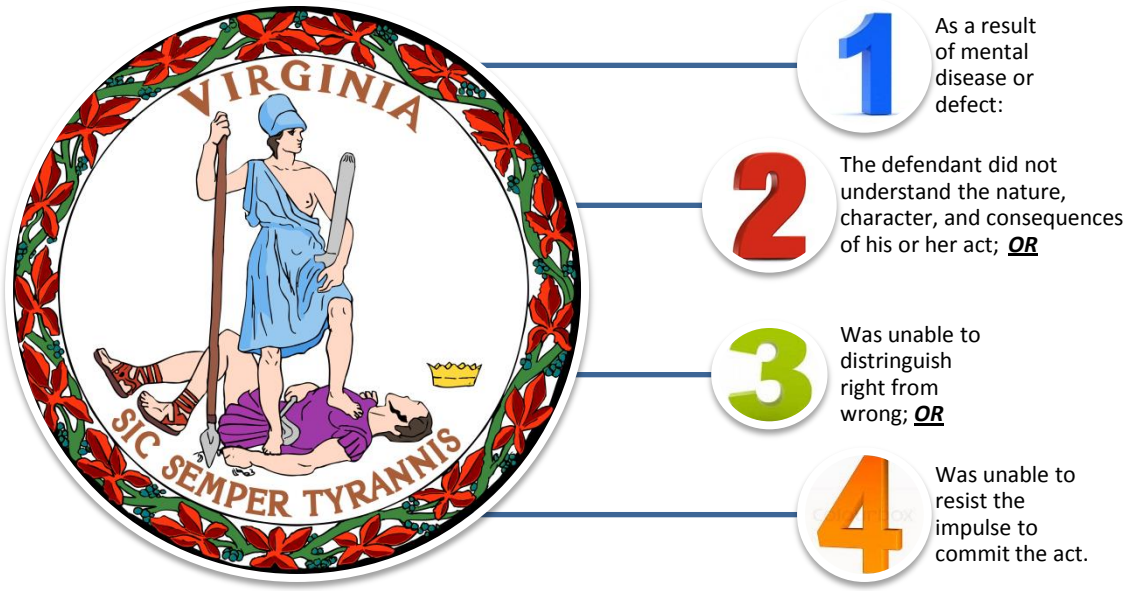
Insanity Definition	A person accused of a crime can acknowledge that they committed the crime, but argue that they are not responsible for it because of a mental illness or a "mental defect."
	This term is not used in the fields of psychology or psychiatry. It is purely a legal term. No one is diagnosed "insane."
	A person can enter a plea of insanity when charged with a crime. The court will weigh the evidence and may find them "Not Guilty by Reason of Insanity," or NGRI. They are acquitted of criminal charges when found NGRI by the court and then there is typically a court ordered treatment component.
	The insanity plea was developed to protect individuals who are "morally blameless." The insanity defense is a compromise; it reflects society's belief that the law should not punish defendants who, for reasons beyond their control (as a direct result of mental disease or defect), committed a criminal act.
	Throughout the country there are many different legal definitions of insanity. These have been based upon many historical court cases, and in some states have been put into the code language.
	In Virginia, the legal code does not directly define insanity; the current definition of insanity in Virginia was established through case law, or historical court cases.
	Each state's definition of insanity has similar core elements: the presence of a mental disease or defect, **and** a) the inability to control their actions as a result of that defect, **and/or** b) the inability to differentiate right from wrong as a result of that act.

The Many Variations of the Insanity Test



Tests for Insanity	Vary from state to state.
	Mental disorder alone is never sufficient.
	There does not appear to be a difference in the frequency of acquittal based on the type of test used.
	Some states have abolished the insanity defense altogether, although it is a small number.
	Others have options for those defendants where the impairment is not enough to justify legal insanity. These include the "diminished capacity" or "guilty but mentally ill" defenses.

The Virginia Insanity Test



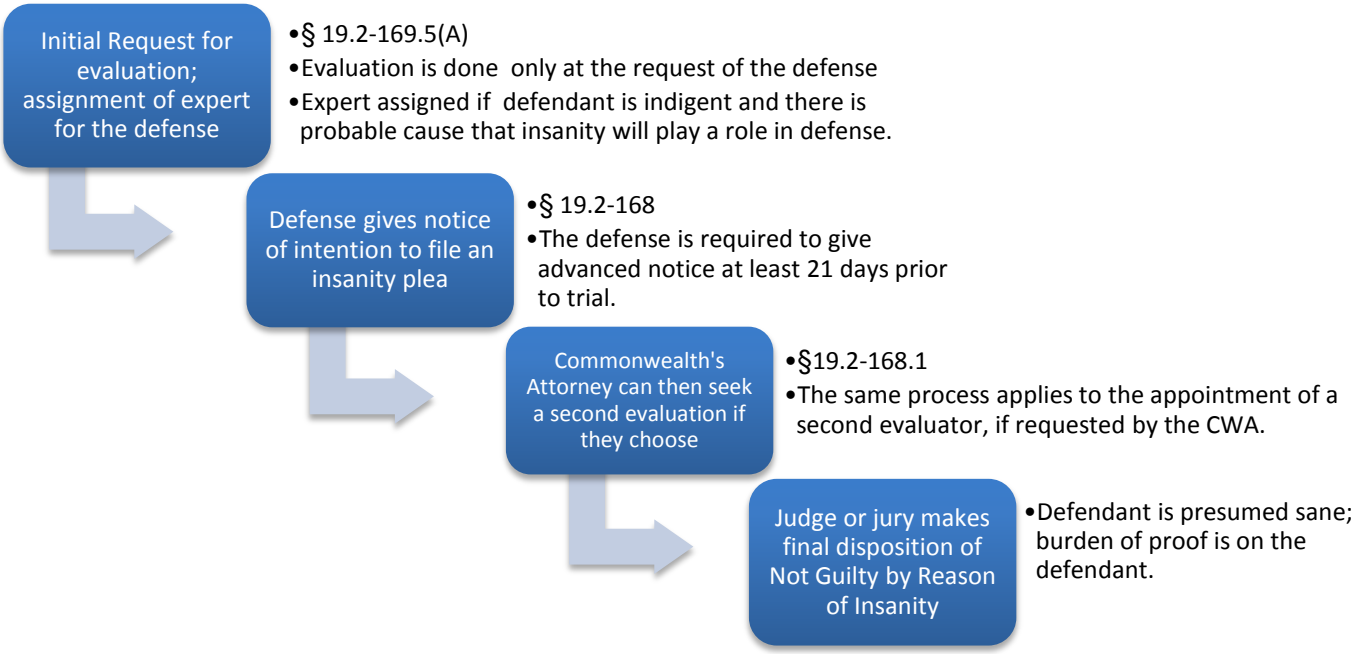
Virginia Insanity Test	Contains both cognitive and volitional tests; looks at both the defendant's thinking about the offense and their ability to control behavior.
	Never been defined by statute, the insanity defense in Virginia is entirely based on case law.
	"Mental disease or defect" is defined as a disorder that "substantially impairs the defendant's capacity to understand or appreciate his conduct."
	"Nature, character, and consequences" are not defined. It is not clear whether the defendant must have believed that the act was legally justified or whether the belief that the act was morally justified suffices.
	The degree of impairment in cognitive or volitional capacity necessary for a finding of insanity is a social value judgment for the judge or jury.

Meaning of "mental disease or defect"	Not defined in code; defined by case law.
	Psychotic disorders qualify.
	Intellectual disorders qualify.
	Voluntary intoxication does not qualify.
	"Settled insanity" due to substance abuse may qualify. The criteria are organic impairment, with psyhcotic symptoms resulting from long-term substance use.
Meaning of "nature, character, and consequences"	Not defined in code.
	Unclear whether the defendant must have believed that the act was legally justified or whether it is sufficient that the defendant believed the act was morally justified. Often referred to as the "cognitive prong."
	A common example of how this has been conceptualized might be a defendant who killed their friend by strangulation, but during the act believed that they were actually squeezing an orange. In this example, the individual had no understanding of the nature, character, and consequences of the act given the level of their impairment.
Meaning of "unable to distinguish between right and wrong"	Not defined in code.
	Generally understood as the defendant lacking moral rather than legal understanding of wrongfulness. So, despite understanding the illegality of the act, their level of impairment was such that they believed they were morally justified in committing the crime.
	A common example of how this has been conceptualized might be a defendant who killed their friend by strangulation, knowing that it was a crime but believing that they were saving that person from demonic posession. In this example, the individual knew what they were doing, understood that it was an illegal act, however felt that it was the only "right" thing to do given the level of their impairment.

Meaning of "irrisistable impulse"	Not defined in code.
	Generally understood to mean that a defendant is so impaired that they can not control their behaviors or stop themselves from committing the act. Essentially, the impairment has affected the defendant's ability to choose how they will act or control their actions. Often called the "volitional prong."
	Usually, any advanced planning would negate the irrisitable impulse claim.
	It is also different than an "act of passion" or emotion, as there must be a connection to a mental disease or defect. Anger or jealousy are not sufficient for a finding of insanity.
	Usually, the issue of the "cognitive prong" is dismissed before considering the volitional nature of the act. Often there is both a cognitive and volitional impairment at the same time.
	A common example of how this has been conceptualized might be a defendant who understood that they were strangling their friend, understood that this was morally and legally wrong, but whose auditory hallucinations were so compelling that they could not control their behavior and resist the impulse to commit the act.
Required level of impairment	The degree of impairment needed to qualify for the insanity finding is not defined in code.
	In one Virginia case, the court defined the level of impairment needed for an NGRI finding as a "substantial" impairment of the defendant's capacity to understand the nature or consequences of their actions, appreciate wrong from right, or control their actions. "Substantial" does not require a total lack of capactity. Evaluators are tasked with gauging the level of impairment and determining whether the level was sufficient or "substantial" enough to jusify an NGRI finding.

Competency to Stand Trial vs. Insanity at the Time of the Offense

The Insanity Defense



Qualified Evaluators	§19.2-169.5(a) states that an "expert" shall be:
	A) A psychiatrist, a clinical psychologist, or an individual with a doctorate degree in Clinical Psychology who has successfully completed forensic evaluation training as approved by the Commissioner of DBHDS; ***AND***
	B) Is qualified by specialized training and experience to perform forensic evaluations."
	(When the evaluation is paid for by the state, the defendant is not able to select the evaluator of their choosing.)
Location of the Evaluation	§19.2-169.5(b) states that evaluations must be performed on an outpatient basis at a mental health facility or in jail unless:
	A) Outpatient evaluation services are unavailable; ***OR***
	B) The results of an outpatient evaluation indicate that hospitalization for further evaluation is necessary; ***OR***
	C) The defendant is committed for emergency treatment prior to trial and the court orders a sanity evaluation during that hospitalization.
Payment for Evaluations	Indigent defendants who show probable cause to believe that sanity will play a role in their defense are entitled to a state-funded expert evaluation.
	Defendants who are not indigent must seek out and pay for their own expert evaluations.
	All evaluators who perform these evaluations must be either a psychiatrist or a psychologist who has received the DBHDS required training for forensic evaluation.

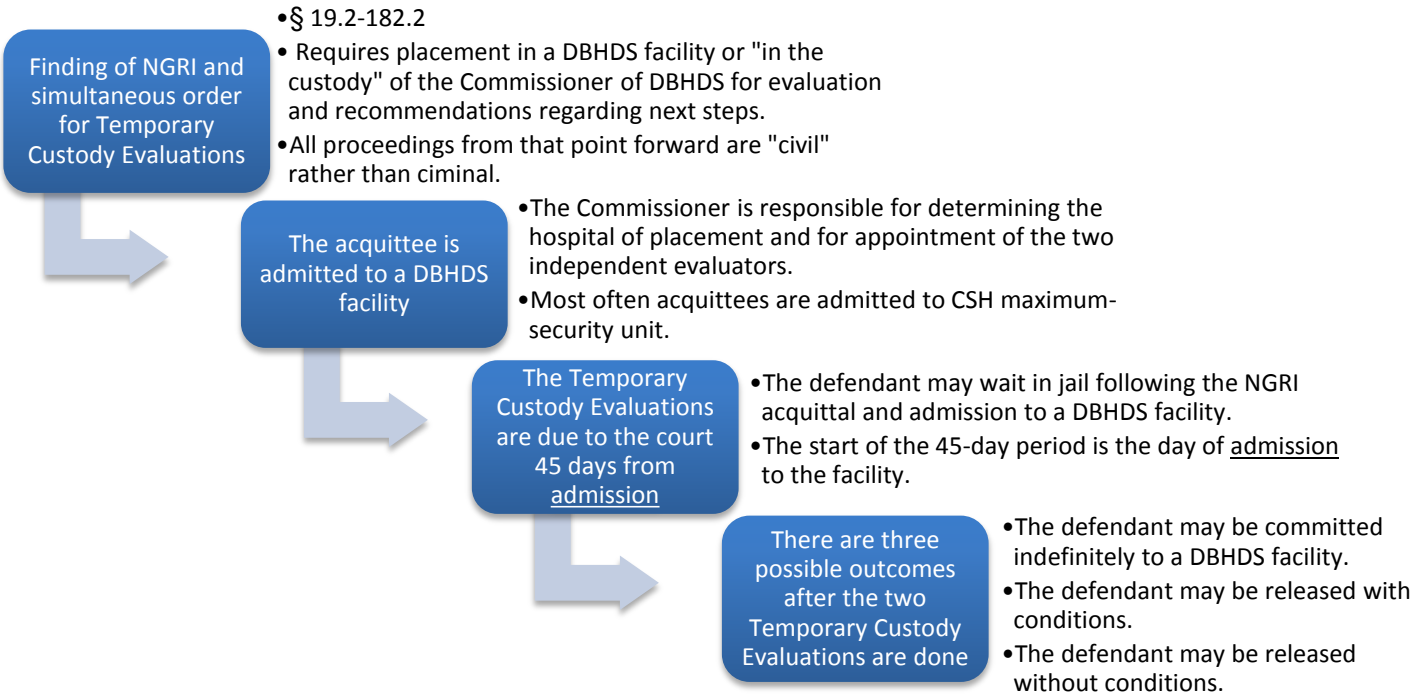
Information Provided to Evaluators	§19.2-169.5(c) states that the court shall requre "the party making the motion for the evaluation, and such other parties as the court deems appropriate," to provide "any information relevant to the evaluation," including but not limited to:
	A) Copy of the warrant or indictment;
	B) Names and addresses of the CWA, defense attorney, and judge;
	C) Information about the alleged offense, including statements made by the defendant to police and transcripts of preliminary hearings, if any;
	D) Summary of the reasons for the evaluation request;
	E) Any available psychiatric, psychological, medical, or social records deemed relevant;
	F) Copy of the defendant's criminal record, to the extent available.
	The final reports are sent only to the defense attorney at this stage.

Evaluation Requested by the Commonwealth's Attorney	§19.2-168.1 states :
	A) The evaluation can be ordered only after the defense has given notice of intent to present the insanity defense.
	B) The location of evaluation and qualifications of experts are the same as for the defense evaluation.
	C) The required background infromation provided to the CWA's expert is the same; however, the CWA is required to provide that information.
	D) If the defendant refuses to cooperate with the CWA's expert evaluation, the court may decide to exclude the defense's expert testimony.
	E) The report is sent to both the defense and the CWA.

Disposition of Not Guilty by Reason of Insanity	Upon an NGRI finding, the trial court retains jurisdiction over the case and makes or modifies any placement decisions from this point forward. However, the case shifts from a criminal to a civil case.
	Immediately following acquittal, the acquittee is ordered into the custody of the Commisioner of DBHDS for temporary custody evaluations.
	Following evaluations, the court will decide either to commit to inpatient treatment, conditionally release, or unconditionally release the acquittee.

Myths About the Insanity Defense	***1. The insanity defense is overused.***	Nationally, the insanity defense is only used in approximately 1% of felony criminal cases. Only 25% of that 1% are actually successful with their plea of NGRI.
	2. Use of this defense is limited to murder cases.	In 2002 the Virginia Code was amended to allow for the use of the insanity defense in misdemeanor criminal cases. In Virginia, from 2003 to 2015, approximately 15% of all insanity findings were for misdemeanor charges.
	3. There is no risk to the defendant who pleads insanity.	There are many serious consequences for individuals who plead NGRI. Although criminal penalties are not applied, individuals found NGRI face indefinite periods of hospitalization.
	4. NGRI acquittees are quickly released from custody.	In Virginia, the average length of hospitalization for someone found NGRI is 6.5 years. Many individuals will spend much longer in the hospital setting. Only 25% of acquittees are released to the community after their initial temporary custody period.
	5. NGRI acquittees spend much less time in custody than defendants convicted of the same offense.	Many acquittees actually spend longer in the hospital after their NGRI finding than they would have spent in jail if they had been convicted.
	6. Criminal defendants who plead insanity are usually faking.	Forensic evaluators are adept at “catching” those who malinger mental illness. Specialized tests have been developed for this purpose. It is very difficult to malinger mental illness successfully, especially if the evaluation is done over an extended period of time and in an inpatient setting.
	7. Most insanity defense trials feature a "battle of the experts."	When the defense indicates they will pursue an NGRI finding, then the CWA can petition to have the court appoint an independent evaluator to provide another sanity evaluation, but a second evaluation rarely happens.
	8. Criminal defense attorneys employ the insanity defense in order to "beat the rap."	The insanity defense is not used to “beat the rap,” but instead is a recognition of society’s view that only those culpable for their crimes should be held responsible and punished.

Outcomes for NGRI Acquittees



Disposition of Insanity Acquittees	Upon an NGRI finding, acquittees are not subject to penal sanctions such as jail/prison, probation, parole, or fines for any charges for which they were acquitted.
	Acquittees are placed into the temporary custody of the Commissioner of DBHDS, meaning they are admitted to an inpatient psychiatric hospital.
	The court controls management of an acquittee for an indeterminate and possibly indefinite period of time.
	The acquittee may be committed pursuant to commitment laws that are more serious and restrictive than those regulating civil commitment.

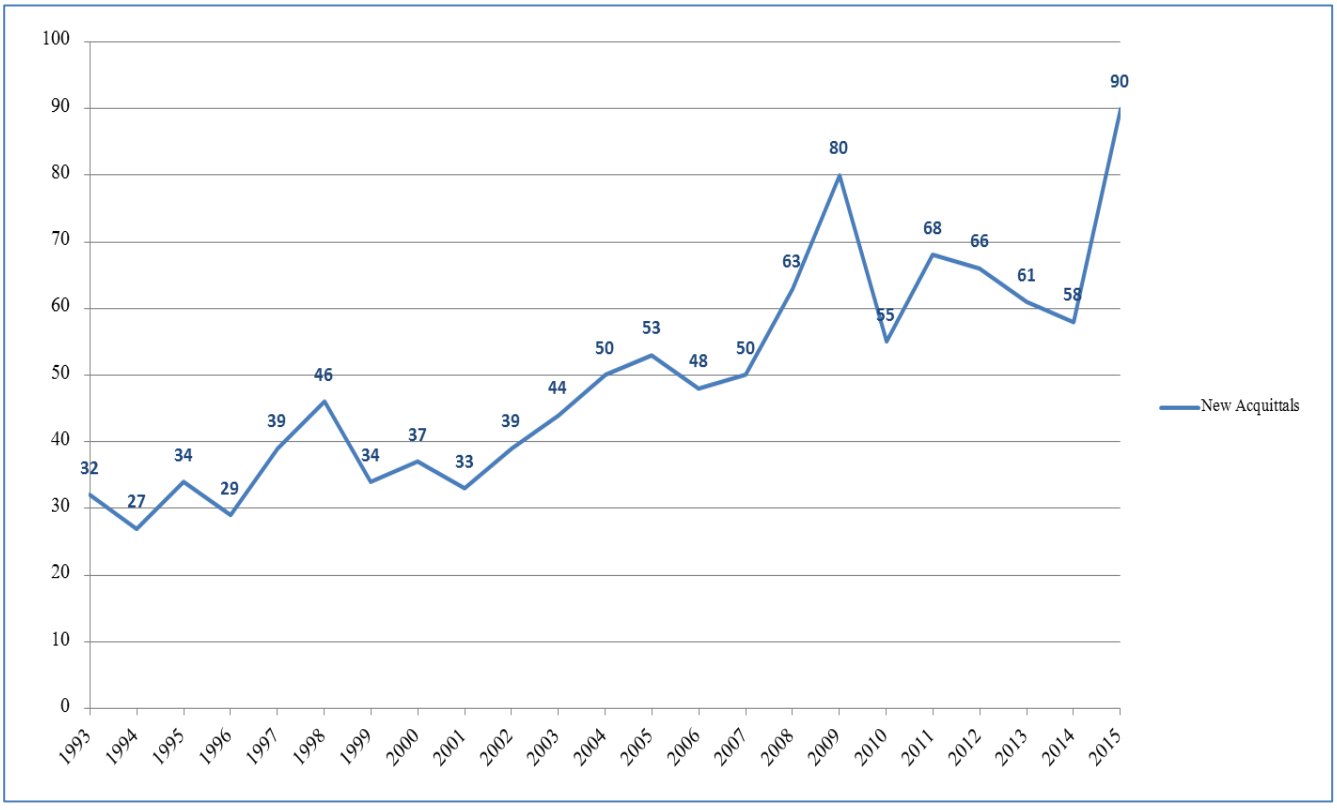
Temporary Custody Period	Most often, acquittees are admitted to the maximum-security unit at Central State Hospital. In some cases they can be admitted directly to a minimum-securty hospital, at the discretion of the Commissioner of DBHDS.
	The CSH maximum-security unit in many ways resembles a jail setting, however it is a treatment facility and there is a very different philosophy.
	Some acquittees mistakenly believe they will be released immediately after temporary custody. This only happens in 25% of NGRI acquittals.
	In a majority of cases, they remain hospitalized long beyond the temporary custody period. The average length of stay for NGRI acquittees in DBHDS hospitals is 6.5 years.

What Patients Can Expect While at CSH Maximum-Security Unit	The acquittee will enter and exit through a sally-port and searched thoroughly upon admission.
	It is a secure environment with little contact with the outside. The acquittee will have limited access to personal items.
	They are required to walk in "single file" lines when moving throughout the building/unit.
	They will be "pat searched" several times a day.
	It is a non-smoking environment.
	They can expect to be at the hospital longer than the 45 days. Often there is a delay in scheduling the next court hearing, and sometimes based upon the evaluator recommendations, the court may decide to extend the temporary custody period at CSH while civil transfer/conditional release plans are developed.

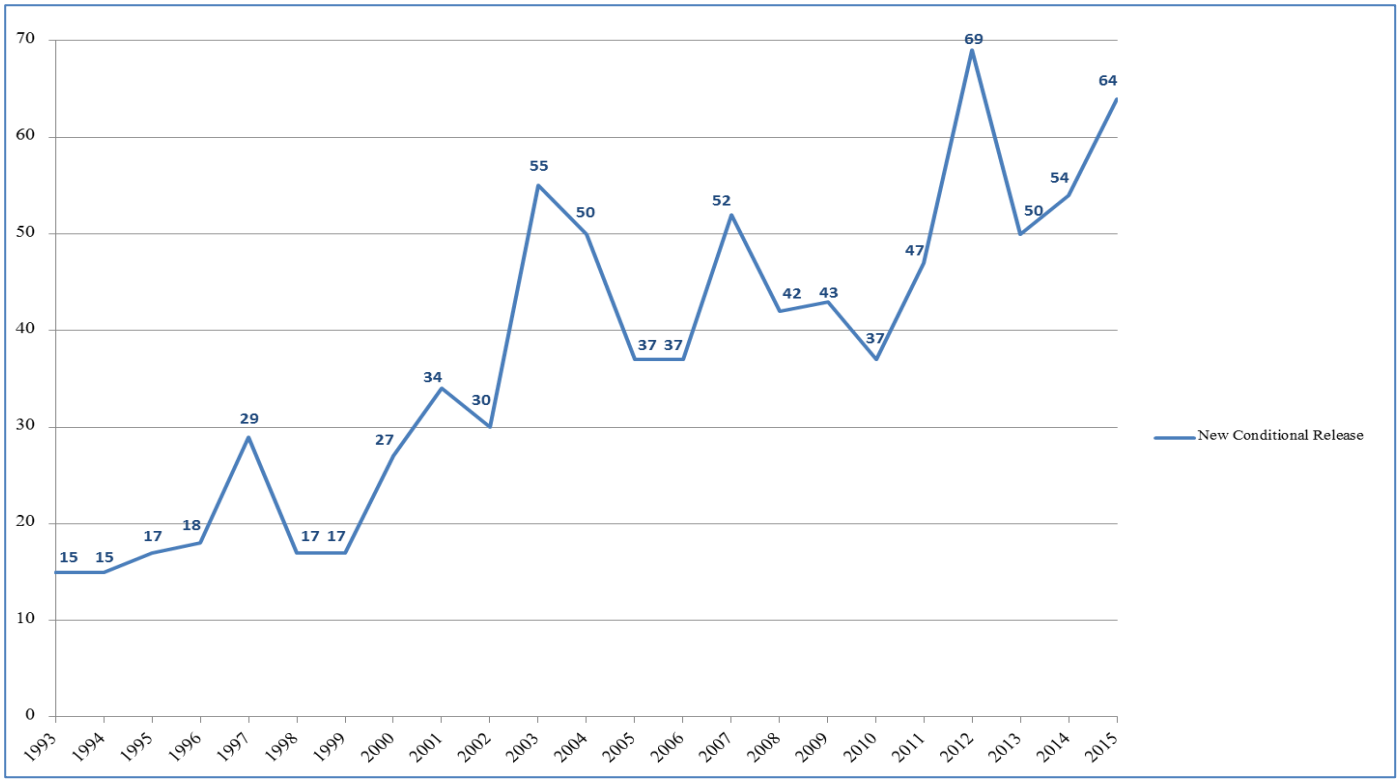
Virginia NGRI Statistics

Use of the Insanity Defense	Infrequently used, and even when used the defense is rarely successful.
	Nationally, it is raised in only about 1% of criminal cases and successful in only 25% of that 1%.
	In Virginia, the percentage of criminal cases in which the insanity defense is used is harder to track, but it does appear that it is close to the national average.
	Since 1993, the average number of new NGRIs per year is 49, but there has been a steady rise since 2001.
	Since 2001, the average new acquittees coming into the system has been 57 per year.

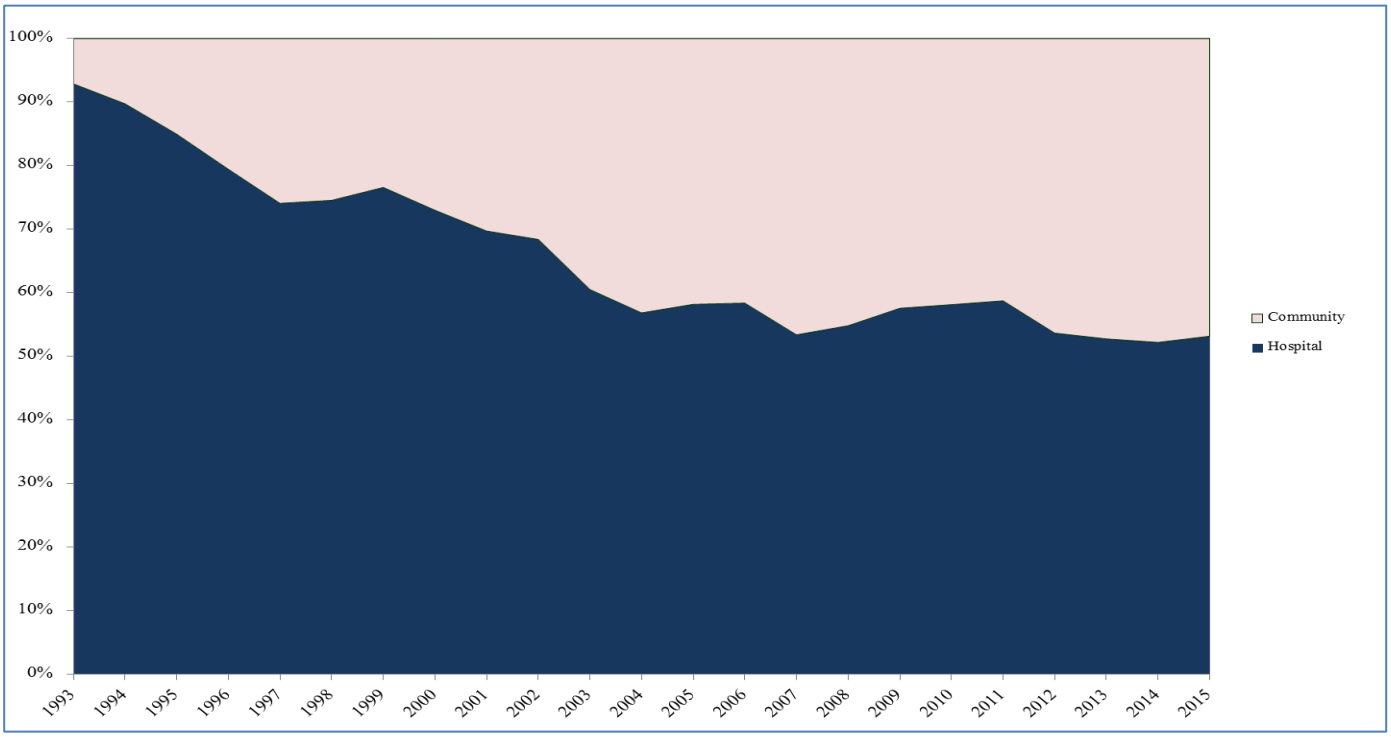
New NGRI Admissions to DBHDS Hospitals Per Year 1993-2015



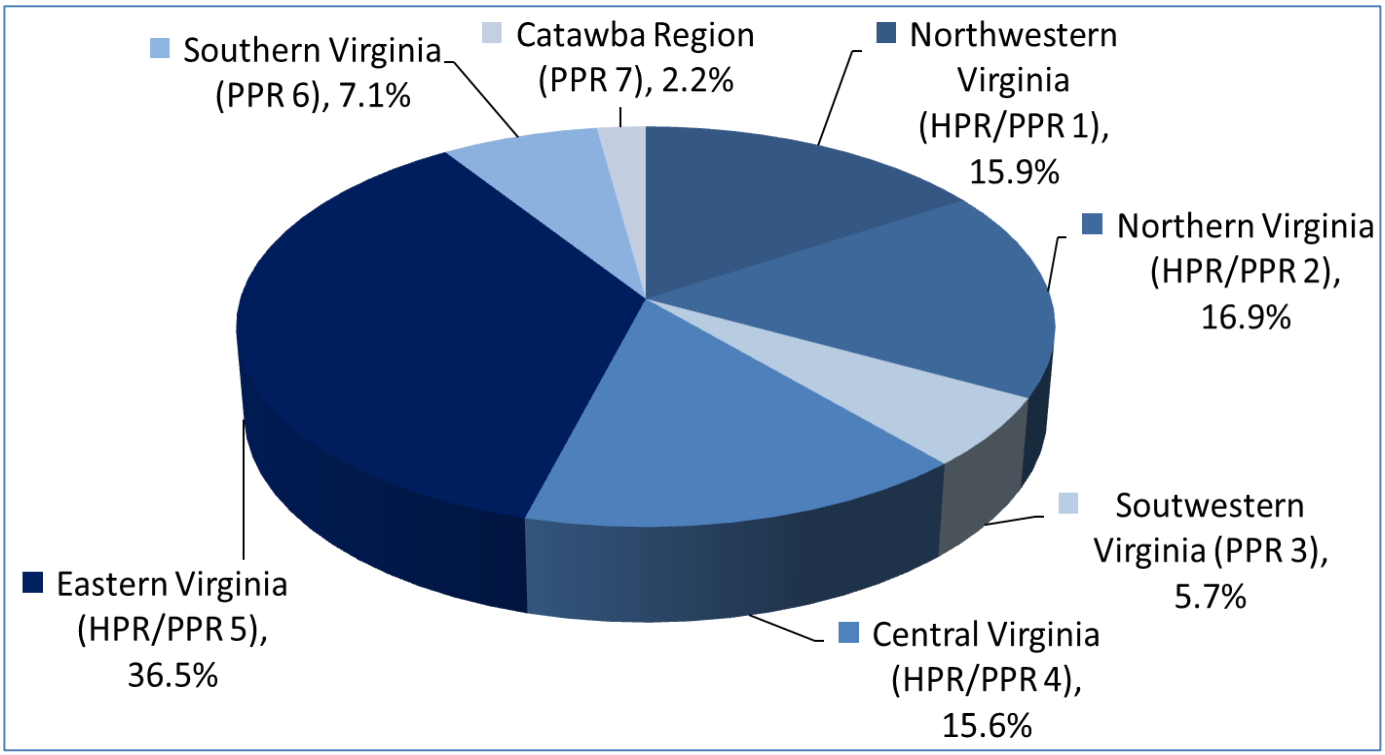
NGRI Discharges from Hospital to Community on Conditional Release Per Year 1993-2015



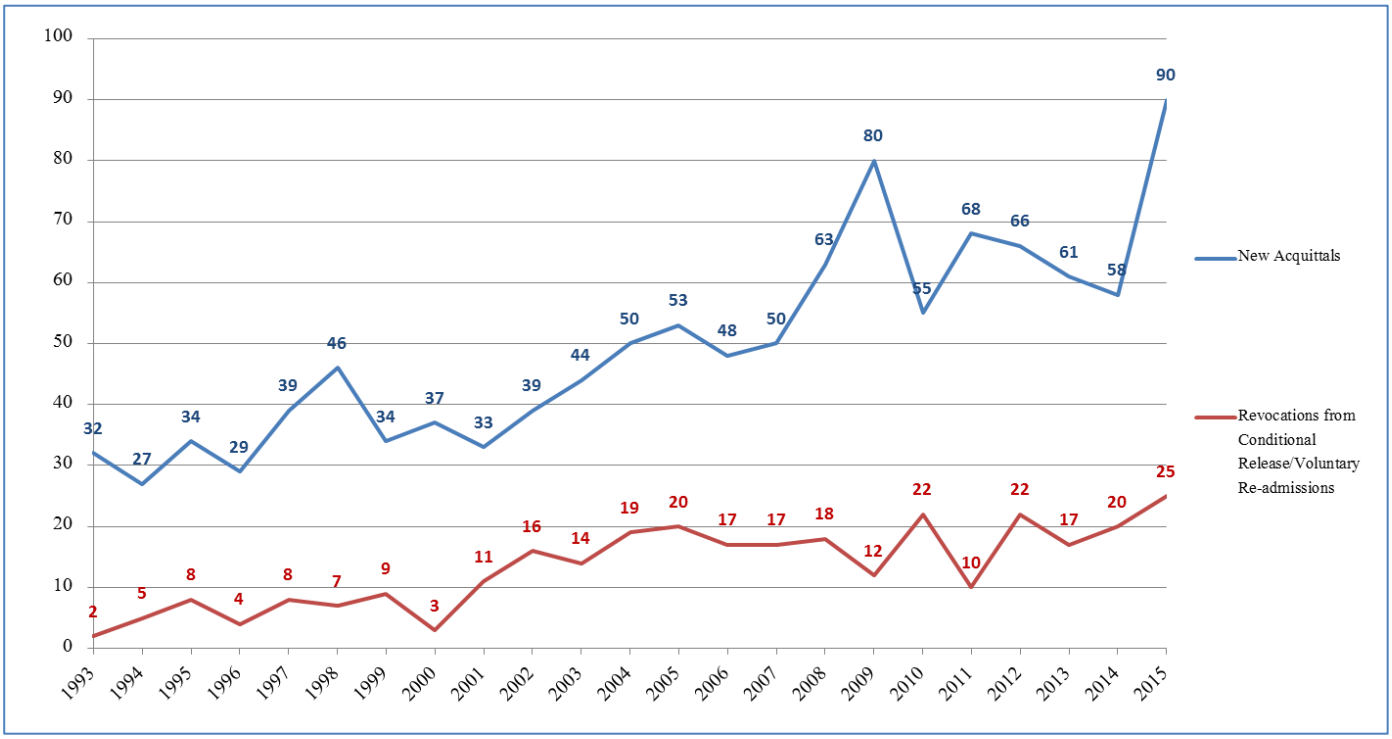
Percentage of NGRI Acquittees in the Hospital vs. Community on Conditional Release 1993-2015

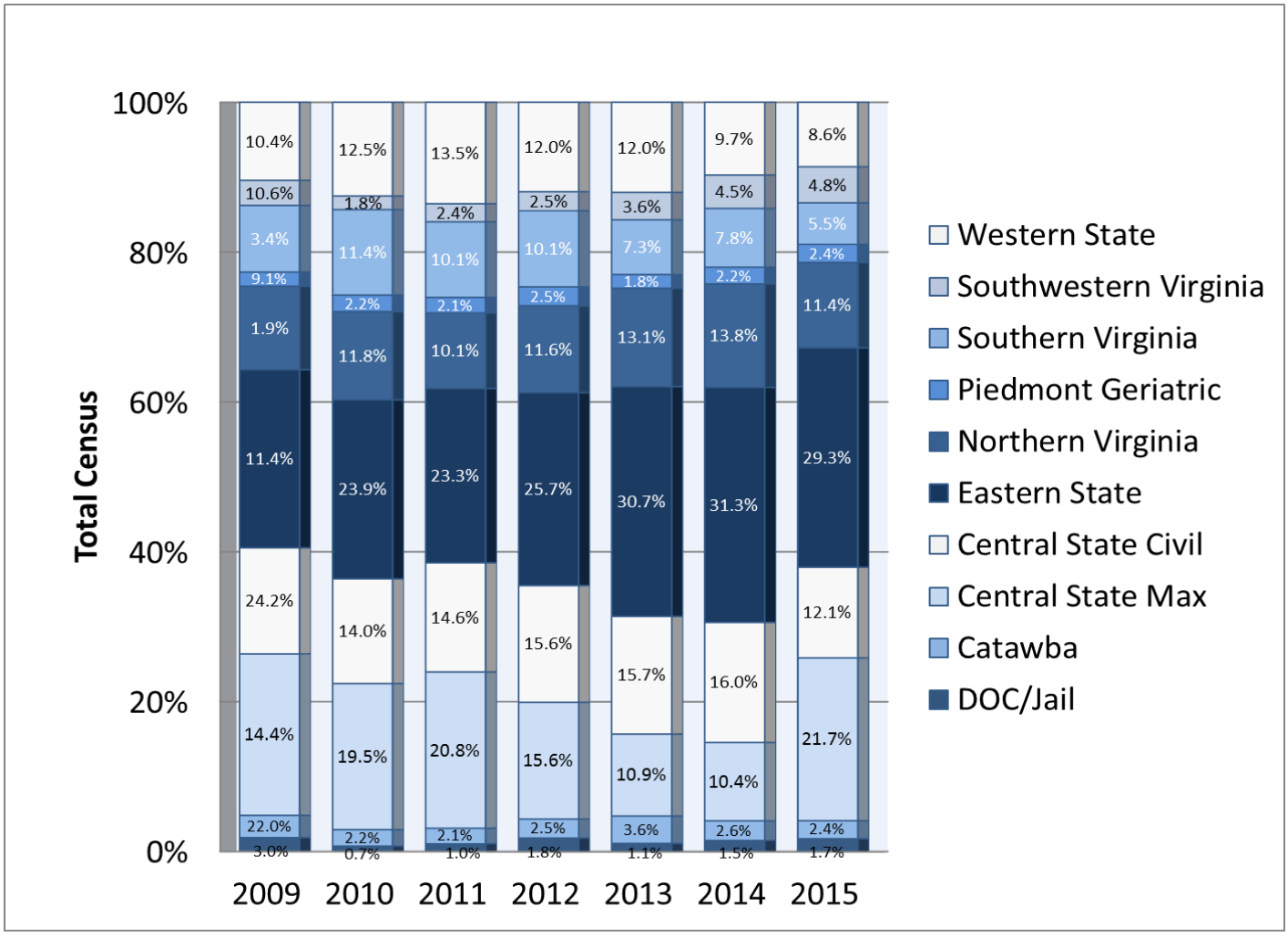


Regional Percentage of All New NGRI Acquittals 2003-2015



Hospital Admission Type 1993-2015




100%
80%
60%
40%
20%
0%
Total Census
2009
2010
2011
2012
2013
2014
2015
10.4%
10.6%
3.4%
9.1%
1.9%
11.4%
24.2%
14.4%
22.0%
3.0%
12.5%
1.8%
11.4%
2.2%
11.8%
23.9%
14.0%
19.5%
2.2%
0.7%
13.5%
2.4%
10.1%
2.1%
10.1%
23.3%
14.6%
20.8%
2.1%
1.0%
12.0%
2.5%
10.1%
2.5%
11.6%
25.7%
15.6%
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2.5%
1.8%
12.0%
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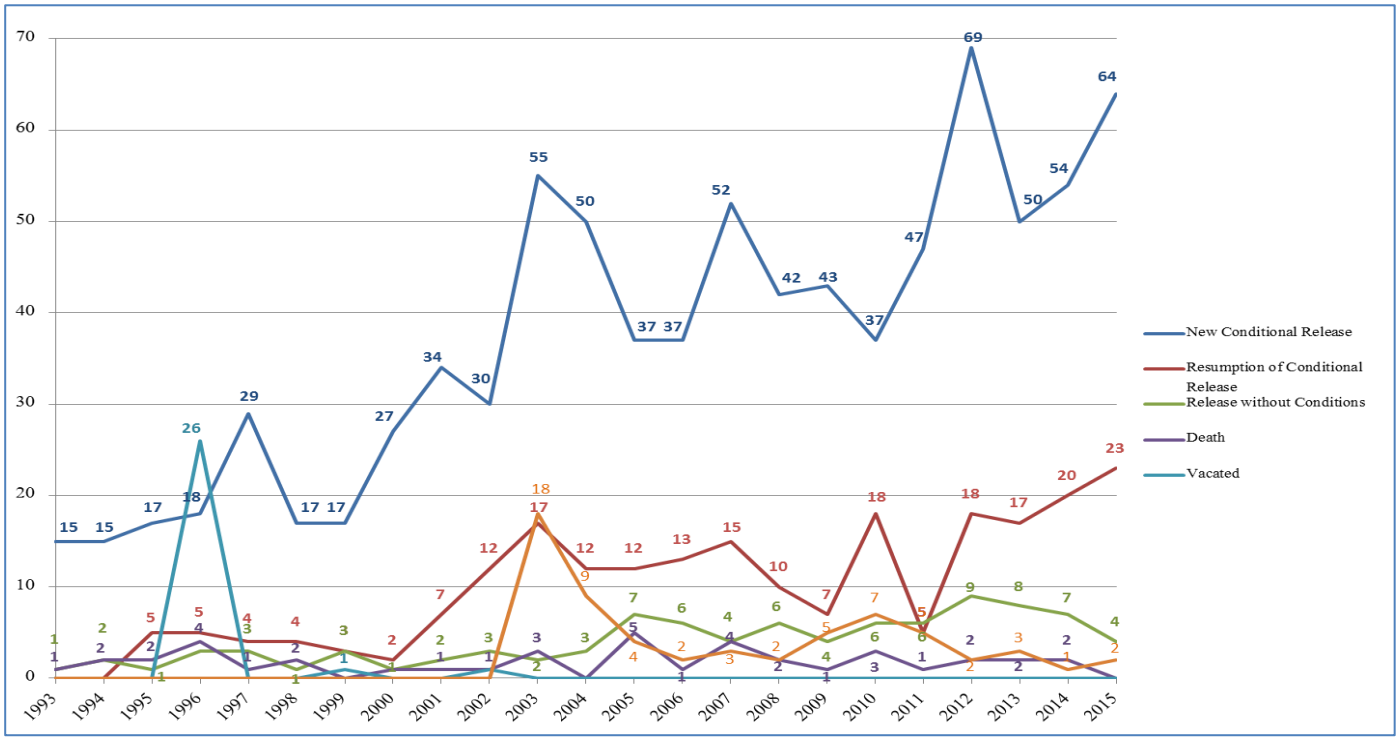
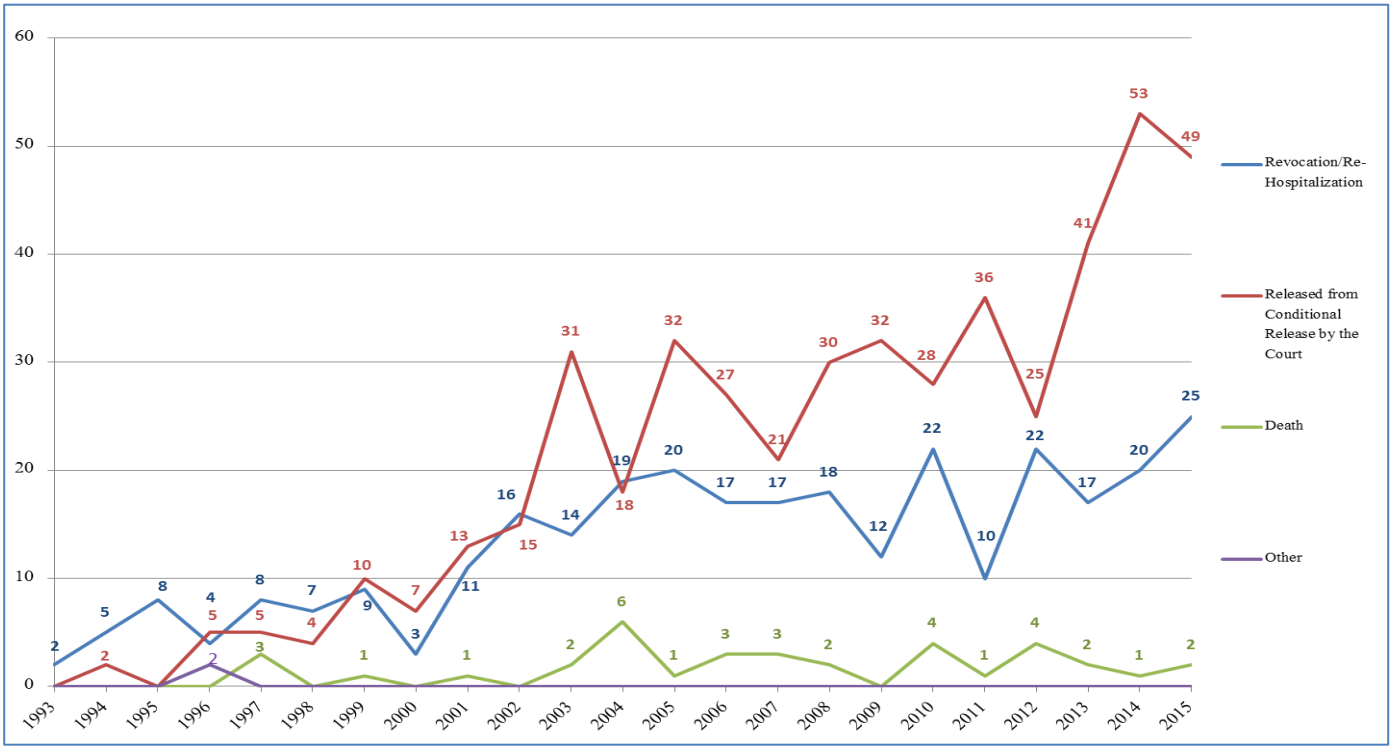
10.9%
3.6%
1.1%
9.7%
4.5%
7.8%
2.2%
13.8%
31.3%
16.0%
10.4%
2.6%
1.5%
8.6%
4.8%
5.5%
2.4%
11.4%
29.3%
12.1%
21.7%
2.4%
1.7%
Western State
Southwestern Virginia
Southern Virginia
Piedmont Geriatric
Northern Virginia
Eastern State
Central State Civil
Central State Max
Catawba
DOC/Jail

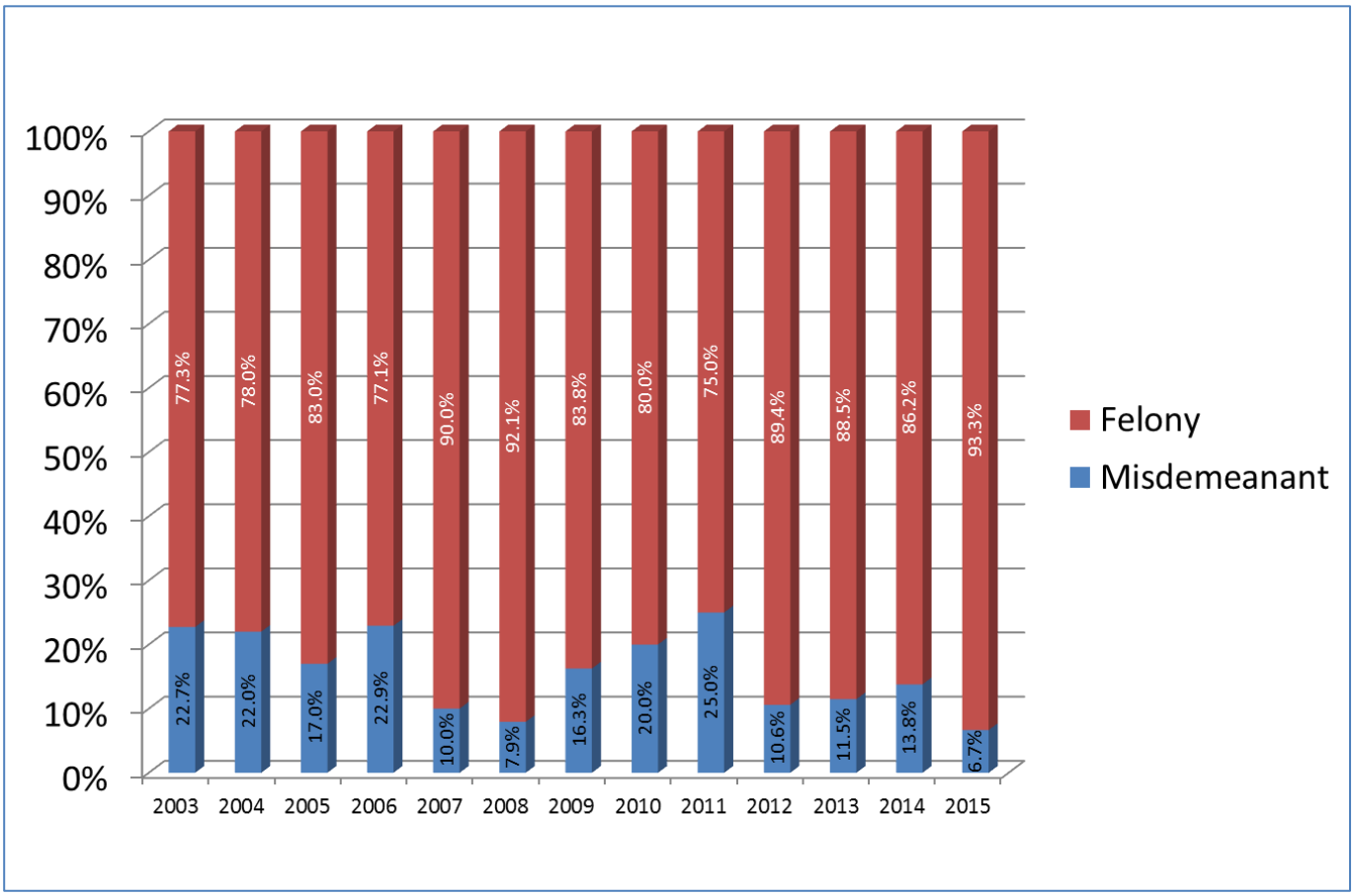
Hospital Discharge Type 1993-2015



Reason for Termination of Conditional Release 1993-2015



Percentage of New NGRI Admissions Felony v. Misdemeanor 2003-2015

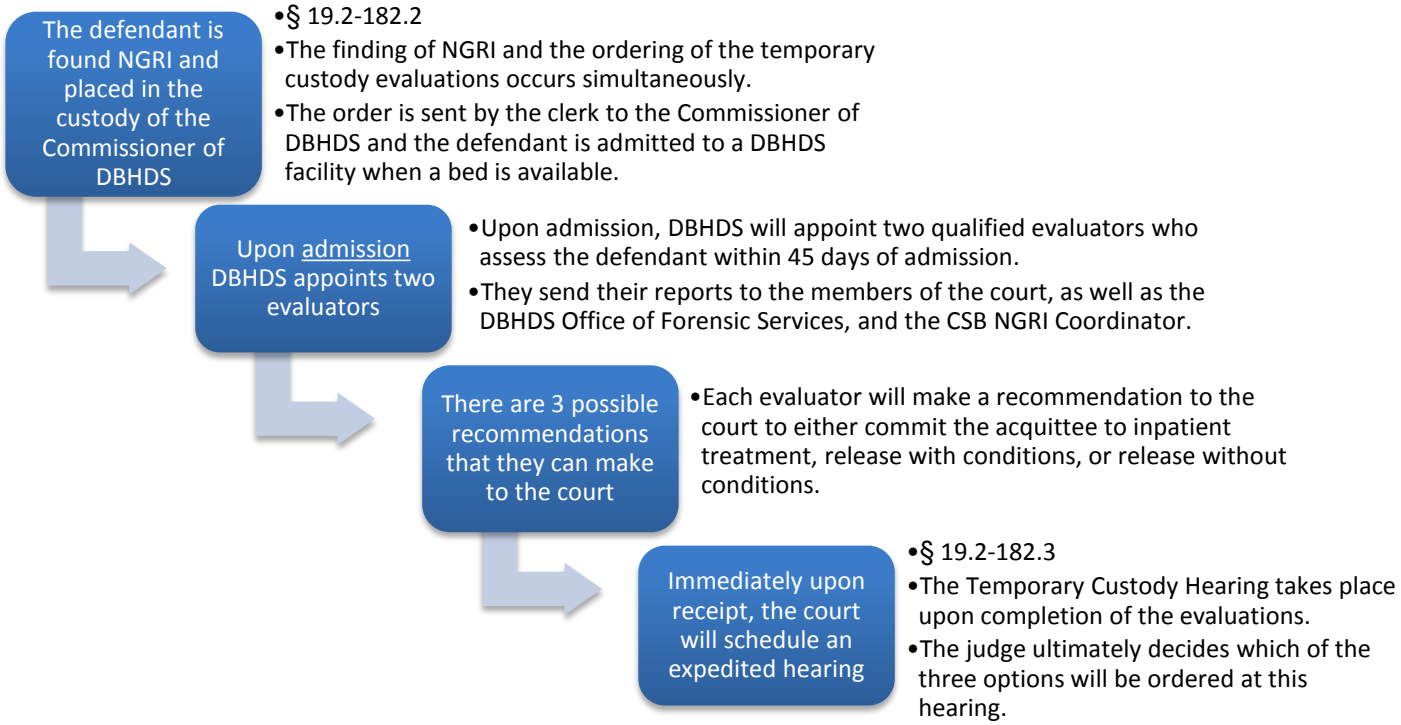


Section 2:

The Temporary Custody Period & Outcomes

Virginia Department of Behavioral Health & Developmental Services

Temporary Custody Evaluations



Role of the Facility in the Temporary Custody Evaluation Process	The facility to which the acquittee is admitted for the temporary custody period will complete an *Initial Analysis of Agressive Behavior* within 30 days of admission. The facility is responsible for sending this AAB to the appointed temporary custody evaluators.
	Prior to admission, the facility also gathers any available documentation regarding the acquittee, including but not limited to the court order for temporary custody, the contact information for all attorneys and the court, a copy of the warrant or indictment, and criminal incident information/copy of the arrest report.
	The facility will also identify and reach out to the appropriate Community Services Board that will be working with the acquittee in the hospital and eventually in the community. This is based on the acquittee's last known address. The facility will begin discharge planning with the appointed CSB.
	The process of identifying risk factors, developing risk management plans, and assessing the individual's readiness for discharge all begin during this period.

Role of the Office of Forensic Services in the Temporary Custody Evaluation Process	The Office of Forensic Services at DBHDS is the Commissioner's designee for making the official appointments of the temporary custody evaluators.
	Upon notice of admission from the facility, Forensic Services staff will confirm two qualified DBHDS evaluators to perform the temproary custody evaluations. This entails an official appointment letter with copies of the court order and the packet of background information prepared by the facility.
	The Office of Forensic Services will also send a copy of the appointment information to the Judge, the Commonwealth's Attorney, the defense attorney, and the appropriate CSB's NGRI Coordinator. This letter serves as notice to all parties of the acquittee's admission and timeframe for completion of the two temporary custody evaluations.

Qualified Temporary Custody Evaluators	§ 19.2-182.2 states the evaluations shall:
	A) Be conducted by one psychiatrist and one clinical psychologist skilled in the diagnosis of mental illness and intellectual disability and qualified by training and experience to perform such evaluations; ***AND***
	B) At least one of the two appointed evaluators will not be employed at the same facility where the acquittee is admitted; ***AND***
	C) Neither evaluator shall have provided previous court evaluation or consultation regarding the acquittee's insanity or mental state at the time of the offense.

The Evaluation	Each evaluation will be conducted separately.
	The evaluators will prepare separate reports.
	The evaluators will assess whether the acquittee is *currently* mentally ill or intillectually disabled, their *current* condition, and the acquittee's need for hospitalization based upon factors in §19.2-182.3.
	The resulting report will include one of three possible recommendations: commitment, release with conditions, or release without conditions, and rationale for the recommendation.
	The evaluators will send copies of their reports to the judge, Commonwealth's Attorney, Defense Attorney, the Office of Forensic Services at DBHDS, and the CSB NGRI Coordinator.

Basis for a Recommendation for Commitment to Inpatient Hospitalization (§ 19.2-182.3)	The acquittee is mentally ill or intellectually disabled and in need of inpatient hospitalization, based on the following factors:
	A) To what extent the acquittee is mentally ill or intellectually disabled, as defined in § 37.1-100;
	B) The likelihood that the acquittee will engage in conduct presenting a substantial risk of bodily harm to other persons or to himself in the foreseeable future;
	C) The likelihood that the acquittee can be adquately controlled with supervision and treatment on an outpatient basis; and
	D) Such other factors the court deems relevant.

Basis for a Recommendation for Conditional Release (§ 19.2-182.7)	Based on consideration of the factors which the court must consider in its commitment decision, the acquittee does not need inpatient hospitalization but does need outpatient treatment or monitoring to prevent his condition from deteriorating to a degree that he or she would need inpatient hospitalization;
	Appropriate outpatient supervision and treatment are reasonably available;
	There is significant reason to believe that the acquittee, if conditionally released, would comply with the conditions specified; and
	Conditional release will not present an undue risk to public safety.

Basis for a Recommendation for Release Without Conditions (§ 19.2-182.3)	Does not need inpatient hospitalization; ***AND***
	Does not meet criteria for conditional release.

Risk Assessment During Temporary Custody: The Initial Analysis of Aggressive Behavior (AAB)

The Focus of the AAB	A. The Analysis of Aggressive Behavior (AAB) is a systematic means to (1) assess the risk(s) of aggression for an individual acquittee and (2) develop means by which to address the risk(s).	
	B. The AAB is a psychological evaluation that includes data collected on the acquittee's past aggressive episodes, treatment and social history, and current functioning and is used as a basis for:	1. Treatment interventions. 2. Decision-making regarding the management of privileges and placement for the acquittee. 3. Making recommendations to the court regarding conditional release and release without conditions. 4. Conditional release planning. 5. Community aftercare.
	C. The focus of the AAB is identification of relevant risk factors for future aggression and for the planning of risk management strategies, rather than an attempt to *predict* aggression.	
	D. A comprehensive review of aggressive and/or dangerous behaviors is conducted, which is not limited to the NGRI offense.	
	E. Once the data on past aggressive episodes are collected from multiple sources (both collateral sources and self-report from the acquittee), an analysis of the following is performed, and described in detail:	1. The relationship, if any, of existing or pre-existing mental disorder(s) to past aggressive episodes. 2. Common characteristics or patterns across aggressive episodes.
	F. Any factor related to an increased risk of aggression toward self or others will be identied as a risk factor. Each identified risk factor will be explained in a narrative and will have a description of strategies that will be used to manage that risk factor.	
	G. Finally, the AAB will also include mitigating and protective factors which could contribute to a decrease in aggression.	

Conceptualizing Risk Factors

Demographic Risk Factors
- Age
- Gender
- Marital Status
- Socioeconomic factors

Historical Risk Factors
- Criminal history
- Juvenile delinquency
- Age of onset of agression
- Psychiatric history
- Employment history

Clinical Risk Factors
- Substance abuse
- Psychopathy
- Brain injury or disease/medical issues
- Active symptoms of mental illness
- Impaired insight

Contextual Risk Factors
- Use of weapons
- Victim characteristics
- Social or community support/lack of support

Static vs. Dynamic Risk Factors

Static Risk Factors

Cannot be changed through treatment or monitoring. Include, but not limited to:
- Age
- Gender
- Intelligence
- Psychiatric history
- Previous violence/aggression
- Prior failure on conditional release

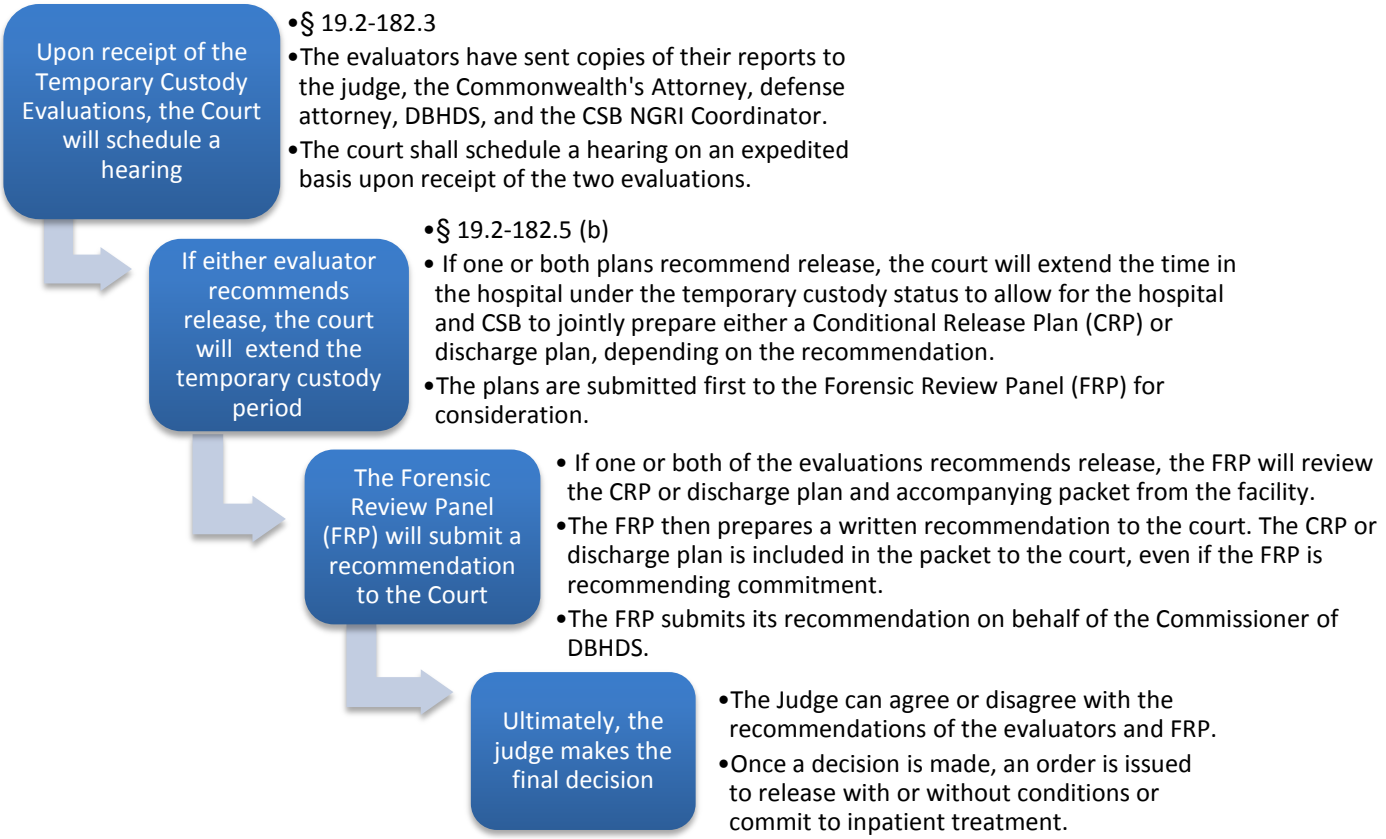
Dynamic Risk Factors

Can be altered through treatment or monitoring. Include, but not limited to:
- Status of mental illness
- Substance abuse
- Access to weapons
- Access to victims
- Employment
- Denial/lack of insight

The Format of the Initial AAB	1. Identifying information	
	2. Purpose of the evaluation	
	3. Statement of nonconfidentiality	
	4. Sources of information	
	5. Relevant background information	
	6. Description of NGRI offense	A. Acquittee's account
		B. Collateral accounts
	7. Behavioral observations and mental status exam	
	8. Psychological testing results	
	9. Diagnostic impression	
	10. Patient strengths which mitigate the probability of future aggression	
	11. Analysis of aggressive behaviors	A. Narrative description of current risk factors
		B. Current status of risk factors
		C. Means of addressing risk factors

The Initial AAB Completed During Temporary Custody	The Analysis of Aggressive Behavior begins at the time of admission to temporary custody placement.
	The facility housing an acquittee in temporary custody will obtain the relevant information and complete the Initial AAB within 30 days of admission.
	The AAB shall be provided as soon as possible to the two evaluators appointed by the Commissioner to perform the temporary custody placement evaluations. This information will be integral in making assessments and recommendations to the court regarding disposition.
	The Initial AAB acts as a baseline for risk factors, establishing the current status of those risk factors at the point of temporary custody and the initial risk management plans. The AAB will be continually updated over the course of hospitalization.

The Temporary Custody Hearing and Disposition



The Forensic Review Panel ***(§19.2-182.13)***	The Commissioner of DBHDS is given the authority to delegate any of their duties or powers to an administrative panel composed of persons with demonstrated expertise in such matters.
	Members of the Panel are not compensated for their work on the Panel and are immune from personal liability except for intentional misconduct.
	The Panel is established to ensure that release and privilege decisions for insanity acquittees reflect clinical, safety, and security concerns.
	The Panel also ensures that standards for conditional release and release planning of insanity acquittees have been met, and provides consultation to the treatment teams working with the acquittees.
	The Panel only reviews release/privilege requests for insanity acquittees who are in the custody of the Commissioner (not those on conditional release or unconditionally released).
	The FRP is a seven-member group with psychologists, psychiatrists, a community member, and a DBHDS Central Office representative.
	The Panel meets weekly to review insanity acquittee privileging and release requests from all DBHDS facilities throughout the state.
	Recommendations to the court regarding privileging and release are made by the FRP on the Commissioner's behalf.

When Both Evaluators Recommend Commitment	The DBHDS facility will continue to assess and treat the acquittee at the hospital until the court makes a final decision and issues a commitment order. No decsions related to hospital transfers or increase in privileges are made until the court's decision.
	The CSB will collaborate and provide discharge planning services to the acquittee in the hospital. Often at this time the CSB and hospital are evaluating the individual's risk factors and resources/services that will be needed to manage risk if released to the community.
	In a majority of cases, at the temporary custody hearing the judge will issue an order for commitment to the custody of the Commissioner of DBHDS, which begins the graduated release process in the hospital setting.
When One Evaluator Recommends Release and the Other Recommends Commitment	The judge will issue an order extending the temporary custody period in order for the hospital and CSB to prepare written release plans.
	If even one evaluator recommends release (either with or without conditions), the DBHDS facility and the CSB are required to develop a release plan. In cases where Conditional Release is recommended, a Conditional Release Plan (CRP) is developed. In cases where release without conditions (Unconditional Release) is recommended, a written discharge plan is developed.
	The CRP or discharge plan must be jointly prepared by the hospital and the CSB, according to the Code of Virginia. DBHDS stongly recommends that the CSB take the lead in drafting the plan, seeking input from the hospital and the acquittee before finalizing. The CSB should also ask for a copy of the AAB.
	The DBHDS hospital will create a packet of information (including risk assessments, treatment records, etc.) and attach a copy of the CRP or discharge plan and send that to the FRP for review.
	The FRP will issue an official recommendation on behalf of the Commissioner of DBHDS in writing to the court. The FRP will attach the written CRP or release plan even if they are recommending commitment.
	The judge will review the two evaluations, as well as the recommendation from the FRP and the attached discharge plan, and will make a final decision.

When Both Evaluators Recommend Release	Regardless of whether the evaluators both recommend release with conditions or release without conditions, the same steps are followed from above.
	The court will extend the temporary custody period.
	The hospital and CSB will jointly prepare a CRP or discharge plan. In cases where one evaluator recommends conditional release and the other recommends unconditional release, both a CRP and dishcarge plan will be developed. The CSB should also ask for a copy of the AAB.
	The FRP will review and make recommendations to the court on the Commissioner's behalf.
	The judge will review all available reports, recommendations, and plans and make a final decision.

Factors Considered by the Court	§19.2-182.3 addresses the factors that the court considers in reviewing the evaluations:
	A) To what extent the acquittee has mental illness or intellectual disability, as those terms are defined in § 37.2-100;
	B) The likelihood that the acquittee will engage in conduct presenting a substantial risk of bodily harm to other persons or to himself in the foreseeable future;
	C) The likelihood that the acquittee can be adequately controlled with supervision and treatment on an outpatient basis; and
	D) Such other factors as the court deems relevant.

Criteria for Commitment

NGRI Commitment Criteria	§19.2-182.3 describes the criteria that the judge must use when making initial commitment decisions at the temporary custody hearing:
	1. To what extent the acquittee has mental illness or intellectual disability, as those terms are defined in § 37.2-100;
	2. The likelihood that the acquittee will engage in conduct presenting a substantial risk of bodily harm to other persons or to himself in the foreseeable future;
	3. The likelihood that the acquittee can be adequately controlled with supervision and treatment on an outpatient basis; and
	4. Such other factors as the court deems relevant.
	If the court determines that an acquittee does not need inpatient hospitalization because they have been stabilized through current treatment or habilitation, **but** the court is not persuaded that the acquittee will **continue** to receive such treatment or habilitation, it may commit him for inpatient hospitalization.
	Otherwise, criteria for <u>conditional release</u>: — The court shall order the acquittee released with conditions pursuant to §§ 19.2-182.7, 19.2-182.8, and 19.2-182.9 if it finds that he is not in need of inpatient hospitalization but that he meets the criteria for conditional release set forth in § 19.2-182.7.
	Otherwise, criteria for <u>unconditional release</u>: — If the court finds that the acquittee does not need inpatient hospitalization nor does he meet the criteria for conditional release, it shall release him without conditions, provided the court has approved a discharge plan prepared by the appropriate Community Services Board or Behavioral Health Authority in consultation with the appropriate hospital staff.

Role of the CSB/BHA During Temporary Custody

Temporary Custody Admission and First Steps	The Temporary Custody Appointment letter serves as notice to the court members of the acquittee's admission to the DBHDS hospital and appointment of the two temporary custody evaluators. DBHDS will also mail a copy of this letter to the CSB NGRI Coordinator. This may be the first notice to the CSB of a new NGRI finding.
	The supervising CSB is determined by the hospital upon admission, based upon the acquittee's last known address prior to incarceration. An individual may be found NGRI in a court outside of the assigned CSB's catchment area. The reason is because the acquittee committed the offense in one jurisdiction but their residence is in a different jurisdiction.
	If there are conflicts about which CSB should be assigned to the case, please contact the Central Office Forensic Services staff.
	The NGRI Coordinator and the CSB hospital discharge planner (if they are not the same person) should immediately make contact with the treatment team at the hospital to arrange for a visit or consult with the team and acquittee.
	The NGRI Coordinator and the CSB hospital discharge planner should request (if the hospital has not already sent it), a copy of the Initial AAB as soon as it is completed (within 30 days of admission). Additionally, the CSB should provide any and all prior treatment records to the facility if the acquittee has previously been served at the CSB.
	Collaboration and consultation with the treatment team about the acquittee's risk factors and risk management and discharge needs should begin immediately. All discharge planning protocols should be followed. To review the Collaborative Discharge Protocols for Community Services Boards and State Hospitals go to: http://dbhds.virginia.gov/professionals-and-service-providers/mental-health-practices-procedures-and-law/protocols-and-procedures.
	Upon review of the AAB, conversations with the treatment team, and meetings with the acquittee, the CSB should have a sense of whether this person is able to return safely to the community or if they would benefit from ongoing hospitalization.
	The CSB NGRI Coordinator should also establish connections with the acquittee's defense attorney, Commonwealth's Attorney, and the judge. The CSB NGRI Coordinator is the “face” of the CSB in the NGRI cases and will be the primary point of contact for future court matters related to the acquittee’s case. The Temporary Custody Appointment letter will have all court officials listed.

Results of the Temporary Custody Evaluations and Next Steps

The CSB should be aware of the date of the temporary custody hearing. The CSB can look up the acquittee's court date on the Virginia Supreme Court website (http://www.courts.state.va.us/caseinfo/home.html), or can contact the hospital treatment team or Forensic Coordinator.

The temporary custody evaluations are sent to the CSB NGRI Coordinator when completed by the evaluators.

If both evaluations recommend commitment/need for ongoing inpatient treatment, then you likely will wait for the court hearing and (most often) the judge will make a decision to commit. During this time the CSB will continue working with the hospital treatment team on identifying risk factors, making decisions about privileging levels, and identifying initial treatment and potential discharge needs. The judge can decide to release even if both evaluators recommend commitment, however this is rare.

If one or both of the evaluations recommend conditional release, the CSB must begin to develop a Conditional Release Plan (CRP) jointly with the hospital.

Even if the CSB disagrees with the recommendation for release, the CRP is developed in case the judge decides to release the acquittee.

The CSB should take leadership in drafting the plan, as the CSB is the entity that will be responsible for carrying out the services and monitoring the conditions once the acquittee is released.

If one or both of the evaluators recommends release without conditions, or unconditional release, the CSB must begin to develop a discharge plan jointly with the hospital.

Even if the CSB disagrees with the recommendation for release, the discharge plan is developed in case the judge decides to release the acquittee.

The CSB should again take leadership in developing the plan.

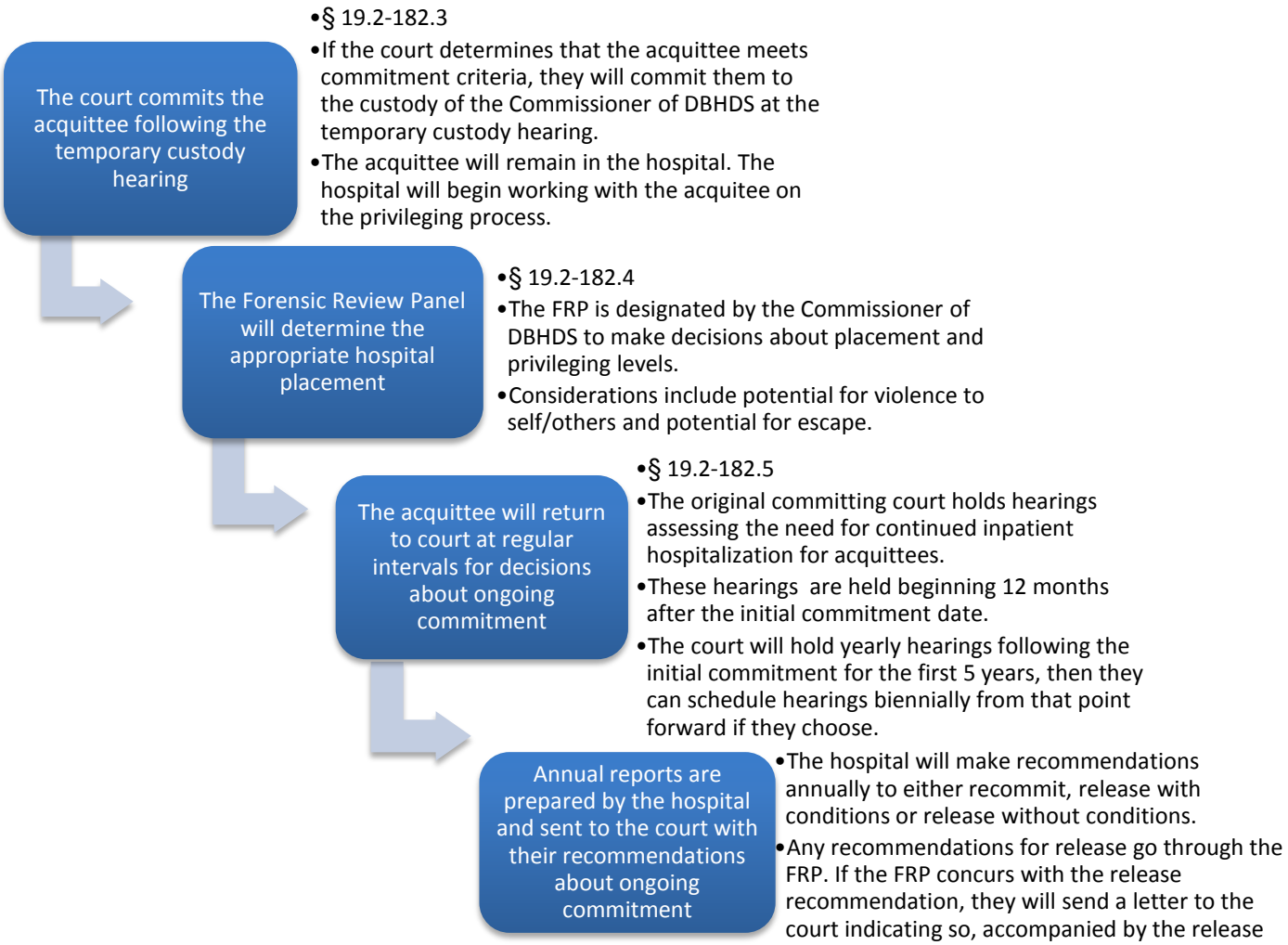
If the CSB Disagrees with Recommendations for Release	The CSB is required to develop a release/discharge plan whenever one of the evaluators recommends release, however there are opportunities to voice disagreement with the recommendation to release:
	A. Use the Comments section of the CRP or discharge plan to note concerns about availability of services necessary for the individual's or community's safety, or to make other comments related to the individual's appropriateness for release. The CRP will be sent to the court, so the judge will have an opportunity to review the recommendations in the Comments section.
	B. In addition to noting objections/concerns in the Comments section of the release plan, the CSB NGRI Coordinator can choose to write a letter to the court and all parties with comments and recommendations from the CSB perspective. Reasons must be given for any opinions offered, and having first-hand knowledge of the individual's past and current functioning, risk factors, and progress during the temporary custody period is essential.
	C. Reaching out directly to the Commonwealth's Attorney to advise them of concerns/opinions on the individual's readiness for release is another option available to the CSB NGRI Coordinator. Often the Commonwealth's Attorney wants to know if there are any potential risk issues and/or lack of appropriate services and supports to manage those risks.
	D. Finally, the CSB NGRI Coordinator can request that the Commonwealth's Attorney issue a subpoena allowing the NGRI Coordinator to testify at the Temporary Custody hearing.
	In all cases, it is essential that the CSB inform the hospital treatment team of any and all concerns related to the individual's appropriateness for release or the availability of necessary services and supports to keep the acquittee and community safe. Feedback from the team is important in making a decision on whether to voice concerns to the court.

Section 3:

Commitment & the Graduated Release Process

Virginia Department of Behavioral Health & Developmental Services

Ongoing Court Hearings & Reporting to the Court



Initial Commitment and Placement Decisions	§ 19.2-182.4
	If the court determines that the individual will be committed to the custody of the Commissioner of DBHDS, it will issue an intial commitment order.
	The Forensic Review Panel, as designated by the Commissioner, shall make a determination of the appropriate placement of each acquittee.
	Placement can be in any state-operated facility.
	Decisions are based on potential for violence and potential for escape.
	The acquittee will return from court to the hospital unit where they were placed during the temporary custody period. In most cases this is the maximum security unit at CSH.
	If the hospital feels that it is appropriate, they will begin the privileging process by requesting transfer to a less secure unit (aka, civil transfer), if they are not already on a civil unit. The FRP must approve this placement.
	The treatment team will work with the acquittee on navigating the graduated release process from that point forward.

Continuation of Confinement Hearings	§ 19.2-182.5
	The committing court will hold hearings on a regular basis to assess the need for continued inpatient hospitalization for insanity acquittees.
	These hearings will occur every twelve months for the first 5 years following the initial commitment.
	Following the first 5 years, the court can schedule the continuation of confinement hearings bienially as allowed by Code. However, most courts continue annual hearings.
	At each hearing, the court will decide if the acquittee should remain committed, be released with conditions, or be released without conditions. The same criteria for commitment and release apply at the annual continuation of confinement hearing as in the initial commitment.
	If recommitted, the court will issue a recommitment order at the hearing.

Annual Reports	The treatment team at the hospital will provide to the court, 30 days prior to the continuation of confinement hearing, a report evaluating the acquittee's condition and recommending treatment.
	This report is prepared by either a psychologist or psychiatrist at the facility who is qualified to perform forensic evaluations.
	The facility will send a copy of the annual report to the judge, the defense attorney, the Commonwealth's Attorney, the CSB NGRI Coordinator, the FRP, and the Office of Forensic Services.
	If this report recommends recommitment, it is sent directly to the court and all parties listed above. If the report recommends release (either with conditions or without), the team will first send their request/recommendations to the FRP for review and approval.
	If conditional release is recommended, the team will work jointly with the CSB to prepare a conditional release plan and submit to the FRP along with the annual report. The FRP will make final recommendations to the court in matters of release.
	An annual report with recommendations is required, even in years in which no continuation of confinement hearing is held.
Second Opinion Evaluations	§ 19.2-182.5(b)
	The acquitee has the right to request release at each continuation of confinement hearing (no more than once per year).
	If the acquittee requests release at the annual hearing, the court shall issue an order that a second evaluator perform an evaluation of the acquittee's condition.
	The second evaluator shall be a qualified psychiatrist or psychologist.
	The Commissioner, via the Office of Forensc Services, will appoint a second DBHDS evaluator to complete the report.
	In the instance of a second opinion evaluation, recommendations for release do not require approval from the FRP before being sent to the court.
	The evaluation will be completed and a report issued within 45 days of issuance of the order.
	If the second evaluator recommends release, the CSB and the hospital will work jointly to prepare either a Conditional Release Plan or discharge plan and submit it to the FRP.
	The FRP will then review and submit the release plan to the court, along with their own recommendation.
	In these cases where a second evaluation is ordered by the court, the court will receive: 1) the original annual report and recommendation; 2) the second opinion evaluation; and 3) in the event either one recommends release, the FRP recommendation.

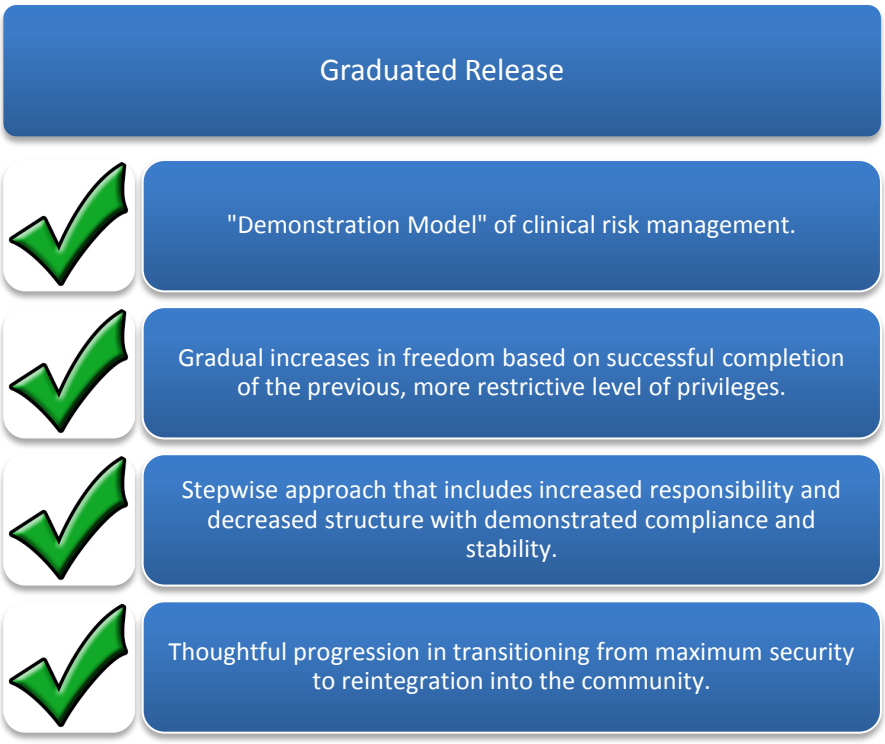
Petitions for Release	§ 19.2-182.6
	The acquittee may petition the committing court for release only once in each year in which no annual judicial review is required pursuant to § 19.2-182.5. The Commissioner may petition the court for the acquittee's release at any time, even if it does not coincide with the annual continuation of confinement hearing.
	The party petitioning for release shall transmit a copy of the petition to the Commonwealth's Attorney.
	In these cases, the court must respond to the acquittee's petition by ordering evaluations of their condition.
	The Office of Forensic Services, acting on behalf of the Commissioner, will appoint two evaluators to assess and report on the acquittee's need for inpatient hospitalization.
	In the instance of an acquittee's petition for release, evaluator recommendations for release do not require approval from the FRP before being sent to the court.
	Evaluations are to be completed and reports submitted within 45 days of the court order.
	If either of the evaluators recommends release, the hospital and CSB must jointly prepare either a Conditional Release Plan or discharge plan and submit to the FRP to review and make recommendations to the court.

Escape from Custody	§ 19.2-182.14
	Any person who is placed in the temporary custody or comitted to the custody of the Commissioner following an acquittal by reason of insanity, and escapes from that custody shall be guilty of a Class 6 felony.
	If the acquittee is subsequently returned to the custody of the Commmissioner, the treatment team will submit a packet to the FRP, including updated risk assessment and Analysis of Aggressive Behavior, mental status exam, and recommendations regarding treatment and privilege levels.
	Upon return to the hospital, all privilege levels are considered revoked until reviewed and approved by the FRP.

Notification to the Commonwealth's Attorney	§ 19.2-182.4
	The Attorney for the Commonwealth should be notified in writing of any changes in an acquittee's course of treatment that will involve authorization for the acquittee to leave the grounds of the hospital.
	Specifically, this includes escorted or unescorted community visits, trial visits (as part of an approved conditional release plan), or transfers from one faciltiy to another.
	This notice is submitted by the facility's Forensic Coordinator.

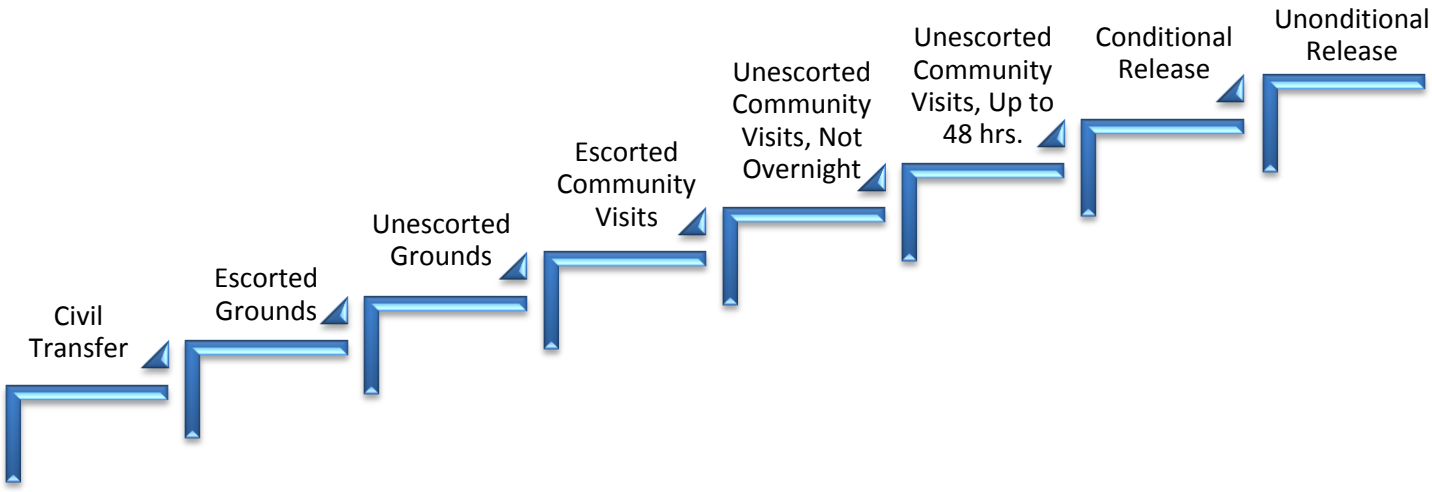
Role of the Facility's Forensic Coordinator During the Commitment Period	The Forensic Coordinator monitors the progress, management, conditional release planning, and discharge planning for acquittees for the duration of their placement in the custody of the Commissioner.
	The Forensic Coordinator serves as a consultant to the facility treatment teams with regard to the hospital's role with the courts in acquittee matters, and the acquittee privileging process.
	The Forensic Coordiantor ensures that the CSB NGRI Coordinator is notified of all court dates scheduled for acquittees in the custody of the Commissioner.
	The Forensic Coordinator maintains communication wih the Office of Forensic Services regarding significant events involving acquittees in the custody of the Commissioner.

Graduated Release Process



Goals of Graduated Release Process	Provide acquittees with privileges consistent with their level of functioning and need for security.
	Ensure adequate risk assessment is conducted before granting increased freedom.
	Provide opportunities for acquittees to manifest appropriate functioning at various levels of freedom.
	Provide treatment teams with information regarding acquittees' ability to handle additional freedom and to comply with risk management plans.
	Minimize risk to public safety.

Privilege Levels



Decision-Making Entities

The Internal Forensic Privileging Committee (IFPC)

Based on the level of privilege being requested by the treatment team and/or acquittee, there are different levels of approval. All privilege increase requests must be approved by the IFPC before they are sent to the Forensic Review Panel (FRP).

There is an IFPC at every state hospital that houses insanity acquittees. It has at least five members from the staff of that facility, including a psychologist and psychiatrist and the facility director or his designee, the facility's Forensic Coordinator, and other professionals. The IFPCs meet weekly. The support of both the treatment team and IFPC is required before requests are forwarded to the Forensic Review Panel (FRP).

The only instances when privilege requests do not require IFPC approval before submission to the FRP are when the IFPC is not in support of release but : 1) the court has ordered the development of a release plan; or 2) when a Commissioner appointed evaluator has recomended release.

The IFPC ensures that the treatment team has submitted a complete packet with appropriate justifications for the request.

The IFPC reviews and approves the following privilege increases before sending to the FRP: civil transfer, escorted grounds, unescorted grounds, escorted community visits, unescorted community not overnight, unescorted community visits up to 48 hours, conditional release, unconditional release.

The Forensic Review Panel (FRP)

The Forensic Review Panel (FRP) is an administrative board established by the Commissioner to ensure that release and privilege decisions for acquittees appropriately reflect clinical, safety, and security concerns.

The FRP reviews requests that have already been approved by the IFPC, unless the court has ordered the development of a release plan or an independent evaluator has recommended release, in which case the IFPC does not have to review and the request goes directly to the FRP.

The FRP is a seven-member group with psychologists, psychiatrists, a community member, and a Central Office representative. The FRP meets weekly.

The privilege levels that the FRP must review include: civil transfer, escorted grounds (only if this was submitted at the same time as civil transfer), unescorted community not overnight, conditional release, and unconditional release.

Although the FRP reviews the requests, in the instances where the treatment team, IFPC, and FRP have all agreed to recommend unescorted community passes greater than 48 hours (trial passes at the approved residence), conditional release, or unconditional release, only the NGRI judge can give final approval to move forward.

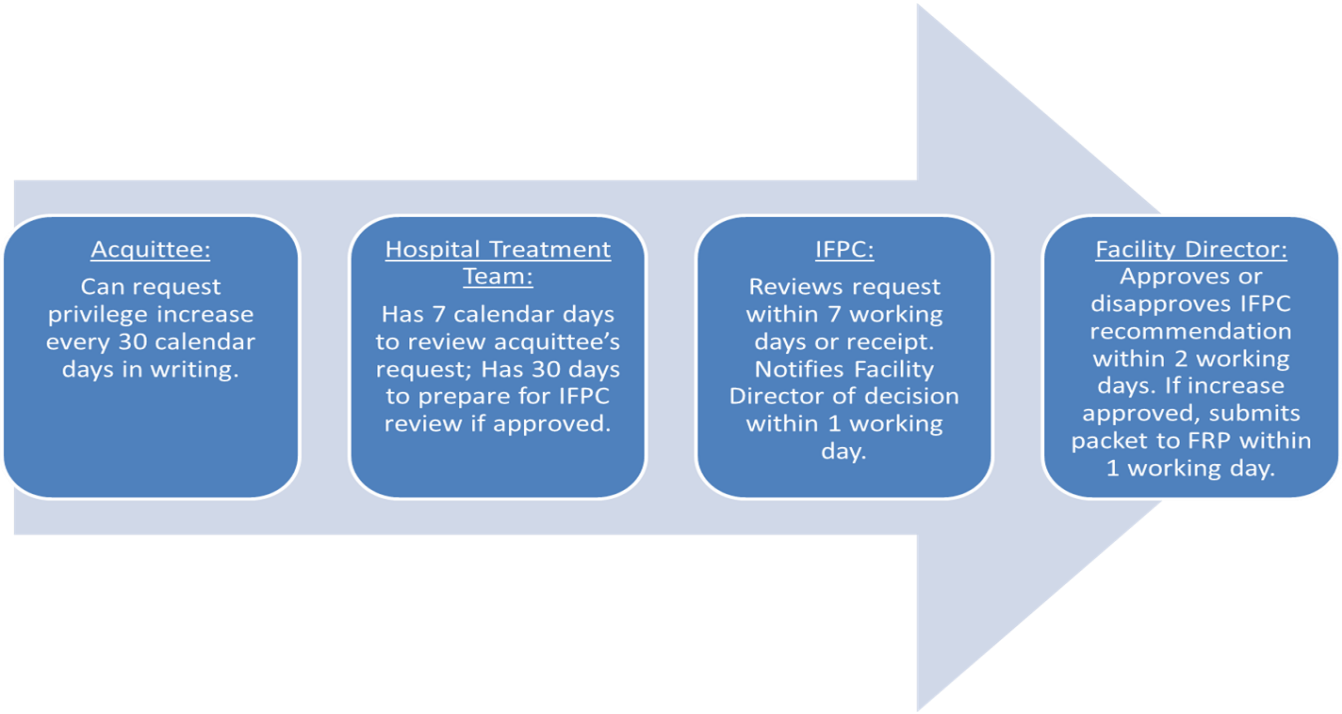
Once an acquittee is released to the community, the monitoring of compliance with the Conditional Release Plan (CRP) and changes to the CRP is between the acquittee, the CSB and the court. Neither the hospital IFPC, treatment team nor the FRP play any role once the acquittee is in the community on conditional release.

Permission Required for Privilege Increases

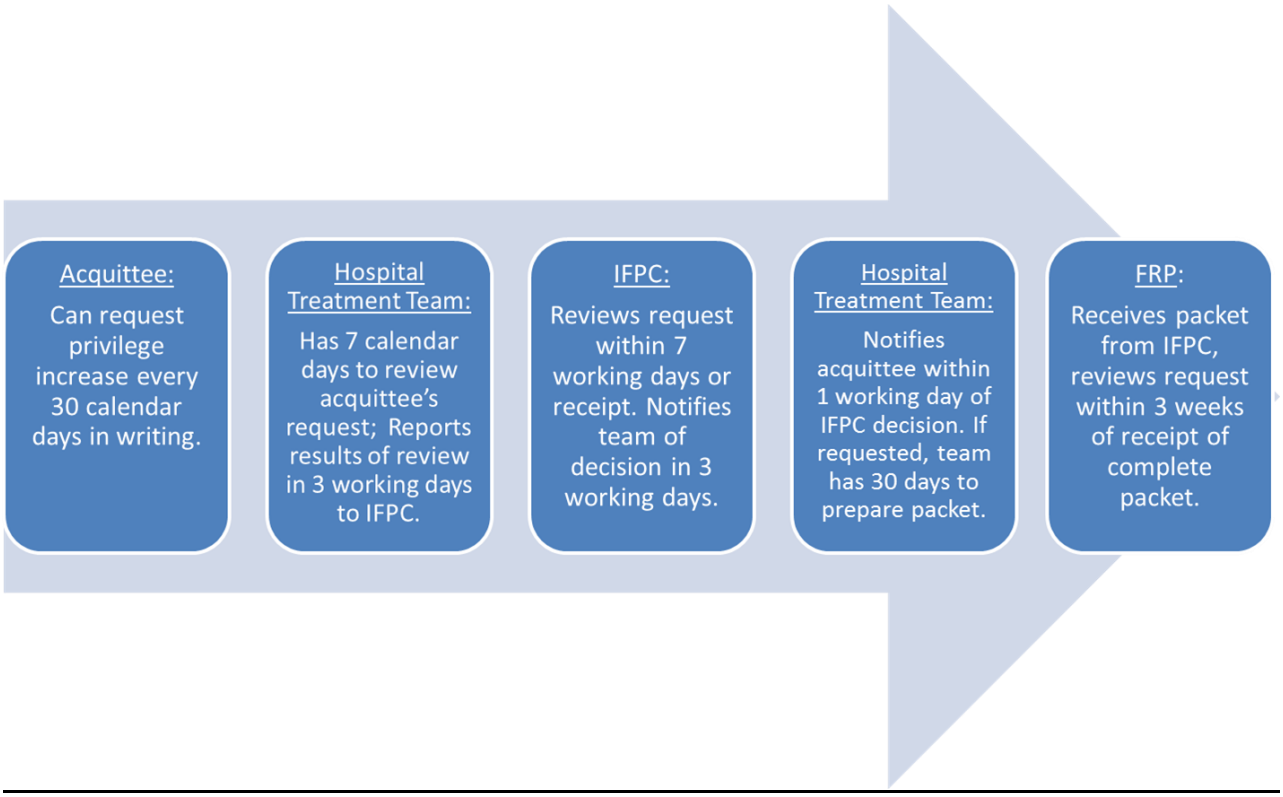
Level	IFPC	FRP	JUDGE
Civil Transfer	X	X	
Escorted Grounds	X If not approved by FRP with Civil Transfer	X If requested with transfer	
Unescorted Grounds	X		
Escorted Community	X		
Unescorted Community – Not Overnight (8 hour passes)	X	X	
Unescorted Community – Up to 48 Hours	X Following the prior FRP approval of UC-8 hour passes		
Conditional Release	X	X	X
Unconditional Release from Hospital	X	X	X

* In cases of escape or revocation of CR, the FRP may review and approve/disapprove any level of privilege.

The Process for IFPC-Only Privilege Requests



The Process for Requests Requiring FRP Review



So, how quickly does this process move?

Acquittees do not have to be on any one privilege level for a prescribed period of time. It is individualized to reflect the acquittee's adjustment to the increased level of freedom. Most acquittees do not request privilege increases every thirty days. While they have the right to request privilege increases at that frequency, most acquittees do not move through the process that quickly. **The current average length of stay in the hospital for NGRI acquittees is 6.5 years.** Many factors influence the speed with which acquittees move through this process, including response to treatment, compliance with treatment, insight into the need for treatment, violations of rules, decompensation or changes in symptoms, court process, etc.

The Risk Management Plan

The Forensic Review Panel and Internal Forensic Privileging Committees base their evaluations of privilege and release explicitly on the following risk assessment criteria:

The Risk Management Plan

At each level of privilege, the treatment team completes an update to the Analysis of Aggressive Behavior (AAB). In order for the packet to be submitted to the IFPC and FRP, a Risk Management Plan (RMP) must also be developed that describes the scope of the privilege, the conditions required before the privilege can be exercised, the expectations of the acquittee/staff and the procedures for monitoring risk. The items of the RMP must address the management of all the risk factors of the AAB.

There are basic components of an RMP that document the procedures that any treatment team would take in granting privileges to any hospital patient of any legal status. Then there are "extra" things, such as drug/alcohol screens and prohibition against possessing weapons or materials fashioned into weapons.

Since so many of the NGRI acquittees have similar risk factors, there are standard formats of RMPs, which will cover the risk management issues for most acquittees. Special conditions are added to tailor the RMP to the specific acquittee as needed. Special condition examples include supervised contact with children or spouses who were the victims of the NGRI offense, probation/parole notification, etc.

The Acquittee's Role	Acquittees are expected to be partners in risk management. The NGRI defense in Virginia means that the acquittee has acknowledged to the court that they committed the act, but should not be held legally responsible for their behavior because of active symptoms of mental illness at the time of the offense.
	So how do we hold them responsible for it? We say you may not be *legally* responsible for that offense, but you are responsible for preventing re-offense. The "responsibility" is acceptance of the fact that they did break the law and must now be responsible for doing everything possible so that it doesn't happen again. That means accepting the seriousness of the offense and potential seriousness of future problems.
	The acquittee must agree to all of the components of the Risk Management Plan, and is required to sign the RMP before its submission to the IFPC/FRP.
	The RMP spells out the actions that the acquittee will take to manage their own risk at a given privilege level.

The CSBs Role in the RMP Development and Implementation	The facility treatment team or facility Forensic Coordinator will send the CSB a copy of the Risk Management Plan, along with the AAB update.
	The CSB is required to review and sign any Risk Management Plan for Escorted Community, Unescorted Community (8hr and 48hr), unescorted trial visits greater than 48 hours, conditional release, and unconditional release levels.
	The plan will outline not only the steps that the acquittee will take to manage their risk, but also the role of treatment providers in helping the acquittee manage their risk. It is very important that the CSB take an active role in reviewing and providing feedback on the RMP.

Misdemeanant vs. Felony Insanity Acquittees

NGRI Findings for Misdemeanor Charges

§ 19.2-182.5(c)

The Code of Virginia was amended in 2002 to allow for the use of the insanity plea in cases involving misdemeanor charges. Since that time, approximately 15% of all new insanity findings have been for misdemeanor charges.

If an individual has been found NGRI for misdemeanor(s) only, they will still go through the process that we describe in this manual, including the temporary custody evaluations and recommendations either to release with conditions, release without conditions, or commit to DBHDS.

The NGRI court will still make a determination based upon the temporary custody evaluations to commit, release with conditions, or release without conditions.

The only major *difference* is that the Code limits the amount of time that these Misdemeanant NGRI acquittees can remain committed to DBHDS. If they are committed after the Temporary Custody period, they will go through the Graduated Release process like any other acquittee. However, they can not remain in the hospital longer than 12 months after the date of their *acquittal*. Time in jail following their acquittal, prior to hospital admission, will count towards those twelve months.

If the acquittee remains in custody the entire 12 months, at the end of that time the treatment team will assess the need for ongoing inpatient treatment, make recommendations to the FRP and the FRP will send a letter to the court with one of three recommendations:

1. Conditionally Release
2. Unconditionally Release
3. Civilly Commit

If civilly committed at this point in the process, the acquittee's NGRI case is closed, and they are converted to a civil status at the hospital. Eventually, when discharged, they will have no further obligations to the court.

If the individual is Unconditionally Released, they too will have no further obligations to the court.

If the individual is conditionally released, they will be discharged with a release plan like any other acquittee, and there is no limit to the time they can be on conditional release. At that point they are treated the same as a felony acquittee on conditional release.

If they do not require the full 12 months of treatment during their first hospitalization, they can be conditionally released. However, if revocation is needed later, they can only remain hospitalized under the NGRI status for the remaining balance of the 12 months, then the three options again apply: conditional release, unconditional release, or civil commitment.

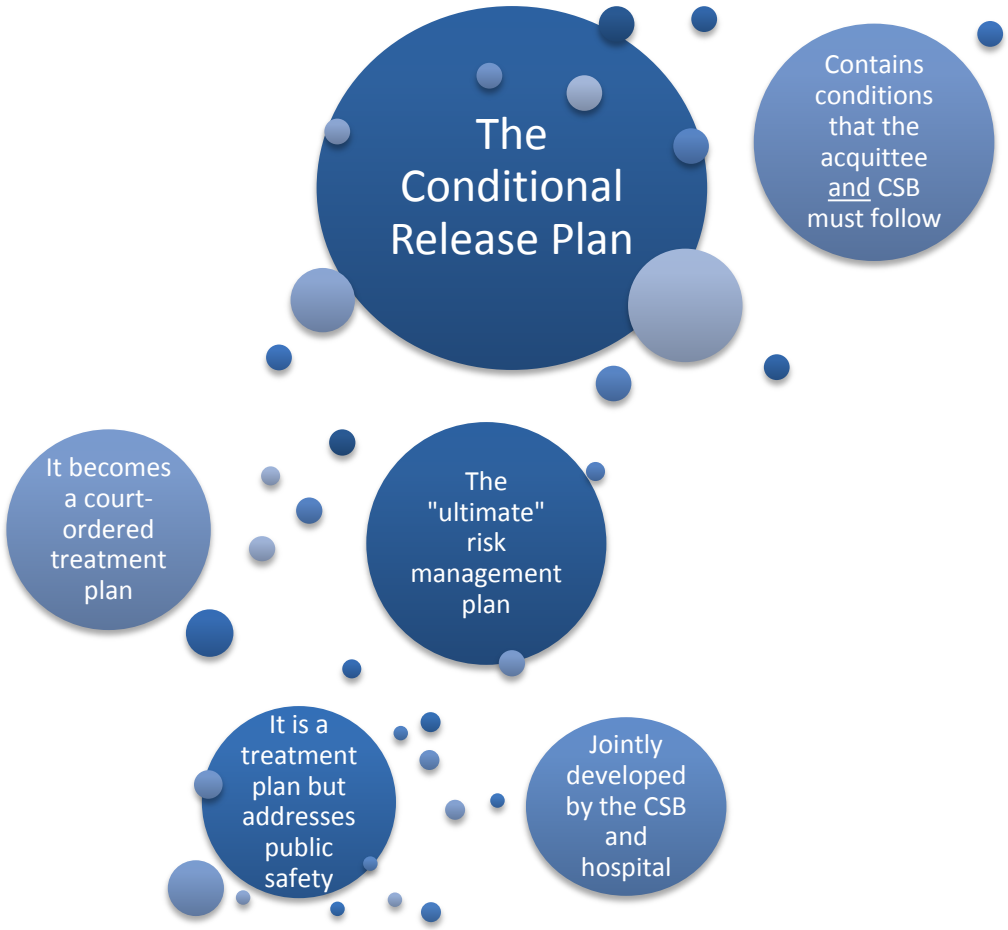
Role of the CSB/BHA During the Commitment Period

- The CSB is a part of the treatment team. Even if the individual is not likely to be conditionally released for a very long time, it is necessary to begin working closely with the acquittee and the treatment team from the beginning.
- Begin discharge planning upon the acquittee's admission to the hospital. This starts with reviewing the individual's current risk factors and ways that those factors should be managed in the hospital and eventually in the community. Follow all discharge planning protocols. To review the *Collaborative Discharge Protocols for Community Services Boards and State Hospitals* go to: http://dbhds.virginia.gov/professionals-and-service-providers/mental-health-practices-procedures-and-law/protocols-and-procedures.
- Develop a rapport with the acquittee, help them understand your role and the role of other CSB staff (i.e., discharge planner/liaison) with whom they will interact at the hospital.
- Educate the acquittee on services available in the community.
- Have representation at all treatment team meetings. This includes the CSB discharge planner and/or the NGRI Coordinator.
- If the NGRI Coordinator is not able to attend treatment team meetings, there should be an internal CSB process established for them to receive information from those who do attend.
- The NGRI Coordinator must be aware of the components of the Analysis of Aggressive Behavior, Risk Management Plan, and current level of functioning. The NGRI Coordinator must also review and sign the Risk Management Plan before it is sent to the IFPC or FRP for any level starting with escorted community visits and higher. This means that the NGRI Coordinator should provide input to the team on whether the CSB has the resources to manage the individual's particular risk factors at each level.
- Review and provide feedback and sign all necessary paperwork sent to the CSB as quickly as possible. Delays in responding result in unnecessary delays to the acquittee's progress.
- The work of the CSB should always be focused on the acquittee's risk factors and management of those factors. Any concerns about the CSB's ability to manage those factors throughout each step of the graduated release process should be voiced to the treatment team and/or Forensic Coordinator as soon as possible so that a plan can be developed to overcome barriers to release.

Section 4:
Planning for Conditional Release

Virginia Department of Behavioral Health & Developmental Services

Developing a Conditional Release Plan



Requests for release can be made by the Commissioner or the acquittee

- If the treatment team, IFPC, and FRP all concur that release is appropriate, the FRP will petition the court for the acquittee's release on behalf of the Commissioner.
- The acquittee has the right to petition the court for release only once in each year in which no annual review hearing is set. Evaluations will be ordered and based on recommendations, the FRP will make its own recommendations.

All requests for conditional release must be reviewed and approved by the FRP

- The FRP looks at successful progression through the graduated release process, acquittee compliance and collaborative involvement, stability of the acquittee, and successful management of risk factors.

All Conditional Release Plans are drafted jointly between the CSB and the facility

- §§ 19.2-182.2, 19.2-182.5(c), and 19.2-182.6(c)
- The Code explicitly states that the CRP is to be developed jointly between the hospital and the CSB where the acquittee will reside upon release.

The CRP is finalized and signed, sent to the FRP and then to the Court for final approval

- The NGRI court has final say in the approval of the CRP.
- Once approved by the court, it becomes a court-ordered treatment plan.

Legal Parameters of the Conditional Release Planning Process	§ 19.2-182.7	
	The Code of Virginia stipulates that at any time the court considers the acquittee's need for inpatient hospitalization, it shall place the acquittee on conditional release if:	The acquittee no longer needs inpatient hospitalization but needs outpatient treatment or monitoring to prevent deterioration of his condition to the point that inpatient hospitalization is necessary;
		Appropriate outpatient supervision and treatment are reasonably available;
		There is reason to believe the acquittee would comply with conditions; and
		Conditional release will not present undue risk to public safety.
	The court shall subject a conditionally released acquittee to such orders and conditions it deems will best meet their need for treatment and supervision and best serve the interests of justice and society.	
	Only the original NGRI court has the authority to conditionally release the acquitee.	

Components of Successful Conditional Release Planning	Close working relationships early in the process;
	Trusting in each other's judgment and perspectives;
	Fully considering community concerns, and
	Mutual work toward the goal of a timely, comprehensive, and safe release outcome for the acquittee.

CSB and Non-CSB Provider Involvement in Conditional Release Plans	The CSB is a member of the treatment team for the acquittee. It is important for the CSB staff to meet with the acquittee as often as possible, and to routinely participate in treatment planning meetings.	
	Other providers may contribute to the plan, but the CSB must provide oversight and is held responsible for the overall implementation of the plan.	
	Non-CSB providers may be asked by the CSB to contribute written confirmation of their willingness to provide specific components of the plan, regular updates to the CSB, and shared information. This is best done prior to submission of the CRP to the court.	
Cross-Jurisdictional Conditional Release Placements	In some cases, acquittees may be conditionally released to CSB catchment areas that are different from the jurisdictions of the committing courts. This can occur when:	The acquittee committed the offense outside of his original CSB catchment area,
		The acquittee chooses to change residences,
		The family lives in a different area and is willing to accept the placement of the acquittee upon discharge, or
		Change of residence comports with clinical and legal recommendations.
	Acquittees may take up residence in any area of the state of their choosing. They are not required to return to the area where they were originally acquitted.	The CSB where the acquittee will be released is typically responsible for implementing the plan and coordinating services.
		The CSB from the original jurisdiction may provide consultation and collaboration, if appropriate.
		The CSB that implements the plan is responsible for supervision, monitoring, and reporting to the court.
	When CSBs change prior to conditional release, the original CSB must remain involved until the new CSB has accepted the transfer and the responsibilities for release planning/case management.	

When is a Conditional Release Plan Developed?	A CRP could be required early during the acquittee's temporary custody. During the temporary custody period, if either of the evaluators recommends conditional release, then a CRP must be written.
	A CRP could be required later after the acquittee progresses through the graduated release process and the treatment team recommends conditional release.
	A CRP could be required when an independent evaluation is ordered anytime during the acquittee's hospitalization (as in the case of an acquittee's petition for release) and the evaluator recommends conditional release.
Who Writes the CRP?	In most boards, the CSB is the originator of the written plan, and sends it to the hospital for input from the treatment team and the acquittee. It is the recommendation of DBHDS that the CSB take the lead role in drafting the CRP, as it bears the responsibility of following through with the outlined services upon release and because the hospital will have no involvement in the implementation of the plan once the acquittee is discharged.
	Regardless of who actually writes the first draft of the CRP, input from the CSB is crucial since the **CSB is the expert on what services are available in the community and how these services can best be offered.**
	The CSB, hospital, acquittee, family members, non-CSB providers can all have input into the plan and will all sign the final draft before sending the plan to the FRP for approval.

Sections of a Conditional Release Plan

Sections of a Conditional Release Plan

(See Appendix D for a CRP Template)

General Conditions - Generally included in all CRPs; rarely, if ever, are these modified.

- Examples:
  - Agreement to abide by all municipal, county, state, and federal laws
  - Agreement not to leave the Commonwealth of Virginia without obtaining written permission of the judge and CSB
  - Agreement not to use alcoholic beverages
  - Agreement not to possess any illegal drugs or medication not prescribed to the acquittee
  - Agreement not to possess or use weapons

Special Conditions - Modified based on the acquittee's specific risk factors and management of those risk factors; all services and supports, including residential and daytime activities, are outlined in detail.

- Examples:
  - Substance abuse counseling and testing
  - AA/NA Groups
  - Anger and aggression control groups
  - Group or individual therapy
  - Vocational programming
  - Residential placement and support services
  - Frequency of case management and psychiatric visits
  - List of medications and bloodwork required

Consequences of Non-Compliance - Language in the CRP that describes the consequences of noncompliance and the Code sections that address noncompliance. This is included in all plans and does not require modification.

CSB Information and Requirements - Case Manager name and contact information and outline of specific court-ordered requirements for the CSB.

Signatures - All parties involved in the development of the CRP, all parties who will be responsible for the provision of services, as well as the acquittee and family members (if appropriate) will sign the final plan.

CSB Comments - The CSB can provide written comment on the plan; opportunity to comment on risk factors and readiness for release; also an opportunity to express concerns, if any.

Introductory Paragraph

The first page of the Conditional Release Plan template contains two sections that require completion - the page header and the first paragraph.

The acquittee's name should be listed at the top of the plan in the page header section - this will result in the name automatically appearing at the top of each subsequent page.

The first paragraph then contains a statement about the NGRI finding and that the undersigned parties have read and agree to follow all conditions outlined within the plan.

In the blanks provided the CSB should list the acquittee's full name, list all of the charges for which the acquittee was found NGRI, and the court of jurisdiction over the case.

Sample Language:

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR John Doe

The signatures at the end of this conditional release plan indicate that I understand that I have been found not guilty by reason of insanity for Malicious Wounding and Petit Larceny, pursuant to Virginia Code Section 19.2-182.2, and I am under the continuing jurisdiction of the Alexandria Circuit Court as a result of that finding. Pursuant to Virginia Code Section 19.2-182.7, the Alexandria Community Services Board will be responsible for the implementation and monitoring of my conditional release plan. The undersigned parties and I have reviewed this conditional release plan and agree to follow the terms and conditions.

General Conditions

The first section of the plan, Section A, is the General Conditions section. This section, as the name implies, includes conditions that are general and apply to all acquittees.

There is little to no modification of this section, apart from completing the blanks with the name of the supervising CSB, where indicated, or indicating the amount and type of income the acquittee expects to receive.

There are eleven General Conditions. The CSB and facility should not add any conditions to this section beyond what is included in the template.

The following is a list of the General Conditions:

1. Abide by all municipal, county, state, and federal laws.
2. Agreement not to leave the Commonwealth without the judge's and CSB's permission.
3. Agreement not to use alcoholic beverages.
4. Agreement not to use or possess any illegal drugs or non-prescribed medications.
5. Agreement to follow the directives of the judge and CSB and be available for supervision at all times.
6. Agreement to follow all conditions and conduct themselves in a manner that will maintain their mental health.
7. Understands that they may be returned to the hospital if their mental health deteriorates.
8. Agreement to pay for mental health and substance abuse services.
9. Agreement not to own, possess, or have access to firearms or associate with those who do.
10. Agreement to release all information and records.
11. Agree to participate in 30-40 hours of activities per week.

Special Conditions

The next section of the plan, Section B, is the Special Conditions section. This section, as the name implies, includes conditions that have been developed specific to the acquittee.

The plan should be well thought out and developed in collaboration with the facility treatment team, non-CSB providers who are listed in the plan, and the acquittee and his/her family if applicable.

The plan should directly address all specific risk factors that have been identified for the acquittee.

All providers, including case managers, residential providers, support services staff, day program staff, vocational training staff, etc. should have an opportunity to review the plan and be made aware of the components before it is submitted to the FRP.

There is a lot of variability from acquittee to acquittee on the types of special conditions listed in this section of the CRP. Generally, however, the plan should include information on the following: list of psychiatric/case managment/therapeutic services and frequency; substance abuse services and drug testing if necessary, list of medications/conditions and stipulations about taking them as prescribed.

1. The place of residence, description of type of residential placement (group home, independent apartment, etc.), and supports available at the residential placement.
2. Name and location of case manager, frequency of case management visits, any stipulations about decreasing/modifying this condition in the future.
3. List of all daytime activities, including work, day program, volunteer work, etc. based on the specific plan for the acquittee. Description of any vocational training or assistance if appropriate.
4. Name and location of any individual therapist and/or type and frequency of group therapy (i.e., anger management).
5. Name and location of psychiatrist and frequency of visits.
6. List of medical and psychiatric diagnoses and all medications. Stipulations about modifying medications can be included.
7. Substance abuse assessment and treatment services if necessary. Includes AA/NA, group sessions, and drug testing.
8. Transportation plans, if necessary.
9. Any other special conditions identified based on the acquittee's specific risk factors.

Consequences of Non-Compliance

This section outlines the consequences of non-compliance with court-ordered Conditional Release Plan and the relevant Code sections that address non-compliance.

This section is not modified, and remains the same for every acquittee.

From the Plan:

*** I have read or have had read to me and understand and accept the conditions under which the Court will release me from the hospital. I fully understand that failure to conform to the conditions may result in one or more of the following:*

- *Notification to the court of jurisdiction;*
- *Notification of the proper legal authorities;*
- *Modification of the conditional release plan pursuant to § 19.2-182.11;*
- *Revocation of conditional release and hospitalization pursuant to § 19.2-182.8;*
- *Emergency custody and hospitalization pursuant to § 19.2-182.9;*
- *Charged with contempt of court pursuant to § 19.2-182.7; or*
- *Arrest and prosecution*

*** I understand that my conditional release plan is part of a court document and could potentially be accessed by the public.*

CSB Information and Requirements

This section lists the court-ordered requirements for the designated Community Services Board. Not only is the CRP a court-ordered treatment plan for the acquittee to follow, but the CSB is also court ordered to monitor, coordinate services, and report to the court and DBHDS.

List Case Manager name and contact information in the blanks provided.

This section further stipulates the monthly and six-month written reporting requirements that the CSB must follow and to whom the reports should be sent.

This section indicates that the CSB can not make changes to the court-ordered CRP without permission from the court.

Finally, it requires that any and all updates (including copies of court orders) regarding the acquittee's status should be reported to the Office of Forensic Services at DBHDS.

Signatures	All CSB and non-CSB service providers listed in the plan, including the CSB NGRI Coordinator, CSB Case Manager, providers of residential services, therapeutic services, psychiatric services, etc. may be asked to sign the plan.
	The hospital treatment team, such as the social worker, psychologist, and psychiatrist will sign the plan.
	The acquittee's family members, if mentioned in the plan as having a role in the conditions of release (such as residential, transportation, etc.) should sign the plan.
	The acquittee must sign the plan.
	Once reviewed and approved by the IFPC and FRP, the FRP will send the plan to the court and the court will determine if the plan is acceptable and whether the acquittee shall be released. If approved, the plan becomes a part of the court record and the acquittee and CSB are ordered to comply with the conditions therein.
CSB Comments	This is an opportunity for the supervising Community Services Board staff to provide recommendations and comments to the Forensic Review Panel. The CSB is advised to always include comments in every CRP, as this is one of few opportunities to communicate directly with the FRP about the CSB's support for or against conditional release and an explanation for the CSB's position.
	The CSB is encouraged to use this section to include any information that it feels the FRP and court should be aware of that is not apparent in the written plan up to that point.
	If the acquittee has done well and the CSB feels the plan will adequately address their risk and needs, it should be indicated here.
	If there have been challenges and the CSB suspects the FRP or court may be uncertain about release, the CSB can address the reasons for supporting the acquittees release under this plan.
	If the CSB has concerns that the acquittee may not be ready or that the supports in the community may not be sufficient to manage risk, this is the place where the CSB will list those concerns.

Tips and Overcoming Barriers to Conditional Release

Tips for Preparing a Conditional Release Plan

BE SPECIFIC

Always include detailed descriptions of services, frequency, duration, location. List names of providers, detailed descriptions of special therapeutic interventions, and location and type of daytime activities required for the acquittee. Being specific will limit any confusion on the part of the acquittee and providers at a later date.

ANTICIPATE CHANGES IN SERVICE NEEDS

The CRP is a court order and neither the CSB nor the acquittee can change the type, frequency or duration of services listed unless it is specified in the CRP. Otherwise, the CSB can only make adjustments with court authorization. The CSB may want to anticipate changes when writing certain conditions so that they may be reduced in stages, when appropriate, when approved by the NGRI Coordinator. However, be sure to specify the minimum requirement that will be required for the duration of release. An example is: "Acquittee will see the psychiatrist monthly for the first six months following release. After that time the frequency may be adjusted to every 3 months, if agreed upon by the psychiatrist and NGRI Coordinator. The acquittee will see the psychiatrist no less than every three months for the duration of release."

BE CREATIVE AND IDENTIFY ALTERNATIVES

Sometimes the CSB may not be certain of the need for a particular service, or the CSB may not be able to provide a particular service that the FRP thinks would be beneficial. In anticipation of this, the CSB should provide a rationale for their recommendation and provide specific, detailed alternatives that will accomplish the same goal. An example is individual therapy - the FRP may feel individual therapy is necesssary upon release, whereas the CSB may not be certain. The substitute might read: "The client has not been a candidate for individual therapy while receiving inpatient treatment. The client will meet with his case manager to discuss his re-integration and adjustment into the community. These sessions will last at least 20 minutes and will occur twice weekly for the first 3 months and then at least weekly for the next six months."

Potential Challenges and Overcoming Barriers

LIMITED RESOURCES IN THE COMMUNITY

If funding is the primary barrier, the CSB staff should familiarize themselves with their regional DAP funds and process for requesting those funds. Reach out to the Regional Manager to inquire about DAP options and find out how to make a DAP request.

If there are no residential or support options in the CSB's catchment area, consider the option of looking outside of the area. This will require that the acquittee and the NGRI Coordinator of the CSB in the other region be willing to consider this option. Conversations and collaboration are the key.

If the individual needs intensive residential supports but there are no group home or ALF placements available, consider the availability of PACT team as an alternative.

Think creatively, don't give up, and ask for help – particularly from the treatment team, and other NGRI Coordinators in your region!

FRP REQUIREMENTS THAT ARE NOT INDICATED OR REALISTIC

First, the CSB should always consult with the treatment team, as well as the facility's Forensic Coordinator. If the CSB and the team agree that the requested services are not necessary to manage risk, then a response to the FRP's requested changes can be drafted together or by the Forensic Coordinator. For example, the FRP requires CSBs to include urinalysis testing for most acquittees. If the CSB disagrees with the need to do UA testing, and the hospital agrees that it is not indicated given the individuals history and risk factors, the team can request that condition be removed. An alternative would be to indicate that regular SA assessments will be completed by the case manager, and any suspicion of substance use by the CSB would result in mandatory UA testing, or something along those lines.

If the services requested by the FRP are not available, suggesting alternative methods for managing risk is one option. As said above, think and act creatively. The hospital treatment teams and nearby CSB NGRI Coordinators might be of assistance in helping you think outside of the box.

DIFFICULT TRANSITION FROM HOSPITAL TO COMMUNITY

The initial discharge to the community from the hospital can be a very scary and exciting time for the acquittee. Often they have been waiting a long time for this. They have developed relationships with other patients and hospital staff. They have come to know their discharge planner and/or NGRI Coordinator. However, when they leave they are often meeting with new treatment providers for the first time. Suddenly they have an intake with a case manager they've never met, seeing a new psychiatrist who knows little about their history. It is strongly recommended that the CSB make every effort to bring community providers to the hospital, or arrange meetings between providers and the acquittee at the CSB while on pass, so that they can put a face to a name, ask questions, and ease their anxiety. We all know that switching providers suddenly without any transition can result in challenges. Relationships are key to making sure that the transition goes smoothly.

Role of the CSB/BHA in Developing the CRP

- The CSB should take the lead in the drafting of the Conditional Release Plan. Once the initial draft is complete, all other members of the treatment team, providers, and the acquittee should give feedback.
- The CSB should take "ownership" of the plan, as it is not only a court order for the acquittee, but for the CSB as well.
- The CSB is the expert in the services and supports available in the community. If the plan does not accurately reflect the services that are available, it will only set the acquittee and CSB up for failure.
- Participate regularly in treatment planning meetings and meetings with the acquittee to understand all of the relevant risk factors and techniques for managing them in the community.
- Communicate regularly with the treatment team at the facility about the AAB and Risk Management Plan, obtain a copy (if they have not already provided one) or both AAB and RMP, and ensure that the plan addresses all risk factors.
- Consult with the facility's Forensic Coordinator or the Office of Forensic Services staff if there are concerns or disagreements with the team or FRP about necessary components of the plan.
- Complete the plan in a timely manner as soon as notice is received that the facility is preparing a packet. Once finalized, obtain all CSB provider signatures as needed and return the signed plan quickly so as not to hold up the process.
- Communicate and ask questions, everyone is working together on this!

Section 5:
Conditional Release

Virginia Department of Behavioral Health & Developmental Services

First Steps in Implementing the Conditional Release Plan

Does the acquittee fully understand all of the components of the Conditional Release Plan?

Do all of the community treatment providers and staff understand all of the components of the Conditional Release Plan?

Have the acquittee and all treatment providers been provided a copy of the Conditional Release Plan before discharge?

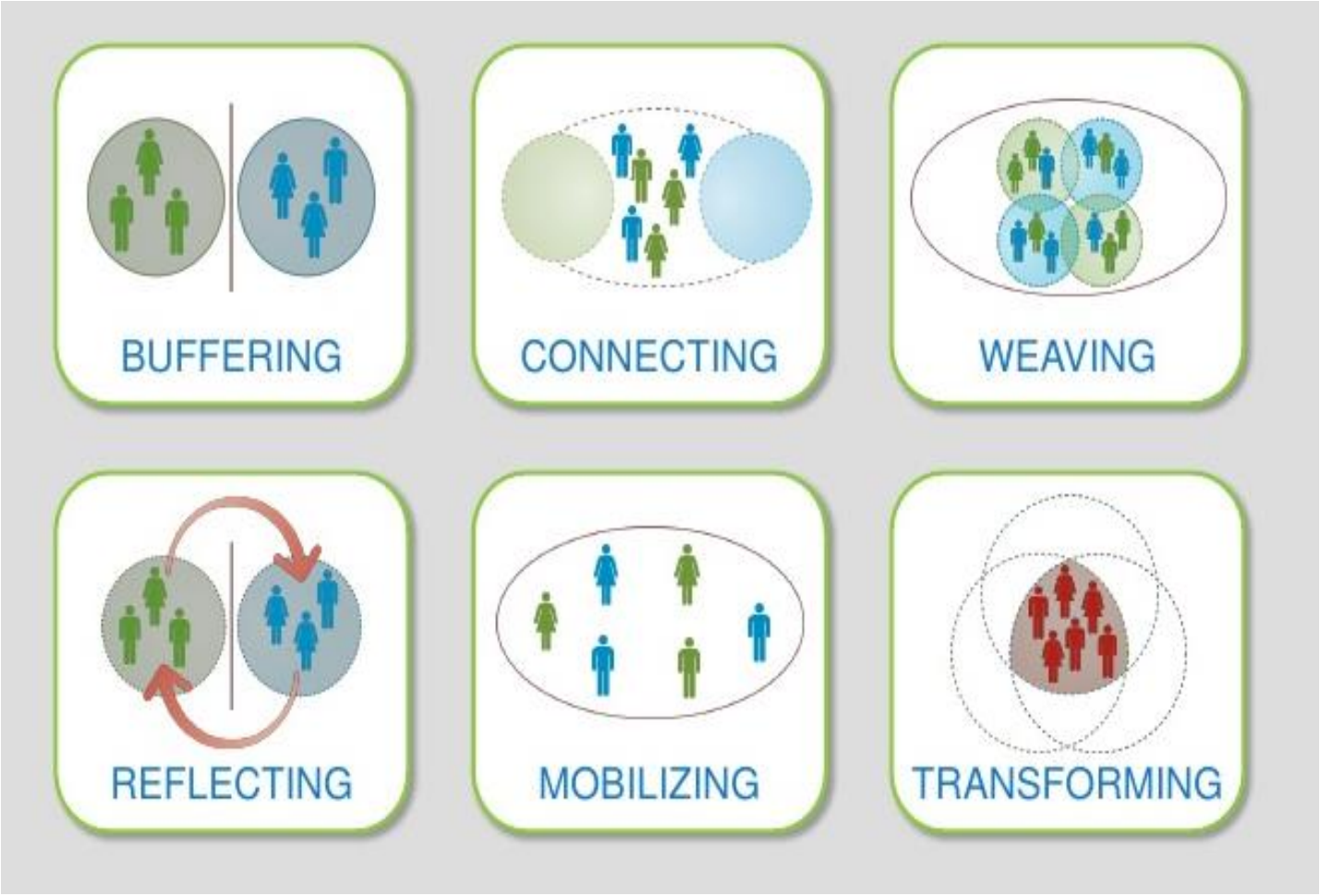
Do the acquittee and all providers understand the role of the NGRI Coordinator and the importance of providing regular updates to him/her?

Do the case manager and all providers, including the NGRI Coordinator, understand the reporting requirements to the court and to DBHDS?

Code Requirements	§19.2-182.7	
	The CSB is required by Code to:	1. Implement the court's conditional release orders, and
		2. Submit written reports to the court no less frequently than every six months.
	The Conditional Release Plan is itself a court order in its entirety. Changing any of the general or special conditions in the plan must be pre-approved by the court of jurisdiction.	

First Steps Upon Release	Ensure that all members of the treatment team, including CSB and non-CSB providers have a copy of the Conditional Release Plan prior to the discharge and that they understand that they are also obligated to comply with the written plan.
	Ensure that all providers understand the role of the NGRI Coordinator and the importance of communication about all aspects of the acquittee's treatment.
	Establish a communication loop in order to monitor the implementation of the CRP and the acquittee's status. In some boards this is a monthly meeting with all staff working with NGRI acquittees to discuss acquittees' cases, successes and challenges, etc. However this is done, it is crucial that everyone start and remain on the same page, with an awareness of the plan and communication about how the person is doing after discharge.
	The treatment team should, individually or collectively, meet with the acquittee very soon after discharge to check in and address any challenges with adjustment. Acquittees will need different things in the initial phase of community re-integration: Some will be anxious and will require a lot of reassurance and support. Some will be tempted to use/abuse drugs again and will require drug testing and monitoring of other SA treatment services. Some will want to "test the waters" after being in the hospital and will not want to follow the CRP. But overall, most acquittees will be very successful with the right supports in place during the transition.
	It is important to set expectations with the acquittee upon release. These conversations should start long before discharge, but be repeated once the individual is in the community.
	The acquittee should have a copy of the CRP before leaving the hospital, but at the very least the CSB should make sure that he/she has a copy when discharged. The case manager and NGRI Coordinator should review it with the acquittee upon release. This is a good way to build a relationship with the acquittee and to set expectations. Make sure the acquittee is very clear on all conditions and what can or might happen if any violations occur.

The Role of the CSB NGRI Coordinator



2010 Center for Creative Leadership

CSB NGRI Coordinator Responsibilities

The Executive Director of each CSB is required to designate a member or his/her staff to serve as the NGRI Coordinator.

CSBs have different "models" of how the NGRI Coordinator role fits into the agency structure.

In some, the NGRI Coordinator is also the direct case manager.

In others, the NGRI Coordinator assigns cases to case managers directly under their supervision.

Finally, in some CSBs the NGRI Coordinator serves in an admininstrative role but case management is “spread out” through agency programs depending on services provided.

Regardless of agency structure, it is essential that the NGRI Coordinator maintain consistent communication with community providers, the acquittee, the court, and DBHDS Office of Forensic Services.

The main functions of this individual are:

1. To oversee compliance of the CSB and the acquittee with the court order for Conditional Release;
2. To coordinate the submission of required reports; and
3. To maintain the training and expertise that are needed for the job.

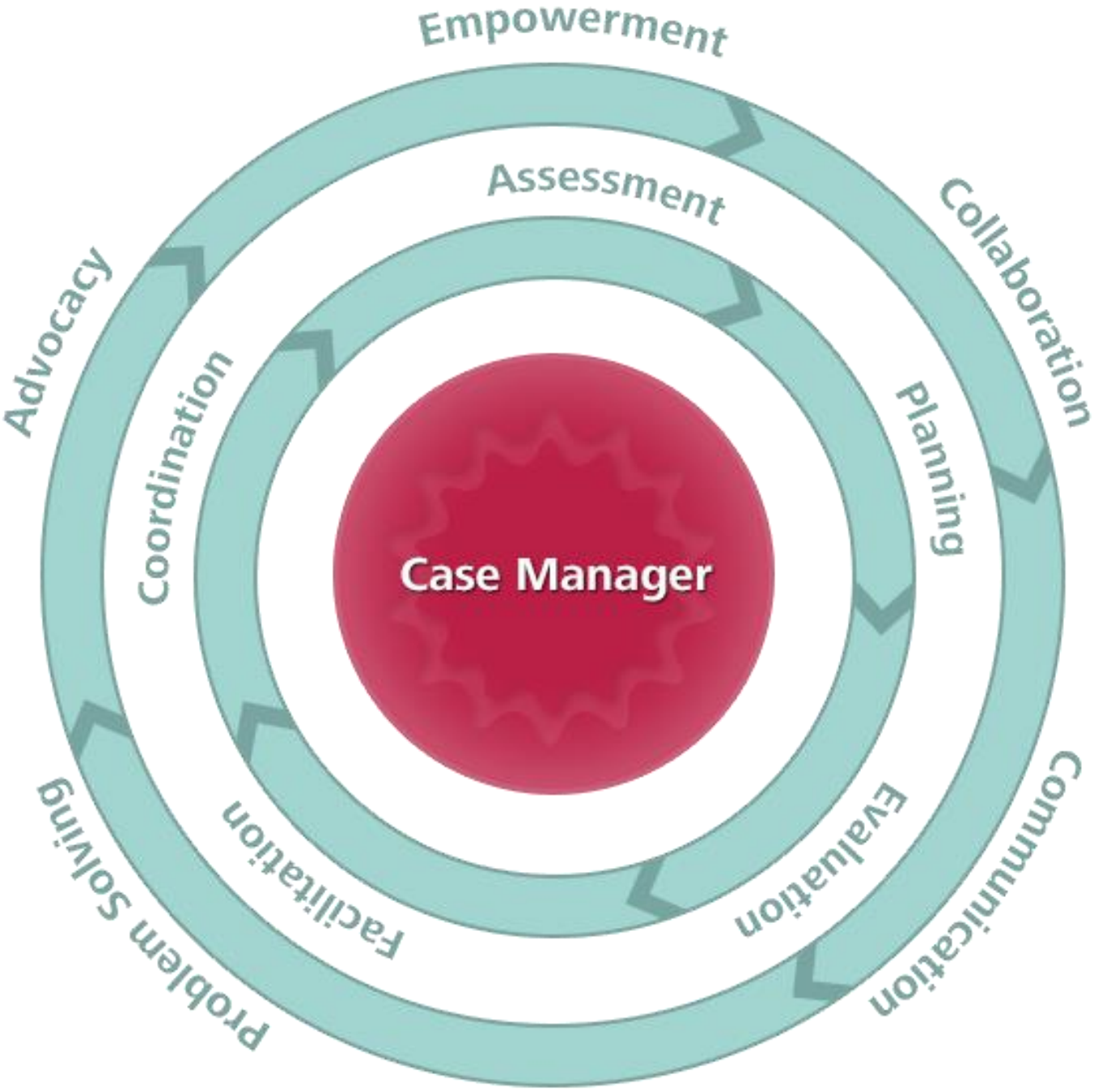
The CSB NGRI Coordinator is the single point of contact and accountability for all matters related to NGRI cases in that particular jurisdiction. This includes accountability for all aspects of the CRP and acting as a central point from which to facilitate communication with judges, attorneys, hospital Forensic Coordinator (and other staff from the state facilities), and the DBHDS-Forensic Office.

It is extremely important for the NGRI Coordinator to be familiar with the “Guidelines for the Management of Individuals Found NGRI.” This manual can be found on the Department website, under the Office of Forensic Services (http://dbhds.virginia.gov/professionals-and-service-providers/forensic-services/ngri-manual).

It is strongly recommended that the NGRI Coordinator personally sign all correspondence to the court. However, if the NGRI Coordinator chooses to designate other staff to communicate with the court, the NGRI Coordinator should ensure that:

1. Designated staff understand their role with the court and are competent to communicate with the court.
2. Understand the compliance requirements within the Code of Virginia, and
3. That any correspondence is first reviewed (and preferrably co-signed) by the NGRI Coordinator.

The Role of the CSB Case Manager



CSB Case Manager Duties Related to NGRI Acquittees	At times the CSB NGRI Coordinator serves as the acquittee's case manager. However, often these are separate roles in the agency.
	The case manager for an NGRI acquittee needs to have a good understanding of the CRP and the requirements of both the General and Special conditions.
	The case manager must stay in close contact with all involved service providers to ensure they are following their part of the CRP and communicating any significant information to the NGRI Coordinator.
	They should utilize treatment planning meetings or other staffing to discuss the CRP, concerns, etc. with all providers.
	Maintaining good notes in order to monitor the acquittee is critical. These notes are particularly important for major decisions, such as revocation or reduction or removal of conditions (unconditional release).
	If the NGRI Coordinator does not personally write the required written reports, the case manager should complete the monthly reports and 6-month court reports and send them to the NGRI Coordinator for review and preferrably co-signature before it goes to DBHDS-Forensic Office or the court.
	Case managers should be available to accompany the NGRI Coordinator and acquittee to court whenever necessary. They know best whether the conditions are still relevant or need any modification and can discuss with the NGRI Coordinator whether he/she will recommend modifications to the court.
	Most importantly, the case manager is the glue that holds the treatment providers and acquittee, and ultimately the Conditional Release Plan, together. They should facilitate ongoing communication, collaboration, and consensus with all members of the treatment team and NGRI Coordiantor.

Required Reports

Monthly Reports

- Required by Performance Contract between DBHDS and the CSBs.
- Must follow approved template (see Appendix F).
- Due monthly for the first 12 months following release from the hospital.
- The first report is usually due to DBHDS by the 10th of the month following the first full calendar month after release.
- The subsequent reports are due by the 10th of the month following the month being reviewed.
- Only full calendar months should be reviewed, do not split months.
- The six-month report is separate and does not replace the monthly report.
- Always include written comments at the end of the report.
- Must be signed by the case manager and/or the NGRI Coordinator.
- Submitted only to the Office of Forensic Services at DBHDS.
- Can be submitted via fax or mail.

Six-Month Reports

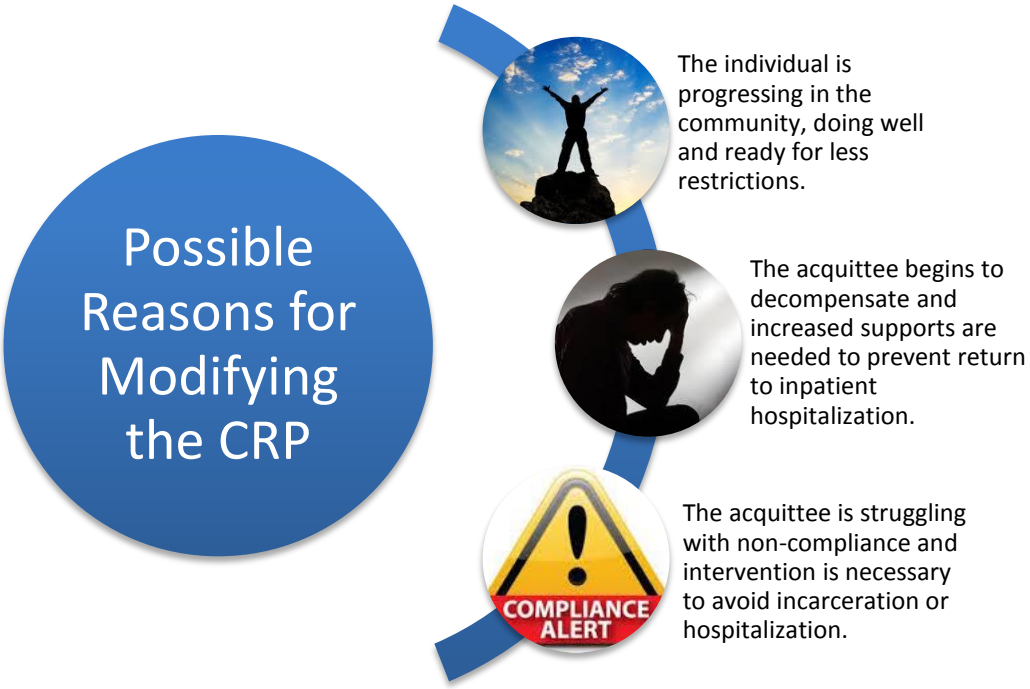
- Required by Virginia Code section § 19.2-182.7.
- Must follow approved template (see Appendix G).
- Due every six months for the duration of conditional release.
- First report is due six months from the day of release, and the following report is due six months from the date of the previous report and so forth.
- The monthly report is separate and does not replace the six-month report.
- Always attach a cover letter describing the reason for the report, a brief summary of progress, and recommendations.
- Letter and report are submitted to both the Office of Forensic Services at DBHDS and to all members of the court with jurisdiction over the case.
- Original signed report should be sent to the judge via mail, copies can be faxed or mailed to DBHDS, the defense attorney, and the Commonwealth's Attorney.

The Monthly Report ***(see Appendix F)***	DBHDS Office of Forensic Services will issue a written letter to the CSB's NGRI Coordinator upon the conditional release of any acquittee. In this letter, the details of the reporting requirements are explained. This letter will include the due date of the first monthly report. The first report is due after the first *full* calendar month post-release. For example, if the acquittee is released January 21, 2016, then the first monthly report would be due March 10, 2016 and would cover January 21 -February 29, 2016.
	From that point forward, the reports are due by the 10th of the following month. For instance, all March reports are due by April 10th, all April reports are due by May 10th, all May reports are due by June 10th, etc.
	If completing a monthly report in a month that the 6-month report to the court is due, the CSB should complete both. They are separate reports and the six-month report does not replace the monthly report.
	Before completing the monthly report, the author of the report should review all progress notes, gather feedback from treatment team members, and gather results of any urinalysis or blood work required by the CRP.
	1. Enter the name of the acquittee and the court with jurisdiction over the case. Then enter the date the report was written. Below, under *Time Period in Review* enter the month and year that the report is reviewing.
	2. The next section that many people overlook has to do with new charges and new convictions. These are different but both important. If the acquittee has been arrested and charged with a new offense, list the offense and date in the first line. If they have then been convicted of a new offense, it goes in the second line. Make sure to list the offense and the date. Do not leave blank, enter N/A or None if there is nothing to report.
	3. The next part of the form is the part where the acquittee's compliance and progress with all conditions is reviewed. First, enter all of the General Conditions in the column on the left, then indicate whether they Always, Sometimes, or Never comply with that condition by putting a check mark in the appropriate box, then enter a brief description of their progress/challenges for that condition that month. This is important not to leave blank. If they have been fully compliant, one sentence indicating that is sufficient. If they have had compliance issues, briefly describe in the right hand column and provide a detailed description at the end of the report. The same should be done for the special conditions. If the condition is very lengthy, it may be shortened as long as the meaning is still clear on the report.
	4. In the next section, the CSB should indicate the last face to face with the acquittee, any and all urinalysis drug screens that month (along with the date and result of each screen).
	5. A narrative summary of the month should be included at the end of the report. This should never be blank. Indicate if the acquittee has been compliant or non-compliant, if there was progress or setbacks that month, and any other relevant details…particularly if there have been challenges.
	6. Finally, the author of the report should sign it, indicate their title, CSB, contact info, and put the date it was signed. If the person writing the report is not the NGRI Coordinator, the NGRI Coordinator should review and co-sign all reports.

The Six-Month Report to the Court ***(see Appendix G)***	§ 19.2-182.7 states that the CSB "shall submit written reports to the court on the acquittee's progress and adjustment in the community no less frequently than every six months." **However, it is important that all violations of conditional release be reported to the court immediately, and should not wait until the next monthly report or six-month report is due.**
	DBHDS Office of Forensic Services, in their letter to the NGRI Coordinator following the acquittee's release, will indicate the due date of the first six-month report. It is based on the acquittee's actual release date. The report does not require listing the "period being reviewed" so the date listed on the six-month report should be the date the report was actually written.
	The report should always be accompanied by a cover letter. Samples are included in Appendix E. The cover letter should include the acquittee's name, case number, explanation of the author's role and purpose of the report, and brief description of progress/challenges and recommendations. Without the cover letter, these reports may get lost in the system and the judge may not know why they have been sent or what to do with the information.
	This report is to be completed by the NGRI Coordinator or other staff designated by the CSB. If the author of the report is not the NGRI Coordinator, the NGRI Coordinator should co-sign the report before it is sent to the court. DBHDS strongly recommends that the NGRI Coordinator be the person to write the cover letter to the Judge, attach the report and mail it to all parties. At the very least the NGRI coordinator should co-sign the report and review the cover letter before it is sent.
	The original letter and report should be mailed to the Judge with jurisdiction over the case. Copies can be either mailed or faxed to the Defense Attorney, Commonwealth's Attorney, and the DBHDS Office of Forensic Services.
	All relevant information on the acquittee's progress needs to be collected for the previous 6 months, which is why good monthly reports and regular documentation are critical. It is imperative that the writer contact all service providers and relevant family or friends to gather this information.
	The goal is to provide a comprehensive assessment of the client's progress and adjustment in the community. This report resembles the monthly report in format, but it requires specific recommendations to the court with the rationale for the recommendation.
	Through an agreement with the CSBs, DBHDS issues payments in installments for every acquittee returning to the community onto conditional release. These payments are issued based on the submission of the monthly and six-month reports. ($500 after initial release, $1000 after receipt of 6 monthly reports and 1 six-month report, and $2000 after receipt of 12 monthly reports and 2 six-month reports).

The Six-Month Report to the Court (Cont'd)	In the narrative section of this report, the author of the report will again want to make sure to explain:	1. The *types* of services that the acquittee has received (rather than local program names that the average reader won't understand). 2. Level of compliance, challenges and steps taken to resolve them, and any other relevant information. 3. Also indicate any other important changes to treatment/services that occurred during the reporting period that did not require the court to approve – such as change of address, increase in service frequency or intensity, or voluntary or community based hospitalizations.
	Changes allowable without court approval are limited, so the CRP should be reviewed carefully and if in doubt, contact the Office of Forensic Services for consultation.	
	The final section of the report requires the CSB to make a recommendation to either: continue conditional release without changes, modify current conditional release order, revoke conditional release, or remove conditions. This is very important and should be taken seriously, as the court will carefully consider the recommendations.	
	If requesting any change to the conditional release (modification, revocation, or unconditonal release), then the CSB must include a narrative description of the changes proprosed, reference the section of the CRP that is impacted, and give a rationale for those changes.	
	If the CSB is modifying the conditions, changes should also be made to the written CRP itself and the plan should be resubmitted along with the report to the court for final approval from the judge before changes go into effect.	
	Significant changes to the conditions of release will require a new order from the Judge approving the new plan. The CSB may have to request a new hearing to obtain formal approval, or may be able to request that the court indicate their approval in writing and return it to the CSB. Either way, follow-up with the Clerk's office, Commonwealth's Attorney and Defense Attorney may be necessary to move the process along.	
	Again, if there have been significant problems with the acquittee's compliance with conditions over the reporting period, the CSB should not wait to report this in the six-month report, but should instead notify the court and all parties immediately, with recommendations for next steps.	
	If this report is done later than the original deadline, the next 6-month period starts from the date it was written, and the due date schedule adjusts accordingly. DBHDS tracks the timeliness of reports, and will issue reminders for late reports.	

Modifying the Conditional Release Plan



Modification of the CRP	If the assigned CSB determines that the CRP needs to be modified, it is incumbent on them to recommend that the court of jurisdiction approve the modified CRP. Only the court of jurisdiction has the authority to actually approve the modified CRP, and any of the general or specific conditions, unless the plan contains language that allows the CSB to alter the CRP.	
	Examples of when the CSB should recommend that the CRP be modified include:	1. When the service needs identified in the plan change.
		2. The acquitee has improved and no longer needs services descirbed in one of the conditions.
		3. The acquittee's compliance and the adjustment in the community is poor and additional conditions need to be added before revocation is needed.
	Generally, the plan can and should be modified whenever the acquittee has demonstrated success or setbacks, always keeping in mind the management of identified risk factors and the safety of the acquittee and the community.	

Procedures for Modifications	The court of jurisdiction may modify conditions of release whenever it deems it necessary, based on reports from the supervising CSB or upon petition from the Commonwealth's Attorney or acquittee (the acquittee can petition for modification only once annually commencing 6-months post-release).	
	In cases where the CSB is requesting modifications to the plan:	1. The petition should be accompanied by a report explaining the request and providing clear rationale in support of the request.
		2. Provide any other evidence in support of the request, such as letters from collateral sources such as family or service providers.
		3. Copies of any correspondence should be sent to the Judge, as well as the Commonwealth's Attorney, Defense Attorney, and the Office of Forensic Services at DBHDS.
	There are two possible means of modifying the conditions:	1. In cases involving **minor modifications that have been built into the written CRP** the CSB should notify the court in writing that they plan to modify the conditions in some way, and request notification of any objections. For instance, if the CRP indicates that after the initial 6 months of conditional release the frequency of case management visits can be reduced to every other week with approval of the treatment team and NGRI coordinator. In this case, the CSB can make the modification and simply inform the court in writing that it has done so based upon the plan's stipulations.
		2. For changes that are more **significant** the CSB would request formal written approval of a modified CRP from the court, and a) request that the judge order compliance with the new version of the CRP via a new court order, or b) request a court hearing to present the request to the Judge directly. This will depend on how the court typically prefers to handle these changes, and the CWA and Defense Attorney's agreement with proposed changes. Often, if everyone agrees no formal hearing is necessary. If there are objections from one party or another, it may be best to have a hearing to discuss it.

Procedures for Modifications (Cont'd)	Plans should be modified, regardless of time frame, as long as the individual is ready for the change to the plan. CSBs should not keep to a strict time frame if it is not appropriate for the individual. Begin with the end in mind. This is a live and dynamic process!
	Whenever changes to the conditions of the CRP are approved, remember to update the monthly and six-month reports to reflect the modification.
Out-of-State Travel Permission	§19.2-182.15
	Virginia Code makes it a Class 6 felony for an acquittee who has been placed on conditional release to leave the Commonwealth of Virginia without permission from the court with jurisdiction over the case.
	In some geographic regions where an individual may need to work or attend appointments or activities across state lines, the CSB may consider incorporating a special condition related to out-of-state travel into the CRP. The circumstances and limits to travel should be clearly spelled out in the plan.
	If not already incorporated into the CRP, the CSB will have to seek written permission from the court to allow the acquittee to travel out of state.
	The following issues should be considered in any decision for such a request: • Length of time on conditional release. • Degree of compliance with conditions. • Degree of compliance with psychotropic medications. • Risk factors identified in the AAB. • The acquittee's understanding of the criminal penalty for escape. • The availability of support systems should the acquittee begin to experience difficulties. • The availability of a trusted person to accompany the acquittee.
	Any request for a modification of the conditional release order should specify the dates, locations, purpose, notifications/permissions, and other details necessary to demonstrate that risk factors will be managed appropriately.

Transfer of Monitoring Responsibilities from One CSB to Another on Conditional Release

In some cases, acquittees may request relocation to another CSB's catchment area. In other cases the services and supports needed to manage the acquittee's risk do not exist in the current CSB's catchment area. In these instances, the supervising CSB may decide to pursue transfer of the CRP to a different CSB.

In all cases in which transfer is considered, the original supervising CSB must ensure that the change comports with clinical and legal recommendations. Risk should always be considered when proposing this type of modification.

Acquittees may take up residence in any area of the state of their choosing. The original CSB must evaluate the availability of appropriate services and supports to mitigate the acquittee's risk factors. If the original CSB does not agree that the move would be in the best interest of the acquittee or the community at large, they should not proceed with transfer. In this case, the acquittee may request modification of their plan by working with their attorney, and the court will make the final decision.

If the current CSB supports the transfer, the current NGRI Coordinator should reach out to the receiving CSB's NGRI Coordinator to discuss the move, services available, etc. If the receiving CSB agrees to accept the transfer, the CSBs should work collaboratively to modify the existing CRP and should agree on all changes made. Both CSBs must feel comfortable with the new plan before moving ahead. Once this has been done, the NGRI Coordinator of the current CSB should take steps to seek approval from the court before moving forward with transfer.

As with other CRP modifications, this change would require approval of the Judge. No changes in supervising CSB should occur until the modified conditional release plan (listing the new CSB) is submitted in writing, with justification for the change, and upon receipt of a written approval or modified court order from the Judge.

The original CSB should remain involved in monitoring the acquittee's release until the court has issued written approval, and until the new CSB has accepted the transfer and the CRP. The current CSB should ensure that there is a clear plan for transition in the revised CRP and clarity on the timeframe when the receiving CSB will begin full supervision, monitoring, and reporting to the court.

All modifications to the supervising CSB should be reported immediately to the Office of Forensic Services at DBHDS with written court approval and a copy of the updated Conditional Release Plan.

Ensuring Acquittee Success on Conditional Release

Tips for Ensuring Success on Conditional Release	The AAB is a very useful, comprehensive document. Regular review of the risk factors will ensure better community integration and longer tenure in the community.
	It is important to gather information from all treatment providers, including "outside" treatment providers, in order to have a comprehensive view of the acquittee. Acquittees may present differently to different providers. It is important for the acquitee to understand that all providers are communicating and coordinating their treatment. The CSB manages risk in an ongoing manner with regular monitoring and review. There are lots of eyes on the acquittee!
	The acquittee should be conducting him/herself in such a way that his mental health is valued and priority is given to maintaining stability. Continued clinical wellness and safety should be the foundation and driving force behind any CRP and in making any modification.
	Almost all acquittees are subject to random or periodic breathalyzer, blood or urine analysis to monitor for the use of alcohol or illicit drugs. Detection of any drugs or alcohol or refusal to be tested constitutes non-compliance with the CRP. There is a good reason that these tests are included in the CRP. Substance abuse is a major area to review both with providers and NGRI acquittees. This is the biggest risk area that leads to relapse and decompensation and, potentially, to re-offending.
	Communicate, communicate, communicate! All members of the acquittee's treatment team, especially the NGRI Coordinator, should be made aware of any problems as they arise. The DBHDS Forensic Office staff are available to assist the CSB with creative problem-solving to get the acquittee back on track, and can solicit help from the hospital Forensic Coordinator when necessary for their clinical input.
	Provide opportunities for the acquittee to achieve greater autonomy as they demonstrate success. Failing to acknowledge progress may result in discouragement and future non-compliance if the acquittee feels that future independence is impossible.

Communicating with the Court

The individual at the CSB who communicates with the court is representing the entire CSB. This CSB staff person should make sure that they are authorized to "speak for" the CSB and to make recommendations to the court. DBHDS recommends that this always be the same person, and that this be the NGRI Coordinator.

Written Communication ***(see Appendix E and Appendix I)***	Put your communication with the court in writing if at all possible. This ensures that the communication becomes a part of the court record, and that the message sent to all parties involved is consistent.
	Letters should be addressed to the Judge, and originals should be signed and mailed to the Judge. Copies should be mailed to the Defense Attorney, Commonwealth's Attorney, and the Office of Forensic Services at DBHDS.
	All correspondence should include the following elements:
	1. The acquittee's name in the subject line with the court case number(s).
	2. Introduction that the subject of your letter is an insanity acquittee and, if the acquittee is on conditional release, reference the appropriate Code section (§19.2-182.7) for conditional release and the date of release.
	3. Make sure that the purpose for your letter about the acquittee and any requests are clearly stated.
	4. Do not use clinical jargon or acronyms, and use program descriptions rather than names (such as a "supervised group home" vs. "New Beginnings").
	5. Make it easy for the Judge to understand and respond to your request for modifications - reference all relevant Code sections and provide model court orders if needed.

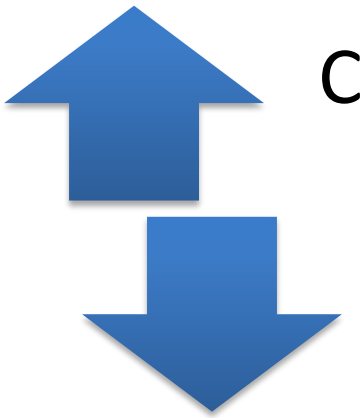
Verbal Communication	Any time that you communicate with the court and you need an immediate response, a follow up phone call may be needed even if your written communication was very clear. The courts are very busy entities. It may be necessary to call the court and ask to speak with the Judge's secretary or clerk for assistance with your request. Depending on the nature of the request, it may be necessary to call the Commonwealth's Attorney or the Defense Attorney.

Tips for Testifying	It is recommended you request a subpoena or court order before testifying.
	Most times, you are considered a fact witness. When you are required to testify, remember Sgt. Joe Friday "Just the facts, Ma'am." Facts are: he said, she did, the lab reports show, etc. Also keep in mind that the Judge can qualify you as an expert witness.
	Check with your agency HIPAA coordinators on the limits to what information you can provide in your testimony.
	Be prepared; bring copy of CRP but don't bring any records unless you've been served a subpoena ducis tecum - again check with your agency's HIPAA experts or attorney if necessary.
	Don't volunteer information - again only present the facts and only answer the question being asked.
	Don't take your cell phone, even if the court permits this. It will look very unprofessional if it goes off in court.
	Don't let the attorneys rattle you. Slow down by taking a breath or pause as if thinking about your response. Look at the attorney and direct your remarks to them. Usually the attorneys won't spend a whole lot of time with you. They're busy folks too and want to move on. Occasionally an attorney will challenge you with something like "that's just an educated guess, isn't it?" A good response is "No. That's my best professional assessment."
	Look the part of the professional. Dress as well if not better than you would everyday for work; no jeans, tee shirts, knit shirts, shorts. Dressing professionally helps your credibility.
	Be honest. Be believable. Be professional.

Section 6:
Non-Compliance with Conditional Release

Virginia Department of Behavioral Health & Developmental Services

Assessing Non-Compliance



Compliance

Non-Compliance

The Nature and Causes of Non-Compliance	There is careful planning and scrutiny before the acquittee is placed on conditional release. As a result, the vast majority of acquittees do extremely well when discharged on conditional release and placed in the community.
	There are exceptions, however, and some acquittees will struggle to follow their Conditional Release Plan. Anticipate there will be “ups” and “downs” with compliance. Some will do quite well initially, then become frustrated when their conditions are not modified in the timeframe they expected. Others will immediately experience difficulties upon release, with the new sense of freedom and return to the places, people, and habits that once got them into trouble.
	The first year on conditional release may be the most critical in the conditional release process. In anticipation of potential unrealistic expectations on the acquittee's part, it may be helpful to tell them the average amount of time other acquittees spend on conditional release, the factors that the CSB will use in considering modifications/reductions to the conditions, and be honest with them about the areas that you are not likely to budge.
	The NGRI Coordinator needs to keep a close eye on newly released acquittees as well as those on conditional release for an extended period of time. The newly released may want to "test the waters" or may experience stressors and decompensate with the lack of structure previously provided in the hospital. The other group who have been on conditional release longer may also become frustrated or complacent about their treatment.
	In other cases, non-compliance will result from the nature of the illness, not due to intentional behavior from the acquittee.
	In each case the CSB will need to carefully examine the root cause of the non-compliance to determine appropriate steps to get the acquittee back on track.

Assessing Non-Compliance	First, assess the seriousness of the non-compliance. Is there a potential for harm to the acquittee or others? Is there a potential for re-incarceration? Is the individual receptive to the CSB's interventions? Is the non-compliance related to the symptoms of their mental illness? Or is the non-compliance a result of general non-compliance, including substance use?
	By virtue of their mental illness, the acquittee may need inpatient hospitalization or crisis stabilization from time to time. This may be handled very differently than with an aquittee who willfully violates their conditions.
	Based upon the CSB's experience with the acquittee and the results of the CSB's risk assessment, there are several options for dealing with the non-compliance.
	Always consider the least restrictive alternative . . . Could they benefit from short term crisis stabilization, detox, or temporarily increasing support services and office/home visits? Could they benefit from PACT team services? Are medication adjustments necessary?
	Hospitalization is another option – an acquittee can be admitted voluntarily to a community hospital and return to conditional release without formal revocation, and in fact an acquittee can be TDO'd to a community hospital and remain in the community on conditional release, if they are able to benefit from their time in the hospital and are still appropriate for conditional release. The court must always be notified of the hospitalization, but it does not mean they will be revoked to the state hospital starting from square one again.
	If the non-compliance is more willful and deliberate, not from mental illness, should the CSB seek penal sanctions or reprimands from the court? The CSB will have to decide the best course of action based on clinical judgment and the likelihood of improvement from one course of action over another.

Legal Interventions for Non-Compliance

Addressing Non-Compliance	In order to determine what to do, the CSB must first assess the type of non-compliance. Is the acquittee experiencing psychiatric difficulty or is the acquittee failing to comply with psychotropic medications? Is it an issue of substance abuse where the acquittee has submitted a positive drug screen? Is it other issues of non-compliance such as missed appointments, termination from specialized housing, or not signing releases? Identifying the type of non-compliance will assist the CSB in selecting the appropriate response.
	The CSB must work with the acquittee and all of the treatment providers closely to try to address the issue sooner rather than later. The CSB should always attempt to resolve the issue using the least restrictive alternative, but should be aware of legal intervention if they become necessary.

Non-Legal Interventions	Voluntary hospitalization or civil TDO to a local (non-state) hospital:
	Based on a risk assessment by the CSB, an aquittee can be admitted to a <u>local</u> psychiatric hospital as a voluntary admission, or even on a temporary detention order. Hospitalization does not automatically mean that the person will be formally revoked by the court. In some cases, the individual may get treated and return to the community quickly without the need for admission to the state hospital and formal revocation.
	The CSB should notify the court of any signs of decompensation or non-compliance and should notify the court of any hospitalizations, even voluntary. In its letter to the court, the CSB should advise the court if they feel revocation is unnecessary and should update the court upon the individual's discharge to the community.
	However, if the acquittee requires involuntary hospitalization and needs to be committed, the acquittee should be admitted to a <u>state</u> hospital and to the custody of the Commissioner and it should be considered a revocation, with the appropriate steps to seek formal revocation from the court.

Legal Interventions for Non-Compliance - Code Sections	§ 19.2-182.11 Modification of Conditional Release Orders/Plans
	§§ 19.2-182.8, 19.2-182.9 Revocation of Conditional Release
	§ 19.2-182.7 Contempt of Court

Modification of the Conditional Release Plan	§ 19.2-182.11
	Modification of the CRP has been reviewed to some extent earlier in the manual in the context of when the acquittee has improved and the CSB recommends to the court that certain conditions be reduced or removed thereby giving the acquittee more freedom and more responsibility. Conversely, use of this Code section can be employed when the acquittee is non-compliant.
	EXAMPLE: The acquittee who is abusing substances or failing other conditions of release may need more conditions added. These might include additions such as SA residential treatment programs, increased AA/NA meetings, or more frequent urine drug screens.
	EXAMPLE: An acquittee who was evicted from their apartment for failing to clean, leading to insect infestation and threats of eviction. This could require a change in level of residential care, such as a new apartment with the requirement that the individual agree to in-home skill building services or even PACT services if available.
	There is a condition at the end of the CRP template that states “I agree to additional special conditions that may be deemed necessary by the supervising CSB in the future.” This essentially allows the CSB to add services to the plan based upon their assessment of the situation.
	The NGRI coordinator should modify the written plan, attach a letter describing the noncompliance and the changes made to the plan, and request court approval of those changes. The CSB has the flexibility given the language of the plan to add services and interventions based on their assessment, however the court should always be notified of the non-compliance and reasons for the adjustment and formal requests for modifications to the plan should always be made in writing.

Revocation of Conditional Release	§§ 19.2-182.8, 19.2-182.9
	There are two types of revocations that can occur by Code: "non-emergency" and "emergency" revocations. Revocations (regardless of type), mean return to inpatient hospitalization at the state hospital.
	In all cases where the NGRI Coordinator is considering the need for revocation, it is recommended that they or the case manager discuss the sitaution with the DBHDS Office of Forensic Services.
	If necessary, the Office of Forensic Services will contact the Forensic Coordinator at the hospital, who may provide clinical guidance if needed and who can alert the hospital admissions staff of the potential admission.
	Once the acquittee is revoked, the NGRI Coordinator should ensure that the hospital receives all relevant information about the reasons for the revocation and establish ongoing communication with the facility's treatment team.
	Reasons for revocation of conditional release must always include the need for inpatient psychiatric hospitalization. If the individual does not need inpatient hospitalization, the CSB and the court have different options available.
	Revocation is not considered a failure; it is an appropriate use of a tool to prevent bad consequences from happening to the acquittee or to others, i.e., re-offending, etc.
Regular (Non-Emergency) Revocation of Conditional Release	§ 19.2-182.8
	This is used in non-emergency situations, however this is rarely used. The “regular” or “non emergency” revocation process continues at a slower pace than the emergency revocation process. Utilization of the “regular” or “non-emergency” revocation process is extremely rare but can be useful under certain circumstances. An example might include an individual demonstrating a resurgence of low-risk factors, but is noncompliant with many of the conditions of the CRP and likely to experience decompensation if not addressed.
	CSB must petition the court for the revocation by issuing a letter to the court (a format for a petition for revocation is included in Appendix E). This letter should reference the revocation Code section and outline the rationale for the request in detail. Typically, this letter also requests a court date to hear the matter.
	The court will appoint an independent evaluator, who will be a psychologist or psychiatrist who is qualified by training or experience to perform forensic evaluations.
	After the evaluation is completed, the Judge will determine if revocation is warranted. The criteria for revocation is that the acquittee: a. Has violated the conditions of release, or is no longer a proper subject for conditional release based on application of the conditional release criteria, **and** b. Is mentally ill or intellectually disabled and requires inpatient hospitalization.

Emergency Revocation of Conditional Release

§ 19.2-182.9

This Code section was developed to respond to emergency situations, or for situations when the NGRI judge may not be available to hold an expedited revocation hearing. The process mimics the civil ECO and TDO process but the criteria are different for insanity acquittees.

The revocation criteria is purposefully less restrictive than the civil commitment criteria, to allow for individuals on conditional release to be returned to the hospital as soon as possible, before any potential future violations of their release can occur and to prevent harm to the individual or the community.

There are many examples when emergency revocation is an appropriate alternative and consequence. This option is appropriate when the acquittee's non-compliance is due to mental illness and they require immediate hospitalization to address the issue to prevent re-offending, harm to the acquittee or others, or absconding. Another example of appropriate emergency revocation may include an escalating pattern of non-compliance due to mental illness (such as missed psychiatrist and case management appointments, being terminated from approved residential services, refusal to participate in 30-40 weekly hours of structured activities, etc.), when this pattern has historically led to significant decompensation.

The reasons for emergency revocation are the same as the "regular" or "non-emergency revocation" criteria. The acquittee:

a. Has violated the conditions of his release or is no longer a proper subject for conditional release, **and**

b. Is mentally ill or intellectually disabled and requires inpatient hospitalization.

Typically this process would begin with an ECO and an evaluation by the CSB's Emergency Services staff. The NGRI Coordinator should be involved throughout the entire process, communicating with the case manager and the Emergency Services staff. The NGRI Coordinator may have to provide education to Emergency Services about the revocation criteria and the differences between revocation and the civil ECO/TDO criteria. The Code simply states "requires inpatient hospitalization" and does not reference the civil TDO criteria of substantial likelihood of dangerousness to self or others.

Any Judge as defined in §37.1-1 or a Magistrate may issue a Temporary Detention Order authorizing the executing officer to place the acquittee in an appropriate institution. Again, the NGRI Coordinator may have to point out the section of the TDO that the Magistrate or Judge should be using. There is a special section for revocation that is separate from the civil TDO criteria on the form (see Appendix I).

Emergency Revocation (Cont'd)

The acquittee can be TDO'd to a state facility or a private local facility for a period not to exceed 72 hours. Following the TDO period, the acquittee is entitled to a hearing to determine whether he/she will be revoked.

The committing court or any General District court Judge or Special Justice (defined in § 37.1-1) can hear the matter. This means that the acquittee can go before the Special Justice holding commitment hearings, or he/she can return before the Judge of jurisdiction. Because this is difficult to schedule on short notice, often acquittees go before the Special Justice at the scheduled commitment hearing.

Before the hearing the acquittee will be examined by a psychiatrist or a clinical psychologist to certify whether the acquittee needs hospitalization.

The court shall revoke the acquittee's conditional release if the revocation criteria is met. Again, the civil commitment criteria does not apply.

Throughout this process, the NGRI Coordinator should notify the Defense Attorney, Commonwealth's Attorney and the Judge of the need for revocation and process followed to secure revocation.

In cases of revocation, the acquittee will always transfer to a state operated psychiatric facility following the hearing. The acquittee usually returns to the civil hospital from which they were discharged.

Next Steps & The Impact of Revocation on the Acquittee

Revocation is a very serious step and can have very serious implications for the acquittee. It should only be used after other, less restrictive options have been explored.

Return to the state hospital does not guarantee a long term hospitalization but it might. If not appropriate to resume conditional release within 60 days, they will start the graduated release process all over again.

The CSB and the facility treatment team will develop a recommendation regarding continued hospitalization or resuming conditional release. Given the short time frame, the joint recommendation will be submitted to the FRP by the hospital within 21 days of revocation.

If the recommendation from the team and FRP is to resume conditional release, the Conditional Release Plan should be updated. The acquittee will go before the NGRI Judge and the Judge will have to approve Conditional Release and issue a new order.

If the recommendation is to continue hospitalization, the NGRI judge will likely issue a new revocation/commitment order for continued inpatient hospitalization.

Again, if the acquittee is not ready to resume conditional release within that very short window, they will be committed to the custody of the Commissioner and begin the privileging process from the beginning. This might result in another lengthy hospitalization.

Contempt of Court	§ 19.2-182.7
	The Code of Virginia allows the court of jurisdiction to find an acquittee in contempt of court as a result of the acquittee's violation of the Conditional Release Plan if they do not need inpatient hospitalization.
	This Code section was expressly written for the acquittee who has violated their CRP but does NOT need inpatient hospitalization. In these situations, therapeutic interventions may not be the most appropriate action and the acquittee needs to be held accountable for the violation of the court-ordered CRP.
	The CSB may request that the court find the acquittee in contempt of court for failure to follow their court-ordered CRP. If the Judge finds the acquittee in contempt of court, consequences could include a warning, paying a fine or even some jail time.
	Reasons for contempt of court recommendations to the court could include a series of positive drug tests, leaving the state without permission, or new criminal activity.
	Going to the hospital is not always effective. In some cases inappropriate hospitalization can be counter-therapeutic (such as attention-seekers or antisocial individuals). The CSB should use their clinical judgement, as well as consultation with the Forensic Services staff at DBHDS if necessary to determine the most appropriate course of action.

The Role of the CSB in Managing Non-Compliance

The CSB and the Revocation Process	The CSB NGRI Coordinator should be involved from the moment revocation is considered. The NGRI Coordinator should take the lead on the revocation process, including:
	a. Providing guidance to Emergency Services staff on applying the revocation criteria and requesting a TDO.
	b. Providing guidance to Magistrates and Special Justices as to the use of revocation criteria in issuing the TDO or revocation order.
	c. Reaching out to the state hospital admissions office and Forensic Coordinator immediately to prepare for admission and seek consultation on the process if needed. If the TDO bed is at a community hospital, after the revocation order is signed at the hearing, they will need to be transferred to the state facility. Giving the state facility a heads up at the time of the Emergency Services assessment or at the hearing will help ensure that process goes smoothly.
	d. Notifying the Office of Forensic Services of the revocation.
	d. Attending the revocation hearing to ensure that a revocation order is signed and that the individual is revoked back to the custody of the Commissioner.
	e. Communicate with the original court of jurisdiction to inform them of the revocation. This includes the Judge, the Commonwealth's Attorney, and the Defense Attorney.

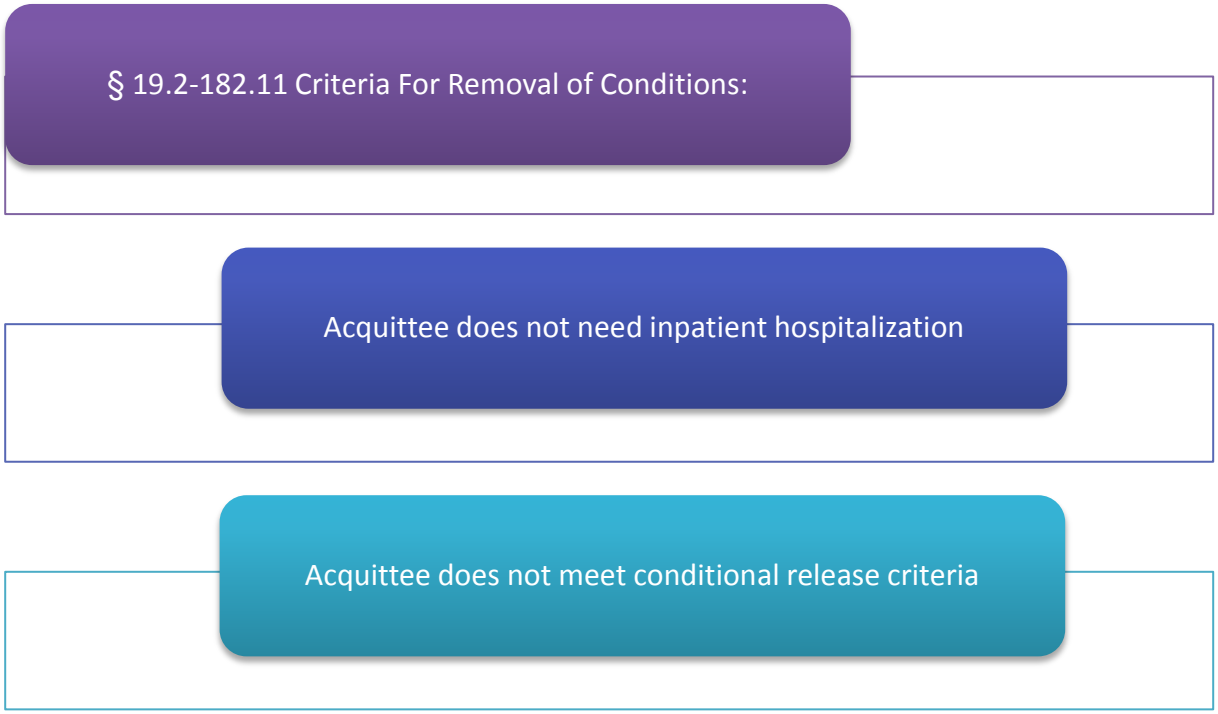
The CSB and the Contempt of Court Process	First, it is important to do a thorough assessment of the acquittee's non-compliance and potential interventions. If the decision is made that the acquittee does not need inpatient hospitalization, but that the non-compliance warrants court intervention for a contempt of court option, then the NGRI Coordinator should initiate steps to request this option.
	This will include writing a letter to the court outlining the nature of the violations and the rationale for the request.
	It may be necessary to educate the court about the distinction between meeting revocation criteria and contempt of court criteria (willful violations of the CRP that are not going to respond to hospitalization).
	Be clear with the court what the CSB would like to see happen.
	Hopefully the CSB has communicated all previous violations and non-compliance to the court. CSBs must react to violations of the CRP immediately by informing the court as soon as they have occured. In the notification, the CSB can request a formal hearing to address the CSB's concerns and discuss sanctions.

Building Relationships and Communication	As with all matters concerning acquittees on conditional release, COMMUNICATION is the key.
	Decisions regarding non-compliance involve making informed judgment calls and the CSB is not alone. Utilize the resources available.
	Often when thinking about the "team" we think about the team of CSB staff and other community providers who work with the acquittee. The CSB also needs think of the Commonwealth's Attorney and the Defense Attorney as part of the team. The NGRI Coordinator and in some cases the case manager should introduce themselves to the Commonwealth's Attorney and the Defense Attorney and enlist their help in resolving compliance issues. Both were participants in the conditional release process and want the acquittee to be safely managed in the community.
	Most importantly**,** don't forget to utilize the DBHDS Forensic Services Office. They have the "advantage" of information about all acquittees on conditional release statewide and can provide assistance with what has and has not worked in other communities around the state.
	The Office of Forensic Services at DBHDS can help the CSB determine if it is necessary to include the hospital Forensic Coordinator in the conversation. Even though they will not be directly involved with the acquittee in the community, in many cases Forensic Coordinator has worked with the NGRI acquittee for a number of years and has seen them in good times and bad. They can let you know what medications or strategies worked (or didn't) in the past. They can also be helpful in identifying signs of decompensation or relapse in its earliest stages.

Section 7:
Unconditional Release

Virginia Department of Behavioral Health & Developmental Services

Criteria for Removal of Conditions (Unconditional Release)



The criteria leaves a lot of room for interpretation and flexibility. This gives the CSB and the court the ability to make decisions about removal of conditions based upon the unique characteristics of the individual acquittee.

If the criteria for inpatient hospitalization is not met, nor does the individual meet criteria for conditional release that is outlined in § 19.2-182.7, then the court should issue an order for removal of all conditions.

Assessing Readiness for Unconditional Release

What is Unconditional Release?

While the acquittee is on conditional release, the acquittee may be very interested in having their conditions of release removed and their NGRI status formally terminated by the court. This process is technically called removal of conditions. Another term that is frequently used is "unconditional release".

The acquittee may want you to tell them "when is it over?" There is no set answer or magic formula. An acquittee can be on conditional release for an indeterminate time, including acquittees with misdemeanant offenses. The time an acquittee should be on conditional release is very individualized. The average time an acquittee remains on conditional release is 3 years.

The CSB staff wants to have credibility with the courts when they make a recommendation for removal of conditions. It is very important for the CSB staff to check with their supervisor and CSB NGRI Coordinator to find out the CSB policy before initiating the unconditional release process with the court.

Remember that acquittees that are released without conditions are no longer under the jurisdiction of the court. Sometimes, the leverage of a court-ordered Conditional Release Plan and remaining under the jurisdiction of the court is necessary for compliance.

Release without conditions and the termination of court jurisdiction occurs only at the committing NGRI court's discretion. Sometimes there are multiple courts of NGRI jurisdiction. In this case, all the courts involved must remove the conditions of release before it is final.

Knowing When It's Over

The CSB wants the acquittee to be successful after the removal of conditions, not to re-offend and to take responsibility for their mental health and/or substance abuse treatment. Since release without conditions is the final step in the graduated release process for an insanity acquittee, careful consideration should be given to whether the acquittee is now ready and able to manage his/her mental illness and potential for violence without the court-ordered monitoring of the CSB.

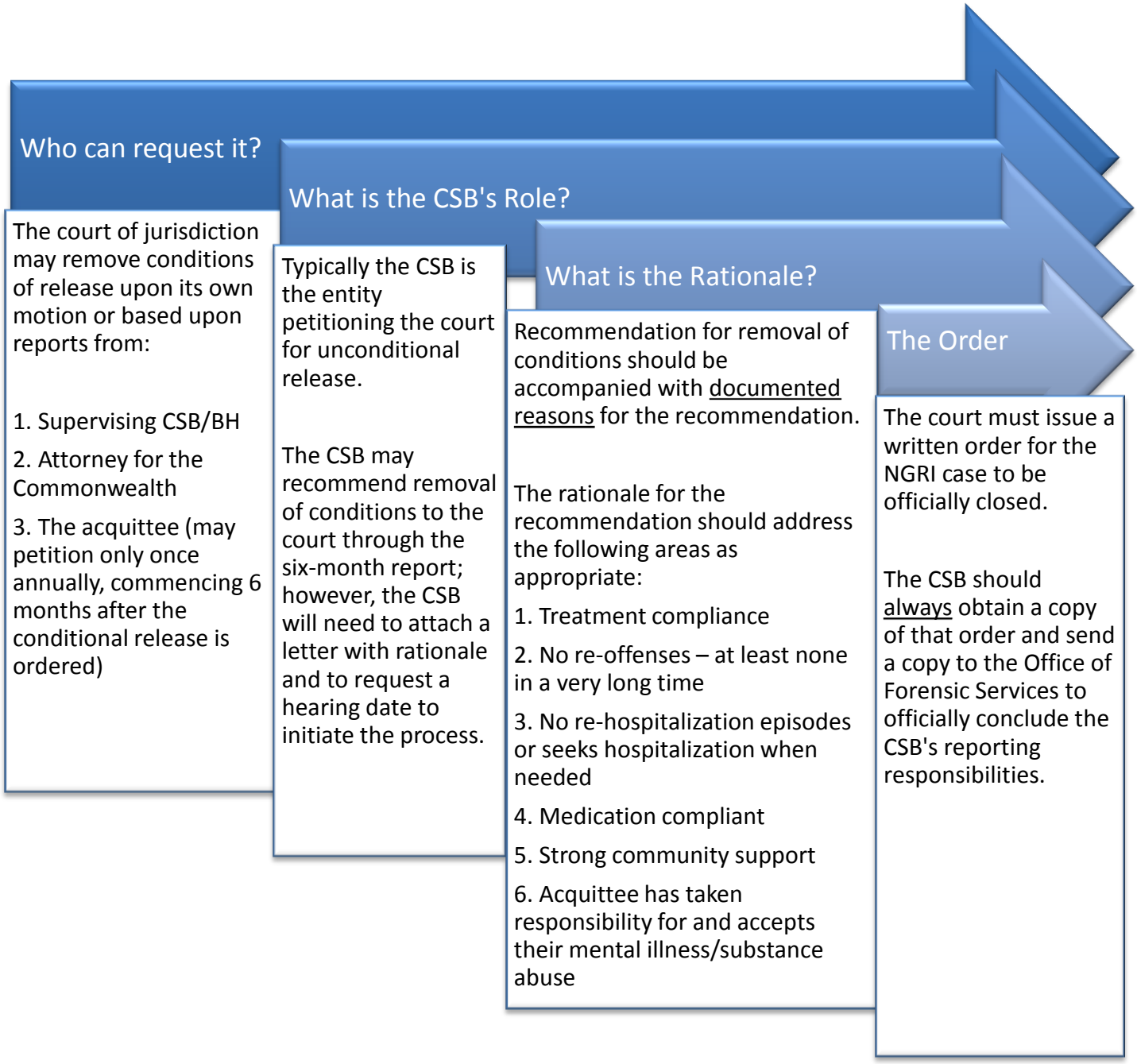
Consideration of the risk factors, the acquittee's compliance with treatment and medications, adjustment to community living, and the NGRI offense(s)should all be taken into account by the CSB before requesting removal of conditions from the court.

Is the acquittee ready for this step? Does he want his conditions removed? Has the CSB given the acquittee the opportunity to demonstrate more responsibility for their MH/SA treatment through modifications of their CRP? The demonstration model should work in the community too!

Always look back to the risk factors identified in the AAB. Examine each carefully, and consider the acquittee's progress in each area, management needs, and whether they are capable of managing each factor without the influence of the court to compell them.

Unconditional release is huge accomplishment, both for the acquittee and the supervising CSB. A lot of work and time goes in to working on NGRI cases, and all should celebrate when an acquittee is sucessful!

The Unconditional Release Process



Communicating the CSB's Rationale for Unconditional Release

Recommendation for removal of conditions should be accompanied with documented reasons for the recommendation. The rationale for the recommendation should address the following areas as appropriate:	Level of treatment compliance.
	The number of re-offenses and the last time a re-offense occurred.
	Number of re-hospitalization episodes and last hospitalization.
	Whether the acquittee seeks treatment or hospitalization when needed.
	Level of medication compliance.
	Level of community support.
	Whether the acquittee has taken responsibility for and accepts their mental illness/substance abuse.

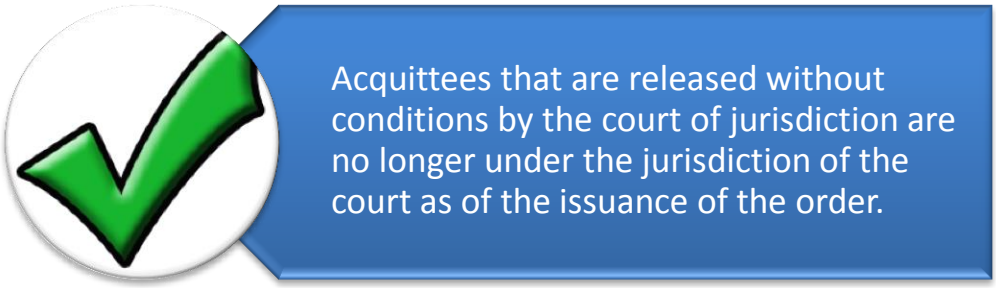
Make your case to the court when the CSB recommends removal of conditions. Any previous violations should be addressed and reasons the CSB feels the person is still ready for this step despite previous challenges.

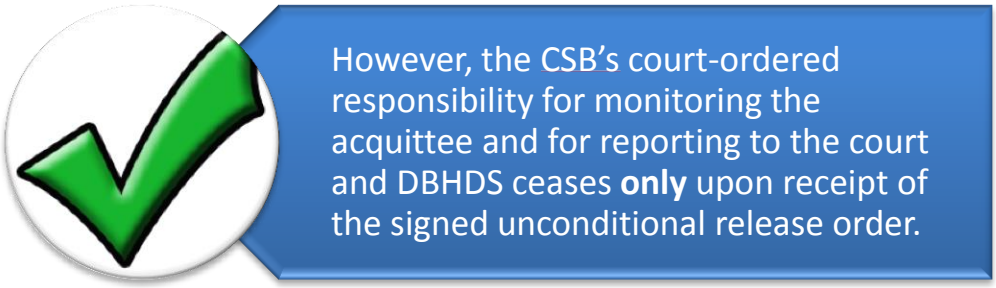
Write a letter to the court when you feel the time has come to make the recommendation (see sample letters in Appendix E).

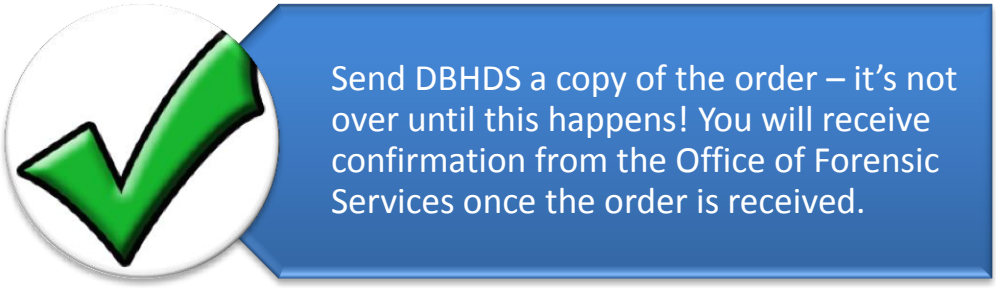
If the request is being made in the 6-month report, attach a cover letter with a specific request, and include a model order for the judge to sign.

The CSB can also request a court hearing to discuss the recommendations.

Requirements for Closing the NGRI Case







This is a collaborative process, so always ask for help if you need it!

There will always be situations that arise that are unique or complicated!

Plan for the end from the beginning – focus on gradual reduction of supervision as the individual demonstrates readiness for more independence!

Good luck!

Section 8: Case Studies

Case Study #1

Mr. K

Mr. K is a 38 year old single (never married, no children) male who experienced his first symptoms of mental illness in 2005, 11 years ago. He was living out of state at the time and sought treatment at his local hospital. At this time he reported having feelings of déjà vu experiences off and on for the past two years and these experiences were intensifying. He received some medications (unknown) in the emergency room but was not admitted. He had completed college and had worked full-time ever since. At the time of the NGRI offense, Mr. K was employed full-time in an occupation that required him to travel from state to state. Mr. K reported that he smoked marijuana once per week and drank alcohol occasionally.

In June of 2007, at the age of 29, Mr. K was hospitalized for 6 days in his home town. At this time he was experiencing delusions, paranoia and isolation. Examples of his delusions included the following: beliefs that the television was sending him messages; belief that mythological creatures were trying to entice him to battle; belief that a celebrity on TV wanted to marry him; misinterpretation of numbers to indicate that he was GOD. Again he received medication but stopped the medication once he felt better. Mr. K contends that he was never instructed to get the medication refilled once he left the hospital.

Mr. K was again hospitalized for one week in January of 2008. Records indicate that upon admission Mr. K reported feeling down, depressed, and crying a lot and that he believed he was not himself. He also expressed beliefs that he had been in the military but that he was not sure. In actuality, he had been in the Navy for approximately 4 months but was discharged due to reported feelings of suicide. At the hospital he reported that his thoughts seemed jumbled. Records indicate that he was treated with Risperdal and diagnosed with Psychotic Disorder, NOS. Again, he took the medication until the prescription ended but did not seek a renewal.

In April 2008, at the age of 30, Mr. K was travelling through Virginia and had stopped to get some dinner at a restaurant. He reported feeling very paranoid as if someone was going to harm him. He stated that he believed some of the people in the restaurant looked like devils and were possessed by demons. Mr. K went back to his vehicle and

secured a knife for protection. He reentered the restaurant and sat down to have dinner. Another patron approached him and began a casual conversation. At this time Mr. K responded by pulling the knife and stabbing the bystander to death. Mr. K left the restaurant but stopped to talk to the cashier on his way out the door as if nothing out of the ordinary had transpired. He was arrested a short time later driving on Interstate-95.

After Mr. K's arrest he spent time at Central State Hospital for restoration to competency. After receiving medications, he was able to be restored and he was also evaluated for a second opinion sanity evaluation requested by the Commonwealth's Attorney. In December, 2009 he was found Not Guilty by Reason of Insanity and subsequently committed to the custody of the commissioner to begin the privileging process. Mr. K's initial progress in the hospital was slow and was laden with numerous medication changes in order to maximize his treatment efficacy. Psychiatric treatment was complicated with the medical problem of brittle diabetes. Additionally, once Mr. K was stabilized and was able to fully appreciate the gravity of the fact that he had committed murder, he was despondent, isolated and overwhelming remorseful thus requiring further medication adjustments. He began to work with a therapist to address the guilt and shame that he felt due to his actions. Slowly, Mr. K began to make progress and by November, 2011 he was able to receive approval from the Forensic Review Panel for Unescorted Community Visits (up to 8 hours) to a day program.

Although Mr. K's psychiatric stability remained constant, his insulin levels were unpredictable and often dangerous. At one point his passes for unescorted community were held for two months in order to regain control of his medications for his diabetes. However, by March, 2012 Mr. K was ready to request 48 hour overnight passes. Until that time, he had continued to do well psychiatrically and was especially vigilant of his blood sugar levels and has learned to administer his own insulin and other medications. After several months, he was able to begin 48-hour passes to a local crisis stabilization facility (because his housing was not yet available). Mr. K has never experienced any aggression or loss of privileges during his hospitalization. He has been totally compliant with all aspects of treatment. At this time the treatment team and CSB are preparing for conditional release to a shared apartment (with a roommate who is also NGRI).

Case Study #2

Mr. O

Mr. O is a 55-year-old Caucasian male who was adjudicated NGRI for felony arson. He grew up in a rural part of Virginia, dropping out of high school prior to completion due to attendance problems and challenges learning due to an intellectual disability. He has a limited work history, only maintaining consistent employment for a brief time while enrolled in a supervised work program. The onset of his illness occurred when he was 21 years old, at which time he started experiencing command auditory hallucinations and suicidal ideation. Since that, time he has been hospitalized on multiple occasions, each the result of treatment non-adherence and rapid psychiatric decompensation. Over the years, Mr. O engaged in dangerous behavior while psychiatrically unstable. He has a lengthy history of arson and assaulting family members in response to paranoia and command auditory hallucinations, thus his relationship with his mother and siblings is strained. Despite this, his mother does allow him to live in her home for periods at a time, before kicking him out when he becomes psychotic and then allowing him to return after stabilization at the hospital. Mr. O has had a long history of treatment with his local CSB. He has a case manager however he has not achieved stability, and most of his interactions with the CSB have been through Emergency Services and Acute Care. His most recent diagnosis is Schizoaffective Disorder, Bipolar Type.

In the months leading up the NGRI offense, Mr. O stopped taking his medications reportedly because he could not afford them. He did not report this to his case manager at that time, nor did he contact Emergency Services. He started to experience auditory hallucinations and paranoia that others were laughing at him. He set fire to his mother's home in an attempt to get rid of the "demons and voices."

Mr. O was found Not Guilty by Reason of Insanity in 2013 for arson. He has been hospitalized for three years. During the course of his hospitalization he has been adherent to his medications and he has not had any residual symptoms of his illness. There have been no episodes of aggression. While he attended treatment programming both in the hospital and the community on escorted and unescorted 8-hour passes, his participation has been minimal. While he has acknowledged having a mental illness that requires continued treatment, he has limited insight with regard to benefits of medication and/or consequences for stopping the medication. He has struggled with

identifying structured activities that are meaningful to him, and thus chooses to attend day treatment five days per week.

Mr. O has completed 48-hour passes successfully to an assisted living facility, although he has difficulty accepting that he needs this level of residential care and often speaks about his eventual discharge to an apartment. However, his passes have been uneventful and staff at the ALF report that he is doing well and interacting with his peers. At this time the treatment team and CSB are preparing for conditional release.

Case Study #3

Mr. N

Mr. N is a 37 year old single (never married, no children) male who experienced his first symptoms of mental illness at the age of 16 and subsequently was hospitalized on three occasions and received medication. Mr. N was in special education throughout his primary and secondary education. He was diagnosed with borderline intellectual functioning and doctors believed he was experiencing symptoms of Schizophrenia. Precursors to hospitalizations included feelings of paranoia and impulsiveness regarding thoughts of harm to self or others. On one occasion, Mr. N attempted suicide by cutting his wrists because the voices told him to do so. Mr. N was always compliant with his medications but at times his mother had difficulty refilling prescriptions due to lack of funding. At the time of his NGRI offense in 1997, Mr. N, then 18, reported feelings of isolation as his older sister had left home for college and his dog had recently died. He was unable to get his medication refilled. He began to experience sounds and visions that he could not understand (auditory and visual hallucinations). He was frustrated that his sister had abandoned him and could not stand living in his mother's home another day. He expressed that the house was closing in on him so he believed that if he burned down the house he would be free. He set the house on fire and then went next door to a neighbor and called 911. A few days prior to this offense, he had also set fire to a neighbor's porch but no charges were filed.

Mr. N was found Not Guilty by Reason of Insanity and was committed to DBHDS in November 1997 and subsequently admitted to Central State Hospital under temporary custody. He was eventually transferred to a civil hospital where he remained hospitalized for the next 19 years.

Mr. N's initial progress in the hospital was very slow. He often engaged in attention-seeking behaviors highlighted by increasing somatic complaints and threats of suicide. Due to his cognitive impairment, his understanding of his symptoms and the NGRI process is also limited. Mr. N has had several altercations with staff during his hospitalization. One such altercation resulted in charges being filed for assault and a sentence of 120 days in jail all of which was suspended. Mr. N's lengthy hospitalization coupled with his cognitive impairment has created an environment of dependency and

fear of leaving the hospital. When he begins to near the point of conditional release, he will begin acting out and threatening suicide, which has slowed the process of release. As a result of this, he also requires frequent prompting and reassurance in order to gain full compliance and participation with treatment. He has been medication adherent and enjoys attending groups and activities. He has no history of substance use. After a lengthy process, he achieved the privilege level of Unescorted Community-8 hour passes, which he used to attend a psychosocial day program operated by the CSB 4 days per week (and by all accounts has been very active there).

Mr. N is notorious for giving away his money to peers. Although Mr. N has made progress in understanding his mental illness, the need for medication adherence, and some living skills such as personal hygiene, he continues to demonstrate poor interpersonal skills which makes him vulnerable to exploitation. He also has a very low frustration tolerance and higher levels of anxiety that require frequent reassurances from staff. Over the course of his hospitalization his diagnoses was modified to Schizophrenia, Disorganized Type, Borderline Intellectual Functioning and Personality Disorder, Dependent Type.

At this time, he has begun 48-hour passes to a local supervised group home, where he will ultimately be conditionally released. It appears that he is excited about this placement (he reports that he will be living with friends that he knows from the day program) and he has not demonstrated any of the previous attention seeking behaviors that have stalled his progress in the past. The team and CSB have begun to draft the conditional release plan and will move forward with that request after two more 48-hour passes to the group home.

Case Study #4

Mr. J

Mr. J is a 41-year-old married male who experienced his first symptoms of mental illness in 1997, at the age of 22. He spent most of the early years of his illness untreated, experiencing episodes of anger, mood changes, and some psychotic symptoms. He was living with his parents at that time, and eventually was hospitalized and treated with medications. During that hospitalization he was diagnosed with bipolar disorder. Upon discharge he continued his medications, however in the years following he would often stop medications and resume after an incident that prompted police intervention. He also struggled with substance use, which led to several arrests for possession of controlled substances or driving while intoxicated. He eventually married, and resided in an apartment with his wife for several years prior to the NGRI offense in 2013. He has a spotty employment record, mostly part-time employment and often of short duration.

Eight months prior to the NGRI offense, he reportedly went on a 7-day amphetamine binge, subsequently becoming paranoid and possibly experiencing auditory hallucinations. He was boarding up his apartment, plastering holes in the ceilings and claiming cameras were watching him. His NGRI offense occurred when he assaulted his wife and the responding police officer, for which he was charged with one count of misdemeanor assault and battery and one count of felony assault on a law enforcement officer. He was first admitted in 2013 to the state hospital from jail for competency restoration prior to his trial. On admission he was suspicious and guarded. He refused to answer questions, was isolative, and his behavior was bizarre. Upon admission, he was detoxing from benzodiazepines. He had limited insight, and reported that he was arrested for no reason. He was initially diagnosed with Amphetamine Induced Psychotic Disorder. According to the psychiatrist, his history was consistent with substance abuse problems and personality disorder. Mr. J also had a history of some mood disturbance that included impulsive outbursts of aggression, some depressive symptoms and reported psychotic symptoms. At the time of discharge back to the jail following his restoration to competency, he was diagnosed with Schizoaffective Disorder, Bipolar Type. Mr. J was later found NGRI and committed to the custody of DBHDS in January 2014.

Upon his current admission, Mr. J complained of nicotine addiction as he was smoking several packs of cigarettes a day prior to incarceration and state hospital admission. He was prescribed nicotine chewing gum, a nicotine patch and was requesting additional nicotine withdrawal support. He initially demonstrated some denial of mental illness and denial of substance abuse, and often refused to participate in group activities and treatment team meetings. His privileges were often suspended due to rule violations, such as bringing cigarettes into the facility after passes. Although his mental illness was well managed with medications, he continued to deny substance abuse problems and tended to minimize his need for treatment. He has been prescribed mood stabilizing medications, which appear to have had positive results on his mood swings and angry outbursts, and he has been adherent to his medications. Upon approval of his unescorted community visits, he was able to obtain part-time employment as a mail clerk at a local engineering firm and began to work on GED courses. Mr. J has maintained a relationship with his wife, who appears to be supportive and willing to have him return home upon discharge.

Mr. J was able to eventually able to successfully use his 8-hour and then 48-hour passes. Despite his ongoing minimization of his substance abuse issues, he reports that he will comply with all conditions and has been able to manage at greater levels of independence through the privileging process. At this time the treatment team and CSB are preparing a conditional release plan and will be submitted a request to the FRP.

Case Study #5

Mr. Q

Mr. Q is a 28-year-old single, separated male with three children from two separate relationships. Mr. Q has no established history of major mental illness, and had never struggled with psychiatric illness in the past. The sanity evaluation conducted prior to his acquittal indicated that a late-onset mental health condition was likely and that it directly resulted in the NGRI offense. In the events leading to his arrest and subsequent NGRI finding, he experienced several incidents of substance-induced domestic assault on his partner and his mother-in-law; these were the most recent in a series of domestic assaults, all primarily occurring during times of intoxication, but have occurred in the absence of substance abuse as well. At the time of his NGRI offense, Mr. Q reported "hearing voices" and feeling that he was "commanded" to assault his family members, as they were "going to hurt my children." Mr. Q was found Not Guilty by Reason of Insanity in 2002 and subsequently committed to DBHDS. Later, while hospitalized, it was determined that, while possibly predisposed to psychiatric symptoms under certain situations, the symptoms he experienced were likely due solely to substance abuse at the time of the offense.

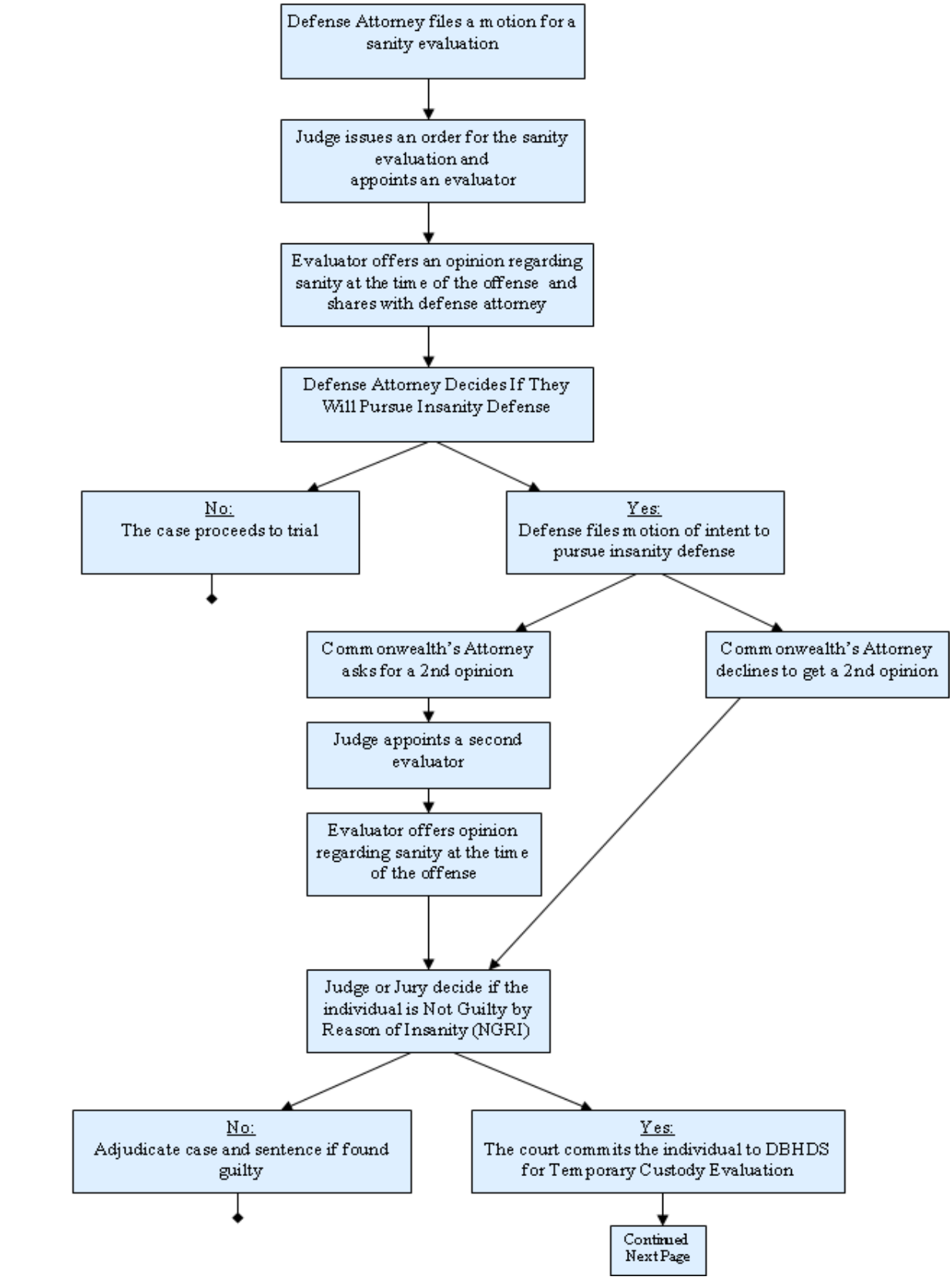
Mr. Q was transferred between three state facilities over the course of his hospitalization due to ongoing issues with violence toward staff and peers, and general non-compliance. During his current civil hospital placement, a more pro-social approach to treatment was taken, expressly based on forming therapeutic alliances, and he began to establish the first therapeutic relationships since his NGRI commitment. He was entrusted with more freedoms and he seemed to do better with a collaborative approach than with a corrections approach of consistent negative consequence for maladaptive behavior. He remained psychiatrically stable and over a period of several years, achieved the Unescorted Community – 8 hour pass level and began working full time in the community. He reestablished relationships with family members, and adhered to hospital rules. He engaged in individual therapy to address antisocial behavior, specifically domestic violence, and through prosocial treatment, began to understand the benefits of sobriety and prosocial living. He took pride in his AA/NA participation and built a very healthy support system through the AA/NA community. Previously noted as having a weak self-concept, he gravitated to AA/NA principles and appeared to integrate them into a stable identity. He progressed to the point of

initiating and then facilitating his own AA group in the community. During times of stress in particular he continued to push boundaries in the hospital and act against his treatment providers, but a flexible approach that highlighted support was typically successful in preventing these periods from escalating into patterns. His treatment team and CSB were able to locate a housing placement at an adult foster home, where he was able to complete his 48-hour passes. The team is now preparing to submit a request for Conditional release.

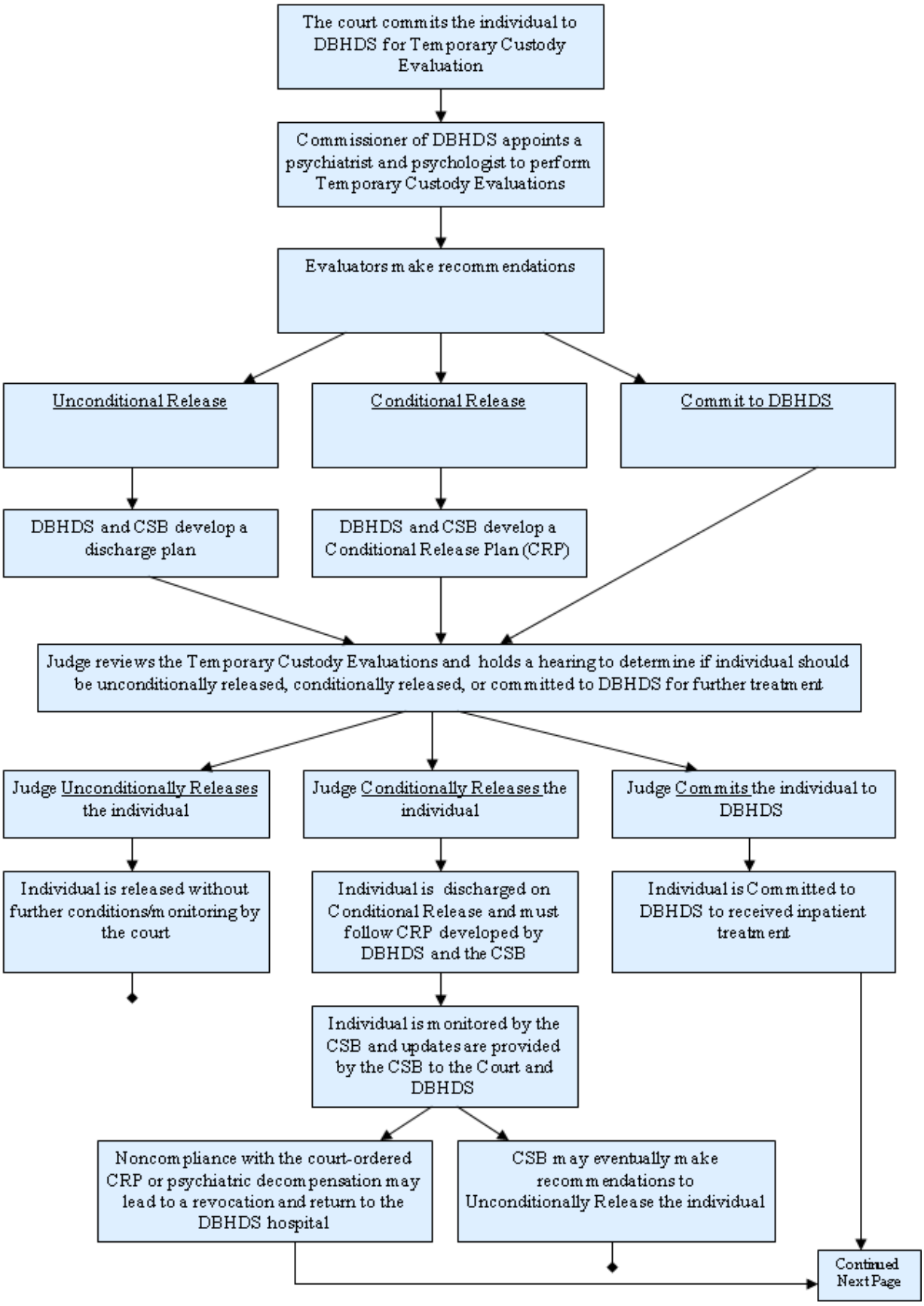
Section 9:
Appendices

Appendix A

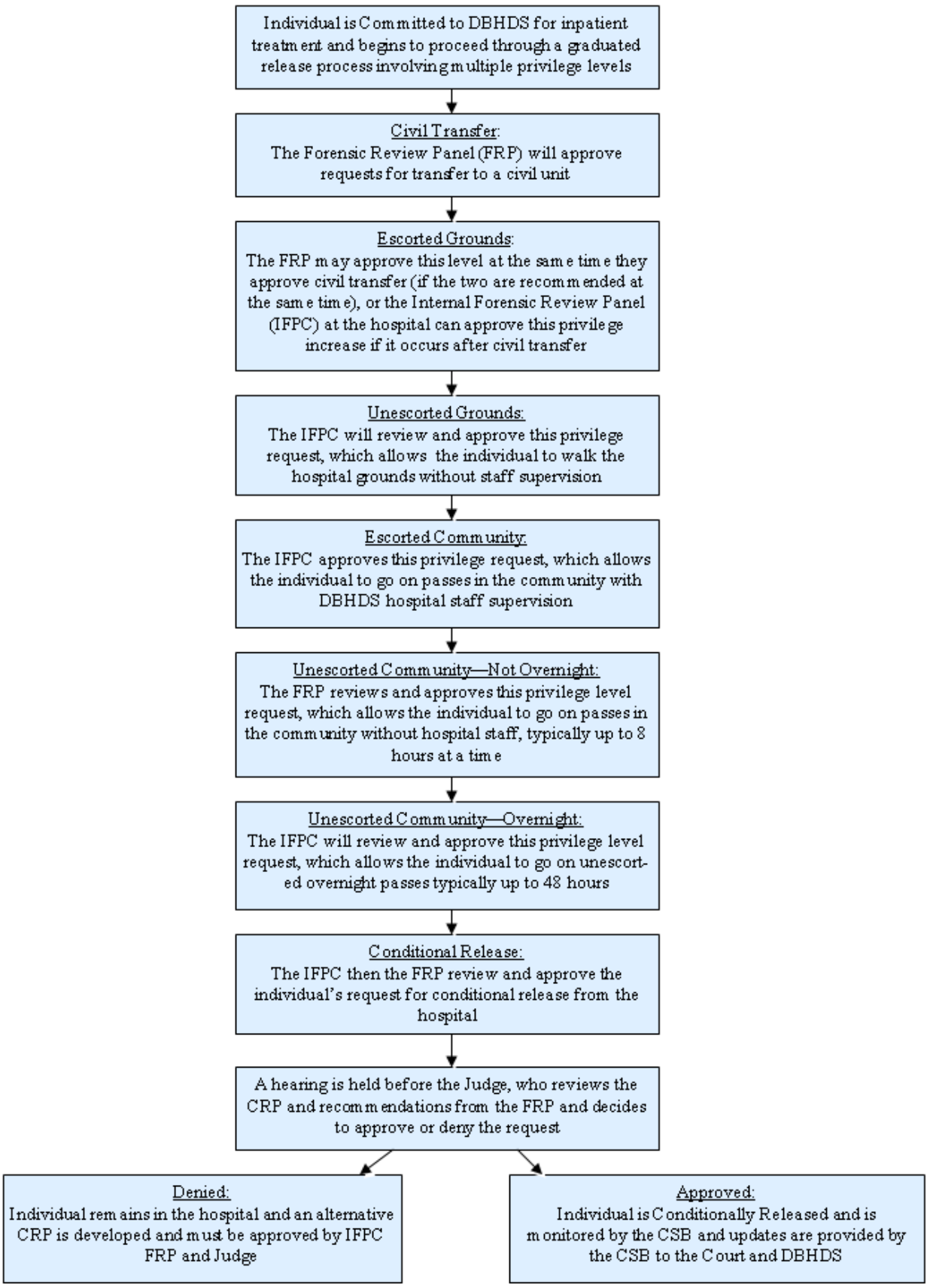
Not Guilty by Reason of Insanity Process—Part 1



Not Guilty by Reason of Insanity Process—Part 2



Not Guilty by Reason of Insanity Process—Part 3



Appendix B

Format for Initial AAB

1. Identifying Information
2. Purpose of Evaluation
3. Statement of Non-confidentiality
4. Sources of Information
5. Relevant Background Information
6. NGRI Offense

a. Acquittee's Account of the NGRI Offense

b. Collateral Accounts of the NGRI Offense

Recent Adjustment

Behavioral Observations and Mental Status Examination

Psychological Testing Results/Personality Dynamics

Diagnostic Impression

7. Patient Strengths Which Mitigate the Probability of Future Aggression
8. Analysis of Aggressive Behaviors
    a. Description and Current Status of Risk Factors
    b. Means of Addressing Risk Factors

Sample Initial Psychological Evaluation and

Analysis of Aggressive Behavior

Name: Mr. N. Sanity Acquittee **SS#:** XXX-XX-XXXX

Date of Birth: 3/17/56 **Age**: 43

Sex: Male **Reg. #:** XXXXXX.003

Marital Status: Divorced **Education**: High School Grad

NGRI Offense: Murder **Case No**. 99-XXX

Date of NGRI Adjudication: 11/12/1999 **Date of Admission**: 11/17/1999

Court: Circuit Court City of Smalltown **Judge**: Honorable He B. DeJudge

Date of Report: 12/17/1999

Purpose of Evaluation:

Mr. Acquittee was adjudicated Not Guilty by Reason of Insanity (NGRI) pursuant to Virginia Code Section 19.2-182.2 on 11/12/99, having been charged with murder. This is the report of a routine assessment protocol for newly admitted patients who have been found NGRI. This report will focus on the patient's current psychological functioning, the risk of aggression, and recommendations for the management of risk.

Mr. Acquittee was informed concerning the purpose of this evaluation and the limits of confidentiality. He indicated that he understood these limits and agreed to proceed under these conditions.

Sources of Information:

1. Clinical interviews conducted in the Maximum Security Unit of CSH.
2. Review of the patient's current CSH medical and legal records.
3. Consultation with the patient's current CSH treatment team.
4. Review of Forensic Evaluation of Mr. Acquittee's Mental State at the Time of the Offense completed by Dr. Knowitall and dated 11/10/99.
5. Review of Evaluation of Legal Sanity conducted by Ms. Snickers, and Drs. Bruce Good and Gary Plenty, dated 10/20/99.
6. Review of records from the Marion Correctional Treatment Center.
7. Review of records from two admissions to the Smalltown Regional Medical Center (SRMC).
8. Results of psychological testing with the WAIS-III, MMPI-2, MCMI-III, the RRASOR and the PCL-R, Thematic Apperception Test (TAT).

Statement of Non-confidentiality:

The purpose of the evaluation was explained to Mr. Acquittee. He was told that a report would be developed concerning his psychological functioning to include analysis for possible aggressive behavior and that this report would be utilized in treatment planning as well as by individuals reviewing his situation for increasing privileges. He was also told that this report could be seen by court officials. He indicated that he understood and agreed to continue with the evaluation.

Relevant Background:

Mr. Acquittee was born as the younger of two boys into a middle class family. He was born with jaundice and several allergies, and has been described by his mother as a "sick baby." The family relocated several times in the Southeast United States during Mr. Acquittee's childhood due to his father's job. When he was five months old, Mr. Acquittee was left with his aunt as the family moved to Louisiana, reportedly due to his mother's concern about the child's ability to tolerate the climate. Mr. Acquittee was reunited with his family at some point, and they spent the greatest amount of time living in the Maryland area. Mr. Acquittee suffered an allergic reaction to penicillin at age ten which caused his body to swell, and he then contracted typhoid fever at age 14 and mononucleosis at age 18.

Mr. Acquittee has reported that he made average to above-average grades and had little conflict with teachers or peers. Mr. Acquittee reported that he was suspended once in 8th or 9th grade for skipping school. He graduated in 1975 and enrolled in the University of Maryland but instead of attending college, he began working and subsequently got married. Mr. Acquittee has worked a number of different jobs, including construction work, stocking supplies, delivering office equipment, selling life insurance, carrying U.S. mail, doing factory work, and delivering pizzas. He has had frequent financial difficulties with credit problems that he attributed to "living beyond my means." Mr. Acquittee has abused alcohol and marijuana on occasion, but has not shown symptoms of dependence. His pattern of abuse appears to include occasional weekend binges during young adulthood with declining substance abuse as he has grown older. He was reportedly drinking the night of the NGRI offense, but was not considered intoxicated by arresting officers.

The patient and his wife had significant marital problems, resulting in a legal separation in the summer of 1988 after approximately 13 years of marriage. Reports indicate that the defendant was using alcohol extensively and was physically abusive to his wife. The marital conflict culminated in an incident that Mr. Acquittee refers to as a "misguided attempt at reconciliation." Mr. Acquittee was convicted of rape and served four and a half years in the Virginia Department of Correction (DOC), primarily at the Bland Correctional Center.

Mr. Acquittee's adjustment to the DOC was poor. He was engaged in several fights, one involving a knife. He admitted to instigating some of these fights. He participated in a sex offender treatment program for a time until he was requested to sign a "contract" committing to the principles of the program. He became suspicious of the contract, refused to sign and was returned to general population.

At this time, Mr. Acquittee became increasingly paranoid and began to search his environment for signs and signals of any impending danger. He also began to believe that God was sending him messages through the television and radio. Records of psychiatric treatment (during and after his incarceration) support the patient's claim that he did not hear voices. Mr. Acquittee has subsequently described obsessional and delusional thinking about the meaning of signals, scriptures from the Bible, and whether the food or water was being poisoned. Some delusions were of a sexual nature, like his belief that he saw a "naked woman" on television, and when he

sent a signal to her, she somehow returned his signal. His behavior became more bizarre and uncooperative with correctional officers, and on 10/27/94 he drank some cleanser and rubbed his face and eyes with the cleanser. Mr. Acquittee has reported that this was in response to obsessions self-harm and delusions about his sinfulness and need for "cleansing" rather than an attempt at self-harm. On 10/31/99 he attempted to grab a nurse's crotch. Mr. Acquittee was admitted to the Marion Correctional Treatment Center (MTCT), the psychiatric inpatient setting for DOC inmates on 11/8/94. He was described as extremely paranoid and was once considered "too regressed" to speak with his parents when they came from Florida for a visit. He was also described as masturbating compulsively and attempted, in separate incidents, to grab two more female nurses in the crotch and, on 11/15/94 he grabbed the crotch of a female officer. During his incarceration, he reported that he grabbed at female crotches in order to allay rumors that he was homosexual. More recently, Mr. Acquittee has attributed these actions to psychotic experiences (e.g. believing he was receiving messages or signals from the females). Mr. Acquittee also engaged in an incident described as "inappropriate touching" of a female laboratory assistant's breast during an admission to the Riverside Liberty Forensic Unit.

Mr. Acquittee reported that he took medication offered to him at the MTCT, though records indicate that he may have been "cheeking" his medication some of the time. His mental status improved, but he remained in the MTCT until his mandatory parole date of 9/30/95 when he was released to the community. His diagnoses were Axis I: Dysthymia and Axis II: Borderline Personality Disorder.

Mr. Acquittee was next hospitalized at the Smalltown Regional Medical Center (SRMC) on 1/13/97 after he became agitated and was banging his head in his rented room. He'd been living in Smalltown, VA and working at the Skinny River Mills factory since his release from prison. He has described being religiously obsessed and delusional concerning the identity of people around him and concerning persecution by the devil. Records indicate that he did not express delusions and he was discharged with a diagnosis of Depressive Disorder, not otherwise specified. Neurological studies (EEG) found no evidence of a seizure disorder.

In April of 1999, Mr. Acquittee experienced several days in which the radio and television appeared to be sending messages to him. He again became religiously obsessed and "broke down" emotionally at work, crying and trembling and pleading for help. He was readmitted to SRMC on 4/19/99 where he was initially tremulous, mute and "catatonic." He was treated with Ativan and discharged on 4/22/99, the day of the NGRI offense. Mr. Acquittee apparently did not reveal any delusional or confused thinking prior to discharge, though his later accounts report that he was experiencing delusions concerning how his posture (e.g. not crossing his legs) affected his relationship to Christ and that he was listening to the radio for messages from Christ.

NGRI Offense:

Mr. Acquittee was charged with Murder for the stabbing death of his father. From the reports of the patient's mother and the arresting officer (as detailed in the Sanity at the Time of the Offense evaluation completed by staff of the Institute of Law, Psychiatry and Public Policy, dated 10/20/99), the patient was eating dinner with his mother and father when he began to look "like a caged animal" to his mother. He appeared menacing and held the steak knife he'd been eating with. After his father told him to put the knife down, Mr. Acquittee lunged at his father and began stabbing him in the crotch. Mrs. Acquittee called the police and the patient lay on the floor and began to cry. His father got on top of him and attempted to take the knife away from him, but the patient just slung his father off of him and continued to hold the knife.

At this point, Mrs. Acquittee went outside the apartment to get help and neighbors entered the scene to find Mr. Acquittee stabbing his father in the chest area several times and saying, "You better not do this again." As noted in the sanity evaluation, the patient "appeared unresponsive to calls for his attention and soon after the stabbing he was witnessed standing over his father shaking." The police soon arrived and reported hearing

neighbors say “Hurry up, he’s killing him,” and then entered the apartment. The patient was noted to be standing over his father with a knife. The victim was bleeding from the groin area. The officer instructed Mr. Acquittee to drop the knife, and Mr. Acquittee began to walk toward him. He was again instructed to drop the knife, and this time he did drop the weapon and was placed under arrest. At the police station, the patient was observed rocking back and forth in a chair with his eyes closed, and he had urinated in his pants.

Mr. Acquittee has reported difficulty remembering exactly what happened to trigger his attack on his father. In a written account of his memory of the relevant events which he prepared at the suggestion of his attorney, Mr. Acquittee described believing his father was the devil who’d taken on human form, and wondering if his “father” had always been the devil in disguise. He reported trying to remember how the devil had managed to appear in the Garden of Eden and how the devil had entered Judas Iscariot at the Last Supper. Then Mr. Acquittee described his father as standing “too close” and striking out at him with the knife. He recalled thinking, as he stabbed his father, that the devil had made himself vulnerable by taking on human form. Mr. Acquittee indicated that he felt like Jesus being crucified when he was arrested. He recalled the story of Jesus being offered vinegar while on the cross and felt that he should experience a similar humiliation and urinated on himself. Mr. Acquittee reported that he had been drinking "heavily" that day.

Course of Hospitalization:

At Central State Hospital, he has been diagnosed as Psychotic Disorder, NOS, Rule Out Schizophrenia, Paranoid Type/Delusional Disorder. He has also had diagnoses in the past to include Dysthymia, Depressive Disorder, and Borderline Personality Disorder with paranoid and antisocial features. Mr. Acquittee has been generally calm and cooperative during this hospitalization. He has taken medication as prescribed, despite some doubts about how necessary this was or whether this was the correct medication or not. He has shown great concern that potential “errors” in his record be corrected; specifically he expressed concern that he would be inaccurately diagnosed as having a substance abuse disorder, and that “malingering” was mentioned in some of his initial evaluations, despite the ultimate finding that he was Not Guilty by Reason of Insanity. Although he has expressed remorse for “what happened,” the patient has shown a great deal of concern about how he is perceived by others. Mr. Acquittee has attended all treatment groups that were recommended and has filled other time by playing cards and reading.

Current Mental Status:

Mr. Acquittee was generally well-groomed and healthy-looking Caucasian male with a moustache and “salt-and-pepper” graying dark hair. He was fully alert and oriented throughout the evaluation and showed no impairment in memory or concentration. His speech was coherent and goal-directed, though he had a distinctive “roundabout” way of speaking (his word) which seemed at times evasive but more often appeared circumstantial. He usually hesitated before responding to a question and did not offer a great deal of detail about the circumstances of any given event, and found it difficult to briefly summarize his memories of past events. On an occasion in which he did respond quickly and to the point, he then commented, “I regret having answered so quickly,” and proceeded to offer additional details which clouded the picture somewhat. It was frankly difficult to determine whether Mr. Acquittee was offering numerous details to minimize the seriousness of past events, to avoid responsibility, or because he was showing mild symptoms of a thought disorder marked by tangential and circumstantial speech. He did acknowledge that this has been his style for his entire adult life, and that his ex-wife used to complain about not being able to “nail him down” on anything.

Mr. Acquittee did not show any signs of delusional thinking, and was able to identify and describe past delusions. He denied that he was currently hearing voices or that he had ever heard voices. He denied ever seeing things and did not appear to be actively hallucinating during the interview. His mood was calm and he showed a full range of affect during the interview. Mr. Acquittee's affect was generally appropriate except that he seemed unusually confident and calm, given the circumstances. He denied and showed no evidence of suicidal thinking. Mr. Acquittee described having bouts of depression throughout his life. Mr. Acquittee indicated he had experienced vague suicidal thoughts in the past, but had never developed a plan and never really considered actually completing the act. Mr. Acquittee indicated that his reason for drinking some cleanser and rubbing the cleanser in his eyes while incarcerated was his delusional belief that he could protect himself from the devil if he "washed his mouth out," rather than an attempt at self-harm. He denied having any homicidal thoughts at present.

The patient showed some insight into and understanding of his mental illness, though this would best be described as incomplete. When asked to describe the warning signs of a psychotic episode for him, Mr. Acquittee said "An insidiously increasing change in perception as to the relevance of things in the environment." This is a reasonable description of the gradual onset of paranoid and delusional thinking which Mr. Acquittee appears to have experienced on three separate occasions (10/94 while incarcerated, 1/98 and 4/99). He then went on to describe an example of, for instance, hearing staff jangle keys and not being able to tell whether a) it was just a coincidence that a number of people were doing it at once or b) it was an intentional experiment to see how he would react or c) he notices them more because he's looking for signals and special messages in his environment. He indicated that at present he was not experiencing the problem with alternative c), but he was unable to recognize the paranoid quality of alternative b). Mr. Acquittee also indicated that he was concerned that he could not know for certain that his symptoms were currently under control because he was not taking the right medicine for him, and he believed that he could help control his symptoms through the use of cognitive rational-emotive self-treatment. The patient indicated that he believes that he was receiving inspiration from God in committing the NGRI incident. He currently exhibits little insight. He believes the incident "should be considered a religious experience" and he then stated he intended to read the Bible this whole year so that he would know better. His memory appeared intact as indicated by his capacity to recall the will of God. His immediate, recent or remote events. There was no indication of cognitive impairments.

Results of Psychological Testing:

The defendant was given the WAIS-III, an individually administered test of intelligence. On this instrument, he scored a verbal IQ of 117, a performance IQ of 106, and a full-scale IQ of 111. This places him in the High-Average Range of intelligence. On the reading component of a screening test of academic achievement, he scored on a high school level.

Results of previous testing conducted at the MTCT during his incarceration and then at the Riverside Liberty Forensic Unit during his pre-trial evaluation period have shown a consistent pattern of attempting to present himself in the best light while minimizing any problems or shortcomings he might have. He completed the MMPI-2 at the MTCT which, in addition to the minimizing of his problems, showed a pattern consistent with individuals who are rebellious toward authority and often have stormy or conflictual relationships with family and friends. Individuals with similar scores are often impulsive and act without adequate planning or consideration of the consequences of their actions.

The patient completed the MMPI-2 and the MCMI-III for his 10/20/99 evaluation at the Riverside Unit and showed a guarded response pattern, and unwillingness to admit common shortcomings. The MMPI-2

showed some tendency toward tightly controlling and inhibiting socially unacceptable responses, especially hostility and aggression, in direct contrast to his recent behavior. The acquittee, also on the MMPI, scored similar to those individuals experiencing paranoid symptomatology and who have a need to blame others for their problems denying and minimizing their role in their difficulties. Such individuals have also been shown to exhibit loss of reality contact and psychotic symptomatology. On the Thematic Apperception Test, the acquittee exhibited signs of underlying depression and feelings of inadequacy and hostility.

Mr. Acquittee again completed the MMCI-III for the current evaluation. The results indicated a distinct tendency toward avoiding self-disclosure which could be a characterological evasiveness or a general unwillingness to avoid disclosure of a personal nature. It is noted that the patient has been described as vague and evasive throughout his adult life.

The Psychopathy Checklist-Revised (PCL-R) was completed using a combination of clinical interview and collateral information. This test reflects the relative degree of psychopathy or antisocial tendencies reflected in an individual's behavior and history. Mr. Acquittee's overall score of 12 is greater than 16% of adult male forensic patients, and is in the low range. His score on Factor 1 of the PCL-R, which reflects a selfish, callous and remorseless use of others, is greater than 55% of male forensic patients, which is in the moderate range and suggests that this pattern of interpersonal relationships may be clinically significant. The patient's Factor 2 score, which reflects a chronically unstable and antisocial lifestyle was in the 9% range, which is a low score. This pattern of scores does not reflect the presence of significant psychopathy but may be associated with individuals who show features of other personality disorders such as Narcissistic or Borderline personality traits.

The Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR) was completed, which is a screening instrument used as an actuarial method for assessing future risk for sexual re-offending. Mr. Acquittee's score is associated with a 4.4% rate of recidivism in a five-year period, which is considered a low score.

Diagnostic Impressions:

The evaluation indicates that Mr. Acquittee has experienced a Psychotic Disorder, NOS, with paranoid features, e.g. delusions. He also has signs of Depression and exhibits features of Narcissistic, Paranoid Antisocial and Borderline Personality Disorders. The acquittee has also had significant problems with alcohol.

Features of (Strengths) which Mitigate the Probability of Future Aggression:

Mr. Acquittee has several characteristics which could contribute to a decrease in the probability of future aggression. He is a high school graduate with some college, and on a test of intelligence he scored within the High-Average Range. When stable, he exhibits no indications of neurological/cognitive impairment. In addition, Mr. Acquittee has the capacity to exhibit good social skills. He is articulate and can express himself well when stable. These positive factors could be integrated into treatment and in the development of vocational/training for Mr. Acquittee.

Analysis of Aggressive Behavior/Risk Factors:

1. Mental Illness (FIMS - Major Mental Illness)

A. **Description of Risk Factor and Current Status:** Mr. Acquittee shows a highly atypical pattern of symptoms of mental illness. This pattern includes paranoid and delusional thinking, sometimes associated with bizarre and ritualistic behavior. He first experienced these symptoms when incarcerated at the age of 39. He denies ever having experienced auditory hallucinations, but reports experiencing delusions that he was receiving messages from the television and radio and beliefs that he could protect himself from persecution by the devil through certain ritualistic behaviors. These symptoms include Threat/Control Override symptoms in which Mr. Acquittee believes he is threatened by the devil, delusions that were related directly to the NGRI offense.
Mr. Acquittee has exhibited symptoms of a Psychotic Disorder, NOS with paranoid features. Mr. Acquittee's also shows features of Narcissistic, Borderline, Paranoid and Antisocial Personality disorders, including consistent irresponsibility, impaired empathy for others, careless disregard for the safety of others, impulsivity, an exaggerated concern for how he is perceived by others, and the perception of threat or attack in benign remarks or events.

B. **Means of Addressing Risk Factor:** Mr. Acquittee should continue to receive anti-psychotic medication and participate in group therapies designed to help him identify and understand the symptoms of his mental illness. Individual psychotherapy in the context of external limits on behavior is considered the treatment of choice for long-standing personality disorders. Differential diagnosis will be important to determine whether or not the defendant has an actual schizophrenic process or if his behavior is more of a function of severe personality dysfunction with possible psychotic features. At this time, it appears the defendant is in need of inpatient hospitalization given that he continues to exhibit signs of psychosis.

2. History of Physically Aggressive Behavior: (FIMS - Aggression/Dangerousness to Others)

A. **Description of Risk Factor and Current Status:** Mr. Acquittee has exhibited significant acts of aggression in the past. He reportedly was physically abusive to his wife and had gotten in fights in prison. In addition, his inappropriate sexual behavior appears to have an aggressive component to it. The NGRI act itself involved the stabbing of his father repeated times in the crotch and chest. Psychological assessment indicates that he experiences significant hostility. His paranoia and emotional instability contribute to an increased probability of aggression. This history of aggression and psychological functioning places Mr. Acquittee at risk for future aggression.

B. **Means of Addressing Risk Factors:** Mr. Acquittee's aggression appears to be, at least partially, related to significant personality disturbance and can be exacerbated by periods of psychosis. It is imperative that Mr. Acquittee remain on his medication to control for emotional instability and distorted thinking. Mr. Acquittee should participate in Anger Management group in which he would identify the triggers to aggression and alternative behaviors. Assumption of responsibility for acts of aggression and for preventing future acts of aggression should be addressed directly with Mr. Acquittee. Individual therapy could assist in helping Mr. Acquittee explore the source(s) of his anger and vent his hostilities in a controlled environment. It should be made clear to Mr. Acquittee that inappropriate aggressive behavior can result in negative outcome for him to include possible legal ramifications. Issues related to sexual aggression are discussed below.

3. **History of Sexually Aggressive Behavior: (FIMS - Sexual Assault)**

A. **Description of Risk Factor and Current Status:** The acquittee has a history of inappropriate and aggressive sexual behavior towards females. He reportedly raped his wife and has on four different occasions attempted to grab female staff in the crotch. He has also been described as having approached females aggressively as possible compensation for issues of sexual identity. Past reports indicate that he has exhibited excessive masturbation. This pattern suggests a tendency towards sexually preoccupied aggression that is sometimes in the presence of psychosis.

B. **Means of Addressing Risk Factor:** Mr. Acquittee should participate in a complete Sexual Offender Evaluation despite his low score on the RRASOR. Given his past history of aggressive sexual behavior, intervention directed towards assisting the acquittee in more effectively dealing with hostile feelings and aggression, as indicated above, may also prove beneficial relevant to his sexual activity. Adherence to his medication regimen is also important. Group work directed towards appropriate sexual conduct in relating to the opposite sex is also recommended as well as individual psychotherapy to assess, and if appropriate, to intervene relevant to sexual concerns.

4. **Denial of Mental Illness: (FIMS - Denial/Lack of Insight)**

A. **Description of Risk Factor and Current Status:** The acquittee reportedly tends to minimize and deny his role in his difficulties. Psychological testing indicates he tends to project blame onto others, not accepting responsibility for his actions. He evades questions through becoming circumstantial. He also doubts the necessity of his medication and believes that his behavior during the NGRI incident was justified, e.g., he was acting for God. Therefore, the defendant at this time seems to have little insight into his illness. This represents a risk factor in that he may, under similar circumstances as those surrounding the NGRI incident; react in the same manner as he did during the NGRI offense, exhibiting inappropriate aggressive behavior.

B. **Means of Addressing Risk Factor:** It is recommended that the defendant be maintained on his medication and participate in individual and group therapy to address his denial and minimization of his symptoms. It is important that he develop some insight into the fact that his symptoms can be destructive and are a component of his mental illness.

5. **Non-Compliance with Treatment: (FIMS - Noncompliance with Treatment and/or Medication)**

A. **Description of Risk Factor and Current Status**: Mr. Acquittee did not participate in follow-up treatment for mental illness following his discharge from either the MTCT while incarcerated or from the SRMC. When asked about his legal history during his last admission at the SRMC, he refused to discuss his incarceration and did not reveal that he was treated for psychosis or that he was experiencing psychotic symptoms. During the present evaluation, Mr. Acquittee questioned how, in fact, he could be sure that he needed medication or if he was on the right medication. He has been suspected of "cheeking" his medication in the past. Given this, it is likely that, particularly under stress, Mr. Acquittee would be at risk for not taking his medication.

B. **Means of Addressing Risk Factor:** Mr. Acquittee should participate in Symptom Management and Understanding Mental Illness groups in which the importance of accepting the need for psychiatric

treatment is addressed. Mr. Acquittee would also learn to identify his symptoms, warning signs of relapse and appropriate interventions for relapse prevention. It is also important that he maintain his medication compliance and this compliance should be monitored.

6. **Substance Abuse: (FIMS - Substance Abuse)**

A. **<u>Description of Risk Factor and Current Status</u>:** Mr. Acquittee has used alcohol in the past and has been aggressive under the influence of alcohol. He has also reportedly used marijuana in the past. He was drinking alcohol at the time of the NGRI offense. Although he currently does not appear to be experiencing alcohol or substance dependence, any substance use, however, increases the risk of future aggression. Alcohol can disinhibit emotional control and places one in contact with other individuals who are likely involved with alcohol or drugs and illegal activity. In addition, substance use can impede psychological growth and can cause neurological damage. Given the defendant's history of substance involvement, especially alcohol, and the fact that he was using at the time of the NGRI incident, alcohol use represents a particular risk factor for Mr. Acquittee.

B. **<u>Means of Addressing Risk Factor</u>:** It is recommended that Mr. Acquittee participate in a Substance Abuse Education and Relapse Prevention group to gain information about the importance of remaining drug and alcohol free, despite the likelihood that he does not suffer from a dependence on alcohol or drugs, at this time. When the defendant is no longer in a controlled environment, it is particularly imperative that he is not involved with alcohol/substance abuse. At that time, random drug screens may be necessary as well as continued intensive programming for substance abuse depending upon clinical need.

Clare Quilty, Ph.D.

Licensed Clinical Psychologist

Forensic Unit, Central State Hospital

12/17/1999

Format for Updated AAB

It is generally not necessary for an Updated AAB to have all the components of the Initial AAB due to the fact that it is usually part of a more comprehensive report (e.g., submission to the Forensic Review Panel, Annual Confinement of Hearing Report, etc.) which already contains relevant background information, mental status, and other information that would complete the report as "stand alone." The Updated AAB, when part of another submission/report, should minimally include the following:

1. Identifying Information

3. Risk Factor Updates

    a. Description of Risk Factor

    b. Update and Status of Risk Factor

    c. Means of Addressing Risk Factors

Appendix C

SAMPLE RISK MANAGEMENT PLAN -

ESCORTED COMMUNITY VISITS

Acquittee,_____ , will be provided escorted community visits to attend the following activities:

(PROGRAM/ACTIVITY) (DURATION) (FREQUENCY)

A. The acquittee agrees to abide by all municipal, county, state and federal laws while on escorted community visits.

B. The acquittee understands that he/she remains an acquittee of Western State Hospital and under the legal control of the judge maintaining legal jurisdiction over him/her.

C. The acquittee agrees not to leave the Commonwealth of Virginia while on escorted community visits.

D. The acquittee understands that any person placed in the temporary custody of the Commissioner pursuant to 19.2-182.2 or committed to the custody of the Commissioner pursuant to 19.2-182.3 who escapes from such custody is guilty of a Class 6 felony. Thus, if there is an escape, the acquittee will face criminal charges.

E. Prior to permitting the acquittee to leave the ward on escorted community visits:

   a. Physician will provide order for escorted community visits.
   b. RN will ensure acquittee is screened for the presence of any inappropriate thoughts and/or behavior which might place either the acquittee or someone else at risk for harm. This decision will be based on visual observation, acquittee interaction, recent documentation, and shift reports. If there is a question about the acquittee's appropriateness, the acquittee will not be granted escorted community visits until evaluated by a psychiatrist.
   c. Acquittee must have taken all daily-prescribed medications for the previous 30 days, including the day of the visit, in order to be eligible for the visit.
   d. Staff will verify that a recent photograph is available to facilitate identification of the acquittee if needed.
   e. Acquittee's schedule of activities in the community is posted in the ward nursing office.

F. Acquittee is required to sign-out of the ward when leaving for an escorted community visit. Staff will note the clothing being worn by the acquittee when leaving.

G. The acquittee will be escorted by staff and will be expected to keep within arms length of staff unless given permission by staff to do otherwise. When the acquittee is escorted in a group, there will be an appropriate staff to acquittee ratio. At other times, the acquittee will be escorted 1:1.

H. The acquittee understands that if he/she leaves the sight of escort staff without permission, such an act will be interpreted as an escape.

I. Whenever staff is unable to locate an acquittee on escorted community visits Hospital Instruction No. 4020 regarding response to acquittee escape will be immediately implemented. Communication will be via cell phone/telephone.

J. The acquittee will provide cell phone number (if the acquittee has a cell phone) to ward staff members. The number will be included in this RMP and in the acquittee record. The number is _____. The acquittee must answer the phone if called by the hospital. The acquittee cannot utilize the cell phone while on UGP.

K. The acquittee has agreed that no efforts will be made to use or obtain any type of unauthorized substance such as alcohol or street drugs. The acquittee has agreed to submit to drug/alcohol screenings upon return to the ward whenever requested. Drug/alcohol screenings will be conducted at random

.

L. Acquittee agrees not to purchase or otherwise obtain items of any kind for other persons/patients while on escorted privilege.

M. Acquittee is allowed to have a maximum of $50 cash in his/her possession. Exceptions to this involve situations in which the acquittee requests to make a purchase larger than $50 at which time the team may approve the purchase, and the acquittee must show a receipt to the team documenting the use of the cash to make the purchase. Acquittees are not allowed to carry or use credit/debit cards. Any credit cards will be stored with the acquittees valuables.

N. Acquittee agrees not to carry backpacks or other containers for transporting items off of the ward. This stipulation may be waived by the IFPC only under extraordinary circumstances.

O. Acquittee understands he/she is not to have access to any firearms, weapons or anything that could be used as a weapon nor associate with persons or places having such weapons. Acquittee agrees to submit to search upon return to the ward whenever requested by staff.

P. Acquittee is prohibited from being within ten (10) feet of any private vehicle except as must occur while entering the state vehicle used in transport on an escorted community visit or as otherwise specified in this RMP.

Q. The acquittee understands and agrees that even if it is not his/her fault or the result of any specific violation of the risk management plan, he/she will be returned to the hospital if staff believe his/her mental health is suffering due to the community visit. If necessary, police assistance will be requested to ensure safe return.

R. Acquittee is required to sign-in at the ward nursing office when returning to the unit. Acquittee agrees to submit to search upon return to the ward whenever requested by staff.

S. The (name of local) CSB has been contacted and agrees they will contact WSH if they receive a call about the acquittee in case of an emergency while on visits.

T. In the event of any failure to follow established rules, acquittee will have escorted community visits privilege suspended.

U. The treatment team will advise Western State Hospital's Forensic Coordinator of any revocation of escorted community privileges in order that all appropriate parties are notified.

The guidelines of the Risk Management Plan for Escorted Community Visits have been explained to me. My signature indicates my understanding of the need to have guidelines in place as well as my willingness to comply fully with them. I also understand that if I should attempt to escape, I could face criminal prosecution and be required to be placed in a more restrictive environment.

Acquittee: _____ Witness: _____

Date: _____ Date: _____

CSB: _____ CSB: _____

Date: _____ Date: _____

SAMPLE RISK MANAGEMENT PLAN
UNESCORTED COMMUNITY VISITS

(Not Overnight)

Acquittee, _____ , will be provided unescorted community visits to attend the following:

(PROGRAM/ACTIVITY)(DURATION)(FREQUENCY)

Location

Transportation to for the pass will be provided by

Name

Address

Telephone

1. The acquittee agrees to abide by all municipal, county, state and federal laws while on unescorted community visits.

2. The acquittee understands that he/she remains an acquittee hospitalized at Western State Hospital and under the legal control of the judge maintaining legal jurisdiction over him/her.

3. The acquittee agrees not to leave the Commonwealth of Virginia while on unescorted community visits.

4. The acquittee understands that any person placed in the temporary custody of the Commissioner pursuant to 19.2-182.2 or committed to the custody of the Commissioner pursuant to 19.2-182.3 who escapes from such custody is guilty of a Class 6 felony. Thus, if there is an escape, the acquittee will face criminal charges.

5. The acquittee has agreed that no efforts will be made to use or obtain any type of unauthorized substance such as alcohol or street drugs. The acquittee has agreed to submit to drug/alcohol screenings upon return to the ward whenever requested. Random drug/alcohol screenings will be conducted
   .

6. Acquittee understands he/she is not to have access to any firearms, weapons or anything that could be used as a weapon nor associate with persons or places having such weapons. Acquittee agrees to submit to search upon return to the ward whenever requested by staff.

7. Prior to permitting the acquittee to leave the ward on unescorted community visits:

   A. Physician will provide order for unescorted community visits.
   B. RN will ensure acquittee is screened for the presence of any inappropriate thoughts and/or behavior which might place either the acquittee or someone else at risk for harm. This decision will be based on visual observation, acquittee interaction, recent documentation, and shift reports. If there is a question about the acquittee's appropriateness, the acquittee will not be granted

unescorted community visits until evaluated by a psychiatrist.

C. Acquittee must have taken all daily-prescribed medications for the previous 30 days, including the day of the visit, in order to be eligible for the visit.
D. Staff will verify that a recent photograph is available to facilitate identification of the acquittee if needed.
E. Acquittee's schedule of activities in the community is posted in the ward nursing office. Posting will include name of a contact person and phone number.

8. Acquittee is required to be let off the ward by a staff member when leaving for an unescorted community visit. Staff will note the clothing being worn by the acquittee when leaving.

9. Acquittee will be provided with a telephone number of the ward/the facility/CSB NGRI liaison by which to access immediate assistance if a problem should arise during the unescorted community visit.

10. The acquittee must return to the ward at the designated time. If unavoidably delayed, the acquittee must call the ward and explain the situation.

11. The acquittee will provide cell phone number (if the acquittee has a cell phone) to ward staff members. The number will be included in this RMP and in the acquittee record. The number is_____ _____. The acquittee must answer the phone if called by the hospital. The acquittee cannot utilize the cell phone while on UGP.

12. If the ward is contacted regarding an emergency or escape or if the acquittee is later than the expected arrival time or if there is reason to believe the acquittee may have escaped or otherwise poses a danger to self or others, staff will notify the RN and Hospital Instruction 4020 outlining procedures for responding to acquittee escape will be implemented. Communication will be via cell phone/telephone.

13. Acquittee is prohibited from being within ten (10) feet of any private vehicle and may not enter any private vehicle, except as specified in this RMP.

14. Acquittee is allowed to have a maximum of $50 cash in his/her possession. Exceptions to this involve situations in which the acquittee requests to make a purchase larger than $50 at which time the team may approve the purchase, and the acquittee must show a receipt to the team documenting the use of the cash to make the purchase. Acquittees are not allowed to carry or use credit/debit cards. Any credit cards will be stored with the acquittees valuables.

15. Acquittee agrees not to carry backpacks or other containers for transporting items off of the ward. This stipulation may be waived by the IFPC only under extraordinary circumstances.

16. Acquittee agrees not to purchase or otherwise obtain items of any kind for other persons/patients while on unescorted privilege.

17. Upon return to grounds from unescorted visits acquittee agrees to return to ward immediately to check in and have any items brought back checked.

18. Acquittee agrees to submit to search for contraband in accordance with hospital policy.

19. In the event of any failure to follow established rules, acquittee will have unescorted community visits privilege suspended.

20. The treatment team will advise Western State Hospital's Forensic Coordinator of any suspension of unescorted community privileges in order that all appropriate parties are notified.

21. The (catchment area) CSB has been contacted and agrees they will contact WSH if they receive a call about the acquittee in case of an emergency while on visits.

The guidelines of the Risk Management Plan for Unescorted Community Visits have been explained to me. My signature indicates my understanding of the need to have guidelines in place as well as my willingness to comply fully with them. I also understand that if I should attempt to escape, I could face criminal prosecution and be required to be placed in a more restrictive environment.

Acquittee: _____ Witness: _____

Date: _____ Date: _____

CSB: _____ CSB: _____

Date: _____ Date: _____

Appendix D

Conditional Release Plan Blank Template

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR (*Name of Acquittee*)

The signatures at the end of this conditional release plan indicate that I understand that I have been found not guilty by reason of insanity for ___, pursuant to Virginia Code Section 19.2-182.2, and I am under the continuing jurisdiction of the ____Court as a result of that finding. Pursuant to Virginia Code Section 19.2-182.7, the _____Community Services Board will be responsible for the implementation and monitoring of my conditional release plan. The undersigned parties and I have reviewed this conditional release plan and agree to follow the terms and conditions.

A. GENERAL CONDITIONS

1) I agree to abide by all municipal, county, state, and federal laws.

2) I agree not to leave the Commonwealth of Virginia without first obtaining the written permission of the judge maintaining jurisdiction over my case and the ___ Community Services Board (CSB). I further understand that, pursuant to § 19.2-182.15 *Code of Virginia*, I may be charged with a class 6 Felony if I leave the Commonwealth of Virginia without the permission of the Court.

3) I agree not to use alcoholic beverages.

4) I agree not to use or possess any illegal drugs or prescribed medications unless prescribed by a licensed physician for me.

5) I understand that I am under the legal control of the judge maintaining jurisdiction over me and the under the supervision of the CSB (and/or CSB designee) implementing my conditional release plan. I agree to follow their directives and treatment plans and to make myself available for supervision at all reasonable times.

6) I agree to follow the conditions of my release and conduct myself in a manner that will maintain my mental health.

7) I understand that, even if it is not my fault or the result of any specific violation of conditions, I may be returned to a state hospital if my mental health deteriorates. I further understand that, if I am hospitalized in the custody of the Commissioner while on conditional release, my conditional release is considered revoked unless I am voluntarily admitted.

8) I agree to pay for all treatment services on a fee schedule set by the CSB and/or other community providers.

9) I agree that I will not own, possess, or have access to firearms and/or other illegal weapons of any kind. I further agree not to associate with persons or places that own, possess, or have access to firearms and/or other illegal weapons of any kind.

10) Prior to and after discharge on conditional release, I agree to release all information and records concerning my mental health and my compliance with the conditions of release to the supervising CSB, other community providers, attorney, and other participating parties.

11) I agree to participate in 30-40 hours per week of structured activities while I am on conditional release. These weekly activities (and any changes) must be approved in advance by the CSB.

B. SPECIAL CONDITIONS

1) I agree to reside where authorized by the supervising CSB. Initially, I agree to reside at the following:

   (Name of family member, name of placement, type of residential placement, or self)
   Address
   Phone

   If, at any point during the conditional release, I choose not to live at the above location or am asked to move out, then the supervising CSB will evaluate the situation and recommend an alternative living placement. The supervising CSB will coordinate any changes in my residence. If I choose not to reside at the CSB recommended placement, I shall be considered to be in noncompliance with the conditions of release. Any change in residence requires notification to the court by the supervising CSB. I agree to be financially responsible for the cost of my living arrangements/residential placement(s).

2) I will receive approximately $____ per month in ____ benefit funds or earn a salary upon discharge from the hospital. I agree to apply for entitlements and health insurance for which I may be eligible in the community.

3) I agree that I will participate in structured daytime activities for the duration of my conditional release, i.e., employment, volunteer work, school, club house, AA, NA, other special groups, etc.

   My initial plan is the following:
   Type of daytime activity/ies:
   Frequency of daytime activity/ies:

4) Staff at the supervising CSB (or CSB designee) will provide case management for me. I agree to meet with my case manager for the purpose of monitoring compliance with the conditions of release. The name and phone number of my case manager is:

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR *Name (Template)*

Name and phone number of case manager:_____
Duration of case management contacts: _____
Frequency of case management office visit contacts:
Frequency of case management home visits contacts: _____

5) I agree to work with the CSB staff responsible for conducting ongoing assessments of my mental status and associated risk factors. I understand that this may be conducted as part of case management visits, individual therapy appointments or a separate meeting as directed by the CSB. The CSB will provide qualified staff persons for the purpose of conducting mental status and risk factor assessments. The responsible person is _____and the frequency of my mental status assessment and risk assessment will be___.

6) When applicable, I agree to participate in individual therapy or supportive counseling with treatment staff of the supervising CSB (or CSB designee). The initial schedule for my individual therapy is:

Duration of Therapy:
Frequency of Individual Sessions:
Location of Therapy Sessions:

7) I agree to take psychotropic medication as recommended by my treating psychiatrist. I agree to meet with my treating psychiatrist (or psychiatrist's designee) at the supervising CSB (or CSB designee) for the purposes of monitoring my psychotropic medications and to have my prescriptions renewed and refilled. I will participate in psychiatric treatment for the duration of conditional release.

Psychotropic medications:
Location of meetings with psychiatrist: ___
Frequency of meetings with psychiatrist:

8) I agree to submit to periodic blood or urine analysis as directed by treatment staff of the supervising CSB for the purposes of monitoring psychotropic medication compliance and tolerance.

9) I agree to receive recommended medical treatment for the duration of my conditional release. My current medical conditions and providers are listed below:

My current medical condition(s) is:
Name and office location of medical provider(s):

10) I agree to participate in the following substance abuse service(s):

Type of substance abuse service(s):
Provider and location of substance abuse service(s):

Frequency of substance abuse service(s):
Duration of substance abuse service(s):

11) I agree to submit to random and/or periodic breathalyzer, blood or urine analysis as directed by treatment staff of the supervising CSB for purposes of monitoring alcohol consumption, illicit drug use and/or other prohibited substances. Drug/alcohol screens will be given for the duration of conditional release. When indicated, I agree to a full drug panel screening. I further agree to pay any lab fees associated with this screening. Detection of any illicit substances, detection of alcohol use, or refusal to participate in these screenings shall constitute noncompliance with the conditional release plan. The screening schedule is as follows:

Frequency of SA screening:

Duration of SA screening:

12) If applicable, I agree to be assessed by a vocational rehabilitation counselor and to follow the recommendations made from this assessment. The vocational assessment may be provided by treatment staff of the supervising CSB or can be conducted by another agency designated by the CSB.

13) I agree that, if cannot attend a meeting or session as required by this conditional release plan, I will provide advance notice by calling the person. If I am unable to contact that person, I must contact one of the following individuals:

Alternative contact #1:
Phone #:
Alternative contact #2:
Phone #:

14) I am responsible for arranging transportation between home and activities required under this conditional release plan. I 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.

15) I agree to additional special conditions that may be deemed necessary by the supervising CSB in the future.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR *Name (Template)*

NOTE TO CSB: Other special conditions should be added here as appropriate to the individual acquittee and their special management needs in the community. Delete this note when you have completed the plan.

** I have read or have read to me and understand and accept the conditions under which the Court will release me from the hospital. I fully understand that failure to conform to the conditions may result in one or more of the following:

- Notification to the court of jurisdiction;
- Notification of the proper legal authorities;
- Modification of the conditional release plan pursuant to § 19.2-182.11;
- Revocation of conditional release and hospitalization pursuant to § 19.2-182.8;
- Emergency custody and hospitalization pursuant to § 19.2-182.9;
- Charged with contempt of court pursuant to § 19.2-182.7; or
- Arrest and prosecution

** I understand that my conditional release plan is part of a court document and could potentially be accessed by the public.

_____ _____

Signature of Acquittee Date

_____ _____

Signature of Witness for Acquittee's signature Date

_____ _____

Signature of NGRI Coordinator or designee for CSB Date

C. COMMUNITY SERVICES BOARD

1) The ____CSB will coordinate the conditional release plan. As of the beginning of the conditional release plan, the designated case manager is:

   Name:

   Title:

   Community Services Board:

   Address:

   City, State, Zip:
   Phone: ___FAX:

2) The CSB 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
   DBHDS
   P.O. Box 1797
   Richmond, VA 23218
   PHONE: (804) 786-8044
   FAX: (804) 786-9621

3) The CSB shall provide Forensic Services Section of DBHDS with monthly written reports for the first twelve consecutive months on conditional release. The monthly reports will address the acquittee's progress, compliance with conditions of release, and adjustment in the community. These reports are due to the Forensic Services Section at the above address no later than the 10th day of the month following the month to be reported.

4) Pursuant to § 19.2-182.11, the CSB understands that the court of jurisdiction must approve any proposed changes or deviations from this conditional release plan.

5) The CSB shall immediately provide copies of all court orders and notices related to the disposition of the acquittee to DBHDS, Forensic Services Section, at the above address.

D. 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

E. 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. Please indicate the CSB's support for or against conditional release and an explanation for the CSB's position:

Signature/Print Name	**Title/CSB**	**Date**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sample: CSB is Supportive of CR

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR *Acquittee Name*

The signatures at the end of this conditional release plan indicate that I understand that I have been found not guilty by reason of insanity for ***Aggravated Malicious Wounding***, pursuant to Virginia Code Section 19.2-182.2, and I am under the continuing jurisdiction of the ***City of Sample Circuit Court*** as a result of that finding. Pursuant to Virginia Code Section 19.2-182.7, the ***Sample Community Services Board*** will be responsible for the implementation and monitoring of my conditional release plan. The undersigned parties and I have reviewed this conditional release plan and agree to follow the terms and conditions.

A. GENERAL CONDITIONS

1) I agree to abide by all municipal, county, state, and federal laws.

2) I agree not to leave the Commonwealth of Virginia without first obtaining the written permission of the judge maintaining jurisdiction over my case and the ***Sample Community Services Board (CSB).*** I further understand that, pursuant to § 19.2-182.15 *Code of Virginia*, I may be charged with a class 6 Felony if I leave the Commonwealth of Virginia without the permission of the Court.

3) I agree not to use alcoholic beverages.

4) I agree not to use or possess any illegal drugs or prescribed medications unless prescribed by a licensed physician for me.

5) I understand that I am under the legal control of the judge maintaining jurisdiction over me and the under the supervision of the CSB (and/or CSB designee) implementing my conditional release plan. I agree to follow their directives and treatment plans and to make myself available for supervision at all reasonable times.

6) I agree to follow the conditions of my release and conduct myself in a manner that will maintain my mental health.

7) I understand that, even if it is not my fault or the result of any specific violation of conditions, I may be returned to a state hospital if my mental health deteriorates. I further understand that, if I am hospitalized in the custody of the Commissioner while on conditional release, my conditional release is considered revoked unless I am voluntarily admitted.

8) I agree to pay for all treatment services on a fee schedule set by the CSB and/or other community providers.

9) I agree that I will not own, possess, or have access to firearms and/or other illegal weapons of any kind. I further agree not to associate with persons or places that own, possess, or have access to firearms and/or other illegal weapons of any kind.

10) Prior to and after discharge on conditional release, I agree to release all information and records concerning my mental health and my compliance with the conditions of release to the supervising CSB, other community providers, attorney, and other participating parties.

11) I agree to participate in 30-40 hours per week of structured activities while I am on conditional release. These weekly activities (and any changes) must be approved in advance by the CSB.

B. SPECIAL CONDITIONS

1) I agree to reside where authorized by the supervising CSB. Initially, I agree to reside at the following:

Address: ***Sample Group Home***
123 Sample Rd.
Sample City, VA 12345

Phone: ***Sample Phone***

Sample Group Home is a transitional, structured residential living facility that provides on-site supportive services during waking hours, with after-hours crisis services available as needed. Staff assists residents with meal preparation, medication administration and activities of daily living. An emphasis is placed on securing resources and developing natural supports that will enable individuals to transition into permanent independent housing.

If, at any point during the conditional release, I choose not to live at the above location or am asked to move out, then the supervising CSB will evaluate the situation and recommend an alternative living placement. The supervising CSB will coordinate any changes in my residence. If I choose not to reside at the CSB recommended placement, I shall be considered to be in noncompliance with the conditions of release. Any change in residence requires notification to the court by the supervising CSB. I agree to be financially responsible for the cost of my living arrangements/residential placement(s).

2) I will receive approximately ***$710.00*** per month in ***SSI*** benefit funds or earn a salary upon discharge from the hospital. I agree to apply for entitlements and health insurance for which I may be eligible in the community.

3) I agree that I will participate in structured daytime activities for the duration of my conditional release, i.e., employment, volunteer work, school, clubhouse, AA, NA, other special groups, etc.

My initial plan is the following:

Type of daytime activity:

a) Sample County Clubhouse Program
456 Sample Street

Sample City, VA 98765

Sample Phone

Sample Clubhouse is a community-based rehabilitation program. The program promotes the highest level of community integration and independence for adults diagnosed with serious mental illness. The program seeks to prevent psychiatric hospitalization by providing a complete array of services to clients. These services include: psychosocial rehabilitation, case management, vocational opportunities, crisis intervention, medication services, and social opportunities. The location of the daytime activity may be evaluated and changed at a later date if clinically indicated and approved by the treatment team.

Frequency of daytime activity: ***five days per week***

b) Mr. Acquittee will attend AA/NA meetings no less than five times per week for the first six months after discharge. If a reduction in the frequency of these meetings is requested, his request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time.

4) Staff at the supervising CSB (or CSB designee) will provide case management for me. I agree to meet with my case manager for the purpose of monitoring compliance with the conditions of release. The name and phone number of my case manager is:

Name of case manager: ***Sample Name***

Address/location of case management meetings: ***Sample County Clubhouse***

456 Sample Street
Sample City, VA 98765

Sample Phone

Duration of case management contacts: ***For the duration of conditional release.***

Frequency of case management home visits contacts: ***once per month***

Frequency of case management office visit: ***Case management sessions will occur once per week for the first six months after discharge. If a reduction in the frequency of these visits is requested, the request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time. The frequency of visits, if reduced, will occur no less than once per month for the duration of conditional release.***

5) I agree to work with the CSB staff responsible for conducting ongoing assessments of my mental status and associated risk factors. I understand that this may be conducted as part of case management visits, individual therapy appointments or a separate meeting as directed by the CSB. The CSB will provide qualified staff persons for the purpose of conducting mental status and risk factor assessments. The responsible person is ***Sample Name*** and the frequency of my mental status assessment and risk assessment will be ***during regularly scheduled therapy and case management office visit contacts.***

6) When applicable, I agree to participate in individual therapy with treatment staff of the supervising CSB (or CSB designee). The initial schedule for my individual therapy is:

Name of therapist: ***Sample Name***

Address/location of therapy sessions: ***Sample County CSB***

123 Sample Road

Sample City, VA 12345

Sample Phone

Duration of Therapy: ***For the duration of conditional release***

a) Frequency of Individual Sessions: ***Therapy sessions will occur once per week for the first six months after discharge. If a reduction in the frequency of these visits is requested, the request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time.***

7) I agree to take psychotropic medication as recommended by my treating psychiatrist. I agree to meet with my treating psychiatrist (or psychiatrist's designee) at the supervising CSB (or CSB designee) for the purposes of monitoring my psychotropic medications and to have my prescriptions renewed and refilled. I will participate in psychiatric treatment for the duration of conditional release.

Current Diagnosis: ***Axis I: Schizophrenia, Paranoid Type***

Posttraumatic Stress Disorder

Polysubstance Dependence

Axis II: No Diagnosis

Axis III: Constipation, GERD, Diabetes Mellitus, Type II, Vitamin D Deficiency

Axis IV: Adjudication, Unemployed, History of Trauma

Axis V: GAF 67

Psychotropic medications: ***Clozaril 50 mg at 9am and 200mg at bedtime***

Wellbutrin HCL XL 450mg daily

Zyprexa 10mg every morning

Diphenhydramine 75 mg at bedtime

Prozac 20mg every morning

Location of meetings with psychiatrist: ***Sample County Clubhouse***

456 Sample St.
Sample City, VA 98765

Sample Phone

Frequency of meetings with psychiatrist: ***Once per month***

8) I agree to submit to periodic blood or urine analysis as directed by treatment staff of the supervising CSB for the purposes of monitoring psychotropic medication compliance and tolerance.

9) I agree to receive recommended medical treatment for the duration of my conditional release. My current medical conditions and providers are listed below:

Medical Medications: ***Calcium 600mg with vitamin D twice daily***

Omeprazole 20mg daily

Docusate Sodium 100mg twice daily

Multivitamin 1 tablet daily

Aspirin 81mg daily

Simvastatin 5mg at bedtime

Fish Oil 1,000mg twice per day

Lisinopril 2.5mg daily

Metamucil 1 packet in 8oz of juice twice daily

Vitamin D 50,000 tablet daily

My current medical condition(s) is: ***Constipation, GERD, Diabetes Mellitus, Type II, Vitamin D Deficiency.***

Name and office location of medical provider(s): ***The CSB discharge planner will coordinate all appointments prior to Mr. Acquittee's discharge from the hospital.***

10) I agree to be assessed by a substance abuse counselor at the supervising CSB (or CSB designee) and to follow the treatment recommendations made as a result of this assessment.

Location of Substance Abuse Assessment: ***The substance abuse assessments will be incorporated into Mr. Acquittee's regularly scheduled weekly case management/therapy appointments at the Sample County Department of Human Services, Behavioral Healthcare Division, 123 Sample Drive, Sample City, VA 12345 and Clubhouse, 456 Sample Street, Sample City, VA 98765.***

11) I agree to submit to random and/or periodic breathalyzer, blood or urine analysis as directed by treatment staff of the supervising CSB for purposes of monitoring alcohol consumption, illicit drug use and/or other prohibited substances. Drug/alcohol screens will be given for the duration of conditional release. When indicated, I agree to a full drug panel screening. I further agree to pay any lab fees associated with this screening. Detection of any illicit substances, detection of alcohol use, or refusal to participate in these screenings shall constitute noncompliance with the conditional release plan. The screening schedule is as follows:

Frequency of SA screening: ***Drug/alcohol screens will be conducted by the case manager at least once per week for the first six months. Results of such tests will be submitted monthly to the NGRI Coordinator in monthly progress reports. If a reduction in the frequency of these screens is requested, the request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time.***

Duration of SA screening***: For the duration of conditional release.***

12) If applicable, I agree to be assessed by a vocational rehabilitation counselor and to follow the recommendations made from this assessment. The vocational assessment may be provided by treatment staff of the supervising CSB or can be conducted by another agency designated by the CSB.

13) I agree that, if cannot attend a meeting or session as required by this conditional release plan, I will provide advance notice by calling the person. If I am unable to contact that person, I must contact one of the following individuals:

Alternative contact #1: ***Sample Name, Clubhouse Program Manager***

Phone #: ***Sample Phone***

Alternative contact #2: ***Sample Name, MA, Sample NGRI Coordinator***

Phone #: ***Sample Phone***

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR ___*(Sample CSB is Supportive)*__

14) I am responsible for arranging transportation between home and activities required under this conditional release plan. I 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.

15) I agree to additional special conditions that may be deemed necessary by the supervising CSB in the future.

Mr. Acquittee will attend appointments as scheduled with Ms. Sample Name, Sample County NGRI Coordinator. Ms. Sample Name will arrange face to face visits at least quarterly. Ms. Sample Name's phone number and address are listed below:

Phone # ***Sample Phone***

Address: ***123 Sample Drive, Sample City, VA 12345***

** I have read or have read to me and understand and accept the conditions under which the Court will release me from the hospital. I fully understand that failure to conform to the conditions may result in one or more of the following:

- Notification to the court of jurisdiction;
- Notification of the proper legal authorities;
- Modification of the conditional release plan pursuant to § 19.2-182.11;
- Revocation of conditional release and hospitalization pursuant to § 19.2-182.8;
- Emergency custody and hospitalization pursuant to § 19.2-182.9;
- Charged with contempt of court pursuant to § 19.2-182.7; or
- Arrest and prosecution

** I understand that my conditional release plan is part of a court document and could potentially be accessed by the public.

_____ _____

Signature of Acquittee Date

_____ _____

Signature of Witness for Acquittee's signature Date

_____ _____

Signature of NGRI Coordinator or designee for CSB Date

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR ___*(Sample CSB is Supportive)*___

C. COMMUNITY SERVICES BOARD

1) The ***Sample CSB*** will coordinate the conditional release plan. As of the beginning of the conditional release plan, the designated case manager is:

   a. Name: ***Sample Name***
   b. Title: ***Case Manager***
   c. Community Services Board: ***Sample County***
   d. Address: ***456 Sample Street***
   e. City, State, Zip: ***Sample City, VA 98765***
   f. Phone: ***Sample Phone*** FAX: ***Sample Fax***

2) The CSB 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

   a. Office of Forensic Services
   b. DBHDS
   c. P.O. Box 1797
   d. Richmond, VA 23218
   e. PHONE: (804) 786-8044
   f. FAX: (804) 786-9621

3) The CSB shall provide Forensic Services Section of DBHDS with monthly written reports for the first twelve consecutive months on conditional release. The monthly reports will address the acquittee's progress, compliance with conditions of release, and adjustment in the community. These reports are due to the Forensic Services Section at the above address no later than the 10th day of the month following the month to be reported.

4) Pursuant to § 19.2-182.11, the CSB understands that the court of jurisdiction must approve any proposed changes or deviations from this conditional release plan.

5) The CSB shall immediately provide copies of all court orders and notices related to the disposition of the acquittee to DBHDS, Forensic Services Section, at the above address.

D. SIGNATURES

This conditional release plan has been developed jointly and approved by the following community services board and hospital staff:

_____ _____
Signature Date

Sample Name
NGRI Coordinator
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

E. 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. Please indicate the CSB's support for or against conditional release and an explanation for the CSB's position:

Sample County CSB is in support of Mr. Acquittee's conditional release at this time. It is anticipated that the housing plan and daytime activities will provide adequate structure and support to ensure Mr. Acquittee's safety and the safety of the community. Mr. Acquittee will be monitored closely by the therapist and case manager as well as the NGRI Coordinator. Also, Mr. Acquittee will be reminded, as necessary, that he cannot leave the state without permission from the adjudicating judge and the NGRI Coordinator.

Signature/Print Name **Title/CSB** **Date**

_____ _____ _____

_____ _____ _____

_____ _____ _____

Sample: CSB is NOT Supportive of CR

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR *Acquittee Name*

The signatures at the end of this conditional release plan indicate that I understand that I have been found not guilty by reason of insanity for ***Assault and Battery, Malicious Injury by Caustic Substance and Abduction by Force***, pursuant to Virginia Code Section 19.2-182.2, and I am under the continuing jurisdiction of the ***Sample County Circuit*** Court as a result of that finding. Pursuant to Virginia Code Section 19.2-182.7, the ***Sample Community Services Board*** will be responsible for the implementation and monitoring of my conditional release plan. The undersigned parties and I have reviewed this conditional release plan and agree to follow the terms and conditions.

A. GENERAL CONDITIONS

1) I agree to abide by all municipal, county, state, and federal laws.

2) I agree not to leave the Commonwealth of Virginia without first obtaining the written permission of the judge maintaining jurisdiction over my case and the ***Sample Community Services Board (CSB).*** I further understand that, pursuant to § 19.2-182.15 *Code of Virginia*, I may be charged with a class 6 Felony if I leave the Commonwealth of Virginia without the permission of the Court.

3) I agree not to use alcoholic beverages.

4) I agree not to use or possess any illegal drugs or prescribed medications unless prescribed by a licensed physician for me.

5) I understand that I am under the legal control of the judge maintaining jurisdiction over me and under the supervision of the CSB (and/or CSB designee) implementing my conditional release plan. I agree to follow their directives and treatment plans and to make myself available for supervision at all reasonable times.

6) I agree to follow the conditions of my release and conduct myself in a manner that will maintain my mental health.

7) I understand that, even if it is not my fault or the result of any specific violation of conditions, I may be returned to a state hospital if my mental health deteriorates. I further understand that, if I am hospitalized in the custody of the Commissioner while on conditional release, my conditional release is considered revoked unless I am voluntarily admitted.

8) I agree to pay for all treatment services on a fee schedule set by the CSB and/or other community providers.

9) I agree that I will not own, possess, or have access to firearms and/or other illegal weapons of any kind. I further agree not to associate with persons or places that own, possess, or have access to firearms and/or other illegal weapons of any kind.

10) Prior to and after discharge on conditional release, I agree to release all information and records concerning my mental health and my compliance with the conditions of release to the supervising CSB, other community providers, attorney, and other participating parties.

11) I agree to participate in 30-40 hours per week of structured activities while I am on conditional release. These weekly activities (and any changes) must be approved in advance by the CSB.

B. SPECIAL CONDITIONS

1) I agree to reside where authorized by the supervising CSB. Initially, I agree to reside at the following:

XXXX (mother)
Address ***123 Sample Street.***
Sample City, VA 22222
Phone ***Sample phone***

Mr. Acquittee has agreed to reside temporarily with his mother until suitable housing can be identified in Sample County. Ms. XXXX has agreed to allow Mr. Acquittee to live in his home as long as he is following all medical and mental health treatment as required. Mr. Acquittee will agree to re-locate to housing identified by Sample CSB at a later time.

If, at any point during the conditional release, I choose not to live at the above location or am asked to move out, then the supervising CSB will evaluate the situation and recommend an alternative living placement. The supervising CSB will coordinate any changes in my residence. If I choose not to reside at the CSB recommended placement, I shall be considered to be in noncompliance with the conditions of release. Any change in residence requires notification to the court by the supervising CSB. I agree to be financially responsible for the cost of my living arrangements/residential placement(s).

2) I will receive approximately **$0** per month in ***SSI/SSDI*** benefits and will not have any source of income upon discharge from the hospital. I agree to apply for entitlements and health insurance for which I may be eligible in the community.

3) I agree that I will participate in structured daytime activities for the duration of my conditional release, i.e., employment, volunteer work, school, clubhouse, AA, NA, other special groups, etc.

My initial plan is the following:

Type of daytime activity/ies:

Sample Peer Recovery Center
321 Sample Pike
Sample City, VA 22222
Sample phone

Frequency of daytime activity/ies: ***Four days per week,10am-4pm***

a. ***The Sample City Peers Helping Peers Center is a peer run center for those experiencing mental illness and/or substance abuse issues. They offer various peer run groups throughout the day that focus on topics/issues such as dual recovery, substance abuse, wellness recovery action planning (WRAP), nutritional training and computer training. This will account for only twenty-four hours of activity for Mr. Acquittee; therefore, further structured activities will be identified if released into the community and/or he will be re-referred to the Sample Clubhouse who has declined to allow him to participate in programming at this time.***

b. ***Mr. Acquittee will attend AA/NA meetings no less than three times per week for the first six months after discharge. If a reduction in the frequency of these meetings is requested, his request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time***

4) Staff at the supervising CSB (or CSB designee) will provide case management for me. I agree to meet with my case manager for the purpose of monitoring compliance with the conditions of release. The name and phone number of my case manager is:

Name, address and phone number of case manager: ***TBD***

Duration of case management contacts: ***For the duration of conditional release***.

Frequency of case management office visit: ***If granted conditional release, an intake appointment will be scheduled for Mr. Acquittee for outpatient mental health services through Sample County Behavioral Healthcare. This will occur prior to discharge from Central State Hospital. This intake appointment would be completed at 123 Sample Street, Sample City, VA 22222. After completion of intake, a case manager will be identified. Mr. Acquittee's case management sessions will occur once per week for the first six months after discharge once a case manager is identified. If a reduction in the frequency of these visits is requested, the request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time. The frequency of visits, if reduced, will occur no less than once per month for the duration of conditional release.***

Frequency of home visit case management contacts: ***TBD***

5) I agree to work with the CSB staff responsible for conducting ongoing assessments of my mental status and associated risk factors. I understand that this may be conducted as part of case management visits, individual therapy appointments or a separate meeting as directed by the CSB. The CSB will provide qualified staff persons for the purpose of conducting mental status and risk factor assessments. The responsible person is ***TBD*** and the frequency of my mental status assessment and risk assessment will be conducted once per week for the first 6 months and then no less than monthly thereafter.

6) When applicable, I agree to participate in individual therapy with treatment staff of the supervising CSB (or CSB designee). The initial schedule for my individual therapy is:

   Duration of Therapy: ***TBD***
   Frequency of Individual Sessions: ***TBD***
   Location of Therapy Sessions: ***TBD***

7) I agree to take psychotropic medication as recommended by my treating psychiatrist. I agree to meet with my treating psychiatrist (or psychiatrist's designee) at the supervising CSB (or CSB designee) for the purposes of monitoring my psychotropic medications and to have my prescriptions renewed and refilled. I will participate in psychiatric treatment for the duration of conditional release.

   Psychotropic medications: ***None at present***
   Location of meetings with psychiatrist: ***TBD***
   Frequency of meetings with psychiatrist: ***Once per month for the duration of conditional release. If Mr. Acquittee is prescribed medication he will agree to take the medication as prescribed.***

8) I agree to submit to periodic blood or urine analysis as directed by treatment staff of the supervising CSB for the purposes of monitoring psychotropic medication compliance and tolerance.

9) I agree to receive recommended medical treatment for the duration of my conditional release. My current medical conditions and providers are listed below:

   My current medical condition(s) is: ***No known medical conditions at this time***
   Name and office location of medical provider(s): ***TBD***

10) I agree to be assessed by a substance abuse counselor at the supervising CSB (or CSB designee) and to follow the treatment recommendations made as a result of this assessment.

   Location of Substance Abuse Assessment: ***TBD***

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR *(Sample CSB Not Supportive)*

Date and Time of Assessment: ***The substance abuse assessments will be incorporated into Mr. Acquittee's regularly scheduled weekly case management appointments at the Sample County Department of Human Services, Behavioral Healthcare Division***

11) I agree to submit to random and/or periodic breathalyzer, blood or urine analysis as directed by treatment staff of the supervising CSB for purposes of monitoring alcohol consumption, illicit drug use and/or other prohibited substances. Drug/alcohol screens will be given for the duration of conditional release. When indicated, I agree to a full drug panel screening. I further agree to pay any lab fees associated with this screening. Detection of any illicit substances, detection of alcohol use, or refusal to participate in these screenings shall constitute noncompliance with the conditional release plan. The screening schedule is as follows:

Drug/alcohol screens will be conducted by the case manager at least once per week for the first six months. Results of such tests will be submitted monthly to the NGRI Coordinator in monthly progress reports. If a reduction in the frequency of these screens is requested, the request will be assessed by the NGRI Coordinator and reduced if clinically appropriate at that time.

12) If applicable, I agree to be assessed by a vocational rehabilitation counselor and to follow the recommendations made from this assessment. The vocational assessment may be provided by treatment staff of the supervising CSB or can be conducted by another agency designated by the CSB.

13) I agree that, if cannot attend a meeting or session as required by this conditional release plan, I will provide advance notice by calling the person. If I am unable to contact that person, I must contact one of the following individuals:

Alternative contact #1: ***Sample Name, MA, Arlington NGRI Coordinator***
Phone #: ***Sample Phone***
Alternative contact #2: ***Sample Name, MA, Forensic Discharge Planner***
Phone #: ***Sample Phone***

14) I am responsible for arranging transportation between home and activities required under this conditional release plan. I 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.

15)I agree to additional special conditions that may be deemed necessary by the supervising CSB in the future.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR *(Sample CSB Not Supportive)*

** I have read or have read to me and understand and accept the conditions under which the Court will release me from the hospital. I fully understand that failure to conform to the conditions may result in one or more of the following:

- Notification to the court of jurisdiction;
- Notification of the proper legal authorities;
- Modification of the conditional release plan pursuant to § 19.2-182.11;
- Revocation of conditional release and hospitalization pursuant to § 19.2-182.8;
- Emergency custody and hospitalization pursuant to § 19.2-182.9;
- Charged with contempt of court pursuant to § 19.2-182.7; or
- Arrest and prosecution

** I understand that my conditional release plan is part of a court document and could potentially be accessed by the public.

_____ _____

Signature of Acquittee Date

_____ _____

Signature of Witness for Acquittee's signature Date

_____ _____

Signature of NGRI Coordinator or designee for CSB Date

C. COMMUNITY SERVICES BOARD

1) The Sample ***CSB*** will coordinate the conditional release plan. As of the beginning of the conditional release plan, the designated case manager is:

   a. Name: ***Sample Name***
   Title: ***Forensic Discharge Planner***
   Community Services Board: ***Sample CSB***
   Address: ***123 Sample St.***
   City, State, Zip: ***Sample City, VA 22222***
   Phone: ***Sample Phone*** FAX: ***Sample Fax***

2) The CSB 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
   DBHDS
   P.O. Box 1797
   Richmond, VA 23218

   a. PHONE: (804) 786-8044
   b. FAX: (804) 786-9621

3) The CSB shall provide Forensic Services Section of DBHDS with monthly written reports for the first twelve consecutive months on conditional release. The monthly reports will address the acquittee's progress, compliance with conditions of release, and adjustment in the community. These reports are due to the Forensic Services Section at the above address no later than the 10th day of the month following the month to be reported.

4) Pursuant to § 19.2-182.11, the CSB understands that the court of jurisdiction must approve any proposed changes or deviations from this conditional release plan.

5) The CSB shall immediately provide copies of all court orders and notices related to the disposition of the acquittee to DBHDS, Forensic Services Section, at the above address.

D. SIGNATURES

This conditional release plan has been developed jointly and approved by the following community services board and hospital staff:

_____ _____
Signature Date

Kelly Nieman, MA
NGRI Coordinator
Arlington 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

E. 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. Please indicate the CSB's support for or against conditional release and an explanation for the CSB's position:

The Sample County CSB is not in support of Mr. Acquittee's conditional release at this time. Mr. Acquittee continues to have several risk factors for future aggression, such as a history of aggression, limited social supports, untreated mental illness, history of substance abuse and lack of insight. He is not following all treatment recommendations at this time (i.e. taking medications as prescribed) and continues to believe that mental health treatment is not necessary in his case. Furthermore, he has had an additional incident of aggression since admission to Central State Hospital. It is in this writer's opinion that Mr. Acquittee has not made sufficient progression in his mental health treatment/recovery to warrant conditional release at this time or to mitigate the general risk of harm to the community. Furthermore, it is in the opinion of this writer that if granted conditional release, he is likely to have limited success on an outpatient basis. It is this writer's recommendation that he requires inpatient treatment at this time.

Signature/Print Name **Title/CSB** **Date**

_____ _____ _____

_____ _____ _____

_____ _____ _____

Appendix E

Sample: 6-Month Report Cover Letter – Compliant/Continue CR

July 29, 2014

The Honorable Dennis L. Hupp, Judge
Warren County Circuit Court
1 East Main Street
Front Royal, VA 22630

Acquittee Name: *XX*
Court Case Nos.: *CRXXXX*
Date of Conditional Release Order: *X/XX/XXXX*

Dear Judge Hupp,

I am writing to you in my role as NGRI Coordinator for Northwestern Community Services Board, who works with insanity acquittee Mr. XX. Enclosed is the Six-Month Report to the Court reviewing insanity acquittee Mr. XX's conditional release status for the past six months from January 29, 2014 to July 29, 2014 (pursuant to *Virginia Code Section 19.2-182.7*). Mr. XX has been compliant with the conditions of his release and at this time the Community Services Board is recommending continuation of his conditional release without modification.

Please let me know if I can be of further assistance.

Sincerely,

Name Here
NGRI Coordinator
Northwestern Community Services
209 W. Criser Road, Suite 300
Front Royal, VA 22630
(540) 636-XXXX

cc: *Name,* Attorney for the Commonwealth
Name, Attorney for the Acquittee
Name, DBHDS Office of Forensic Services

Sample: 6-Month Report Cover Letter – Compliant/Modify Conditions of CR

January 29, 2015

The Honorable Dennis L. Hupp, Judge
Warren County Circuit Court
1 East Main Street
Front Royal, VA 22630

Acquittee Name: *XX*
Court Case Nos.: *CRXXXX*
Date of Conditional Release Order: *X/XX/XXXX*

Dear Judge Hupp,

I am writing to you in my role as NGRI Coordinator for Northwestern Community Services Board, who works with insanity acquittee Mr. XX. Enclosed is the Six-Month Report to the Court reviewing Mr. XX's conditional release status for the past six months from July 29, 2014 to January 29, 2015 (pursuant to *Virginia Code Section 19.2-182.7*). Mr. XX has been compliant with the conditions of his release and at this time the Community Services Board is recommending continuation of his conditional release with the following modifications:

Special Condition #3: Mr. XX has obtained new part time employment; therefore, he will be completing approximately 40 hours of structured activity at the following location:

Name of Employer
123 Sample Address, Sample City, VA 12345
(540-542-XXXX)

Special Condition #4 & 6: Mr. XX's therapy/case management meetings have been reduced to monthly as he has been psychiatrically stable since discharge and has been making progress towards more independence. It is believed that monthly therapy/case management visits will be sufficient for Mr. XX at this time; however, if at any point additional meetings are needed or there is an observed change in mental status, these visits will be increased in frequency.

If there are any concerns with the above-mentioned modifications, please contact me at the address or telephone number below.

Sincerely,

Name Here
NGRI Coordinator, Northwestern Community Services
209 W. Criser Road, Suite 300, Front Royal, VA 22630
(540) 636-XXXX

cc: *Name,* Attorney for the Commonwealth
Name, Attorney for the Acquittee
Name, DBHDS Office of Forensic Services

Sample: 6-Month Report Cover Letter – Compliant/Recommend UCR

December 1, 2015

The Honorable Dennis L. Hupp, Judge
Warren County Circuit Court
1 East Main Street
Front Royal, VA 22630

Acquittee Name: *ZZ*
Court Case Nos.: *CRXXXX*
Date of Conditional Release Order: *X/XX/XXXX*

Dear Judge Hupp,

I am writing to you in my role as NGRI Coordinator for Northwestern Community Services Board, who works with insanity acquittee Mr. ZZ. Enclosed is the Six-Month Report to the Court reviewing Mr. ZZ's conditional release status for the past six months from June 1, 2015 to December 1, 2015 (pursuant to *Virginia Code Section 19.2-182.7*).

Since his conditional release from the hospital on June 1, 2010, Mr. ZZ has complied with all conditions of his release. He has demonstrated the ability to manage increasing levels of independence over the past five years while on conditional release. He has successfully maintained his apartment and has obtained a part-time job as a mail clerk. He has demonstrated a commitment to his treatment and it is the opinion of the Community Services Board that he will continue to follow the treatment recommendations of his providers even without the oversight of the Court. At this time the Community Services Board is recommending Unconditional Release for Mr. ZZ.

Enclosed is a model order for removal of conditions pursuant to *Virginia Code Section 19.2-182.11* should the court agree with these recommendations. If there are any questions, please contact me at the address or telephone number below.

Sincerely,

Name Here
NGRI Coordinator, Northwestern Community Services
209 W. Criser Road, Suite 300
Front Royal, VA 22630
(540) 636-XXXX

Cc: *Name,* Attorney for the Commonwealth
Name, Attorney for the Acquittee
Name, DBHDS Office of Forensic Services

Sample: 6-Month Report Cover Letter – Non-Compliance/Modify CR

May 1, 2015

The Honorable Dennis L. Hupp, Judge
Warren County Circuit Court
1 East Main Street
Front Royal, VA 22630

Acquittee Name: *YY;* Court Case Nos.: *CRXXXX*
Date of Conditional Release Order: *X/XX/XXXX*

Dear Judge Hupp,

I am writing to you in my role as NGRI Coordinator for Northwestern Community Services Board (CSB), who works with insanity acquittee Mr. YY. Enclosed is the Six-Month Report to the Court reviewing Mr. YY's conditional release status for the past six months, from November 1, 2014 to May 1, 2015 (pursuant to *Virginia Code Section 19.2-182.7*). Mr. YY has been struggling with non-compliance with the conditions of his release this reporting period. Mr. YY experienced a relapse of his alcohol use during this reporting period. On April 14, 2015 he arrived at his psychosocial day program smelling of alcohol and slurring his speech. His case manager alerted the NGRI Coordinator of this incident and he was asked to leave the program that day. Again, on April 22, 2015 Mr. YY was at his day program when he was asked to leave due to disruptive behavior. At that time he admitted to drinking alcohol. The NGRI Coordinator, the case manager, and the therapist for Mr. YY called him to a meeting on April 24, 2015 to assess the severity of his alcohol use, and discuss modifications to his treatment plan.

Special Conditions #8 & 10: Although Mr. YY acknowledged his relapse, he reported that he was dedicated to remaining sober. The treatment team decided to assist Mr. YY with enrollment in the CSB's relapse prevention group, which he will begin attending immediately. Mr. YY was also instructed to increase his AA meeting attendance to weekly, and complete random breathalyzer tests whenever requested by his case manager or NGRI Coordinator. He has also reached out to his sponsor and plans to call his sponsor weekly and more often if needed.

At this the Community Services Board is monitoring Mr. YY's compliance with these modifications and is not requesting revocation or further action from the Court. If there are any further compliance issues, the NGRI Coordinator will immediately notify the Court and take the appropriate steps to ensure the safety of Mr. YY and the community. If there are any concerns with the above-mentioned modifications, please contact me at the address or telephone number below.

Sincerely,

Name Here
NGRI Coordinator, Northwestern Community Services
209 W. Criser Road, Suite 300, Front Royal, VA 22630
(540) 636-XXXX

cc: *Name,* Attorney for the Commonwealth
Name, Attorney for the Acquittee
Name, DBHDS Office of Forensic Services

Sample: Notice to the Court of Emergency Hospitalization/Revocation

January 2, 2015

The Honorable William T. Newman
Arlington County Circuit Court
1425 N. Courthouse Road
Arlington, Virginia 22201

Re: Mr. XX; Case No.: CRXXXXX

Dear Judge Newman,

I am writing to you as the NGRI Coordinator for the Arlington Community Board (CSB). In my role, I provide clinical and legal oversight to insanity acquittee XX while he remains on conditional release in our community. I am writing report Mr. XX's recent hospitalization and emergency revocation of conditional release.

This NGRI Coordinator was alerted during the week of December 1, 2014 that Mr. XX had missed several of his scheduled appointments with the PACT team and had not been attending clubhouse as required in his conditional release plan. Efforts were made by the PACT team to locate Mr. XX in the community and began making daily welfare checks at his home. He was located by the PACT team and Arlington County Police on December 16, 2014 at his apartment. However, as he did not appear to require hospitalization, an appointment was scheduled for Mr. XX on December 17, 2014 to meet with the PACT team and this NGRI Coordinator to discuss the non-compliance with his conditional release plan. Mr. XX did not attend this appointment as scheduled. Daily attempts to locate Mr. XX were again initiated on December 17, 2014. A missing person report was filed for Mr. XX by this NGRI Coordinator on December 24, 2014.

Mr. XX was eventually found on December 31, 2014 by Falls Church Police. He was transported to Virginia Hospital Center on an Emergency Custody Order (ECO) and evaluated by Emergency Services staff and this NGRI Coordinator. At that time, it was determined that he was no longer an appropriate candidate for conditional release, as he had violated conditions of his release and was psychiatrically unstable. He was subsequently hospitalized at Northern Virginia Mental Health Institute on a Temporary Detention Order (TDO). An emergency revocation hearing was held on January 2, 2015 in Fairfax County at the Northern Virginia Mental Health Institute. The special justice of Fairfax County Courts revoked Mr. XX's conditional release and returned him to the custody of the Commissioner pursuant to *Virginia Code Section 19.2-182.9 and 19.2-182.10*. It is this NGRI coordinator's hope that this matter will be scheduled in front of you honor at the end of the 60-day period, to determine if Mr. XX can return to the community on conditional release or whether he needs to be committed to the custody of the Commissioner of DBHDS for ongoing inpatient hospitalization and treatment. Should there be any questions or concerns, please feel free to contact me at the address or telephone number listed below.

Sincerely,
Name Here, NGRI Coordinator
Arlington Community Services Board
1810 N. Edison Street, Arlington, VA 22207
(703) 228-XXXX

cc: *Name,* Defense Attorney
Name, Office of Commonwealth's Attorney
Name, DBHDS Office of Forensic Services

Sample: Notice to the Court of Non-Compliance/Request for Hearing

July 12, 2015

The Honorable William T. Newman
Arlington County Circuit Court
1425 N. Courthouse Road
Arlington, Virginia 22201

Re: Mr. AA
Case No.: CRXXXXX

Dear Judge Newman,

I am writing to you as the NGRI Coordinator for the Arlington Community Board (CSB). In my role, I provide clinical and legal oversight to insanity acquittee AA while he remains on conditional release in our community. I am writing the court to report violations of the conditions of his release and request a hearing to address these violations.

This NGRI Coordinator was notified on June 15, 2015 that Mr. AA had been disruptive at his apartment building and that the police had been called by the landlord to address the issue. The Arlington County Police Department responded and was able to resolve the incident without arrest. Mr. AA had been discovered with several individuals who had been staying in his apartment illegally. These people were asked to leave and they did so. However, the landlord has since discovered that they have returned. The landlord has issued an eviction notice and Mr. AA will be required to leave the apartment in 30 days. In addition to his eviction for violating his lease, Mr. AA has refused to participate in his day program activities despite continued prompting and encouragement from his providers. When he has shown up at the day program, he was suspected of delivering alcohol to other consumers and charging money for this service. Other consumers have acknowledged this to be true but Mr. AA continues to deny this. He has been discharged from the day program as a result of his behaviors.

At this time, Mr. AA does not meet conditions for revocation to the state hospital. He remains psychiatrically stable and does not need inpatient treatment. However, the continued violations of his release plan do put Mr. AA and the community at risk. This writer is requesting a hearing to address these violations, and recommends that the Court consider its option of finding the acquittee in contempt for violation of his court ordered release (pursuant to *Virginia Code Section 19.2-182.7*)

It is this writer's hope that this matter will be scheduled in front of you honor as soon as possible. Should there be any questions or concerns, please feel free to contact me at the address or telephone number listed below.

Sincerely,

Name Here, NGRI Coordinator
Arlington Community Services Board
1810 N. Edison Street, Arlington, VA 22207
(703) 228-XXXX

cc: *Name,* Defense Attorney
Name, Office of Commonwealth's Attorney
Name, DBHDS Office of Forensic Services

Sample: Notice to the Court of Change of Residence

June 13, 2014

The Honorable William T. Newman, Jr.
Arlington County Circuit Court
1425 Courthouse Road
Arlington, Virginia 22201

Re: Ms. XX
Case No.: CRXXXXXX, CRXXXXX, CRXXXXX

Dear Judge Newman,

I am writing to you as the NGRI Coordinator for the Arlington Community Services Board (CSB). In my role, I provide clinical and legal oversight to individuals on conditional release in our community. I am writing regarding insanity acquittee Ms. XX to notify to inform the court of a modification to Ms. XX's Conditional Release Plan:

Special Condition #1: Upon her initial conditional release, Ms. XX was discharged to the Transitional Group Home in accordance with her court-ordered conditional release plan. She has been successful with this placement but she has met the limit of her allotted time in the house and the transitional group home is discharging her as of today's date. The Arlington CSB NGRI Coordinator has agreed with Ms. XX's plan to return to live with her sister until she can be placed in an apartment through the Arlington Permanent Supportive Housing Program. As of June 13, 2014, Ms. XX has subsequently returned to her sister's home in Woodbridge, VA while she waits for her apartment. Ms. XX's sister, Ms. YY, has agreed to allow her to temporarily reside in her home. The address of her sister's home is as follows:

123 Sample Ave.
Woodbridge, VA 12345

It is anticipated that Ms. XX will remain at this home until September of 2014 when an apartment will become available for her use. Should there be any questions or concerns about this proposed change, please feel free to contact me at the address or telephone number listed below.

Sincerely,

Name Here, NGRI Coordinator
Arlington County Community Services Board
1810 N. Edison Street, Arlington, VA 22207
(703) 228-XXXX

cc: *Name,* Assistant Commonwealth's Attorney
Name, Defense Attorney
Name, Forensic Office, DBHDS

Sample: Request for CRP Modification - Out of State Travel Permission

January 1, 2015

The Honorable Craig D. Johnston
Prince William County Circuit Court
9311 Lee Ave.,
Manassas, VA 20110

Re: Ms. YY
Case No.: CRXXX-XXX

Judge Johnston:

I am writing to you as the NGRI Coordinator for the Arlington Community Services Board (CSB). In my role, I provide clinical and legal oversight to insanity acquittee Ms. YY while on conditional release. I am writing this letter to request a modification to Ms. YY's Conditional Release Plan pursuant to *Virginia Code Section 19.2-182.11*. This letter is meant to provide the court with information regarding the request for out-of-state passes for Ms. YY, who has expressed an interest in obtaining permission from the court to travel to Washington, DC and Maryland to search for employment. I am writing to outline the nature and scope of these requests, as I understand them, and to outline the Community Services Board's plan on how these passes would be handled should the court approve them.

Typically, when an insanity acquittee wishes to travel outside of the state of Virginia, they seek the court's permission to do so. Once the court has granted permission for such passes, I then assume responsibility for monitoring the acquittee's use of these passes in the community. Ms. YY has expressed the desire to travel to and from Washington, DC and Maryland in order to search for employment. I have spoken with Ms. YY and I would be supportive of these passes with a few conditions. I require that the acquittee inform me in advance of any plans for travel and dates of travel (both day trips and overnight trips outside of Virginia), and I then require that the acquittee contact me to inform me of their return. With regards to the current request for Ms. YY, I am in support of these passes and would take the necessary steps to monitor the use of these passes should the court approve them.

In terms of the progress Ms. YY has made since her discharge from the Northern Virginia Mental Health Institute, she has kept all scheduled appointments with her treatment providers and this NGRI Coordinator. She has successfully managed the transition to independent living and has been stable since discharge. She appears committed to continuing treatment and adhering to the restrictions placed upon her in the Conditional Release Plan. I hope that this letter answers any questions about how these passes will be monitored in the community should the court find it appropriate to approve this request. Attached you will find a model order for Travel Permission for Ms. Bates should the court decide to grant this request. Please feel free to contact me at any point if you would like to discuss this further.

Sincerely,

Name Here, Arlington County NGRI Coordinator
1810 N. Edison Street,
Arlington, VA 22207
(703) 228-XXXX

cc: *Name*, Defense Attorney
Name, Prince William County Office of the Commonwealth's Attorney
Name, DBDHS, Forensic Services

Appendix F

THE MONTHLY REVIEW OF CONDITIONAL RELEASE REPORT INSTRUCTIONS FOR COMPLETING THE FORM:

GENERAL GUIDANCE:

- Read the currently approved conditional release plan carefully. Do not assume that any of the general or special conditions have been modified or deleted unless you have a court order or letter from the NGRI judge of jurisdiction confirming that status. If the court has deleted or modified a condition, label that status in the comment section. If the conditional release plan was written so that the CSB has the authority to discontinue a service, only then it is allowed to discontinue the condition(s) without the court's specific approval. Note these two distinctions appropriately in the comment section.
- Do not use local names of programs, i.e., Rainbow House or abbreviations, i.e., ACR. Describe the program type instead, i.e., club house, detox program, adult home, etc.
- The 6-month report to the court does NOT substitute for the monthly report.
- The reporting form is available on disk for your convenience.
- **The monthly review of conditional release report is required for the first 12 months only.**

SPECIFIC INSTRUCTIONS FOR THE FORM:

1. NAME OF ACQUITTEE – Complete the full name of the acquittee.

2. DATE – Complete the date that the report is written.

3. COURT HOLDING JURISDICTION – Complete the name of the court that holds jurisdiction for the acquittee. If there are 2 or more courts of jurisdiction, complete all that apply.

4. TIME PERIOD COVERED IN REVIEW – Complete the calendar month and year for which the report is written. This report should always be completed for a full calendar month, i.e., September 2000. Do not write reports for "split" months, i.e., November 14 – December 14, 2000.

5. CHARGED WITH ANY CRIMES – Complete any crimes for which the acquittee has been charged during the reporting month.

6. CONVICTED OF ANY CRIMES – Complete any crimes for which the acquittee has been convicted during the reporting month.

7. GENERAL CONDITIONS OF RELEASE – Read the currently approved conditional release plan and write/type all general conditions in detail and by their number on the left side column. If the general conditions are not written/typed in their entirety, write/type meaningful phrases for each general condition that represents the court's intent of the general conditions.

Check off “never”, “sometimes”, or “always” to describe the acquittee’s compliance with each general condition of their release.

Write/type in comments as needed to describe the acquittee’s compliance with the general conditions of their release.

If you condense the wording of the general condition on the report, ensure that your version of the condition still represents the Court’s intent and that it can be appropriately answered by the choices – “never”, “sometimes” or “always”. Do not just write/type in a number without a description of the general condition. Do not just write/type in that “all general conditions are fine”.

8. SPECIAL CONDITIONS OF RELEASE – Read the currently approved conditional release plan and list all special conditions in detail and by their number on the left side column. If the special conditions are not written/typed in their entirety, write/type meaningful phrases for each special condition that represent the court’s intent for each special condition.

Check off “never”, “sometimes”, or “always” to describe the acquittee’s compliance with each special condition of their release.

Write/type in comments as needed to describe the acquittee’s compliance with each special condition of their release.

If you condense the wording of the special condition on the report, ensure that your version of the condition still represents the Court’s intent and that it can be appropriately answered by the choices – “never”, “sometimes” or “always”. Do not just write/type in a number without a description of the special condition. Do not just write/type in that “all special conditions are fine”.

9. DATE OF LAST FACE-TO-FACE WITH THE ACQUITTEE - Complete the date of the last face-to-face with the acquittee by the case manager.

10. DATES AND RESULTS OF ANY SUBSTANCE ABUSE SCREENING

TESTS – Complete the type of each test, the date(s) administered and the results of each test. If drug of alcohol testing is not ordered by the court and is not being administered, write/type in “not applicable”.

11. OTHER COMMENTS ON ACQUITTEE’S PROGRESS AND ADJUSTMENT IN THE COMMUNITY – This is the opportunity to complete more information about the acquittee’s progress, lack of compliance, or maintenance with the conditional release plan. It also provides space to comment on other factors that influence the acquittee’s overall adjustment in the community.

12. SIGNATURE AND PRINTED NAME – The case manager assigned should sign their name and then print/type their name. It is also recommended to add the credentials of case manager, i.e., LPC, MSW, BS, RN, etc.

13. TITLE – Print/type in the title of the CSB case manager.

14. CSB AND MAILING ADDRESS – Print/type the name of the CSB and the mailing address of the case manager.

15. PHONE AND FAX NUMBERS – Print/type the phone number and the fax where the case manager can be reached.

OTHER INFORMATION:

- The Monthly Review of Conditional Release form is due on the 10th of the month following the reporting month. An example is that the November 2000 report is due on December 10, 2000.
- Only fax **or** mail the Monthly Review of Conditional Release report. Do not send both faxed and mailed copies.

Mailing address:

Sarah Shrum
Forensic Mental Health Consultant
Department of Behavioral Health and Developmental Services
Forensic Office
P.O. Box 1797
Richmond, Virginia 23218-1797

Fax number:

Attn: Sarah Shrum
Fax: 804-786-9621

QUESTIONS OR CONSULTATION? Call Sarah Shrum at 804-786-9084

Blank Template

Monthly Review of Conditional Release

NAME OF ACQUITTEE: _____DATE:_____

COURT HOLDING JURISDICTION: _____

TIME PERIOD COVERED IN REVIEW: _____

TO: Office of Forensic Services, Division of Facilities Management
DBHDS
P.O. Box 1797 Phone: 804/786-9084
Richmond, VA 23218 Fax: 804/786-9621

If the acquittee has been **charged with any crime(s)*** during this period, please note offense & date:

_____

If the acquittee has been **convicted of any crime(s)*** during this time period, please note offense & date:

_____

***Includes traffic violations other than routine parking tickets**

GENERAL CONDITIONS OF RELEASE	ACQUITTEE'S COMPLIANCE			COMMENTS
	NEVER	SOMETIMES	ALWAYS	

Monthly Review of Conditional Release

SPECIAL CONDITIONS OF RELEASE	ACQUITTEE'S COMPLIANCE			COMMENTS
	NEVER	SOMETIMES	ALWAYS	

Date of last face-to-face contact with acquittee:_____

Dates and results of any substance abuse screening tests:

TYPE TEST	DATE(s) ADMINISTERED	RESULTS OF TESTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If more than 5 screenings administered, please continue listing on back of form)

Other comments on acquittee's progress and adjustment in the community:

_____

_____/_____

Signature **Name (Print)**

_____

Title

_____

CSB

_____ _____

Phone **Fax**

Appendix G

SIX-MONTH REPORT TO COURT
REVIEWING CONDITIONAL RELEASE OF INSANITY ACQUITTEES
INSTRUCTIONS FOR COMPLETING THE FORM:

GENERAL GUIDANCE:

- Report is submitted to the NGRI judge of jurisdiction. If there are two or more courts of jurisdiction, one report should be addressed to all judges or separate reports can be submitted to each NGRI judge of jurisdiction.
- The report should be completed and submitted every 6 months after the acquittee is placed on conditional release.
- Read the currently approved conditional release plan carefully. Do not assume that any of the general or special conditions have been modified or deleted unless you have a court order or letter from the NGRI judge of jurisdiction confirming that status. If the court has deleted or modified a condition, label that status in the comment section. If the conditional release plan was written so that the CSB has the authority to discontinue a service, only then it is allowed to discontinue the condition without the court's specific approval. Note the two distinctions appropriately in the comment section.
- Don't use local names of programs, i.e., Rainbow House or abbreviations, i.e., ACR. Describe the program type instead, i.e., club house, detox program, adult home, etc.
- The 6-month report to the court does NOT substitute for the monthly report.
- The reporting form is available on disk for your convenience.

SPECIFIC INSTUCTIONS FOR THE FORM:

1. TO – Complete the name(s) of the NGRI judge(s) of jurisdiction and their address(es).

2. DATE – Complete the date that the report is written.

3. RE– Complete the full name of the acquittee, the court case number and the date of the conditional release order.

4. CONDITIONS OF RELEASE – **Complete all the general and special conditions of release in this section.**

A. GENERAL CONDITIONS OF RELEASE - Read the currently approved conditional release plan and write/type all general conditions in detail and by their number on the left side column. If the general conditions are not written/typed in their entirety, write/type meaningful phrases for each general condition that represents the court's intent of the general conditions.
Check off "never", "sometimes", or "always" to describe the acquittee's compliance with each general condition of their release.

Write/type in comments as needed to describe the acquittee's compliance with each general condition of their release.

If you condense the wording of the general condition on the report, ensure that your version of the condition still represents the Court's intent and that it can be appropriately answered by the choices –

"never", "sometimes" or "always". Do not just write/type in a number without a description of the general condition. Do not just write/type in that "all general conditions are fine".

B. SPECIAL CONDITIONS OF RELEASE – Read the currently approved conditional release plan and list all special conditions in detail and by their number on the left side column. If the special conditions are not written/typed in their entirety, write/type meaningful phrases for each special condition that represent the court's intent for the special conditions.

Check off "never", "sometimes", or "always" to describe the acquittee's compliance with each special condition of their release. Write/type in comments to describe variations in the acquittee's compliance with each special condition of their release.

If you condense the wording of the special condition on the report, ensure that your version of the condition still represents the Court's intent and that it can be appropriately answered by the choices – "never", "sometimes" or "always". Do not just write/type in a number without a description of the special condition. Do not just write/type in that "all special conditions are fine".

5. OTHER COMMENTS ON ACQUITTEE'S PROGRESS AND ADJUSTMENT IN THE COMMUNITY – This is the opportunity to complete more information about the acquittee's progress, lack of compliance, or maintenance of effort with the conditional release plan. It also provides space to remark on other factors that influence the acquittee's overall adjustment in the community.

6. CSB RECOMMENDATION TO THE COURT – This section is very important and delineates the four recommendations that can be made to the court. The case manager can make only one recommendation to the court. It may be helpful to discuss your report and recommendation with your supervisor and/or NGRI Coordinator before submitting to the court. In most cases, it is appropriate to share your recommendation with the acquittee.

7. IF MAKING A REQUEST, PROVIDE SPECIFICS OF REQUEST AND RATIONALE – Complete any details concerning a request of the court. A request would be required anytime you have made the recommendation of "modify the current conditional release order", "revoke conditional release", or "remove conditions of release".

8. SIGNATURE – The case manager should sign their name. It is also recommended to add the credentials of case manager, i.e., LPC, MSW, BS, RN, etc.

9. NAME – The case manager should print/type their name.

10. ADDRESS – Print/type the name of the CSB and the mailing address of the case manager.

11. PHONE AND FAX NUMBERS – Print/type the phone number and the fax where the case manager can be reached.

12. XC - The acquittee's attorney, the attorney for the commonwealth and the Forensic Office of DBHDS should receive a copy of this report every 6 months. If there is more than one NGRI judge of jurisdiction, send to all defense and commonwealth attorneys involved.

OTHER INFORMATION:
Only fax **or** mail the Six Month Report to Court Reviewing the Conditional Release of Insanity Acquittee. Do not send the report by both mail and fax.

Mailing address:

Sarah Shrum
Forensic Mental Health Consultant
Department of Behavioral Health and Developmental Services - Forensic Office
P.O. Box 1797
Richmond, Virginia 23218-1797

Fax number:
Attn: Sarah Shrum
Fax number – 804-786-9621

QUESTIONS OR CONSULTATION? Call Sarah Shrum at 804-786-9084

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Six Month Report to Court
Reviewing Conditional Release of Insanity Acquittee

TO: The Honorable _____ DATE: _____

_____

_____

RE: Acquittee Name: _____

Court Case No.: _____

Date of Conditional Release Order: _____

GENERAL CONDITIONS OF RELEASE	**ACQUITTEE'S COMPLIANCE**			**COMMENTS**
	Never	**Sometimes**	**Always**	

Six-Month Report to Court
Reviewing Conditional Release of Insanity Acquittee
Page 2 of 3

SPECIAL CONDITIONS OF RELEASE	ACQUITTEE'S COMPLIANCE			COMMENTS
	Never	Sometimes	Always	

Other comments on acquittee's progress and adjustment in the community:

_____

_____

_____

_____

Six-Month Report to Court
Reviewing Conditional Release of Insanity Acquittee
Page 3 of 3

Acquittee Name: _____ Date: _____

CSB Recommendation to the Court:

_____ Continue conditional release

_____ Modify current conditional release order

_____ Revoke conditional release

_____ Remove conditions of release

If making a request, provide specifics of request and rationale:

_____

_____

_____

_____

_____
Signature

_____
Name

_____
Address

_____

_____

_____
Phone

cc: Acquittee's Attorney
Attorney for Commonwealth
DBHDS Office of Forensic Services

Appendix H

Blank Template

DISCHARGE PLAN - Unconditional Release

FOR _____

The signatures at the end of this discharge plan indicate that _____ understands he or she has been found not guilty by reason of insanity of_____, and committed to the custody of the Commissioner of DBHDS pursuant to Virginia Code Section 19.2-182.2. The acquittee understands that this discharge plan is being provided to the Court pursuant to the requirements of 19.2-182.6 of the *Code of Virginia.* The acquittee agrees 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 use alcoholic beverages at all. Any use of alcoholic beverages may disrupt or interfere with his or her mental health, medications, domestic life, employment, or proper community conduct.

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 agrees to follow the recommendations of his outpatient treatment provider(s) and conduct him or herself in a manner which will maintain his mental health.

6) 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.

B. Recommended Treatment and Support Activities

1) The acquittee will reside in the following placement:
(Name)_____

(Relationship)_____

at:

Address_____

Phone_____

2) The acquittee agrees to follow up with outpatient treatment services with the following agency or provider:

3) The acquittee agrees to take psychotropic medication as recommended by his or her treating psychiatrist. Psychiatric follow-up will be provided by the following agency or provider:

4) The acquittee will also receive the following outpatient services:

** I HAVE READ OR HAD READ TO ME AND UNDERSTAND AND ACCEPT THE DISCHARGE PLAN TO WHICH I WILL BE RELEASED BY THE COURT.

_____ _____
Signature of Acquittee Date

_____ _____
Signature of Witness Date

C. SIGNATURES

THIS DISCHARGE PLAN HAS BEEN DEVELOPED JOINTLY AND APPROVED BY THE FOLLOWING COMMUNITY AGENCY AND HOSPITAL STAFF:

_____ _____
Signature Date
Name
Title
Community Agency

_____ _____
Signature Date
Name
Title
Community Agency

_____ _____
Signature Date
Name
Title
Facility

_____ _____
Signature Date
Name
Title
Facility

_____ _____
Signature Date
Name
Title
Facility

Appendix I

NGRI Finding & Temporary Custody Order

Virginia:
In the General District Court or Circuit Court of _____
Commonwealth of Virginia VS_____ Case No.: _____

NOT GUILTY BY REASON OF INSANITY - INITIAL EVALUATIONS AND HEARING

The Defendant having been found not guilty by reason of insanity of the charge(s) of _____, it is hereby ORDERED AND ADJUDGED that

1. The Acquittee, pursuant to Virginia Code Section 19.2-182.2, shall be placed in the temporary custody of the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) for evaluation, in accordance with the provisions of that section, as to whether the Acquittee may be released with or without conditions or requires commitment.
2. The Clerk of the Court is directed to contact the Forensic Director for the Department of Behavioral Health and Developmental Services, or his designee, for a designation of the appropriate facility, admission date and time. The Sheriff of _____ County, or his designee, shall transport the Acquittee to the designated facility on the agreed date and time, together with a copy of this Order and any other supporting legal and clinical documentation.
3. The evaluators' reports shall be sent to the Court on or before forty-five days after the Commissioner's assumption of custody. Copies of the reports shall be sent to the Acquittee's attorney, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, and the community services board serving the locality where the Acquittee was acquitted.
4. This cause is scheduled for a hearing at _____o'clock on the _____day of _____, 20__ to determine whether the Acquittee shall be released with or without conditions or requires commitment. The Acquittee shall have the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing.
5. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board serving the locality where the acquittee was acquitted, and the Commissioner of DBHDS.
6. In the event the Acquittee's presence is required at any hearing in this cause, the Court shall issue an Order to Transport, directing the Sheriff of _____ County, or his designee, to resume custody of and transport the Acquittee back to the jurisdiction of this Court.
7. This Court retains jurisdiction in this cause, and the Acquittee shall not be discharged or released from custody of the Commissioner without further Order of this Court.

ENTERED:_____
DATE

_____
SIGNATURE OF JUDGE

_____
NAME OF JUDGE

cc: Commonwealth's Attorney
Acquittee's Attorney
Community Services Board
Commissioner of DBHDS,
Attn: Forensic Section. P.O. Box 1797, Richmond, VA 23218

Model Order for Extension of Temporary Custody

VIRGINIA:

IN THE _____ COURT OF _____
COMMONWEALTH OF VIRGINIA
VS.

NAME_____
SSN _____
DOB_____

DOCKETT No.-CR_____
FELONY _____
MISDEMEANOR _____
OFFENSE DATE _____

Not Guilty by Reason of Insanity
Extension of Temporary Custody Period for
Development of Conditional Release Plan and Hearing Date

The defendant previously having been found not guilty by reason of insanity and placed in the temporary custody of the Commissioner of the Department of Behavioral Health and Developmental Services for evaluation, and evaluations of the acquittee having been conducted resulting in a determination that the acquittee is mental ill or mentally retarded, and a recommendation by at least one evaluator that the acquittee be released on conditions.

Therefore, the Court ORDERS that

1. Pursuant to VA Code § 19.2-182.2, the period of temporary custody for evaluation is extended.

2. The hospital in which the acquittee is confined and the appropriate community services board shall jointly prepare a conditional release plan, in accordance with VA Code § 19.2-182.7. The conditional release plan shall be sent to the Court on or before *_____. Copies of this conditional release plan shall be sent to the acquittee's attorney and the attorney for the Commonwealth of the jurisdiction where the defendant was acquitted.

3. On *_____, a hearing will be held to determine whether the acquittee shall be released with or without conditions or requires commitment.

4. The acquittee shall not be discharged or released from custody without further order of this Court.

Entered: _____
Date

_____
Signature

_____
Name of Judge

pc: Commonwealth's Attorney
Acquittee's Attorney
Supervising Community Services Board
Chief Forensic Coordinator, Central State Hospital
Commissioner of DBHDS
Attention: Forensic Services, P. O. Box 1797, Richmond, VA 23218

Model Order for Initial Commitment

VIRGINIA:
IN THE _____ COURT OF _____
COMMONWEALTH OF VIRGINIA
VS.
NAME_____ DOCKET No.-CR_____
FELONY _____
DOB_____ MISDEMEANOR _____
OFFENSE DATE(S) _____

Not Guilty by Reason of Insanity
Hearing on Temporary Custody Evaluation Reports and Inpatient Hospitalization

The acquittee having been found not guilty by reason of insanity to the charge(s) of _____ on _____ and placed in temporary custody for evaluation. This date came the attorney for the Commonwealth, _____. The acquittee _____, was present in the Court throughout the proceedings and was ably represented by counsel, _____. Based upon the written evaluations submitted by _____, the oral testimony of _____, and the arguments of counsel, the Court finds that the acquittee is ___ mentally ill or ___ mentally retarded and in need of hospitalization based on the factors in VA Code § 19.2-182.3. Therefore, the Court orders that the acquittee be committed to the custody of the Commissioner of the Department of Behavioral Health and Developmental Services.

Therefore, the Court ORDERS that

1. On _____, a hearing shall be held to review the acquittee's need for inpatient hospitalization unless an earlier hearing is scheduled as provided by law.

2. Prior to the hearing, the Commissioner shall provide a report to the Court evaluating the acquittee's condition and recommending treatment, as provided in VA Code § 19.2-182.5, together with a copy of this order.

3. Copies of the items described in (2) shall also be sent to the attorney for the Commonwealth for the jurisdiction from which the acquittee was committed and the acquittee's attorney.

4. The clerk shall notify the judge of the receipt of the report so that issues regarding the acquittee's right to counsel may be timely addressed.

5. The acquittee remains under the jurisdiction of this Court and shall not be released from custody and inpatient hospitalization without further order of the Court.

6. [This order supersedes the prior orders of this Court in this case.]

ENTERED: _____
Date

_____
Signature

_____
Name of Judge

pc: Commonwealth's Attorney
Acquittee's Attorney
Supervising Community Services Board
Chief Forensic Coordinator, Central State Hospital
Commissioner of DBHDS, Attention: Director of Forensic Services, P. O. Box 1797, Richmond, VA 23218

Model Order for Recommitment

Virginia:

In the General District Court or Circuit Court of _____

Commonwealth of Virginia

VS._____ Case No: _____

NOT GUILTY BY REASON OF INSANITY – RECOMMITMENT FOR INPATIENT HOSPITALIZATION

This day came the Attorney for the Commonwealth, _____ The Acquittee, _____, was present in the Court throughout the proceedings and was represented by Counsel, . Based upon the evaluation(s) submitted by _____, the testimony of , and the arguments of counsel, the Court finds that the Acquittee is mentally ill, or mentally retarded, and in need of hospitalization based on the factors in Virginia Code Section 19.2-182.3. Therefore, the Court ORDERS that the Acquittee be recommitted to the custody of the Commissioner of the Department of Behavioral Health and Developmental Services. THE COURT FURTHER ORDERS THAT:

1. On _____, a hearing shall be held to review the Acquittee's need for inpatient hospitalization unless an earlier hearing is scheduled as provided by law.
2. Prior to the hearing, the Commissioner shall provide a report to the Court evaluating the Acquittee's condition and recommending treatment, as provided in Virginia Code Section **19.2-182.5**, together with a copy of this order.
3. Copies of the items described in (2) shall also be sent to the Attorney for the Commonwealth for the jurisdiction from which the Acquittee was committed and the Acquittee's Attorney.
4. The Clerk shall notify the Judge of the receipt of the reports so that issues regarding Acquittee's right to counsel may be timely addressed.
5. The Acquittee remains under the jurisdiction of this Court and shall not be released from custody and inpatient hospitalization without further Order of the Court.
6. This ORDER supersedes the prior ORDERS of this Court in this case.

ENTERED: _____

SIGNATURE OF JUDGE: _____

NAME OF JUDGE:_____

cc: Commonwealth's Attorney
Acquittee's Attorney
Community Services Board
Commissioner of DBHDS
Attn: Forensic Section, P.O. Box 1797, Richmond, Va. 23218

Model Order for Evaluations upon Petition for Release

Virginia:
In the General District Court or Circuit Court of _____
Commonwealth of Virginia
VS.
_____ Case No: _____

NOT GUILTY BY REASON OF INSANITY - ORDER FOR EVALUATIONS & HEARING DATE UPON PETITION FOR RELEASE FROM INPATIENT HOSPITALIZATION

The Acquittee having been previously found not guilty by reason of insanity and committed to the custody of the Commissioner of the Department of Behavioral and Developmental Services, for inpatient hospitalization, and the Court having been petitioned for the Acquittee's conditional release by the Commissioner who has presented the Court with a conditional release plan prepared jointly by the hospital and the appropriate community services board, it is hereby ORDER AND ADJUDGED that:

1. Pursuant to Virginia Code Section **19.2-182.6**, the Commissioner shall arrange for the Acquittee to be evaluated by two persons in the same manner as set forth in Virginia Code Section 19.2-182.2 to assess and report on the Acquittee's need for inpatient hospitalization by reviewing his/her condition with respect to the factors set forth in Virginia Code Sections 19.2-182.3 and 19.2-182.7.
2. The evaluations shall be completed and findings reported within forty-five days of the date of the Commissioner's receipt of this order. Copies of the report shall be sent to the Acquittee's attorney, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board serving the locality where the Acquittee was acquitted, and the Commissioner of DBHDS.
3. A hearing shall be held in this court on the _____ day of _____, 20___, at _____ o'clock, to determine whether the Acquittee shall be released with or without conditions or requires continued inpatient hospitalization. The Acquittee shall have the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing.
4. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board where the Acquittee shall reside upon discharge, and the Commissioner of DBHDS.
5. In the event the Acquittee's presence is required at any hearing in this cause, the Court shall issue an Order to Transport, directing the Sheriff of _____ County, or his designee, to resume custody of and transport the Acquittee back to the jurisdiction of this Court.
6. This Court retains jurisdiction on this cause and the Acquittee shall not be discharged or released from custody of the Commissioner without further Order of this Court.

cc: Commonwealth's Attorney
Acquittee's Attorney
Community Services Board
Commissioner of DBHDS
Attn: Forensic Section
P.O. Box 1797
Richmond, Va. 23218

ENTERED:_____
DATE

_____
SIGNATURE OF JUDGE

_____
NAME OF JUDGE

Model Order for Conditional Release

Virginia:
In the General District Court or Circuit Court of _____
Commonwealth of Virginia
VS._____ Case No: _____

NOT GUILTY BY REASON OF INSANITY - ORDER FOR CONDITIONAL RELEASE

Upon a petition submitted by the Forensic Review Panel, on behalf of the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS), pursuant to Virginia Code Section **19.2-182.6**, this day came the Attorney for the Commonwealth, _____, and the Acquittee _____. The Acquittee was present in the Court throughout the proceedings and was represented by Counsel, _____. After review of the report of clinical findings and a conditional release plan prepared in accordance with Virginia Code Section **19.2-182.6**, it is hereby ORDERED AND ADJUDGED that:

1. The Acquittee meets the criteria for conditional release as provided in Virginia Code Section 19.2-182.7.
2. The Acquittee shall be conditionally released pursuant to Virginia Code Section 19.2-182.7, subject to the following orders and conditions, which the Court deems will best meet the Acquittee's need for treatment and supervision, and best serve the interests of justice and society:
   **[The conditional release plan jointly prepared by the hospital staff and the community services board, which is attached and is hereby incorporated by reference.]*
   ****[Other terms and conditions imposed by the court.]***
3. The community services board serving the locality in which the Acquittee will reside upon release shall implement the Court's conditional release orders, pursuant to Virginia Code Section 19.2-182.7, and shall submit written reports to the Court on the Acquittee's progress and adjustment in the community no less frequently than every six months from the date of this order.
4. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board implementing the conditional release plan, and the Commissioner of DBHDS.
5. The Court retains jurisdiction in this cause, and the Acquittee shall not be released from conditional release without further Order of this Court.

ENTERED: _____

SIGNATURE OF JUDGE

DATE: _____

cc: Commonwealth's Attorney
Acquittee's Attorney
Community Services Board
Commissioner of DBHDS, Attn: Office of Forensic Services, P.O. Box 1797, Richmond, VA 23218

Model Order for Continuation of Conditional Release

Virginia:
In the Circuit Court of _____ County
COMMONWEALTH OF VIRGINIA
V. _____
Case Number:
SSN: Offense Date:
DOB:

Not Guilty by Reason of Insanity
Conditional Release Review

On this day came the Attorney for the Commonwealth, _____, counsel for the Acquittee, and the Acquittee, _____, for a review of the progress of the Acquittee who was previously Conditionally Release by this Court on _____.

The Court having heard the remarks of counsel and having reviewed the reports of the _____ Community Services Board submitted pursuant to Virginia Code §19.2-182.7 and the Conditional Release Plan developed by the _____ Community Services Board, finds that the Acquittee is in compliance with the Conditional Release Order previously entered by this Court.

It is therefore ORDERED that the Acquittee shall remain on Conditional Release as provided in the Conditional Release Order and that the named agencies continue to submit reports every six (6) months, and this case is continued to _____.

The Court retains jurisdiction in this case and the Acquittee shall not be released from conditional release without further Order of this Court.

The Court certifies that at all times during the hearing the Acquittee was personally present with his attorney.

Enter: _____

_____
, Judge

Seen:

_____
Attorney for Acquittee

Seen:

_____
For the Commonwealth

Model Order for Revocation of Conditional Release (Non-Emergency)

Virginia:
In the General District Court or Circuit Court of _____
Commonwealth of Virginia
VS._____ Case No: _____

NOT GUILTY BY REASON OF INSANITY – REVOCATION OF CONDITIONAL RELEASE

The Acquittee having been previously found not guilty by reason of insanity and later placed on conditional release, pursuant to Virginia Code Section 19.2-182.7, and the Court having held a hearing pursuant to Virginia Code Section **19.2-182.8** after receipt of an evaluation addressing factors pertaining to whether the Acquittee's conditional release should be revoked, hereby ORDERS AND ADJUDGES that:

1. The Court finds by a preponderance of the evidence that the Acquittee has violated the conditions of his / her release or is no longer a proper subject for conditional release based on application of the criteria for conditional release and requires inpatient hospitalization.
2. Pursuant to Virginia Code Section **19.2-182.8**, the Acquittee's conditional release is revoked and the Acquittee shall be returned to the custody of the Commissioner of the Department of Behavioral Health and Developmental Services.
3. Within 60 days of resumption of custody, if in the opinion of hospital staff treating the Acquittee, the Acquittee's condition improves to the degree that the Acquittee is an appropriate candidate for conditional release, he / she may be, with the approval of the Court, conditionally released as if revocation has not taken place.
4. If the Acquittee is not released, pursuant to Virginia Code Section 19.2-182.10, within 60 days of resumption of custody, then before the expiration of one year from the date of this order, the Commissioner shall, in accordance with Virginia Code Section 19.2-182.5, provide a report evaluating the Acquittee's condition and recommending treatment.
5. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board supervising the Acquittee's conditional release, and the Commissioner of Department of Behavioral Health and Developmental Services.
6. In the event the Acquittee's presence is required at any hearing in this cause, the Court shall issue an Order to Transport, directing the Sheriff of _____, or his designee, to resume custody of and transport the Acquittee back to the jurisdiction of this Court.
7. This Court retains jurisdiction in this cause, and the Acquittee shall not be discharged or released from custody of the Commissioner without further Order of this Court.

cc: Commonwealth's Attorney
Acquittee's Attorney
Community Services Board
Commissioner of DBHDS
Attn: Forensic Section
P.O. Box 1797
Richmond, Va. 23218

ENTERED:

DATE

SIGNATURE OF JUDGE

NAME OF JUDGE

Model Order for Emergency Revocation

Virginia:
In the General District Court or Circuit Court of _____
Commonwealth of Virginia
VS._____ Case No: _____

NOT GUILTY BY REASON OF INSANITY – REVOCATION OF CONDITIONAL RELEASE

The Acquittee having been previously found not guilty by reason of insanity and later placed on conditional release, pursuant to Virginia Code Section 19.2-182.7, and the Court having held a hearing pursuant to Virginia Code Section **19.2-182.9** after receipt of an evaluation addressing factors pertaining to whether the Acquittee's conditional release should be revoked, hereby ORDERS AND ADJUDGES that:

1. The Court finds by a preponderance of the evidence that the Acquittee has violated the conditions of his / her release or is no longer a proper subject for conditional release based on application of the criteria for conditional release and requires inpatient hospitalization.
2. Pursuant to Virginia Code Section **19.2-182.9**, the Acquittee's conditional release is revoked and the Acquittee shall be returned to the custody of the Commissioner of the Department of Behavioral Health and Developmental Services.
3. Within 60 days of resumption of custody, if in the opinion of hospital staff treating the Acquittee, the Acquittee's condition improves to the degree that the Acquittee is an appropriate candidate for conditional release, he / she may be, with the approval of the Court, conditionally released as if revocation has not taken place.
4. If the Acquittee is not released, pursuant to Virginia Code Section 19.2-182.10, within 60 days of resumption of custody, then before the expiration of one year from the date of this order, the Commissioner shall, in accordance with Virginia Code Section 19.2-182.5, provide a report evaluating the Acquittee's condition and recommending treatment.
5. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board supervising the Acquittee's conditional release, and the Commissioner of Department of Behavioral Health and Developmental Services.
6. In the event the Acquittee's presence is required at any hearing in this cause, the Court shall issue an Order to Transport, directing the Sheriff of _____, or his designee, to resume custody of and transport the Acquittee back to the jurisdiction of this Court.
7. This Court retains jurisdiction in this cause, and the Acquittee shall not be discharged or released from custody of the Commissioner without further Order of this Court.

cc: Commonwealth's Attorney
Acquittee's Attorney
Community Services Board
Commissioner of DBHDS
Attn: Forensic Section
P.O. Box 1797
Richmond, Va. 23218

ENTERED:

DATE

SIGNATURE OF JUDGE

NAME OF JUDGE

Model Order for Modification of CRP

Virginia:
In the General District Court or Circuit Court of _____
Commonwealth of Virginia
VS._____ Case No: _____

NOT GUILTY BY REASON OF INSANITY –

HEARING REGARDING MODIFICATION OF CONDITIONS OF RELEASE

The Court having held a hearing pursuant to Virginia Code Section 19.2-182.11 regarding its proposed order of _____, 20___, hereby ORDERS AND ADJUDGES that

1. Pursuant to Virginia Code Section 19.2-182.11, the existing conditions of the Acquittee's release shall be modified as follows: (APPEND CONDITIONAL RELEASE PLAN)

2. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth for the committing jurisdiction, the attorney for the Commonwealth of the jurisdiction where the Acquittee is residing on conditional release, the supervising community services board, and the Commissioner of DBHDS.

3. This Court retains jurisdiction in this cause, and the Acquittee shall not be released from jurisdiction without further Order of this Court.

cc: Commonwealth's Attorney
Acquittee's Attorney
Community Services Board
Commissioner of DBHDS
Attn: Forensic Section
P.O. Box 1797
Richmond, Va. 23218

ENTERED:

DATE

SIGNATURE OF JUDGE

NAME OF JUDGE

Model Order for Removal of Conditions

Virginia:
In the General District Court or Circuit Court of _____
Commonwealth of Virginia
VS._____ Case No: _____

REMOVAL OF CONDITIONS OF RELEASE

The Court having held a hearing pursuant to Virginia Code Section 19.2-182.11 regarding its proposed order of _____, 20___, hereby ORDERS AND ADJUDGES that

1. Pursuant to Virginia Code Section 19.2-182.11, the existing conditions of the Acquittee's release shall be removed.
2. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth for the committing jurisdiction, the attorney for the jurisdiction where the Acquittee is residing on conditional release, the supervising community services board, and the Commissioner of DBHDS.
3. This Court no longer retains jurisdiction in this cause.

cc: Commonwealth's Attorney
Acquittee's Attorney
Community Services Board
Commissioner of DBHDS
Attn: Forensic Section
P.O. Box 1797
Richmond, Va. 23218

ENTERED:

DATE

SIGNATURE OF JUDGE

NAME OF JUDGE

Petition for Involuntary Treatment/TDO (For Emergency Revocations)

PETITION FOR INVOLUNTARY ADMISSION FOR TREATMENT

Commonwealth of Virginia
VA. CODE §§ 16.1-340; 16.1-340.1; 19.2-169.6; 19.2-182.9; 37.2-808 through 37.2-819

Temporary Detention Order No. .....
Case No. .....
Hearing Date and Time .....
[ ] General District Court
[ ] Juvenile and Domestic Relations District Court

..... CITY OR COUNTY

In re ..... NAME OF RESPONDENT ..... DATE OF BIRTH ..... GENDER

..... RESIDENCE ADDRESS ..... MAILING ADDRESS IF DIFFERENT

..... CITY ..... STATE ..... ZIP CODE ..... CITY ..... STATE ..... ZIP CODE

..... NAME AND ADDRESS OF CURRENT LOCATION OF RESPONDENT

..... NAME AND ADDRESS OF PARENT/GUARDIAN/LEGAL CUSTODIAN (IF RESPONDENT IS A JUVENILE)

..... NAME AND ADDRESS OF PARENT/GUARDIAN/LEGAL CUSTODIAN (IF RESPONDENT IS A JUVENILE)

..... NAME OF PETITIONER ..... PETITIONER'S RELATIONSHIP TO RESPONDENT

..... NAME OF AGENCY OR FACILITY OF PETITIONER (IF APPLICABLE) (.....) ..... FACSIMILE NUMBER

..... ADDRESS OF PETITIONER (.....) ..... TELEPHONE NUMBER

..... CITY ..... STATE ..... ZIP CODE (.....) ..... ALTERNATE TELEPHONE NUMBER

I, the undersigned petitioner, being a responsible person, hereby file this petition pursuant to Virginia Code

[ ] §§ 37.2-805 through 37.2-819 (Adult Cases Only) and state that the respondent is unwilling to volunteer or incapable of volunteering for hospitalization or treatment, has a mental illness and is in need of hospitalization or treatment, and that there exists a substantial likelihood that, as a result of mental illness, the respondent will, in the near future:

- [ ] cause serious physical harm to [ ] self [ ] others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or
- [ ] suffer serious harm due to respondent's lack of capacity to protect self from harm or to provide for respondent's own basic human needs

[ ] I further state, based upon personal knowledge, that ..... NAME OF PROPOSED ALTERNATIVE TRANSPORTATION PROVIDER meets the criteria of an alternative transportation provider set forth in § 37.2-808 or § 37.2-810, and request the magistrate to consider authorizing transportation of the respondent by this identified person, facility or agency as an alternative to transportation by a law enforcement agency.

[ ] The preadmission screening report has been prepared by the community services board and the report is attached.
[ ] An initial mandatory outpatient treatment plan has been prepared by the community services board and is attached.

[ ] This petition is filed pursuant to Virginia Code § 37.2-817(C) prior to the expiration of the involuntary admission order entered on ..... DATE, to continue such order, of which the respondent is the subject, for a period not to exceed 180 days.

[ ] This motion for mandatory outpatient treatment is filed pursuant to Virginia Code § 37.2-805 or § 37.2-817(C) as the respondent has been the subject of a temporary detention order and voluntarily admitted himself in accordance with § 37.2-814(B) or was involuntarily admitted pursuant to § 37.2-817(C), and on at least two previous occasions within 36 months preceding the date of the hearing, has been the subject of a temporary detention order and voluntarily admitted himself in accordance with § 37.2-814(B) or has been involuntarily admitted pursuant to § 37.2-817.

[ ] § 19.2-169.6 and as the person having custody over the respondent, who is an inmate, state that the inmate has a mental illness; there exists a substantial likelihood that, as a result of a mental illness, the inmate will, in the near future,

- [ ] cause serious physical harm to [ ] self [ ] others as evidenced by recent behavior causing, attempting, or threatening harm and any other relevant information, or
- [ ] suffers serious harm due to his lack of capacity to protect himself from harm as evidenced by recent behavior and any other relevant information;

and the inmate requires treatment in a hospital rather than a local correctional facility.

FORM DC-4001 (MASTER, PAGE ONE OF TWO) 07/15

Temporary Detention Order No. .....

Case No. .....

[ ] § 19.2-182.9 and state that the respondent, who is an acquittee on conditional release
[ ] has violated the conditions of the respondent's release, or
[ ] is no longer a proper subject for conditional release,
and the respondent requires inpatient hospitalization.

[ ] § 16.1-340 or § 16.1-340.1 (Juvenile Cases Only) and state that because of mental illness, the respondent, who is a juvenile:
[ ] presents a serious danger to [ ] self [ ] others to the extent that severe or irremediable injury is likely to result, as evidenced by recent acts or threats, or
[ ] is experiencing a serious deterioration of the ability to care for self in a developmentally age-appropriate manner, as evidenced by delusionary thinking or by a significant impairment of functioning in hydration, nutrition, self-protection, or self-control,
and the juvenile is in need of compulsory treatment for a mental illness and is reasonably likely to benefit from the proposed treatment.

[ ] The juvenile is currently detained in a detention home or shelter care facility by order of the
..... Juvenile and Domestic Relations District Court. To the extent known,
NAME OF COURT
the following charges against the juvenile are the basis of the detention in the detention home or shelter care facility:

.....
CHARGE

.....
CHARGE

[ ] See attached sheet for additional charges.

To the extent known, the names and addresses of the juvenile's parents are as follows:

.....
NAME OF MOTHER AND ADDRESS

.....
NAME OF FATHER AND ADDRESS

I request that the respondent be examined and accorded such assistance as provided by law. In support of this petition, I further state as follows:

.....

..... _____
DATE PETITIONER

The petitioner appeared this date before the undersigned and, upon being duly sworn, made oath that the facts stated in this petition are true based on the petitioner's knowledge.

..... _____
DATE [ ] JUDGE [ ] MAGISTRATE [ ] SPECIAL JUSTICE [ ] CLERK

FOR NOTARY PUBLIC'S USE ONLY:

State of ..... [ ] City [ ] County of .....

Acknowledged, subscribed and sworn to before me this ..... day of ....., 20 .....

by .....

..... _____
DATE NOTARY PUBLIC
Notary Registration No. ..... (My commission expires .....)

FORM DC-4001 (MASTER, PAGE TWO OF TWO) 07/13

Appendix J

Code of Virginia
Title 19.2. Criminal Procedure
Chapter 11. Proceedings on Question of Insanity

§ 19.2-169.5. Evaluation of sanity at the time of the offense; disclosure of evaluation results.

A. Raising issue of sanity at the time of offense; appointment of evaluators. -- If, at any time before trial, the court finds, upon hearing evidence or representations of counsel for the defendant, that there is probable cause to believe that the defendant's sanity will be a significant factor in his defense and that the defendant is financially unable to pay for expert assistance, the court shall appoint one or more qualified mental health experts to evaluate the defendant's sanity at the time of the offense and, where appropriate, to assist in the development of an insanity defense. Such mental health expert shall be (i) a psychiatrist, a clinical psychologist, or an individual with a doctorate degree in clinical psychology who has successfully completed forensic evaluation training as approved by the Commissioner of Behavioral Health and Developmental Services and (ii) qualified by specialized training and experience to perform forensic evaluations. The defendant shall not be entitled to a mental health expert of his own choosing or to funds to employ such expert.

B. Location of evaluation. -- The evaluation shall be performed on an outpatient basis, at a mental health facility or in jail, unless the court specifically finds that outpatient services are unavailable, or unless the results of the outpatient evaluation indicate that hospitalization of the defendant for further evaluation of his sanity at the time of the offense is necessary. If either finding is made, the court, under authority of this subsection, may order that the defendant be sent to a hospital designated by the Commissioner of Behavioral Health and Developmental Services as appropriate for evaluation of the defendant under criminal charge. The defendant shall be hospitalized for such time as the director of the hospital deems necessary to perform an adequate evaluation of the defendant's sanity at the time of the offense, but not to exceed 30 days from the date of admission to the hospital.

C. Provision of information to evaluator. -- The court shall require the party making the motion for the evaluation, and such other parties as the court deems appropriate, to provide to the evaluators appointed under subsection A any information relevant to the evaluation, including, but not limited to (i) copy of the warrant or indictment; (ii) the names and addresses of the attorney for the Commonwealth, the attorney for the defendant and the judge who appointed the expert; (iii) information pertaining to the alleged crime, including statements by the defendant made to the police and transcripts of preliminary hearings, if any; (iv) a summary of the reasons for the evaluation request; (v) any available psychiatric, psychological, medical or social records that are deemed relevant; and (vi) a copy of the defendant's criminal record, to the extent reasonably available.

D. The evaluators shall prepare a full report concerning the defendant's sanity at the time of the offense, including whether he may have had a significant mental disease or defect which rendered him insane at the time of the offense. The report shall be prepared within the time

period designated by the court, said period to include the time necessary to obtain and evaluate the information specified in subsection C.

E. E. Disclosure of evaluation results. -- The report described in subsection D shall be sent solely to the attorney for the defendant and shall be deemed to be protected by the lawyer-client privilege. However, the Commonwealth shall be given the report in all felony cases, the results of any other evaluation of the defendant's sanity at the time of the offense, and copies of psychiatric, psychological, medical, or other records obtained during the course of any such evaluation, after the attorney for the defendant gives notice of an intent to present psychiatric or psychological evidence pursuant to § 19.2-168.

F. F. In any case where the defendant obtains his own expert to evaluate the defendant's sanity at the time of the offense, the provisions of subsections D and E, relating to the disclosure of the evaluation results, shall apply.

1982, c. 653; 1986, c. 535; 1987, c. 439; 1996, cc. 937, 980; 2005, c. 428; 2009, cc. 813, 840.

§ 19.2-168. Notice to Commonwealth of intention to present evidence of insanity; continuance if notice not given.

In any case in which a person charged with a crime intends (i) to put in issue his sanity at the time of the crime charged and (ii) to present testimony of an expert to support his claim on this issue at his trial, he, or his counsel, shall give notice in writing to the attorney for the Commonwealth, at least 60 days prior to his trial, of his intention to present such evidence. However, if the period between indictment and trial is less than 120 days, the person or his counsel shall give such notice no later than 60 days following indictment. In the event that such notice is not given, and the person proffers such evidence at his trial as a defense, then the court may in its discretion, either allow the Commonwealth a continuance or, under appropriate circumstances, bar the defendant from presenting such evidence. The period of any such continuance shall not be counted for speedy trial purposes under § 19.2-243.

Code 1950, § 19.1-227.1; 1970, c. 336; 1975, c. 495; 1986, c. 535; 2008, c. 372.

§ 19.2-168.1. Evaluation on motion of the Commonwealth after notice.

A. If the attorney for the defendant gives notice pursuant to § 19.2-168, and the Commonwealth thereafter seeks an evaluation of the defendant's sanity at the time of the offense, the court shall appoint one or more qualified mental health experts to perform such an evaluation. The court shall order the defendant to submit to such an evaluation and advise the defendant on the record in court that a refusal to cooperate with the Commonwealth's expert could result in exclusion of the defendant's expert evidence. The qualification of the experts shall be governed by subsection A of § 19.2-169.5. The location of the evaluation shall be governed by subsection B of § 19.2-169.5. The attorney for the Commonwealth shall be responsible for providing the experts the information specified in subsection C of § 19.2-169.5. After performing their evaluation, the experts shall report their findings and opinions, and provide copies of

psychiatric, psychological, medical or other records obtained during the course of the evaluation to the attorneys for the Commonwealth and the defense.

B. If the court finds, after hearing evidence presented by the parties, that the defendant has refused to cooperate with an evaluation requested by the Commonwealth, it may admit evidence of such refusal or, in the discretion of the court, bar the defendant from presenting expert psychiatric or psychological evidence at trial on the issue of his sanity at the time of the offense.

1982, c. 653; 1986, c. 535.

Title 19.2. Criminal Procedure
Chapter 11.1. Disposition of Persons Acquitted by Reason of Insanity

§ 19.2-182.2. Verdict of acquittal by reason of insanity to state the fact; temporary custody and evaluation.

When the defense is insanity of the defendant at the time the offense was committed, the jurors shall be instructed, if they acquit him on that ground, to state the fact with their verdict. The court shall place the person so acquitted (the acquittee) in temporary custody of the Commissioner of Behavioral Health and Developmental Services (hereinafter referred to in this chapter as the Commissioner) for evaluation as to whether the acquittee may be released with or without conditions or requires commitment. The evaluation shall be conducted by (i) one psychiatrist and (ii) one clinical psychologist. The psychiatrist or clinical psychologist shall be skilled in the diagnosis of mental illness and intellectual disability and qualified by training and experience to perform such evaluations. The Commissioner shall appoint both evaluators, at least one of whom shall not be employed by the hospital in which the acquittee is primarily confined. The evaluators shall determine whether the acquittee currently has mental illness or intellectual disability and shall assess the acquittee and report on his condition and need for hospitalization with respect to the factors set forth in § 19.2-182.3. The evaluators shall conduct their examinations and report their findings separately within 45 days of the Commissioner's assumption of custody. Copies of the report shall be sent to the acquittee's attorney, the attorney for the Commonwealth for the jurisdiction where the person was acquitted and the community services board or behavioral health authority as designated by the Commissioner. If either evaluator recommends conditional release or release without conditions of the acquittee, the court shall extend the evaluation period to permit the hospital in which the acquittee is confined and the appropriate community services board or behavioral health authority to jointly prepare a conditional release or discharge plan, as applicable, prior to the hearing.

1991, c. 427; 1993, c. 295; 1996, cc. 937, 980; 2007, cc. 485, 565; 2009, cc. 813, 840; 2012, cc. 476, 507

§ 19.2-182.3. Commitment; civil proceedings.

Upon receipt of the evaluation report and, if applicable, a conditional release or discharge plan, the court shall schedule the matter for hearing on an expedited basis, giving the matter priority over other civil matters before the court, to determine the appropriate disposition of the acquittee. Except as otherwise ordered by the court, the attorney who represented the defendant at the criminal proceedings shall represent the acquittee through the proceedings pursuant to this section. The matter may be continued on motion of either party for good cause shown. The acquittee shall be provided with adequate notice of the hearing, of the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing. The hearing is a civil proceeding.

At the conclusion of the hearing, the court shall commit the acquittee if it finds that he has mental illness or intellectual disability and is in need of inpatient hospitalization. For the purposes of this chapter, mental illness includes any mental illness, as defined in § 37.2-100, in a state of remission when the illness may, with reasonable probability, become active. The decision of the court shall be based upon consideration of the following factors:

1. To what extent the acquittee has mental illness or intellectual disability, as those terms are defined in § 37.2-100;
2. The likelihood that the acquittee will engage in conduct presenting a substantial risk of bodily harm to other persons or to himself in the foreseeable future;
3. The likelihood that the acquittee can be adequately controlled with supervision and treatment on an outpatient basis; and
4. Such other factors as the court deems relevant.

If the court determines that an acquittee does not need inpatient hospitalization solely because of treatment or habilitation he is currently receiving, but the court is not persuaded that the acquittee will continue to receive such treatment or habilitation, it may commit him for inpatient hospitalization. The court shall order the acquittee released with conditions pursuant to §§ 19.2-182.7, 19.2-182.8, and 19.2-182.9 if it finds that he is not in need of inpatient hospitalization but that he meets the criteria for conditional release set forth in § 19.2-182.7. If the court finds that the acquittee does not need inpatient hospitalization nor does he meet the criteria for conditional release, it shall release him without conditions, provided the court has approved a discharge plan prepared by the appropriate community services board or behavioral health authority in consultation with the appropriate hospital staff.

1991, c. 427; 1993, c. 295; 2005, c. 716; 2012, cc. 476, 507.

§ 19.2-182.4. Confinement and treatment; interfacility transfers; out-of-hospital visits; notice of change in treatment.

A. Upon commitment of an acquittee for inpatient hospitalization, the Commissioner shall determine the appropriate placement for him, based on his clinical needs and security requirements. The Commissioner may make interfacility transfers and treatment and management decisions regarding acquittees in his custody without obtaining prior approval of or review by the committing court. If the Commissioner is of the opinion that a temporary visit

from the hospital would be therapeutic for the acquittee and that such visit would pose no substantial danger to others, the Commissioner may grant such visit not to exceed forty-eight hours.

B. The Commissioner shall give notice of the granting of an unescorted community visit to any victim of a felony offense against the person punishable by more than five years in prison that resulted in the charges on which the acquittee was acquitted or the next-of-kin of the victim at the last known address, provided the person seeking notice submits a written request for such notice to the Commissioner.

C. The Commissioner shall notify the attorney for the Commonwealth for the committing jurisdiction in writing of changes in an acquittee's course of treatment which will involve authorization for the acquittee to leave the grounds of the hospital in which he is confined.

1991, c. 427; 1993, c. 295; 2006, c. 358.

§ 19.2-182.5. Review of continuation of confinement hearing; procedure and reports; disposition.

A. The committing court shall conduct a hearing twelve months after the date of commitment to assess the need for inpatient hospitalization of each acquittee who is acquitted of a felony by reason of insanity. A hearing for assessment shall be conducted at yearly intervals for five years and at biennial intervals thereafter. The court shall schedule the matter for hearing as soon as possible after it becomes due, giving the matter priority over all pending matters before the court.

B. Prior to the hearing, the Commissioner shall provide to the court a report evaluating the acquittee's condition and recommending treatment, to be prepared by a psychiatrist or a psychologist. The psychologist who prepares the report shall be a clinical psychologist and any evaluating psychiatrist or clinical psychologist shall be skilled in the diagnosis of mental illness and qualified by training and experience to perform forensic evaluations. If the examiner recommends release or the acquittee requests release, the acquittee's condition and need for inpatient hospitalization shall be evaluated by a second person with such credentials who is not currently treating the acquittee. A copy of any report submitted pursuant to this subsection shall be sent to the attorney for the Commonwealth for the jurisdiction from which the acquittee was committed.

C. The acquittee shall be provided with adequate notice of the hearing, of the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing. Written notice of the hearing shall be provided to the attorney for the Commonwealth for the committing jurisdiction. The hearing is a civil proceeding.

According to the determination of the court following the hearing, and based upon the report and other evidence provided at the hearing, the court shall (i) release the acquittee from confinement if he does not need inpatient hospitalization and does not meet the criteria for conditional release set forth in § 19.2-182.7, provided the court has approved a discharge plan prepared jointly by the hospital staff and the appropriate community services board or

behavioral health authority; (ii) place the acquittee on conditional release if he meets the criteria for conditional release, and the court has approved a conditional release plan prepared jointly by the hospital staff and the appropriate community services board or behavioral health authority; or (iii) order that he remain in the custody of the Commissioner if he continues to require inpatient hospitalization based on consideration of the factors set forth in § 19.2-182.3.

D. An acquittee who is found not guilty of a misdemeanor by reason of insanity on or after July 1, 2002, shall remain in the custody of the Commissioner pursuant to this chapter for a period not to exceed one year from the date of acquittal. If, prior to or at the conclusion of one year, the Commissioner determines that the acquittee meets the criteria for conditional release or release without conditions pursuant to § 19.2-182.7, emergency custody pursuant to § 37.2-808, temporary detention pursuant to §§ 37.2-809 to 37.2-813, or involuntary commitment pursuant to Article 5 (§ 37.2-814 et seq.) of Chapter 8 of Title 37.2, he shall petition the committing court. Written notice of an acquittee's scheduled release shall be provided by the Commissioner to the attorney for the Commonwealth for the committing jurisdiction not less than thirty days prior to the scheduled release. The Commissioner's duty to file a petition upon such determination shall not preclude the ability of any other person meeting the requirements of § 37.2-808 to file the petition.

1991, c. 427; 1993, c. 295; 1996, cc. 937, 980; 2002, c. 750; 2007, cc. 485, 565.

§ 19.2-182.12. Representation of Commonwealth and acquittee.

The attorney for the Commonwealth shall represent the Commonwealth in all proceedings held pursuant to this chapter. The court shall appoint counsel for the acquittee unless the acquittee waives his right to counsel. The court shall consider appointment of the person who represented the acquittee at the last proceeding.

1991, c. 427; 1993, c. 295 .

§ 19.2-182.13. Authority of Commissioner; delegation to board; liability.

The Commissioner may delegate any of the duties and powers imposed on or granted to him by this chapter to an administrative board composed of persons with demonstrated expertise in such matters. The Department of Behavioral Health and Developmental Services shall assist the board in its administrative and technical duties. Members of the board shall exercise their powers and duties without compensation and shall be immune from personal liability while acting within the scope of their duties except for intentional misconduct.

1991, c. 427; 2009, cc. 813, 840.

§ 19.2-182.14. Escape of persons placed or committed; penalty.

Any person placed in the temporary custody of the Commissioner pursuant to § 19.2-182.2 or committed to the custody of the Commissioner pursuant to § 19.2-182.3 who escapes from such custody shall be guilty of a Class 6 felony.

1993, c. 295.

§ 19.2-182.6. Petition for release; conditional release hearing; notice; disposition.

A. The Commissioner may petition the committing court for conditional or unconditional release of the acquittee at any time he believes the acquittee no longer needs hospitalization. The petition shall be accompanied by a report of clinical findings supporting the petition with respect to the factors set forth in § 19.2-182.3 and by a conditional release or discharge plan, as applicable, prepared jointly by the hospital and the appropriate community services board or behavioral health authority. The acquittee may petition the committing court for release only once in each year in which no annual judicial review is required pursuant to § 19.2-182.5. The party petitioning for release shall transmit a copy of the petition to the attorney for the Commonwealth for the committing jurisdiction.

B. 1. When a petition for release is made by the acquittee, the court shall order the Commissioner to appoint two persons in the same manner as set forth in § 19.2-182.2 to assess and report on the acquittee's need for inpatient hospitalization by reviewing his condition with respect to the factors set forth in § 19.2-182.3. The evaluators shall conduct their evaluations and report their finding in accordance with the provisions of § 19.2-182.2, except that the evaluations shall be completed and findings reported within 45 days of issuance of the court's order for evaluation.

2. When a petition for release is made by the Commissioner no further evaluations of the acquittee shall be required unless otherwise deemed necessary by the court. If the court determines that further evaluation is necessary, the court shall order the Commissioner to appoint two persons in the same manner as set forth in § 19.2-182.2 to assess and report on the acquittee's need for inpatient hospitalization by reviewing his condition with respect to the factors set forth in § 19.2-182.3. The evaluators shall conduct their evaluations and report their finding in accordance with the provisions of § 19.2-182.2, except that the evaluations shall be completed and findings reported within 45 days of issuance of the court's order for evaluation.

The Commissioner shall give notice of the hearing to any victim of the act resulting in the charges on which the acquittee was acquitted or the next of kin of the victim at the last known address, provided the person submits a written request for such notification to the Commissioner.

C. Upon receipt of the reports of evaluation, the court shall conduct a hearing on the petition. The hearing shall be scheduled on an expedited basis and given priority over other civil matters before the court. The acquittee shall be provided with adequate notice of the hearing, of the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses. Written

notice of the hearing shall be provided to the attorney for the Commonwealth for the committing jurisdiction. The hearing is a civil proceeding.

At the conclusion of the hearing, based upon the report and other evidence provided at the hearing, the court shall order the acquittee (i) released from confinement if he does not need inpatient hospitalization and does not meet the criteria for conditional release set forth in § 19.2-182.3, provided the court has approved a discharge plan prepared jointly by the hospital and the appropriate community services board or behavioral health authority; (ii) placed on conditional release if he meets the criteria for such release as set forth in § 19.2-182.7, and the court has approved a conditional release plan prepared jointly by the hospital and the appropriate community services board or behavioral health authority; or (iii) retained in the custody of the Commissioner if he continues to require inpatient hospitalization based on consideration of the factors set forth in § 19.2-182.3.

D. Persons committed pursuant to this chapter shall be released only in accordance with the procedures set forth governing release and conditional release.

1991, c. 427; 1993, c. 295; 2007, cc. 485, 565, 785.

§ 19.2-182.7. Conditional release; criteria; conditions; reports.

At any time the court considers the acquittee's need for inpatient hospitalization pursuant to this chapter, it shall place the acquittee on conditional release if it finds that (i) based on consideration of the factors which the court must consider in its commitment decision, he does not need inpatient hospitalization but needs outpatient treatment or monitoring to prevent his condition from deteriorating to a degree that he would need inpatient hospitalization; (ii) appropriate outpatient supervision and treatment are reasonably available; (iii) there is significant reason to believe that the acquittee, if conditionally released, would comply with the conditions specified; and (iv) conditional release will not present an undue risk to public safety. The court shall subject a conditionally released acquittee to such orders and conditions it deems will best meet the acquittee's need for treatment and supervision and best serve the interests of justice and society.

The community services board or behavioral health authority as designated by the Commissioner shall implement the court's conditional release orders and shall submit written reports to the court on the acquittee's progress and adjustment in the community no less frequently than every six months. An aquittee's conditional release shall not be revoked solely because of his voluntary admission to a state hospital.

After a finding by the court that the acquittee has violated the conditions of his release but does not require inpatient hospitalization pursuant to § 19.2-182.8, the court may hold the acquittee in contempt of court for violation of the conditional release order.

1991, c. 427; 1999, cc. 700, 746; 2007, cc. 485, 565; 2008, c. 810.

§ 19.2-182.8. Revocation of conditional release.

If at any time the court that released an acquittee pursuant to § 19.2-182.7 finds reasonable ground to believe that an acquittee on conditional release (i) has violated the conditions of his release or is no longer a proper subject for conditional release based on application of the criteria for conditional release and (ii) requires inpatient hospitalization, it may order an evaluation of the acquittee by a psychiatrist or clinical psychologist, provided the psychiatrist or clinical psychologist is qualified by training and experience to perform forensic evaluations. If the court, based on the evaluation and after hearing evidence on the issue, finds by a preponderance of the evidence that an acquittee on conditional release (a) has violated the conditions of his release or is no longer a proper subject for conditional release based on application of the criteria for conditional release and (b) has mental illness or intellectual disability and requires inpatient hospitalization, the court may revoke the acquittee's conditional release and order him returned to the custody of the Commissioner.

At any hearing pursuant to this section, the acquittee shall be provided with adequate notice of the hearing, of the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing. The hearing shall be scheduled on an expedited basis and shall be given priority over other civil matters before the court. Written notice of the hearing shall be provided to the attorney for the Commonwealth for the committing jurisdiction. The hearing is a civil proceeding.

1991, c. 427; 1993, c. 295; 1996, cc. 937, 980; 2006, cc. 343, 369, 370; 2008, c. 810; 2012, cc. 476, 507.

§ 19.2-182.9. Emergency custody of conditionally released acquittee.

When exigent circumstances do not permit compliance with revocation procedures set forth in § 19.2-182.8, any district court judge or a special justice, as defined in § 37.2-100, or a magistrate may issue an emergency custody order, upon the sworn petition of any responsible person or upon his own motion based upon probable cause to believe that an acquittee on conditional release (i) has violated the conditions of his release or is no longer a proper subject for conditional release and (ii) requires inpatient hospitalization. The emergency custody order shall require the acquittee within his judicial district to be taken into custody and transported to a convenient location where a person designated by the community services board or behavioral health authority who is skilled in the diagnosis and treatment of mental illness shall evaluate such acquittee and assess his need for inpatient hospitalization. A law-enforcement officer who, based on his observation or the reliable reports of others, has probable cause to believe that any acquittee on conditional release has violated the conditions of his release and is no longer a proper subject for conditional release and requires emergency evaluation to assess the need for inpatient hospitalization, may take the acquittee into custody and transport him to an appropriate location to assess the need for hospitalization without prior judicial authorization. The evaluation shall be conducted immediately. The acquittee shall remain in custody until a temporary detention order is issued or until he is released, but in no event shall the period of custody exceed eight hours. If it appears from all evidence readily available (a) that the acquittee has violated the conditions of his release or is no longer a proper subject for conditional release and (b) that he requires emergency evaluation to assess the need for

inpatient hospitalization, the district court judge or a special justice, as defined in § 37.2-100, or magistrate, upon the advice of such person skilled in the diagnosis and treatment of mental illness, may issue a temporary detention order authorizing the executing officer to place the acquittee in an appropriate institution for a period not to exceed 72 hours prior to a hearing. If the 72-hour period terminates on a Saturday, Sunday, legal holiday, or day on which the court is lawfully closed, the acquittee may be detained until the next day which is not a Saturday, Sunday, legal holiday, or day on which the court is lawfully closed.

The committing court or any district court judge or a special justice, as defined in § 37.2-100, shall have jurisdiction to hear the matter. Prior to the hearing, the acquittee shall be examined by a psychiatrist or licensed clinical psychologist, provided the psychiatrist or clinical psychologist is skilled in the diagnosis of mental illness, who shall certify whether the person is in need of hospitalization. At the hearing the acquittee shall be provided with adequate notice of the hearing, of the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing. Following the hearing, if the court determines, based on a preponderance of the evidence presented at the hearing, that the acquittee (1) has violated the conditions of his release or is no longer a proper subject for conditional release and (2) has mental illness or intellectual disability and is in need of inpatient hospitalization, the court shall revoke the acquittee's conditional release and place him in the custody of the Commissioner.

When an acquittee on conditional release pursuant to this chapter is taken into emergency custody, detained, or hospitalized, such action shall be considered to have been taken pursuant to this section, notwithstanding the fact that his status as an insanity acquittee was not known at the time of custody, detention, or hospitalization. Detention or hospitalization of an acquittee pursuant to provisions of law other than those applicable to insanity acquittees pursuant to this chapter shall not render the detention or hospitalization invalid. If a person's status as an insanity acquittee on conditional release is not recognized at the time of emergency custody or detention, at the time his status as such is verified, the provisions applicable to such persons shall be applied and the court hearing the matter shall notify the committing court of the proceedings.

1991, c. 427; 1993, c. 295; 1996, cc. 937, 980; 2001, c. 837; 2005, c. 716; 2006, cc. 343, 370; 2008, c. 810; 2009, cc. 21, 838; 2012, cc. 476, 507; 2014, cc. 499, 538, 691, 761.

§ 19.2-182.10. Release of person whose conditional release was revoked.

If an acquittee is returned to the custody of the Commissioner for inpatient treatment pursuant to revocation proceedings, and his condition improves to the degree that, within 60 days of resumption of custody following the hearing, the acquittee, in the opinion of hospital staff treating the acquittee and the supervising community services board or behavioral health authority, is an appropriate candidate for conditional release, he may be, with the approval of the court, conditionally released as if revocation had not taken place. If treatment is required for longer than 60 days, the acquittee shall be returned to the custody of the Commissioner for a period of hospitalization and treatment which is governed by the provisions of this chapter applicable to committed acquittees.

1991, c. 427; 1993, c. 295; 2006, cc. 199, 225; 2007, cc. 485, 565.

§ 19.2-182.15. Escape of persons placed on conditional release; penalty.

Any person placed on conditional release pursuant to § 19.2-182.7 who leaves the Commonwealth without permission from the court which conditionally released the person shall be guilty of a Class 6 felony.

1993, c. 295 .

§ 19.2-182.11. Modification or removal of conditions; notice; objections; review.

A. The committing court may modify conditions of release or remove conditions placed on release pursuant to § 19.2-182.7, upon petition of the supervising community services board or behavioral health authority, the attorney for the Commonwealth, or the acquittee or upon its own motion based on reports of the supervising community services board or behavioral health authority. However, the acquittee may petition only annually commencing six months after the conditional release order is issued. Upon petition, the court shall require the supervising community services board or behavioral health authority to provide a report on the acquittee's progress while on conditional release.

B. As it deems appropriate based on the community services board's or behavioral health authority's report and any other evidence provided to it, the court may issue a proposed order for modification or removal of conditions. The court shall provide notice of the order, and their right to object to it within ten days of its issuance, to the acquittee, the supervising community services board or behavioral health authority and the attorney for the Commonwealth for the committing jurisdiction and for the jurisdiction where the acquittee is residing on conditional release. The proposed order shall become final if no objection is filed within ten days of its issuance. If an objection is so filed, the court shall conduct a hearing at which the acquittee, the attorney for the Commonwealth, and the supervising community services board or behavioral health authority have an opportunity to present evidence challenging the proposed order. At the conclusion of the hearing, the court shall issue an order specifying conditions of release or removing existing conditions of release.

1991, c. 427; 2007, cc. 485, 565.

Appendix K

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