



Mental Health and Addiction Services
Psychiatric Security Review Board

CONDITIONAL RELEASE MANUAL

February 2026

Table of Contents

Section 1: INTRODUCTION	4
1.1 PURPOSE OF THE CONDITIONAL RELEASE MANUAL	5
1.2 GENERAL TERMS	5
1.3 NOT GUILTY BY REASON OF MENTAL DISEASE OR DEFECT DEFENSE (Sometimes referred to as Insanity Defense)	6
1.4 PSYCHIATRIC SECURITY REVIEW BOARD	7
1.5 THE CONDITIONAL RELEASE SERVICE UNIT (CRSU)	8
Section 2: TRAINING	11
2.1 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES - PSYCHIATRIC SECURITY REVIEW BOARD BASIC TRAINING	12
Section 3: PLANNING AND IMPLEMENTING CONDITIONAL RELEASE	14
3.1 PSYCHIATRIC SECURITY REVIEW BOARD ACQUITTEE INFORMATION PACKET (also referred to as the “PSRB Acquittee Information Packet”)	15
3.2 CONDITIONAL RELEASE	16
3.3 CONDITIONAL RELEASE IMPLEMENTATION MEETING (MOD READING)	18
3.4 RULES AND CONDITIONS FOR ACQUITTEES IN THE COMMUNITY	19
3.5 COMMUNITY SUPPORT PLANS	20
Section 4: CONDITIONAL RELEASE SUPERVISORY FUNCTIONS	22
4.1 CONDITIONAL RELEASE SUPERVISOR	23
4.2 PROBATION SUPERVISION	26
4.3 TREATMENT PLAN	27
4.4 ALL PROVIDER MEETINGS	28
4.5 APPLICATION FOR MODIFICATION OF CONDITIONAL RELEASE	32
4.6 OUT-OF-STATE TRAVEL	34
Section 5: HEARINGS AND TESTIMONY	36
5.1 MANDATORY REVIEW OF STATUS HEARING	37
5.2 TESTIMONY BEFORE THE PSYCHIATRIC SECURITY REVIEW BOARD	37
Section 6: REPORTING	41
6.1 EMERGENCY REPORTING	42
6.2 QUARTERLY PROGRESS REPORT	44
6.3 SIX-MONTH REPORTS	45
Section 7: RE-HOSPITALIZATION	48
7.1 VOLUNTARY PSYCHIATRIC HOSPITALIZATION	49
7.2 INVOLUNTARY PSYCHIATRIC HOSPITALIZATION/REVOCATION OF CONDITIONAL RELEASE	50
Section 8: TREATMENT AND SERVICES	52
8.1 ASSESSMENT AND TREATMENT OF FAMILY ISSUES	53
8.2 COMPETENCE TO MAKE INFORMED MEDICAL DECISIONS	53
8.3 MEDICATION MONITORING	54
8.4 RANDOM OR PERIODIC TOXICOLOGY SCREENING	55
8.5 RESIDENTIAL SERVICES	56



8.6 SUBSTANCE ABUSE TREATMENT	58
Section 9: LEGAL INFORMATION.....	60
9.1 CONFIDENTIALITY	61
9.2 DISCLOSURE	62
9.3 VOCATIONAL SETTINGS: PLANNING, ASSESSMENT AND DISCLOSURE	63
Section 10: APPENDICES.....	67
Form 1: Conditional Release Application	68
Form 2: Conditional Release Application Community Provider Approval Form	84
Form 3: Community Support Plans	86
Sample 1: Memorandum of Decision (MOD) and Acknowledgement of Understanding and Acceptance of Conditional of Release by Acquittee	89
Samples 2-4: Modification of Conditional Release.....	99
Form 4: Request for Modification of Conditional Release	16
Form 5: Application for Out of State Travel	18
Sample 5: Quarterly Progress Report	23

Section 1: INTRODUCTION

1.1 PURPOSE OF THE CONDITIONAL RELEASE MANUAL

Acquittees on conditional release receive a substantial level of clinical intervention and public safety supervision and monitoring. This level of service meets public safety needs while providing the best clinical care necessary to foster and sustain recovery and community re-integration. The Conditional Release Program relies on coordinated participation of community service providers.

This manual was collaboratively developed by the Department of Mental Health and Addiction Services and the Psychiatric Security Review Board. It is designed to assist community service providers in understanding their duties as it relates to persons who are committed to the jurisdiction of the Psychiatric Security Review Board and who are on conditional release.

Although the manual is divided into sections covering each area of service, it is intended for use as a whole.

This manual will be updated on a regular basis as procedures and/or processes change, and as new information becomes available.

1.2 GENERAL TERMS

Acquittee: Any person who is found not guilty by reason of mental disease or defect pursuant to Section 53a-13 of the General Statutes and placed under the jurisdiction of the Psychiatric Security Review Board by the Court, or any person who was found not guilty by mental disease or defect, or guilty but not criminally responsible, pursuant to Section 53a-13 of the General Statutes and who, on July 1, 1985, was subject to Court supervision pursuant to Section 53a-47 of the General Statutes, whose commitment to the Psychiatric Security Review Board has not been legally terminated.

Community Service Provider: Person or agency designated by the Psychiatric Security Review Board to provide services or treatment to the acquittee while on conditional release.

Conditional Release: Supervision and treatment provided on an outpatient basis as designated and ordered by the Psychiatric Security Review Board. A conditionally released acquittee remains under the jurisdiction of the Psychiatric Security Review Board.

Conditional Release Order: Memorandum of Decision (MOD), which is a legal document that encompasses conditions for an acquittee to live in the community.

Conditional Release Supervisor: The person or agency designated by the Psychiatric Security Review Board to supervise and report to the Psychiatric Security Review Board on the progress of the acquittee and conformance by the acquittee to the conditional release plan.

Dynamic Risk Factors: Those factors about a person that increase the probability that the person will engage in dangerous behavior that can be mitigated by treatment or other types of intervention. Examples are psychiatric symptoms and substance abuse.

Expert Witness: A person whose knowledge is not usually held by the average individual, based on specialized training, whose testimony is based on special knowledge of a subject, or based on performance of a specialized evaluation. An expert witness is allowed to give opinion testimony.

Fact Witness: A person who can testify to what they saw or observed firsthand, such as behavior, diagnosis and treatment plan.

Memorandum of Decision (MOD): A legal document, drafted following any decision made by the PSRB which includes specific orders to be followed.

Static Risk Factors: Those factors about a person that cannot be altered. Examples are and history of violence or history of trauma.

Temporary Leave: Any period of time authorized by the Psychiatric Security Review Board pursuant to Section 17a-587 of the General Statutes, during which an acquittee is off the grounds of Whiting Forensic Hospital or Connecticut Valley Hospital for therapeutic purposes and is not necessarily accompanied by hospital staff.

Treatment Plan: Term used throughout the conditional release manual to include forms used by community service providers that provide for short- and long-term treatment goals and case management. May be named Individual Service Delivery Plan, Recovery Plan, Master Treatment Plan, Care Plan, etc.

1.3 NOT GUILTY BY REASON OF MENTAL DISEASE OR DEFECT DEFENSE (Sometimes referred to as Insanity Defense)

The Not Guilty by Reason of Mental Disease or Defect defense is deeply rooted in Western civilization's development of jurisprudence, in that persons not capable of knowing the difference between right and wrong at the time of the action, should not be held criminally culpable for their illegal actions. However, society maintains the right to ensure that such a person does not continue to engage in illegal behavior by providing treatment and supervision, which can result in their confinement and loss of liberty.

This philosophy is the basis for the Not Guilty by Reason of Mental Disease or Defect defense used in Connecticut today. Criminal defendants successful in receiving a Not Guilty by Reason of Mental Disease or Defect verdict are subject to commitment to the jurisdiction of the Psychiatric Security Review Board, but receive custody, care and treatment from the Department of Mental Health and Addiction Services, Department of Developmental Services or others.

The current statutory language provides that a Not Guilty by Reason of Mental Disease or Defect plea be an "affirmative defense". That means that a defendant is presumed to be sane at the time of the crime, unless they prove by a preponderance of the evidence that, at the time they committed the prescribed act(s), they lacked "substantial capacity" as a result of mental disease or defect, to (1) either appreciate the wrongfulness of their conduct or (2) to control their conduct within the requirements of law. The statute explicitly excludes the following conditions from the definition of mental disease or defect: 1) A mental disease or defect proximately caused by voluntary ingestion, inhalation or injection of drug or alcohol; 2) An abnormality manifested only by repeated criminal or otherwise antisocial conduct; and 3) Pathological or compulsive gambling.

1.4 PSYCHIATRIC SECURITY REVIEW BOARD

In 1985 the Connecticut General Assembly established the Psychiatric Security Review Board, an independent state agency charged with the statewide oversight and monitoring of an insanity acquittee/a person found Not Guilty by Reason of Mental Disease or Defect (an acquittee). The Psychiatric Security Review Board's authority is codified in Connecticut General Statutes, Sections 17a-580 through 17a-604.

The Psychiatric Security Review Board is composed of six members—a psychiatrist, a psychologist, a probation expert, an attorney, an expert in victim services or advocacy and a member of the community at large. All members are appointed by the Governor with the advice and consent of one house of the General Assembly.

The Psychiatric Security Review Board, through an adversarial administrative hearing procedure, determines the level of treatment and supervision required for an acquittee in order to ensure that the acquittee does not pose a danger to self or others. In order to fulfill this mandate, the Psychiatric Security Review Board, based on its legal findings on the danger that an acquittee poses due to their mental condition, has the authority to take the following actions on any case:

1. Order confinement of an acquittee to maximum security inpatient setting (Whiting Forensic Hospital)
2. Order confinement of an acquittee for inpatient treatment (usually placed at the Dutcher Service of Whiting Forensic Hospital)
3. Grant the hospital temporary leave authorization for a confined acquittee
4. Grant conditional release (a form of outpatient commitment) to an acquittee, and specify conditions the acquittee must follow while on conditional release
5. Revoke conditional release when an acquittee violates the conditions of their conditional release or has a deterioration in mental status to the extent that they are a danger to self or others in the community
6. Prepare reports to the Superior Court recommending whether an acquittee should be discharged or whether their commitment to the jurisdiction of the Psychiatric Security Review Board should be continued

As part of the monitoring of an acquittee, a forensic evaluation report must be filed every six months with the Psychiatric Security Review Board. The Psychiatric Security Review Board sends these reports to the state's attorney and the acquittee's attorney. In addition to six-month reports, the Psychiatric Security Review Board receives quarterly progress reports from the Conditional Release Supervisor when an acquittee is living in the community on conditional release. The Psychiatric Security Review Board may also order special or more frequent reports, or order special evaluations.

The Psychiatric Security Review Board is required to hold a hearing to review the status of an acquittee at least once every two years. Other hearings are held when an application is filed for a change in an acquittee's status. The hearings are contested administrative hearings. The State's interests are represented by the State's Attorney of the Judicial District where the criminal trial was held. The acquittee is represented by counsel, and Psychiatric Security Review Board hearings cannot proceed without counsel's representation. If the acquittees are indigent, they will be represented by the Office of the Public Defender. The victim(s) of the acquittee's offense receive notification of the Psychiatric Security Review Board hearings and may appear to make a victim impact statement or mail in a written statement.

The Psychiatric Security Review Board ensures that acquittees who are acquitted of certain sex offenses are placed on the state sex offender registry, as required by “Megan’s Law”. The Psychiatric Security Review Board ensures that all acquittees are placed on the Department of Public Safety Firearm Database.

Psychiatric Security Review Board

Address: 505 Hudson Street, 1st Floor
Hartford, CT 06106

Telephone: 860-566-1441

Fax: 860-566-1425

24 hour answering service: 1-888-586-8756

Contacts: Vanessa Cardella, LCSW, Executive Director
e-mail: Vanessa.Cardella@ct.gov

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e-mail: Jeff.Granata@ct.gov

Website: <https://portal.ct.gov/PSRB>

1.5 THE CONDITIONAL RELEASE SERVICE UNIT (CRSU)

Definition: The Conditional Release Service Unit is part of the Department of Mental Health and Addiction Services, Division of Forensic Services. It serves as a link between the Psychiatric Security Review Board and Local Mental Health Authorities/agencies providing mental health and forensic services to acquittees on conditional release.

Functions: To provide services that include:

1. Representing the Commissioner of the Department of Mental Health and Addiction Services and under the direction of the Assistant Director of Forensic Services, in monitoring the services to individuals on conditional release and temporary leave to ensure compliance with relevant statutes and regulation.
2. Reports to the Psychiatric Security Review Board:
 - a. Reporting to the Psychiatric Security Review Board of any violation of the conditional release order, any deterioration in mental status, noncompliance with supervision requirements by community service providers or any treatment noncompliance. This reporting responsibility exists concurrent with an identical reporting obligation of all community service providers.
 - b. Preparation of special reports to the Psychiatric Security Review Board, as necessary
3. Forensic Training Services

- a. Collaboration with the Psychiatric Security Review Board on scheduling and developing statewide training(s) to ensure that community providers understand the obligations when providing services to an acquittee.
 - b. Development of training on forensic issues to enhance the overall level of expertise and competence of community providers in serving forensic clients.
4. Forensic/Mental Health Consultation
 - a. Interface with community service providers during an acquittee's temporary leave.
 - b. Consultation to community service providers regarding emergency reporting procedures and emergency interventions.
 - c. Review of requests for modification of conditional release order.
 - d. Ongoing consultation to Conditional Release Supervisors on such issues as development and review of treatment plans, risk management issues, Psychiatric Security Review Board regulations, and Department of Mental Health and Addiction Services policies to ensure compliance with treatment and statutory requirements.
 - e. Intervenes on issues concerning barriers to appropriate level of care and treatment in the community.
 5. Development of Department of Mental Health and Addiction Services Procedures for the Provision of Services to Acquittes.
 6. Quality Assurance Management
 - a. Convenes Temporary Leave and Conditional Release Supervisors throughout the year and at quarterly meetings, to help standardize the delivery of services provided by DMHAS, DMHAS funded and private non-profit agencies and ensure staff keep current with PSRB regulations and reporting requirements.
 - b. Consults with the PSRB regarding changes and improvements in reporting documents, policies and delivery of services to acquittes.

Process: The preparation and implementation of these functions include:

1. Ongoing contacts with the Psychiatric Security Review Board, Whiting Forensic Hospital, the acquittee's community service providers and others, in order to collect legal, psychosocial and clinical information.
2. Ongoing communication and consultation with Conditional Release Supervisors including:
 - a. Receipt of verbal and written emergency reports that have been provided to the Psychiatric Security Review Board by community service providers.
 - b. Receipt of any request for modification of the memorandum of decision prior to submission to the Psychiatric Security Review Board.
 - c. Receipt of Progress Reports and relevant data pertaining to an acquittee's treatment or compliance with PSRB mandates.
 - d. Attendance at Psychiatric Security Review Board hearings and All Provider Meetings.
 - e. Receipt of requests for training and consultation.

Address: DMHAS-Conditional Release Service Unit
Division of Forensic Services
Russell Hall, 2nd floor
P.O. Box 351
Middletown, CT 06457

Contact: Sue Yousefi-Hoang, LCSW
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Section 2: TRAINING



2.1 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES - PSYCHIATRIC SECURITY REVIEW BOARD BASIC TRAINING

Definition: A mandatory 2.5 hour training session (currently offered virtually on Microsoft Teams) is required for all agency staff who provide community based forensic treatment and services to Psychiatric Security Review Board acquittees.

Purpose: To familiarize community service providers with the Psychiatric Security Review Board, and to pursue the objective that, at the conclusion of this training, participants will be able to:

1. Understand the administrative, clinical and legal obligations and responsibilities of community service providers when providing services to an acquittee.
2. Understand the history and development of the Psychiatric Security Review Board in Connecticut.
 - a. Elements and use of the Not Guilty by Reason of Mental Disease or Defect defense, structure and mandate of the Psychiatric Security Review Board, and characteristics of the acquittee population in Connecticut.
3. Understand the administrative and legal structures that govern the Psychiatric Security Review Board in Connecticut.
4. Differentiate between the functions of Department of Mental Health and Addiction Services and the Psychiatric Security Review Board in relation to public safety and the care, custody and treatment of an acquittee.
5. Understand the progression of an acquittee from maximum security to a less restrictive hospitalization to temporary leave, conditional release, and discharge from the Psychiatric Security Review Board.
 - a. Treatment stages and their goals, the role of Department of Mental Health and Addiction Services in collaboration with the Psychiatric Security Review Board, and function of the Conditional Release Service Unit.

Process/Preparation

1. Each community service provider must receive Department of Mental Health and Addiction Services - Psychiatric Security Review Board Basic Training before an acquittee is placed on conditional release with that community service provider.
2. It is the responsibility of the Conditional Release Supervisor to verify that all staff and agencies in need of training receive and submit a completed Registration Form (found on the website) to the PSRB, Program Coordinator and attend the training.
3. It is the responsibility of the supervising agency to maintain updated lists of the community service providers and staff who: 1) have received training; 2) are in need of training; and 3) are scheduled to receive training.
4. The PSRB is responsible for maintaining a log of the attendees for each training session.

Frequently Asked Questions

1. How often does Department of Mental Health and Addiction Services—Psychiatric Security Review Board Basic Training occur?

Monthly. See website for training dates and registration form.

<https://portal.ct.gov/psrb/training/training/training>

2. How often do community service providers have to attend Department of Mental Health and Addiction Services—Psychiatric Security Review Board Basic Training?

Once; however, many providers benefit from a refresher every three to four years.



Section 3: PLANNING AND IMPLEMENTING CONDITIONAL RELEASE



3.1 PSYCHIATRIC SECURITY REVIEW BOARD ACQUITTEE INFORMATION PACKET (also referred to as the “PSRB Acquittee Information Packet”)

Contents of the PSRB Acquittee Information Packet

PSRB Acquittee Information Packets shall contain the documents/information listed below. The documents shall be available to all community providers and maintained in the acquittee’s chart.

I. History

1. The initial Whiting Forensic Hospital (WFH) “Admission Psychosocial History and Assessment.”
2. The most recent “Annual Update Psychosocial History and Assessment.”
3. The most recent Annual Psychiatric Assessment.
4. The WFH discharge Summary (when it becomes available after the acquittee’s discharge from WFH).

II. Index Crime

1. All psychiatric or psychological evaluation reports conducted by defense or prosecution experts before/around the time of the person’s original trial for the crime(s) for which they were found not guilty by reason of mental disease or defect and committed to the jurisdiction of the PSRB.
2. The WFH 17a-582, 60-day evaluation report (previously known as the 45-day evaluation report) to the Superior Court. (This is the evaluation report that is completed after the Superior Court has been found the person not guilty by reason of mental disease or defect, but before they have been committed by the court to the jurisdiction of the PSRB.)

III. WFH Reports to the PSRB

1. All mandatory, 17a-586 (six-month) reports—and any interim monthly or three-month reports—submitted to the PSRB in the last two (2) years.
2. Applications for Temporary Leave and the special, 17a-587 reports submitted with the TL applications that have been submitted in the last two (2) years.
3. All special reports submitted to the PSRB regarding any significant incidents (e.g., arrests, serious assaults/violence, AWOL/escape, positive drug/alcohol screening results, etc.

IV. PSRB MODs (Memorandums of Decision)

1. All MODs issued by the PSRB in the last 2-3 years.

V. Assessments

1. All psychological or neuropsychological assessment reports completed by WFH.
2. Assessment/consultation reports conducted by outside experts at the request of WFH (e.g., psychiatric, psychological, psychosexual, neuropsychological, neurological, risk assessment, psychopharmacological, etc.).
3. Assessment/consultation reports conducted by outside experts at the request of the PSRB, the State’s Attorney, or the Public Defender/acquittee’s private attorney (e.g.,

psychological, psychiatric, neuropsychological, neurological, psychosexual, risk assessment, etc.).

VI. Medical History

1. A list of all current prescribed medications and special medical treatments (or a copy of the current Physician's Order Sheets—if legible).
2. The most recent WFH “Medical History and Physical Examination.”
3. The most recent “Immunization, Serologies and Tuberculosis Tests” form.
4. All consultation reports by outside medical consultants regarding *significant* ongoing medical problems.

Frequently Asked Questions

When should community service providers obtain the Psychiatric Security Review Board Referral Packet and why is it important for them to become familiar with its content?

1. Involved community services providers should get the initial PSRB Acquittee Information Packet when it is agreed by Whiting Forensic Hospital and community service providers to begin discussing and planning for the first temporary leave. As the process continues and new community service providers are added during the planning for conditional release, they shall also be given a copy of the packet. Updated information shall be provided to all parties by the hospital. This information is essential for risk assessment, risk management and the provision of clinical services.
2. For acquittees who have not had temporary leaves and go straight to conditional release, the PSRB Acquittee Information Packet is provided early in the conditional release discussion and planning process.

3.2 CONDITIONAL RELEASE

Definition: Placement of an acquittee in the community with requirements for their treatment and supervision. Conditional release is ordered when an acquittee no longer requires confinement in an inpatient setting; and treatment and supervision in the community is determined by the Psychiatric Security Review Board to be adequate to prevent an acquittee from being dangerous. Conditional release is similar to probation or parole and is a form of outpatient commitment in Connecticut.

Purpose: To provide treatment and supervision in the community under such conditions that an acquittee committed to the Board will not pose a danger to self or others.

Preparation: Prior to conditional release, an acquittee typically begins the transition process through the use of temporary leave. This includes temporary leaves that start in small increments, such as day visits with family or community outings with community service providers. Temporary leaves culminate in a transitional temporary leave, which has the acquittee living in the community seven days per week and returning to Whiting Forensic Hospital once per week for clinical assessment. Transitional temporary leave allows Whiting Forensic Hospital and community service providers to assess an acquittee's adjustment to community living and determine when an acquittee is clinically ready for conditional release.

Once it is determined by the Whiting Forensic Hospital treatment team and the identified community service providers that an acquittee would not pose a danger to self or others if conditionally released under certain conditions of treatment and supervision, the hospital and community service providers develop a conditional release plan and submit a Conditional Release Application to the Psychiatric Security Review Board.

1. The Whiting Forensic Hospital provides their recommendations for clinical needs, structured activities, supervision and monitoring that they deem necessary for an acquittee's safe transition to conditional release. Community service providers should present their assessment of needs to the Whiting Forensic Hospital treatment team, as well as questions about progresses and accomplishments in the management of static and dynamic risk factors through the different stages of hospitalization. Community service providers should present any concerns they may have in regard to management of risk in the community, access and availability of services and resources in the community.

Together, Whiting Forensic Hospital and community service providers develop a comprehensive plan that may include the following:

- a. Conditional release supervision.
 - b. Residential plan.
 - c. Mental health treatment plan.
 - d. Visits to the acquittee's residence.
 - e. Substance abuse treatment.
 - f. Screenings for drug and alcohol use.
 - g. Primary health care provider.
 - h. Vocational or educational plans.
 - i. Leisure time activities.
 - j. Internet access.
 - k. Marital and family situation.
 - l. Sources of income.
 - m. Whether the person has a conservator.
 - n. Out-of-state travel.
 - o. Emergency plans.
 - p. Six-month reporter.
 - q. Other special conditions that are deemed necessary for a safe transition to the community.
2. Any disagreement between the community and the hospital will be worked out as the conditional release plan is being developed. If there is an impasse, the Whiting Forensic Hospital treatment team and community service providers should discuss the issues with the Consulting Forensic Psychiatrist who is following the acquittee's case. If after discussion with the Consulting Forensic Psychiatrist there continues to be disagreement, the treatment team and community service providers may request that the issue(s) be brought to the Department of Mental Health and Addiction Services, Conditional Release Service Unit. This process is flexible and depends on the case and the issues involved.
 3. After the plan is developed, the Executive Director of each community agency named in the application shall be given a copy of the completed application and will have to complete and sign a Conditional Release Application Community Provider Approval Form, stating specifically what services the agency is committed to provide, as indicated in the Conditional Release Application.
 4. When the Conditional Release Application is complete with all necessary signatures and Conditional Release Application Community Provider Approval Forms, the hospital shall

submit the application, the Approval Forms and the required written clinical report to the Psychiatric Security Review Board.

5. Once the Conditional Release Application is received, the Psychiatric Security Review Board shall schedule a hearing within 30-60 days.
6. At the time of the hearing, typically Whiting Forensic Hospital and the Consulting Forensic Psychiatrist of Department of Mental Health and Addiction Services will provide testimony regarding the application; however, key community service providers are expected to be at the hearing to answer any questions or to provide testimony about their programs and the services that their programs will provide. Community service providers should utilize the Conditional Release Service Unit for consultation on issues related to risk management, treatment, and testimony preparation.
 - r. The Psychiatric Security Review Board will issue a written Order in the form of a Memorandum of Decision within 25 days of a decision. The Psychiatric Security Review Board will send out the finalized Memorandum of Decision to the acquittee, attorneys and all community service providers named in the application, as well as conservator(s) and victim(s). The board may add additional conditions including probation, prohibited contact, restrictions on movement and operating a motor vehicle.

Frequently Asked Questions

When should community service providers start attending the treatment team meetings at the Dutcher Service, and why?

As soon as possible after the catchment area has been designated. Early community involvement, even if infrequent, fosters hope and motivation for recovery. It is very important to build early familiarity with the case, follow the acquittee's progress and anticipate the needs for future community resources, interventions and supervision in the community.

3.3 CONDITIONAL RELEASE IMPLEMENTATION MEETING (MOD READING)

Definition: A meeting that takes place between Whiting Forensic Hospital, a representative of the Psychiatric Security Review Board, a representative of the Conditional Release Service Unit, community service providers, and the acquittee to review the Memorandum of Decision ordering their conditional release.

Purpose

1. To review the order with the acquittee and community service providers so all persons understand the conditions under which the acquittee is being released and the community service providers' responsibility to the acquittee and the Psychiatric Security Review Board.
2. To have the acquittee sign the acknowledgement of their understanding and acceptance of the terms of their conditional release.

Process: Once Whiting Forensic Hospital receives a copy of the Memorandum of Decision issued by the Psychiatric Security Review Board ordering conditional release, the Unit Director or designee shall arrange a meeting among the following participants:

1. The acquittee.

2. The Conditional Release Service Unit.
3. Agencies specified in the conditional release order, including the conditional release supervisor.
4. Any other person deemed necessary for the proper implementation of the conditional release order.
5. The Psychiatric Security Review Board.

At the meeting, the Unit Director or designee shall read the conditional release order. A Psychiatric Security Review Board representative shall be present to clarify any conditions or answer any questions regarding the conditional release order. Once the conditional release order is read, the acquittee shall sign the signature page stating their understanding and acceptance of the conditions of their release. A representative of Whiting Forensic Hospital shall sign that they witnessed the acquittee's signature. The Psychiatric Security Review Board representative shall also sign the signature page attached to the Memorandum of Decision. The Psychiatric Security Review Board representative shall give the Conditional Release Supervisor or designee a copy of the Quarterly Progress Report Form and have him or her sign the acknowledgment, as well as give the due date of the first report. The first All Provider Meeting for one month following the acquittee's discharge should be scheduled.

Frequently Asked Questions

If there is only one representative of each agency providing community services present at the Conditional Release Implementation Meeting, how do other community service providers become familiar with the conditional release order?

It is the responsibility of each agency representative present at the meeting to meet with other community service providers to review the conditional release order with them and provide them with education regarding its mandates and how they apply it to their area(s) of care. It is the responsibility of the Conditional Release Supervisor to verify that all community service providers are familiar with the conditional release order and how it applies to their respective area(s) of care.

3.4 RULES AND CONDITIONS FOR ACQUITTEES IN THE COMMUNITY

Definition: The requirements established by the Psychiatric Security Review Board and outlined in the conditional release order of an acquittee placed in the community.

Purpose: To facilitate the risk management of an acquittee placed in the community. To document mandated guidelines for acquittee and community providers to adhere to.

Process/Preparation: There are certain rules for acquittees to follow when living in the community on conditional release, which include but are not limited to:

1. Following all conditions outlined in the conditional release order.
2. No alcohol or cannabis consumption whether or not an acquittee has a history of substance abuse. An acquittee cannot enter any establishment where the primary purpose of that establishment is the sale of alcohol or cannabis. An acquittee can enter a restaurant or grocery store that sells alcohol.
3. No illicit use of drugs and no unapproved use of over-the-counter drugs. An acquittee cannot take a medication unless they have a written prescription, approval of their doctor, or

approval by a designated community service provider. This is to ensure that all community service providers are aware of medication(s) taken in case the medication(s): 1) adversely affect drug screens; 2) are contraindicated with medication(s) they are taking; or 3) are contraindicated for medical conditions.

4. Acquittes under the Psychiatric Security Review Board may not possess, own, or have access to any weapons. This includes offensive or defensive (such as pepper spray) weapons.
5. Acquittes cannot gamble, which includes government-sponsored lotteries. They cannot enter any casino grounds without written permission from the Psychiatric Security Review Board.
6. Acquittes cannot travel out of the state of Connecticut without written permission of the Psychiatric Security Review Board.
7. There may be specific individuals or a class of individuals that an acquittee may be prohibited from having contact, which will be identified in their conditional release order. An acquittee cannot have contact with convicted felons outside of treatment modalities or a job site without permission and assessment by their conditional Release Supervisor. An acquittee cannot have ongoing contact with persons actively using substances outside of treatment modalities.
8. Acquittes may be restricted from entering certain towns.
9. Acquittes must abide by all rules and regulations of the community programs in which they are participating.

There are also certain requirements for community service providers who provide services to acquittes. These include, but are not limited to:

1. Following all requirements for the provision of services as outlined in the conditional release order.
2. Reporting to the Psychiatric Security Review Board and the Conditional Release Service Unit, as required by the conditional release order and Department of Mental Health and Addiction Services regulations and policies.
3. Monitoring and supervising an acquittee's compliance with their conditional release order.
4. Providing treatment that focuses on an acquittee's individual risk factors for relapse, reengagement in violent behavior, or clinical deterioration.

3.5 COMMUNITY SUPPORT PLANS

Definition: A form that incorporates personal identifying information, history and contacts and other relevant information that is developed for all conditional release acquittes to be used in case of an emergency.

Purpose: To facilitate voluntary or involuntary hospital admissions, and emergency protocols and reporting to the Psychiatric Security Review Board and Conditional Release Service Unit. (See Appendix Form 3).

Process/Preparation: The form should be completed at the time of Conditional Release Application is granted and should be updated quarterly.

After the Conditional Release Application has been granted by the Psychiatric Security Review Board, and the acquittee has been discharged from Whiting Forensic Hospital, the Conditional Release Supervisor is responsible for the update of the form and provide a copy to the CRSU and the PSRB. The form must be shared with all treatment providers.



Section 4: CONDITIONAL RELEASE SUPERVISORY FUNCTIONS

4.1 CONDITIONAL RELEASE SUPERVISOR

Definitions: The agency or person designated by the Psychiatric Security Review Board to supervise and report to the Psychiatric Security Review Board on the progress of the acquittee and conformance by the acquittee to the conditional release order.

The agency or person so designated shall assume supervision of the acquittee pursuant to Psychiatric Security Review Board direction. The Office of Adult Probation, a Local Mental Health Authority, a mental health agency or Department of Developmental Services may be designated as a Conditional Release Supervisor.

Purpose: To facilitate risk management by having one identified individual or agency responsible for the monitoring of an acquittee's compliance with their conditional release order and development of a community risk management plan.

Functions: The agency designated to provide the Conditional Release Supervisor function shall:

1. Designate an experienced staff member to provide conditional release supervisory services.
2. Allocate resources and manage workload in light of required task(s).
3. Provide backup and interim coverage by staff who are knowledgeable with regard to the agency's responsibility.
4. Consider whether there are conflicts of roles with the staff who perform both therapeutic and monitoring functions.
5. Provide clinical and administrative supervision and support.
6. Maintenance of forensic records.

Conditional Release Supervisors are responsible for the following:

I. MONITORING AND CLINICAL RISK ASSESSMENT

1. Ensuring that community service providers understand the history, risk factors and clinical picture of an acquittee. This necessitates that the conditional release supervisor:
 - a. Review the forensic packet and the medical record.
 - b. Be actively involved in the preparation/planning of temporary leaves and conditional release.
 - c. Attend Psychiatric Security Review Board hearings.
 - d. Participate in the development and review of treatment plan(s).
 - e. Consult with the Conditional Release Service Unit on treatment plan(s) as necessary.
 - f. Verify that the forensic components inherent to the status of commitment and history of each acquittee be reflected in their treatment plan.
 - g. Facilitate the coordination of treatment and monitoring, as well as the circulation of information, among community service providers.
2. Monitoring of an acquittee's compliance with treatment and the conditional release order. This is accomplished through the implementation of monitoring activities that include:
 - a. Supervision meetings with the acquittee, as outlined in the conditional release order.
 - b. Coordination and chairing of All Provider Meetings.

- c. Pre-approving visits/transportation as outlined in the MOD. May require proof of valid driver's license and review of the Connecticut Judicial Branch Website for pending charges/convictions.
 - d. Receive reports of significant changes in psychosocial circumstances, contacts with police, contacts with victim(s) or other prohibited contact(s), medical appointments, prescription of any medications, missed meeting(s) or appointment(s), difficulty arranging transportation to stipulated activities or interest in a modification of their conditional release order.
 - e. Receive reports from all community service providers of any change, including interim coverage, in staff providing services to an acquittee, compliance by the acquittee with the conditions of their conditional release order or program rules and any changes in treatment needs, medications, or diagnosis.
3. Monitoring of an acquittee's response to their course of treatment, risk management interventions, adjustment to life demands, life circumstances and changes in treatment and supervision needs. This is accomplished by:
 - a. Implementation of the above-noted activities.
 - b. Conditional Release Supervisor involvement in the development and review of an acquittee's treatment plan.
 4. Consultation with the Conditional Release Service Unit on matters, including unresolved issues in the planning process of conditional release, prospective organizational changes or treatment plan(s).

II. REPORTING

1. Routine reporting to the Psychiatric Security Review Board. This includes (*please also see section 6.1 for Emergency Reporting*):
 - a. Preparation and timely submission of Quarterly Progress Reports to the Psychiatric Security Review Board.
 - b. Preparation for the provision of all community service providers' input and collateral data for the six-month reports.
2. Emergency reporting to the Psychiatric Security Review Board.
 - a. If there is a medical emergency or imminent physical threat, please call 911/Police per agency protocol and then the PSRB.
 - b. If the client needs a clinical assessment, contact the LMHA mobile response team
 - c. The Conditional Release (CR) Supervisor should be contacted immediately. The CR Supervisor will update the Conditional Release Service Unit (CRSU). If you cannot reach the CR Supervisor, leave a message and contact the CRSU at 860-936-1752 to update.
 - d. The PSRB should also be contacted by calling 860-566-1441 to update or report the incident.

Normal business hours: Monday-Friday 8:00 am-4:30 pm.

After Business Hours: Monday-Friday 4:30 pm-8:00 am, & 24/7 weekends/holidays:

1. For after-hours emergencies please contact the PSRB answering services at **1-888-586-8756** which pages the Executive Director at PSRB or a designee. The PSRB representative will decipher if the matter requires a return to WFH or just an update with follow up from the treatment team at the next business day.
2. Please contact the LMHA on call provider per agency policy.
3. Please update the CRSU at 860-936-1752 at the next business day.

Examples regarding the immediate reporting to the Psychiatric Security Review Board include the following:

1. Violation of an acquittee's conditional release order (MOD).
2. Any deterioration in mental status.
3. Refusal of or missed psychotropic medications.
4. Noncompliance with supervision requirements or service provisions by community service providers.
5. Any treatment noncompliance.
6. Any change in level of risk.
7. Positive screening for alcohol or illicit drug(s).

III. TRAINING

- A. Ensuring that community service providers understand Psychiatric Security Review Board rules, emergency reporting protocol and agency mandate. This necessitates that the Conditional Release Supervisor contact the Psychiatric Security Review Board for clarification of its rules as needed, and the Conditional Release Supervisor and other community service providers participate in the Department of Mental Health and Addiction Services - Psychiatric Security Review Board Basic Training and workshops, and review the conditional release order on a routine basis.
 1. During the preparation of the Conditional Release Application, the Conditional Release Supervisor is actively involved in the process of securing Conditional Release Community Provider Approval Forms from the Executive Directors of those community agencies.
 2. The Conditional Release Supervisor maintains frequent contacts with other community service providers and ensures that they have developed an adequate appreciation of internal protocols and availability of resources and services.
- B. Ensuring that the community service providers understand Department of Mental Health and Addiction Services policies and procedures as they apply to the provision of services to an acquittee on conditional release. This necessitates that the conditional release supervisor:
 1. Participate in forensic trainings.
 2. Participate in appropriate workshops.
 3. Receive supervision within the agency.
 4. Consult with the Conditional Release Service Unit.
- C. Providing the Conditional Release Service Unit with ongoing information regarding the needs for Department of Mental Health and Addiction Services—Psychiatric Security Review Board Basic Training among community service providers.

IV. APPLICATIONS

- A. Submission of Application for Modification of Conditional Release and Out-of-State Travel requests to the Psychiatric Security Review Board (*See Section 4.5, Application for Modification of Conditional Release and Section 4.6, Out-of-State Travel*).

V. TESTIMONY

- A. Provision of testimony at Psychiatric Security Review Board hearings, as required. (*See Section 5.2, Testimony Before the Psychiatric Security Review Board*).

Frequently Asked Questions

Is the conditional release supervisor the one who does all emergency reporting to the Psychiatric Security Review Board and the Conditional Release Service Unit?

No. The Psychiatric Security Review Board expects that whoever observes a violation or deterioration in mental status should report to the Psychiatric Security Review Board. The person providing the initial report may not be the person doing the follow up reporting and should call the supervising agency/conditional release supervisor as soon as possible.

4.2 PROBATION SUPERVISION

Definition: Supervision and monitoring by the Court Support Service Division (Office of Adult Probation) provided at a level deemed necessary by that office and the Psychiatric Security Review Board. The Psychiatric Security Review Board may designate the Office of Adult Probation as a Conditional Release Supervisor.

Purpose: To facilitate risk management by providing public safety oriented supervision and monitoring.

Process

1. During the planning for conditional release, The PSRB will determine whether an acquittee requires probation supervision. Probation supervision can be used as the conditional release supervisor role and/or can be utilized for additional monitoring and/or as a supervisory tool.
2. If determined by the PSRB, after obtaining the written consent of the acquittee, the hospital shall make a referral to the Office of Adult Probation providing that office with the Psychiatric Security Review Board referral packet.
3. The Office of Adult Probation shall notify Whiting Forensic Hospital and the Psychiatric Security Review Board whether it determines that probation supervision of the acquittee is appropriate and, if so, whether any conditions are recommended.
4. After the conditional release hearing, the Psychiatric Security Review Board will make a decision as to the level of probation supervision required for monitoring and supervision (the Psychiatric Security Review Board can order probation supervision whether or not it is recommended by Whiting Forensic Hospital, the Office of Adult Probation or other community service providers). If the Psychiatric Security Review Board determines that probation supervision is required, they will order such and may order the level at which

probation needs to provide that monitoring and supervision. Typically, the Psychiatric Security Review Board allows the Office of Adult Probation to determine the level of intervention necessary.

5. If the Psychiatric Security Review Board determines that the Office of Adult Probation should be the designated Conditional Release Supervisor, it will be specified in the conditional release order. The Office of Adult Probation will then be responsible for the monitoring and supervision of the acquittee and with providing the Psychiatric Security Review Board with the Quarterly Progress Report. When designated as a Conditional Release Supervisor, the Office of Adult Probation will rely on community service providers to assist in obtaining the necessary information to submit the Quarterly Progress Report. Community service providers will be designated in the conditional release order and will have a monitoring and supervising responsibility. Community service providers are expected to report to the Psychiatric Security Review Board any reportable incidents such as violations of the conditional release order or deterioration in mental status. When the Office of Adult Probation is named as the Conditional Release Supervisor, community service providers should also report this to the Office of Adult Probation as well as the Conditional Release Service Unit.
6. Community service providers should develop a relationship with the Office of Adult Probation (whether the probation officer is the Conditional Release Supervisor or not), as the probation officer may observe behavioral changes/differences from a supervisory/monitoring perspective and have expertise in doing random drug and alcohol screens and searches. The Office of Adult Probation should be invited to All Provider Meetings and should be considered an integral part of the community service provider team.

4.3 TREATMENT PLAN

Definition: An individualized plan developed in collaboration with the community service providers, the conditional release supervisor and the acquittee that promotes recovery and community reintegration by addressing the acquittee's social, mental health, substance abuse needs in the context of an effective risk management plan.

Purpose: To identify the following:

1. The clinical needs of an acquittee.
2. The risk factors for dangerous behavior and protective factors.
3. The specific needs and individual characteristics of an acquittee.
4. The needs that are common to the acquittee population.
5. Clinical interventions and public safety supervision and monitoring techniques to mitigate risk factors, enhance protective factors, promote relapse prevention, and meet clinical needs.
6. All clinical and monitoring services being provided to an acquittee by all community service providers.
7. The individual or agency providing the planned services.
8. The clinical and legal obligations and responsibilities of community service providers.

Process/Preparation

1. Treatment planning is an ongoing, continuous process. Community service providers should begin the process of developing treatment plans that include an individualized risk management plan as an acquittee participates in treatment and services in preparation for conditional release.
2. The initial treatment plan should be developed in conjunction with the conditional release planning process (*See Section 3.2, Conditional Release*). The treatment plan should identify specific clinical and risk management issues, and the corresponding interventions to address these issues, as well as short-term and long-term goals and objectives of those interventions.
3. The treatment plan should be reviewed and updated according to agency protocols.
4. The treatment plan should include the compilation of the treatment/service plans of all community service providers.

Frequently Asked Questions

1. Since the conditional release order includes stipulations regarding monitoring and treatment, would it be possible to use this document in lieu of a treatment plan?

No. The conditional release order only identifies mandated services and does not address the clinical issues to be addressed in the provision of these services. For example, the clinical issues and risk management issues to be addressed in individual therapy need to be specifically delineated along with the designation of short term and long term goals in a treatment plan.

2. Can I develop a treatment plan that includes an individualized risk management plan utilizing my agency's current treatment plan or is there a special treatment plan form to follow?

Yes, you may use the agency's form. The Conditional Release Service Unit can be utilized for consultation on integrating forensic issues and risk management plans into the agency treatment planning form.

4.4 ALL PROVIDER MEETINGS

Definition: A community based or virtual (using Microsoft Teams) meeting of the acquittee, involved community service providers, six-month reporters, representatives of the Psychiatric Security Review Board (PSRB), and the Conditional Release Service Unit (CRSU). A representative from the acquittee's defense team should be invited. This meeting is to be scheduled at least quarterly.

Purpose: To maintain safe and effective treatment of acquittees on conditional release through:

1. Ongoing assessment of risk management issues, treatment, compliance with conditions of the treatment plan and conditional release order and review of forensic issues.
2. Coordination of community provided services.
3. Monitoring of compliance with service delivery as stipulated by the conditional release order.
4. Discussion of any proposals for modifications of the treatment plan and conditional release order.

5. Review of reporting requirements.

Procedure: The CRSU will send the Team's invite to the PSRB and CR Supervisor who will then forward to all parties. The meeting is divided in two parts. The first part will include the representative from the PSRB, who will receive an update from the Conditional Release Supervisor and other community providers. The PSRB representative will address any questions they have and leave the meeting. The second part of the meeting will include the acquittee and a legal representative. Discussion about modifications, discharge from the board, acquittee's future goals, and more specific treatment related issues should be discussed during this part of the meeting.

The Conditional Release Supervisor is responsible for the following preparatory steps to the meeting:

1. Development of an agenda for the meeting.
2. Determination of a location and time for the meeting if in person.
3. Notification of the time and place of the meeting, with at least a week's notice to all attendees, including forwarding the Microsoft Team invites to all parties.
4. Obtaining relevant information from parties who cannot attend.
5. Preparing the acquittee for the meeting (i.e., reviewing agenda, asking for acquittee's input on agenda).

The Conditional Release Supervisor chairs the All Provider Meeting, and is responsible for the implementation of the protocol:

1. Distribution of the agenda.
2. Circulation of a sign-in sheet if in person.
3. Brief update by each community service provider on the acquittee's compliance and progress in their recovery.
4. Discussion regarding any proposed modifications of conditional release (during the second part of the meeting), clinical issues, risk management issues, and treatment plan.
5. Presentation by the acquittee of any item they have scheduled on the agenda.
6. Review of the conditional release order in the presence of the acquittee, as needed.
7. Update of the Emergency Plan for Acquittees on Conditional Release as needed.
8. Scheduling of the next meeting.

The Conditional Release Supervisor is also responsible for:

1. Bringing the acquittee's chart and treatment plan, as well as relevant clinical material, and a copy of the most recent MOD to the meeting.
2. Determining on clinical or administrative grounds, when the acquittee should be present during the meeting and for implementing this decision.
3. Documenting the meeting in the acquittee's chart and in the Quarterly Progress Report to the Psychiatric Security Review Board.

Frequently Asked Questions

1. How do you prepare the acquittee for the All Provider Meeting?

By discussing the upcoming agenda, asking for the acquittee's input into the agenda and their future goals. Whether or not the acquittee is planning on inviting their legal advocate or another individual to the meeting.

2. What is the role of the acquittee at the All Provider Meeting?

The second half of All Provider Meeting is a forum for the acquittee to be heard regarding forensic and treatment issues. The acquittee's role is to ask any questions regarding their treatment, conditional release order or other issues, bring their concerns to the table and comment on any community service providers' presentation of their adjustment in the community.

3. Does the All Provider Meeting differ from a Treatment Plan Review Meeting?

Yes. A treatment plan review meeting is established on a schedule for purely clinical reasons. The nature and function of a treatment plan review meeting may be a standard of Joint Commission on Accreditation of Healthcare Organizations (JCAHO) practice or any other accrediting body. The All Provider Meeting can occur at any time and be scheduled for any clinical, administrative or forensic reason. Certain recommendations can overlap and be incorporated in the treatment plan review meeting and All Provider Meeting.

4. Who should attend?

The goal is to have all significant community service providers (include the probation officer if one is assigned to the case) for the acquittee and the acquittee attend on a regular basis.

5. Can the acquittee invite any individuals (family members, legal counsel) that they want?

Yes. The acquittee should be encouraged to do so based on issues being discussed.

6. How long should an All Provider Meeting last?

No longer than one hour. It is the responsibility of the Conditional Release Supervisor to chair the meeting and to provide updates to any community providers who were unable to attend.

EXAMPLE

ALL PROVIDER MEETING AGENDA

ACQUITTEE NAME:

DATE:

1. Conditional Release Supervisor Update
 - a. Presentation of agenda
 - b. Brief update of course of treatment/recovery since the last All Provider Meeting with identification of changes, progresses and challenges in areas including:
 - i. Acquittee's compliance with treatment, community service providers' recommendations, stipulations of the conditional release order
 - ii. Risk management issues
 - iii. Adjustment to psychosocial stressors
 - iv. Engagement in treatment
 - v. Ability to communicate with, report to, and ask for assistance from community service providers
 - vi. Provision of services by the agency
2. Psychiatric update
3. Medical update
4. Therapy update
5. Alcohol/Substance Abuse Treatment update
6. Residential update
7. Vocational update
8. Family issues/dynamics update
9. Social, recreational and educational updates
10. Presentation by the acquittee of any agenda item they may have
11. Other agenda items for the second part of the meeting: request for modification, preparation for discharge, etc.
12. Wrap-up by the conditional release supervisor
 - a. Review/Update of Emergency Plan for Acquittees on Conditional Release as needed
 - b. Scheduling of next All Provider Meeting

4.5 APPLICATION FOR MODIFICATION OF CONDITIONAL RELEASE

Definition: A request made in writing to the Psychiatric Security Review Board to modify the conditions of an acquittee's conditional release by adding, changing, or discontinuing conditions in their conditional release order.

Purpose: To address changes in the clinical and risk management needs of an acquittee by changing conditions of release.

Procedure: Community service providers determine that the clinical and risk management needs of an acquittee have changed. For instance, an acquittee may become eligible for a less restrictive residency program, an increase in the self-administration of their medications, or a change from a day treatment program to a vocational/rehabilitation program. Probation supervision may no longer be needed, increased frequency for decreased monitoring or supervision may be needed. The Conditional Release Supervisor is responsible for coordinating the process of requesting a modification by identifying that:

1. The acquittee's needs have changed.
2. The acquittee's current conditional release order does not contain conditions to address the newly identified needs.
3. Clinical benefits are expected to occur through this modification.
4. The acquittee is clinically and functionally ready for the modification.
5. Based on the acquittee's history, and risk management considerations, the requested change would not have a negative impact on the level of risks.
6. The modification includes interventions allowing for monitoring of the acquittee's adjustment to the modification.
7. The acquittee's other community service providers support the modification.

By practice, when community service providers request a modification, the Conditional Release supervisor is responsible for filing an Application for Modification of Conditional Release addressed to the Psychiatric Security Review Board; however, any community service provider may file an application. In order to facilitate the review of the evidence by the Psychiatric Security Review Board, the application should include:

1. A detailed and clear description of the modification, including preparatory steps.
2. Support for the clinical appropriateness of the modification and proposed schedule for implementation, if granted.
3. Expected clinical benefits.
4. Indicators of acquittee's readiness, and impact on risk factors and risk management.
5. In addition, the application may require accompanying letters or reports of support, or that it be co-signed by community service providers.

The Psychiatric Security Review Board will hold a hearing on the application for modification not sooner than 30 days and no later than 60 days of the receipt of the application, which can be a contested hearing or a stipulated hearing. The associated MOD is drafted 25 calendar days following the hearing. The process is as follows:

1. The Psychiatric Security Review Board receives the application for modification of conditional release and sends a copy of the application to the state's attorney and acquittee's counsel.
2. The state's attorney and acquittee's counsel review the materials and have 14 days to decide whether they require testimony presented on the application, using a form sent to them by the Psychiatric Security Review Board.
3. The Psychiatric Security Review Board can also decide to hold a contested hearing.

If a contested hearing is held, the acquittee's Conditional Release Supervisor and other community service providers may be required to testify. If a stipulated hearing is held, the Psychiatric Security Review Board relies on the administrative record to make its decision. When a decision is made, the Psychiatric Security Review Board will issue a Memorandum of Decision granting the modification of conditional release in whole or part or denying the modification of conditional release. The Psychiatric Security Review Board can make its own changes to an acquittee's conditional release order.

Frequently Asked Questions

1. What is the role of the Conditional Release Service Unit in this process?

The Conditional Release Service Unit, including the Six Month reporters are available for consultation and will review the application to determine its sufficiency before it is sent to the Psychiatric Security Review Board. A copy of the application sent to the Psychiatric Security Review Board should also be sent to the Conditional Release Service Unit.

2. Can the Psychiatric Security Review Board grant a temporary implementation of a modification before the hearing?

Yes. When necessary for public safety, the Chair of the Psychiatric Security Review Board can grant an emergency modification of conditional release pending review and approval of the full Psychiatric Security Review Board.

3. Should an Application for Modification of Conditional Release be discussed during the All Provider Meeting?

Yes. This Should be discussed in the second part of the meeting. It provides all persons and agencies involved in treating and supervising the acquittee with the opportunity to be aware of, and to comment on the proposed modification once it has been submitted.

4. What happens when a consensus regarding the appropriateness or the formulation of the request cannot be reached among community service providers?

The Conditional Release Supervisor will make every effort to assist the community providers in addressing all their concerns regarding a proposed modification. If a consensus cannot be reached, the Conditional Release Supervisor will consult with the Conditional Release Service Unit to determine whether the request for modification should nevertheless be sent to the Psychiatric Security Review Board; in which case, the Conditional Release Supervisor will present the application as such, and inform the

dissenting community service providers that they will be required to testify regarding their opinion.

5. What happens when an acquittee wants to apply for a modification that is not supported by the community service providers?

The acquittee should be directed to their legal counsel. The acquittee has the right to file an Application for Modification of Conditional Release through their legal counsel.

6. Should all requests for modification be presented in writing?

Yes.

7. In addition to the Conditional Release Supervisor and the acquittee, who can apply for a modification?

Any individual or agency named in the acquittee's conditional release order, state's attorney, legal counsel, and the Psychiatric Security Review Board.

4.6 OUT-OF-STATE TRAVEL

Definition: Special permission granted to a conditionally released acquittee by the Psychiatric Security Review Board to allow an acquittee to travel out of the State of Connecticut under specific conditions when it is deemed clinically appropriate, beneficial to the acquittee's treatment/rehabilitation, and not a public safety risk.

Purpose

1. To allow conditionally released acquittees to attend recreational or treatment activities out of the state of Connecticut with community service providers, family or friends.
2. To allow conditionally released acquittees to travel out of the state of Connecticut for employment purposes.
3. To allow the conditionally released acquittee to visit/vacation out of the state and to participate in major family events, such as weddings and funerals.

Process/Preparation

1. The acquittee will notify their Conditional Release Supervisor in advance of the time that they want to travel. The conditional release supervisor will complete the Out-of-State Travel Form, which includes but is not limited to the following information:
 - a. Purpose of travel.
 - b. Destination.
 - c. Dates of travel.
 - d. Time of travel.
 - e. Mode of transportation.
 - f. Recommendations for call-ins.
 - g. Supervision while out of state.
 - h. Conditional release order monitoring.

- i. The Conditional Release Supervisor shall submit the completed form to the Psychiatric Security Review Board at least four weeks in advance of the proposed travel to allow time for scheduling on the Psychiatric Security Review Board meeting agenda.
- ii. If the request is for a one-time travel, the Psychiatric Security Review Board may hold a contested hearing, or, typically, will handle the application at a Board Conference.
- iii. If the request is for ongoing travel out of the state for recreational purposes, employment or other reasons, it will require a modification of conditional release which may be handled at a stipulated hearing if neither the state's attorney nor the acquittee's attorney object to the request and do not require testimony presented on the matter, or the Psychiatric Security Review Board may require a contested hearing regardless of the attorneys' opinions.
- iv. The Psychiatric Security Review Board will issue and send its written decision within 25 days of a decision being rendered to all named parties and the acquittee.
- v. The Conditional Release Supervisor will document the use of the out-of-state privilege in the Quarterly Progress Report.

Frequently Asked Questions

1. In addition to the Out-of-State Travel Form, what information may be included in the application?

Any relevant information which may aid the Psychiatric Security Review Board in determining if the request is clinically appropriate, beneficial and not a public safety risk. For instance, the report has been reviewed and supported by community service providers and the acquittee is clinically/functionally prepared. This travel would be clinically beneficial to the acquittee. There have been preparatory contacts with the family members that the acquittee wishes to visit; family members are willing to abide by the conditions of the conditional release order (i.e., with regards to access to weapons, alcohol, etc.).

2. If a community agency has regular out-of-state day recreational trips, does the agency have to put in an out-of-state leave request for each trip?

No. An out-of-state travel form is required only for overnight trips in the community or in the event that the acquittee will be out-of-state in excess of 18 hours in duration, unless out of state travel is otherwise specifically restricted in the acquittee's Memorandum of Decision.

Section 5: HEARINGS AND TESTIMONY

5.1 MANDATORY REVIEW OF STATUS HEARING

Definition: A review of the status of each acquittee no less than every two years at a contested hearing. Contested hearings require testimony from witnesses. A stipulated hearing does not require testimony.

Purpose:

1. To allow the Psychiatric Security Review Board to make legal decisions regarding the mental condition of an acquittee and to make a determination regarding discharge, confinement or conditional release.
2. To allow all parties the opportunity to present evidence on the mental status of an acquittee and the level of treatment, supervision or custody required to ensure that an acquittee does not pose a danger to self or others.
3. The PSRB currently offers a hybrid model, using Zoom, and in-person hearings in Page Hall at the campus of Connecticut Valley Hospital. A link to the link to the hearings is provided to the witnesses prior to the hearing. It is strongly recommended that witnesses provide testimony in person.

Process/Preparation: When an acquittee is on conditional release, community service providers- in particular- the Conditional Release Supervisor, will be required to testify as to the acquittee's mental status and course of treatment. The six-month reporter will also be required to testify regarding the acquittee's status as it relates to remaining on conditional release. The PSRB will notify witnesses if testimony is requested.

In preparing for a mandatory review of status hearing, a thorough review of the record for the course of treatment should be conducted with emphasis on the period of time since the last hearing. Testimony preparation should include a review of the transcript from the previous Mandatory Review hearing. Conditional Release Supervisors and other community service providers should utilize the Conditional Release Service Unit for preparation and review of testimony. The CRSU will arrange a testimony prep meeting which will include the Six-Month Reporters, Conditional Release Supervisor, and other witnesses, as deemed appropriate. Testimonies before the Psychiatric Security Review Board should be clear, concise and address the issue(s) before the Psychiatric Security Review Board.

5.2 TESTIMONY BEFORE THE PSYCHIATRIC SECURITY REVIEW BOARD

Definition: A description of events, behaviors, treatment data, etc. that is presented at a Psychiatric Security Review Board hearing regarding the issue under consideration. Testimony will be required by community service providers for current issues regarding mandatory review of status, conditional release, modification of conditional release, out of state travel, or revocation of conditional release.

Purpose: To provide pertinent information that will allow the Psychiatric Security Review Board to make legal decisions regarding the issue(s) before it, keeping in mind that the Psychiatric Security Review Board's primary concern is public safety and well-being of the acquittee.

Process/Preparation

1. Community service providers will be notified by the PSRB. They are considered fact witnesses, and are expected to provide testimony on the following:
 - a. The acquittee's case with whom they've been working with.
 - b. Acquittee's behavior, as witnessed or documented in the record.
 - c. Course of treatment.
 - d. Behavior and significant events.
 - e. Psychiatric diagnosis and medications.
 - f. Programs and services the acquittee is receiving.
 - g. Clinical treatment recommendations.
 - h. Risk assessment and risk management plans.
2. In preparing testimony before the Psychiatric Security Review Board, community service providers should:
 - a. Be aware of the matters before the Psychiatric Security Review Board at the time of the hearing.
 - b. Develop recommendations in regards to any issues at the time of the hearing.
 - c. Have sources and data to support recommendations.
 - d. Review the records.
 - e. Have recently interviewed the acquittee.
 - f. Write out testimony or outline (i.e., speech preparation).
 - g. Consult with the Conditional Release Service Unit.
 - h. Practice, time, and rehearse testimony.
3. Steps for preparation should include, but not be limited to:
 - a. Knowledge of the themes. What are the issues?
 - b. What are your conclusions?
 - c. A list of any interviews you have conducted.
 - d. A list of the records that have been reviewed.
 - e. A list of the experts that have been consulted.
 - f. Think about direct or cross-examination question(s) that may be asked and the evidence on which to base answer(s) to these questions.
 - g. Make sure you are qualified to discuss the issues in your testimony.
 - h. Arrive early in order to prepare.
 - i. Observe hearings before providing testimony.
 - j. Review past transcripts to find out the questions usually asked by certain parties.
 - k. Research questions previously asked by Psychiatric Security Review Board members or staff.
4. During direct testimony, the following should be considered and addressed, if applicable, to your relationship with the acquittee:
 - a. State your name, position and relationship to the case.
 - b. The period of time that is being reviewed and discussed.

- c. Matters being addressed.
 - d. Psychiatric diagnosis and any changes during the reporting period.
 - e. Medication(s) and change(s) during the reporting period.
 - f. Summary of course of treatment.
 - g. Summary of treatment progress and deficits - give concrete examples.
 - h. Summary of behavior(s) - give concrete examples.
 - i. Current mental status.
 - j. Risk factors and status of the acquittee's current management.
 - k. If there is an application pending:
 - i. Explain request.
 - ii. Explain clinical rationale for request.
 - iii. Give opinion on the issue of dangerousness in regards to the application.
 - l. Conclusion
 - i. Summary.
 - ii. Clinical opinion on the issue(s) at hand.
5. "Dos and Don'ts" of Direct Testimony
- a. Speak up so you can be heard.
 - b. Do not shrug or nod, always give a verbal answer-hearings are being transcribed.
 - c. Be polite.
 - d. Avoid answering compound questions, make the questioner split the question.
 - e. Do not answer a question with a question unless asking for clarification.
 - f. Do not look for traps in every question, do not second guess.
 - g. Fight signs of exasperation, boredom, fatigue.
 - h. Avoid words like "honestly," "truthfully," "candidly".
 - i. Always answer with a simple "yes" or "no" - if an explanation is needed you will be asked.
 - j. Address the Psychiatric Security Review Board when testifying.
 - k. Use humor with caution, if at all, it is easily subject to misunderstanding.
 - l. Speak slowly and clearly.
 - m. Use language that lay persons understand, be prepared to explain technical terms or jargon.
 - n. Speak with confidence.
 - o. Do not argue with the Psychiatric Security Review Board members or attorneys.
 - p. Dress appropriately.
 - q. Do not make off-the-record comments to the Psychiatric Security Review Board or other party.
6. After direct testimony there will be an opportunity for cross-examination. Cross-examination is a part of any adversarial proceeding. Keep the following in mind during cross-examination:
- a. Questions are not designed to trap you.
 - b. Questions are needed for the record and to seek the facts.
 - c. If needed, ask for clarification before answering.

- d. As a fact witness All your answers should be based on hard data.
- e. Do the best you can in answering a question, keeping in mind that you may not have an answer. If you do not have the information to do so—do not guess/speculate.
- f. If you do not know the answer say “I do not know”.
- g. Take your time answering, think before you speak.

7. “Dos and Don’ts” for Cross Examination

- a. Show respect for the question.
- b. Never argue a legal point.
- c. If you do not understand the question, ask for it to be repeated.
- d. Look for opportunities to repeat previous testimony.
- e. Do not rush to answer, wait for the question to be finished.
- f. Do not be defensive.
- g. Answer honestly.
- h. Anticipate questions.
- i. Answer “yes” or “no”.
- j. When giving an explanation, begin with “yes” or “no” or “although” or “while”.

8. Objections—What To Do

When an attorney objects to a question asked, immediately stop speaking and wait for the PSRB Chairperson to rule on the objection. If the PSRB Chairperson agrees with the objection they will sustain it and the question will not be allowed. If the PSRB Chairperson disagrees with the objection, they will overrule it and the witness will be instructed to answer the question.

Section 6: REPORTING



6.1 EMERGENCY REPORTING

Definition: Reporting violations of the conditional release order, deteriorations in mental status, increase in level of risk, or changes in services to be provided to the Psychiatric Security Review Board and the CRSU.

Purpose: To allow the Psychiatric Security Review Board to make legal decisions to ensure public safety based on the reports provided as to the danger an acquittee poses to themselves or the community.

Process/Preparation: All community service providers must immediately report to the Psychiatric Security Review Board:

1. Violation of the conditional release order (MOD).
2. Psychotropic medication noncompliance.
3. Deterioration in mental status.
4. Positive toxicology screen for alcohol or drugs.
5. Possession or access to any weapons.
6. Violation of the law.
7. Change in level of services that are provided.

Community service providers must report any violation or mental status deterioration to the PSRB. A risk evaluation should be conducted by the agency (using the current clinical team or mobile crisis team). If the client can be safely maintained in the community, every effort must be made to offer additional support to the client, i.e. increase visits, mobile crisis outreach, and medication change.

When making emergency reports to the Psychiatric Security Review Board, proceed as follows:

1. During regular business hours, call the Psychiatric Security Review Board at 860-566-1441.
2. Inform the person answering the telephone that you are calling to make an emergency report on the acquittee, and you will be connected with the appropriate staff person.
3. DO NOT LEAVE A VOICE MESSAGE - If you get voicemail, call the answering service.
4. During non-business hours, call the Psychiatric Security Review 1-888-586-8756.

When contacting the Psychiatric Security Review Board or the answering service, inform the person answering the phone of following:

- a. Acquittee's name.
- b. Your name.
- c. Your agency's name.
- d. A telephone number where you can be reached.

When presenting an emergency report to the Psychiatric Security Review Board, provide the following information:

- a. Issue being reported.
- b. Recommendation for intervention.

- c. Plans for the assessment of the acquittee by a licensed professional.

If the caller will not be doing the assessment, provide the name and telephone number of the agency or person who will be doing the assessment and the follow-up communication with the Psychiatric Security Review Board.

Report back to the Psychiatric Security Review Board on results of the assessment and any recommendations for intervention.

Attempt to maintain custody of the acquittee until the Psychiatric Security Review Board makes a disposition. If unsafe to maintain custody, contact police.

Psychiatric Security Review Board staff will contact the Chairperson of the PSRB (or designee) for a determination of the level of intervention required.

- a. Psychiatric Security Review Board staff will contact the community service provider to give the Chairperson's disposition.
- b. A Psychiatric Security Review Board decision overrides any clinical plan recommended but is not intended to interfere with the acquittee receiving proper medical and psychiatric treatment in the event of an emergency.
- c. The community service provider is to implement all Psychiatric Security Review Board decisions promptly.

Frequently Asked Questions

1. The conditional release order says that any emergency reporting be made IMMEDIATELY. I am a residential counselor, and, according to our agency's protocol, I am supposed to report the incident to my supervisor first, who is responsible for reporting to the Psychiatric Security Review Board. How can I resolve this conflict?

The Psychiatric Security Review Board's state law requires that the report be made as soon as possible after the violation or deterioration is observed. It is essential that any discrepancy/conflict between the reporting stipulations and the agency's protocol be identified and resolved before providing services to an acquittee on conditional release. It is the Conditional Release Supervisor's responsibility to verify this before the conditional release is implemented.

2. Since I have reported the incident to the Psychiatric Security Review Board, why should I also report to the Conditional Release Service Unit?

The Psychiatric Security Review Board and the Conditional Release Service Unit have different functions and responsibilities. In order to fulfill its functions and responsibilities on behalf of the Commissioner of the Department of Mental Health and Addiction Services, the Conditional Release Service Unit needs to be notified of any emergency reporting made to the Psychiatric Security Review Board.

3. What if community service providers are unable to implement a Psychiatric Security Review Board decision?

If community service providers are unable to implement a Psychiatric Security Review Board decision, the Chairperson (or designee) shall decide whether the acquittee shall be voluntarily or involuntarily admitted to Whiting Forensic Hospital (*See Section 7, Re-Hospitalization*).

6.2 QUARTERLY PROGRESS REPORT

Definition: Standardized form developed by the Psychiatric Security Review Board and completed by Conditional Release Supervisors to report to the Psychiatric Security Review Board on an acquittee's compliance and adjustment in the community every quarter.

Purpose

1. To allow the Psychiatric Security Review Board to monitor an acquittee's compliance with the conditions of their release, and community service providers' compliance with their obligations under the Memorandum of Decision and relevant state and statutory requirements.
2. To allow the Psychiatric Security Review Board to monitor the acquittee's progress and to provide early identification, assessment and intervention of any risk an acquittee poses to the community based on current mental status and compliance with conditions of release.

Process/Preparation

The Psychiatric Security Review Board representative will develop the quarterly report form and forward the document to the Conditional Release Supervisor. The Conditional Release Supervisor who will complete and file the completed Quarterly Progress Report with the Psychiatric Security Review Board. The due dates will be noted in the initial MOD. The reporting will be considered delinquent if the quarterly Progress Report is not received by the Psychiatric Security Review Board by the tenth day of the following month. In order to accomplish completion of the Quarterly Progress Report, the Conditional Release Supervisor will have to perform the following duties:

1. Contact all named community service providers monthly to ascertain compliance by the acquittee and community service providers with an acquittee's conditional release order.
2. Document random drug/alcohol screens dates and results. Attach lab reports.
3. Document dates of meeting with psychiatrist and medical doctor.
4. Document dates of meetings with individual therapist if such treatment is ordered.
5. Document any lab testing done in regards to the psychotropic medication levels.

The Conditional Release Supervisor shall provide a copy of the Quarterly Progress Report to the Conditional Release Service Unit, including the Six-Month Reporters and other community service providers named in the conditional release order by the tenth day of the following month. A Psychiatric Security Review Board representative will call the Conditional Release Supervisor with any questions or issues needing clarification on the Progress Report.

Frequently Asked Questions

1. Should the Conditional Release Supervisor always utilize the Comments Section of the Monthly Progress Report?

No, this section only needs to be utilized if there is additional information that needs to be presented.

2. Who should the Conditional Release Supervisor call for clarification if they are unsure about the meaning of a question?

The Psychiatric Security Review Board

3. If there has been a change in diagnosis or medication, is it sufficient to document it in the Quarterly Progress Report, or should other documentation be provided to the Psychiatric Security Review Board?

Yes. The party responsible for making the change should provide the Conditional Release Supervisor with a justification, which should be included in the Quarterly Progress Report and sent to the Psychiatric Security Review Board.

6.3 SIX-MONTH REPORTS

Definitions

1. ***Six-Month Report:*** A written forensic report submitted every six months to the Psychiatric Security Review Board, regarding the mental condition, mental status, and course of treatment of an acquittee. The report addresses the acquittee's progress, compliance with conditions of release, and adjustment to the community. It includes an opinion regarding the risks of dangerousness to self and others under the current treatment plan.
2. ***Six-Month Evaluation:*** An evaluation including a clinical interview of an acquittee on conditional release, a review of records and interviews with collateral sources.
3. ***Six-Month Reporter:*** The person or agency designated in the conditional release order to provide this forensic report. Currently the Six-Month Reporters are part of the CRSU and under the direct supervision of the CRSU Manager.

Purpose: To provide the Psychiatric Security Review Board with an evaluation of the acquittee's adjustment in the community under the conditions of their conditional release order, and an opinion concerning whether the acquittee is safe to remain in the community. The basic requirements of the six-month reporter role are:

1. To attend scheduled All Provider Meetings (APM) and offer suggestions regarding risk management and treatment, to ask questions to clarify the acquitees involvement in all aspects of treatment and to act as an additional monitoring entity to identify and report any violations of the Memorandum of Decision (MOD) to the Psychiatric Security Review Board (PSRB).
2. To provide a report to the PSRB every six months that describes the acquitees progress in treatment, any issues that have come up since the last six-month report, provide a brief assessment of the acquitees mental status at the time of the six-month evaluation, and include a discussion of any indication of activation of identified risk factors and how they are being addressed.

3. Provide testimony to the PSRB at the acquittees Mandatory Review of Status hearing, held every two years. This testimony should provide an overview of the acquittees response to treatment and overall status in the preceding two years.
4. Provide testimony at any other hearing, as requested by the PSRB. Typically, there is testimony required when an acquittee is nearing the end of their commitment to the PSRB. Most times, the PSRB will ask for the opinion of the six-month reporter regarding whether the acquittee is ready for discharge from the board. This is also true if an acquittee is requesting an early discharge from the board.

Process/Preparation

Each acquittee is scheduled for semi-annual reports as indicated in their conditional release order. The reporting process includes the following tasks:

1. Collection, update and review of data and records.
2. Interview with acquittee.
3. Interviews with named community service providers, and other collateral sources.
4. Formulation of the findings into a written report.
5. Submission/distribution of the report.

Any agency identified in the conditional release order shall provide information to the six-month reporter as requested. By practice, the Conditional Release Supervisor is the primary liaison between the supervising agency and the six-month reporter, and is responsible for the provision of the information and assistance requested by the six-month reporter. The six-month reporter will obtain access to any records that they deem necessary to complete their evaluation and will speak with any community service provider they deem necessary to complete the evaluation. All treatment providers will maintain valid releases of information from the client for disclosure of treatment information to the Conditional Release Supervisor, the Six-Month Reporter, and the Psychiatric Security Review Board in compliance with state and federal law. The Conditional Release Supervisor will verify that the proper releases of information are in the acquittee's records.

The services requested by the six-month reporter from the Conditional Release Supervisor or any other community service provider include the following:

1. Timely provision of clinical, administrative, psychosocial, and forensic data regarding the acquittee's treatment, supervision, and life circumstances (evaluations, assessments, monthly progress reports, requests for modification, out-of-state requests, etc.).
2. Provision of interview room and facilitation of the acquittee's presence at interview.
3. Coordination of the scheduling of the six-month evaluations, All Provider Meetings, and any other relevant contacts and meetings.
4. Timely notification to the Six-Month Reporter of clinical, legal, administrative, psychosocial, and forensic matters, which have been reported to the Psychiatric Security Review Board, or have been brought to the attention of the community service providers by the Psychiatric Security Review Board.

Frequently Asked Questions

1. Who receives the six-month report?

The Psychiatric Security Review Board receives the original. The Psychiatric Security Review Board sends the state's attorney and acquittee's attorney a copy of the report. The conditional release order specifies to whom the Six-Month Reporter should send a copy.

2. Can other community service providers obtain a copy of the six-month report?

Yes, other community service providers can and should see the six-month report. They can request a copy from the Psychiatric Security Review Board or the Conditional Release Supervisor.

3. Can the acquittee see their six-month report?

Community service providers should identify a community service provider to go over the six-month report with the acquittee. The acquittee's counsel gets a copy of the report and usually reviews the report with the acquittee, but it is important for community service providers to review the report from a clinical point of view.

Section 7: RE- HOSPITALIZATION

7.1 VOLUNTARY PSYCHIATRIC HOSPITALIZATION

Definition: Inpatient hospitalization of an acquittee for psychiatric evaluation, stabilization, medication adjustment or other reasons. Hospitalization can be in a community hospital or with other state inpatient services.

Purpose

1. To allow psychiatric stabilization of an acquittee when it has been determined that they require an increased level of care.
2. To allow the Psychiatric Security Review Board to assess risk issues while the acquittee remains in an inpatient setting.

Process/Preparation: When community service providers report on deteriorations in mental status, their recommendations may include voluntary inpatient hospitalization. The Chairperson of the Psychiatric Security Review Board or a designee will agree with the recommendation, impose other interventions, or recommend revocation of conditional release (*see Section 7.2, Involuntary Psychiatric Hospitalization/Revocation of Conditional Release*). When the Chair or a designee determines that voluntary hospitalization is the most appropriate and safe disposition, the acquittee will be moved to a community hospital.

- A. If hospitalized at a community hospital psychiatric unit:
 1. Community service providers must arrange transportation for the voluntary hospitalization whether it is by the community service provider or by ambulance. Community service providers must communicate with the community hospital as to the reason for hospitalization and the stipulations as it relates to Psychiatric Security Review Board requirements. Ongoing communication is key to a safe and beneficial hospitalization.
 2. The Conditional Release Supervisor must submit a written report to the Psychiatric Security Review Board within one week of the admission, detailing the reason for the hospitalization, course of treatment, and an opinion on whether the acquittee would pose a danger to self or others if allowed to return to the community. This report shall be emailed to the Psychiatric Security Review Board.
 3. While hospitalized, on-going assessment of the acquittee's progress, the appropriateness of their status, and risk to themselves or others occurs with input of community and hospital staff members. When discharge from the community hospital is recommended by the inpatient staff, the Chairperson or designee will make a determination as to whether or not the acquittee can safely return to the community or if they require further assessment, stabilization, and treatment. If further assessment, stabilization, or treatment is required, the acquittee will be returned to WFH.
 4. The Conditional Release Supervisor will be required to complete any other documentation as requested by the PSRB.
- B. If hospitalized at Whiting Forensic Hospital:
 1. Community service providers must arrange transportation for the voluntary hospitalization, whether it is by the community service provider or by ambulance. Community service providers must communicate with Whiting Forensic Hospital as to the reason for hospitalization and goals of hospitalization. *Note:* Ongoing communication is key to a safe and beneficial hospitalization.

2. When the hospital staff determine that the acquittee is ready to be discharged, Whiting Forensic Hospital must submit a written report to the Psychiatric Security Review Board detailing the reason for the hospitalization, course of treatment, and an opinion as to whether the acquittee would pose a danger to self or others if allowed to return to the community. This report can be emailed to the Psychiatric Security Review Board.
 3. The Psychiatric Security Review Board can request a hearing on this matter or allow for the acquittee to be returned to the community without a hearing.
 4. The Conditional Release Supervisor will be required to complete any other documentation as requested by the PSRB.
- C. If in a state inpatient service unit other than Whiting Forensic Hospital:
1. Community service providers must arrange transportation for the voluntary hospitalization, whether it is by the community service provider or by ambulance, taking into consideration any situational risk. Community service providers must communicate with state inpatient service staff as to the reason for hospitalization and goals of hospitalization. *Note:* Ongoing communication is key to a safe and beneficial hospitalization.
 2. When the hospital staff determine that the acquittee is ready to be discharged, the inpatient service must submit a written report to the Psychiatric Security Review Board detailing the reason for the hospitalization, course of treatment and an opinion whether the acquittee would pose a danger to self or others if allowed to return to the community. This report can be emailed to the Psychiatric Security Review Board.
 3. The Psychiatric Security Review Board can request a hearing on this matter or allow for the acquittee to be returned to the community without a hearing.
 4. The Conditional Release Supervisor will be required to complete any other documentation as requested by the PSRB.

7.2 INVOLUNTARY PSYCHIATRIC HOSPITALIZATION/REVOCATION OF CONDITIONAL RELEASE

Definition: Involuntary hospitalization for an inpatient evaluation pending a hearing before the Psychiatric Security Review Board, when there is probable cause to believe that an acquittee has violated the terms of their conditional release, has left the Psychiatric Security Review Board's jurisdiction, has a deterioration in mental condition which increases their risk, or the community is no longer able to provide the services necessary for an acquittee to remain in the community as identified in the current conditional release order.

Purpose

1. To allow the Psychiatric Security Review Board to fulfill its public safety mission by hospitalizing an acquittee who may pose a danger to self or others, or when the community does not have resources available to maintain an acquittee safely in the community.
2. To facilitate an evaluation and make recommendations as to whether an acquittee can safely return to the community, needs modifications to their conditional release order, or needs to have their conditional release terminated. This evaluation will be presented as evidence and testified to at a Psychiatric Security Review Board hearing.

Process/Preparation

1. After receiving information from community service providers that an acquittee has violated the terms of their conditional release, has a deterioration in their mental condition, or the community can no longer provide the appropriate level of care and services, the Chairperson of the Psychiatric Security Review Board or designee can make a determination to revoke an acquittee's conditional release. If the Chairperson or designee issues a Revocation Order, the Psychiatric Security Review Board will provide a copy of that order to Whiting Forensic Hospital police. Whiting Forensic Hospital police will coordinate to have the acquittee taken into custody and transported to Whiting Forensic Hospital. Community service providers may be called by the police for accurate directions to pick up the acquittee, a description of the acquittee or other information.
2. The Psychiatric Security Review Board will schedule a hearing within 30 days of the revocation.
3. Community service providers and Department of Mental Health and Addiction Services staff will testify as to their evaluation(s) and recommendations concerning continuing the acquittee's conditional release. At the conclusion of the hearing, the Psychiatric Security Review Board will issue its decision in the form of a Memorandum of Decision within 25 days.

Frequently Asked Questions

What measure(s) can help to prevent a revocation?

Early identification of problematic issues, followed by early implementation of clinical and risk management intervention, voluntary hospitalization, etc. Early identification of a potential risk, clinical and psychiatric consult, consultation with the CRSU, and increased support to the acquittee should all be considered reduce the possibility of revocation.



Section 8: TREATMENT AND SERVICES

8.1 ASSESSMENT AND TREATMENT OF FAMILY ISSUES

Definition: The clinical assessment of family dynamics and the provision of treatment services to address family and risk management issues related to family dynamics.

Purpose

1. To facilitate the development of a positive primary support system for the acquittee.
2. To facilitate the risk management of issues related to family dynamics.

Process/Preparation: The assessment and treatment of family issues in the community constitutes an important component of the continuum of rehabilitation and care of each acquittee, which can greatly impact on the success of their conditional release. Community service providers should initiate this process as early as possible, as a collaborative effort involving the acquittee, family members, and inpatient and outpatient service providers. It should include the following:

1. Assessment of the strengths and needs of the family dynamics prior to the commitment of the crime.
2. Frequency and quality of contacts with family members during the acquittee's hospitalization, and assessment of their healthiness, strengths, and needs.
3. Identification of risk factors associated with family dynamics, family circumstances, or family members prior to or at time of commitment of the crime, and at any time following the acquittee's hospitalization or conditional release.
4. Anticipation of the challenges that the acquittee will encounter in interacting with family members at the time of their return to the community on conditional release.
5. Verification that the resources necessary to adequately manage this component of the treatment/rehabilitation are available in the community.
6. Assessment of the need for family education.

Treatment services and monitoring, based on the assessment could include the following:

1. Provision of family or couples counseling.
2. Focus on family issues in individual therapy.
3. Provision of family education services or referral to family support education groups.
4. Provision of supervision for familial contacts or prohibition of certain familial contacts.

The above-noted treatment/monitoring interventions are not limited in their application to the family of origin of the acquittee. They should be applied to any significant relationship. They will, under these circumstances, address such issues as, disclosure of legal status, crime, mental illness, and limitations pertaining to the acquittee's status of commitment.

8.2 COMPETENCE TO MAKE INFORMED MEDICAL DECISIONS

Definition: The process of making autonomous, informed, and rational decisions about one's own medical treatment by understanding and weighing the risks and benefits of a medical procedure or course of treatment.

Purpose: To identify the capacity of an acquittee to make informed medical decisions, and to provide appropriate interventions if deemed necessary.

Process/Preparation

1. When clinically indicated, an evaluation should be performed to determine the acquittee's capacity to make an informed medical decision. This evaluation should consider the following:
 - a. The acquittee's understanding of the nature and seriousness of the medical condition; the description of recommended medical treatment (purpose, potential adverse risks/complications, expected benefits, likelihood of success, etc.); treatment alternatives; and the risks and benefits of consenting to or refusing the recommended treatment.
 - b. The acquittee's decisional capacity to make an informed choice about whether or not to have the treatment.
2. A written report of this evaluation should be submitted to the Psychiatric Security Review Board and the Conditional Release Service Unit.
3. When the treating physician determines that the acquittee is not competent to make an informed medical decision, community service providers (including the treating physician and the Conditional Release Supervisor), with consultation from the Conditional Release Service Unit, should collaborate to establish interventions to be initiated to address the issue. The Conditional Release Supervisor should monitor the implementation and follow up as it relates to the interventions.
4. On a routine basis, community service providers shall inform the Conditional Release Service Unit of their opinions concerning the acquittee's ability to make informed medical decisions.

8.3 MEDICATION MONITORING

Definition: The observation by community service providers of the taking of medication by an acquittee through the use of face-to-face direct observation, medication box counts, blood draws, etc.

Purpose: For risk management and clinical purposes, to allow community service providers to verify that an acquittee is taking their medication as prescribed.

Process

1. During the initial planning stages for conditional release an assessment should be made by Whiting Forensic Hospital and community service providers as to whether an acquittee requires medication monitoring, and, if so, at what level.
2. The intensity of medication monitoring is designed to meet the acquittee's risk management needs. It can include direct face-to-face observation and random blood draws to monitor serum levels.
3. The Psychiatric Security Review Board will order the specified level of medication monitoring as proposed in the conditional release application or will order the level of

medication monitoring that the Board deems necessary for public safety and risk management.

4. Not every acquittee will need to have their medications monitored; however, this should be based on a thorough assessment of clinical and risk management needs. Monitoring can be decreased as deemed clinically appropriate and safe with Psychiatric Security Review Board approval through the process of an Application for Modification of Conditional Release (*See Section 4.5, Application for Modification of Conditional Release*).
5. Typical Medication Monitoring Methods
 - a. **Face-to-Face Observation:** Designated community service providers directly observe the acquittee taking their medication. The medication can be locked at a community agency and the acquittee comes to the community agency, the community agency delivers the medication to the acquittee and observes him or her taking it, or the acquittee can have their medication at home and designated community service providers go to the acquittee's home to observe the medication being taken. Mouth-check after ingestion of medication is a typical practice in this form of observation.
 - b. **Medication Boxes and Counts:** Designated community service providers assist or observe the acquittee filling their medication box with the appropriate medication. There have been instances where the pharmacy will fill the medication box. Designated community service providers will randomly or on a routine basis check the acquittee's medication box or bottles to count medication and observe that medication has been taken.
 - c. **Blood Draws:** Certain medications can be monitored through the use of blood draws. The Psychiatric Security Review Board will order the frequency this should be done or will allow this to be done at what is the medically accepted standard of practice.
 - d. **Telephone monitoring:** Acquittes have been given permission to telephone designated community service providers when they have taken medications.

Frequently Asked Questions

Do all acquittes require medication monitoring?

No. Whiting Forensic Hospital and community service providers base medication monitoring needs by an assessment when an acquittee is initially placed on conditional release, and by community service providers during conditional release. Most acquittes have some form of medication monitoring when initially placed on conditional release.

8.4 RANDOM OR PERIODIC TOXICOLOGY SCREENING

Definition: The utilization of blood, urine, Breathalyzer or other standardized and accepted means of screening for the use of alcohol or illicit drugs to be done randomly at a level/frequency as determined appropriate by the Psychiatric Security Review Board.

Purpose: To determine if an acquittee has used alcohol or other drugs not prescribed or approved by the Psychiatric Security Review Board or community service providers.

Procedure

1. If the Psychiatric Security Review Board orders periodic testing, the minimum frequency that the testing should be done will be stated in the conditional release order.
2. If the Psychiatric Security Review Board orders **random** testing, community service providers will need to develop a schedule of testing to be done that assures that the testing is random. The Psychiatric Security Review Board only orders the type of testing and the minimum frequency. How a random schedule is developed is up to the community service providers. The following are some examples of how random testing can be accomplished.

Frequently Asked Questions

1. Should I attach the results of the drug screen to the Monthly Progress Report?

Yes (lab report).

2. Can I request that the acquittee be tested more often than what is required in the conditional release order?

Yes, if clinically indicated. If you are increasing drug screens this will need to be reported to the Psychiatric Security Review Board because there is some clinical or risk management change that has been noted.

8.5 RESIDENTIAL SERVICES

Definition: Programs that provide a broad spectrum of residential services for an acquittee in the community. A wide range of services may exist along the service continuum, including housing, supervision, group treatment, and structured social programming.

Purpose: To allow an acquittee to reside safely in the community based on their individual needs.

Process/Preparation: Whiting Forensic Hospital and community service providers assess an acquittee's level of living skills and clinical and supervisory needs to determine the level of residential service needed in the community.

The following is a wide range of residential services currently available to acquittees in Connecticut. Service areas may vary as to their available services.

1. Independent Housing
 - a. Apartment.
 - b. House.
 - c. Can be rented or owned by acquittee or family member.
 - d. May or may not have a roommate.
2. With Family
 - a. Can be in the family home.
 - b. Can be an apartment within the family home.

3. In a Department of Mental Health and Addiction Services or Other Mental Health/Human Services Agency Residential Program.
 - a. Can be with or without a roommate.
 - b. Can have residential staff availability/coverage:
 - i. On-site 24 hours per day, 7 days per week.
 - ii. On-site during work week, with 24 hour beeper coverage.
 - iii. Off-site for a portion of the week, with 24 hour beeper coverage.
 - iv. Off-site beeper coverage 24-hours per day, 7 days per week.
 - v. Staff availability can be at a different level to be specified.
4. Residential Services may include, but not be limited to:
 - a. Direct observation of medication being taken.
 - b. Monitoring of medications by counts, medication boxes, etc.
 - c. Individual counseling.
 - d. Group counseling.
 - e. Drug/alcohol counseling.
 - f. Random drug/alcohol screening.
 - g. Vocational rehabilitation program.
 - h. Daily living skills training/assistance.
 - i. Medical assistance.
 - j. House/Residents support group.
 - k. Structured recreation.
 - l. Room visits/searches if noted on the MOD (with acquittee present or per the program policy).
 - m. Congregate meals.

Some acquittees will require living arrangements that include a boarding home, nursing home or assisted living facility. The Psychiatric Security Review Board does not require that an acquittee begin their residential stay in a 24-hour, 7 days per week staff-supervised setting unless it is clinically indicated.

Frequently Asked Questions

1. Does the acquittee stay in the same residential setting throughout their conditional release?

It depends on the functioning level of the acquittee, but it is anticipated that the acquittee will, over time, be able to move to a less restrictive residential setting if appropriate and safe. Some acquittees are in an independent setting from when initially placed on conditional release.

2. Are residential staff part of the community service provider team, and do they have to report to the Psychiatric Security Review Board?

Yes. Residential staff are an active, vital part of the community service provider team and are expected to report to the Psychiatric Security Review Board as required. When reporting, residential staff will facilitate the acquittee's access for clinical evaluation.

3. Do most acquittees have some sort of residential services when they first reside in the community?

Yes, at varying degrees based on clinical appropriateness and risk management issues.

8.6 SUBSTANCE ABUSE TREATMENT

Definition: A therapeutic intervention designed to promote abstinence from substances of abuse such as alcohol, illicit drugs, and certain pharmaceutical preparations.

Purpose

1. To promote the long-term maintenance of a sober and healthy life, for the acquittees who have a history of substance abuse or are at substantial risk for substance abuse.
2. To prevent the use of alcohol or substances.
3. To provide integrated treatment and monitoring modalities that allow for the following:
 - a. Addressing the needs of an acquittee based on their history of alcohol and substance abuse, past treatment interventions, relapse history, progress and obstacles for recovery, including risk factors for relapse, role of substances prior to and during the commission of the crime and psychosocial stressors.
 - b. Addressing issues related to community reentry after a long period of institutionalization:
 - i. Sobriety maintained due to the controlled environment of an institution.
 - ii. High risk for relapse during the first 18 months of community reentry.
 - c. Prevention of the risks for violent behaviors associated with the use of alcohol and substances, and development of protective factors as a part of relapse prevention.

Process/Preparation

1. Planning for substance abuse treatment in the community is part of the continuum of recovery and care of an acquittee. It involves building up on the progresses accomplished by the acquittee during their hospitalization and addressing any difficulties encountered. It anticipates the challenges that the acquittee will encounter in the community and identifies the resources that need to be available at the time of implementation of the conditional release order.
2. The development of the modalities of treatment and monitoring is an integral part of conditional release planning and starts early (*See Section 3.2, Conditional Release*), before the acquittee's discharge from Whiting Forensic Hospital.
3. Substance abuse treatment should include:
 - a. Provision of clinical services that are integrated with psychiatric services, as well as the development of monitoring methods for the detection of any use of substances and attendance at substance abuse treatment activities.
 - b. Professionals trained in addiction services should be an integral part of the community service provider team when substance abuse is a significant risk factor for engagement in dangerous behaviors.

Frequently Asked Questions

1. Should an acquittee receive alcohol and substance abuse treatment, even if they does not have a past history of use/abuse of these substances?

No. However, the assessment of the needs for substance abuse treatment of those acquittees should be conducted on an ongoing basis, and substance abuse prevention should be part of treatment dispositions. Primary prevention is important for those persons with psychiatric disabilities or for persons facing psychosocial stressors. Research indicates that the use of alcohol and drugs significantly increase the risk of engagement in violent behavior, therefore, the Psychiatric Security Review Board prohibits the possession and use of these substances as well as requires monitoring for the use of these substances, and incorporates this in each conditional release order.

2. Why doesn't the Psychiatric Security Review Board specify where an acquittee has to receive substance abuse treatment?

The Federal Second Circuit Court of Appeals, in *Warner v. Orange County Department of Probation* (*See Court Decision Warner v. Orange County Department of Probation*) issued a decision based on the right to freedom of religion that the State cannot require a person to participate in Alcoholics Anonymous or any other recovery program that incorporates spiritual or religious ideas. A person can be required to participate in a substance abuse treatment or a recovery program that does not rely upon techniques or precepts of a religious nature.

After this decision was issued, the Psychiatric Security Review Board no longer ordered an acquittee to attend Alcoholics Anonymous specifically, or any other 12-step program with a religious or spiritual component. The Psychiatric Security Review Board does order that an acquittee engage in substance abuse treatment or recovery programs appropriate to their needs. This is based on a careful assessment done by community service providers and the acquittee.

This does not mean that an acquittee cannot attend Alcoholics Anonymous or another 12-step program if they choose, but community service providers have to have an alternative program to Alcoholics Anonymous or other 12-step programs if an acquittee objects to Alcoholics Anonymous or another 12-step program due to religious content. Community service providers should notify the Psychiatric Security Review Board if an acquittee voices an objection to substance abuse treatment based on religious content.



Section 9: LEGAL INFORMATION

9.1 CONFIDENTIALITY

Definition: The right of individuals to control the distribution and release of their psychiatric and substance abuse treatment, as well as medical records. This “privilege” is protected by state and federal law, which require written informed consent prior to the release of communications or records regarding a person’s diagnosis or treatment. Those persons and agencies that provide such treatment or obtain such treatment records must adhere to the requirements of these laws. The Psychiatric Security Review Board, as an administrative agency having jurisdiction over the acquittee is exempt from these requirements to the extent that clinical information that it obtains regarding an acquittee under its jurisdiction may be subject to public disclosure and is routinely provided to the state’s attorney and defense counsel. Psychiatric Security Review Board hearings are open to the public and may be attended by interested media. However, treaters remain bound by confidentiality laws and must obtain a release of information, even if the same information is open and available via the Psychiatric Security Review Board.

The control an acquittee has over the information divulged is limited. All psychiatric and medical information is open to the Psychiatric Security Review Board, the acquittee’s attorney and the state’s attorney while an acquittee is under Psychiatric Security Review Board supervision. This information is also available to community service providers who are actively providing services to an acquittee in the community.

Purpose

1. To allow the Psychiatric Security Review Board, acquittee’s attorney and state’s attorney to have all information related to a particular case in order to make legal decisions and for the parties to advocate before the Psychiatric Security Review Board.
2. To allow community service providers to communicate among themselves and report to the Psychiatric Security Review Board, to ensure quality clinical care and risk management.

Process/Preparation

1. When the Psychiatric Security Review Board receives information from community service providers, it transmits this information to the acquittee’s attorney and state’s attorney.
2. Community service providers should clearly explain their obligation to report certain treatment information to the Psychiatric Security Review Board to the acquittee, and the fact that the Psychiatric Security Review Board will provide the information to the state’s attorney and defense counsel, that it may be available to the public and that the provider may be required to testify regarding this information at a hearing. The fact that the Psychiatric Security Review Board may provide this information to others without the acquittee’s consent does not exempt the provider from the legal obligation to obtain the acquittee’s informed consent to release privileged information.
3. Testimony at Psychiatric Security Review Board hearings, transcripts from hearings and Memoranda of Decision are open to the public. This means that anyone can attend hearings, including the press, and anyone can request a copy of the transcripts or Memoranda of Decision. Medical records and written reports to the Psychiatric Security Review Board are not open to the public.

Frequently Asked Questions

What if the press approaches a community service provider for information regarding an acquittee?

If the press approaches community service providers, they should respond the same way they would with any other client, with the exception that they would direct them to the Psychiatric Security Review Board for more information.

9.2 DISCLOSURE

Definition: “The act of making something known, to divulge information.” The sharing of certain legal information pertaining to an acquittee’s status under the Psychiatric Security Review Board with people that are not part of the community service provider team should be based on a careful assessment of the information to be disclosed and bound by the assertion that confidentiality is to be maintained in accordance to agency policy. Information should only be shared as needed and with the acquittee’s full knowledge that information may be shared.

Purpose: Disclosure should be viewed as an integral part of an acquittee’s treatment. It will be important in an acquittee’s life that certain individuals have an understanding and appreciation of their legal status and the requirements that their legal status, while under the jurisdiction of the Psychiatric Security Review Board, has on other aspects of their life. As a necessary part of the risk management plan, it is essential that community service providers identify areas of an acquittee’s life that may require some disclosure regarding their legal status. The disclosure or not of an acquittee’s criminal history will be a lifelong dilemma whether under the Psychiatric Security Review Board or not. An acquittee will have to face the stigma of having a psychiatric disability and criminal history for life. Disclosure done within the realm of a clinical intervention will also provide the acquittee tools to deal with this issue when no longer under the jurisdiction of the Psychiatric Security Review Board.

Process: To provide treatment and risk management services to meet the following objectives:

1. Aiding an acquittee in dealing with the issue of their criminal history.
2. Assisting an acquittee in managing their status under the Psychiatric Security Review Board in settings that do not fall within the parameters of traditional community treatment by developing a plan to disclose certain pertinent legal information to persons that are not a part of the community service provider team.
3. Ensuring that an acquittee and community service providers understand what information needs to be disclosed and under what circumstances that information should be disclosed.
4. Ensuring that community service providers are developing, identifying and intervening regarding risk issues associated with the disclosure of information to people outside the community service provider team.
5. Clinical intervention for addressing stigma issues associated with an acquittee’s legal status and psychiatric disability.

9.3 VOCATIONAL SETTINGS: PLANNING, ASSESSMENT AND DISCLOSURE

Successful vocational placement includes careful planning and integration of the job into an acquittee's comprehensive community treatment plan. To do this, the community service provider team must closely collaborate in the thorough assessment of an acquittee's vocational interests, relevant skills and abilities, and necessary clinical and risk management issues. Disclosure in a vocational setting requires a thorough assessment and careful planning to allow community service providers and an acquittee to identify individual clinical and risk issues pertinent to locating and maintaining appropriate employment. Developing an effective risk management plan by conducting a thorough, comprehensive risk and clinical assessment of the job site, job duties and other job-related issues that would assist the acquittee and community service providers in disclosing legal information to a prospective employer.

Successful vocational activities have proven to be a key factor for successful community living and a primary deterrent to criminal activity. In Connecticut and other jurisdictions, studies have shown that working is a significant factor for an acquittee's success on conditional release. Through a thorough clinical and risk assessment, planning and management of a prospective employment placement, Psychiatric Security Review Board acquittees can be successful in vocational activities.

Definition: The disclosing of certain legal information to a prospective employer regarding an acquittee's status under the Psychiatric Security Review Board after an assessment of a potential job site and acquittee's ability to perform certain employment as it relates to clinical issues and risk management.

Purpose

1. To assist an acquittee in succeeding in vocational activities by a thorough assessment of job site, job duties and acquittee's skills.
2. To facilitate risk management by disclosing pertinent legal information to employers.

Process: Below is a list of factors that should be assessed when planning for an acquittee's eventual employment in preparation for disclosure of an acquittee's legal status. Based on each acquittees' unique case, every factor below may not need to be assessed. In addition, there may be other factors that community service providers may need to add to their assessment and planning.

I. CLINICAL AND RISK ASSESSMENT AND PLANNING

A. Job Site Factors

1. What is the locale of the job site?
 - a. Is the location and surrounding neighborhood safe and appropriate for an acquittee?
 - i. Is the job located in an area with a high crime rate, illegal drug activity, and so forth?
 - ii. Is the locale excluded by law or because of an acquittee's risk factors?
 - b. Does the locale foster access to prohibited persons or inappropriate persons?
 - i. The victim or victim's family or friends?
 - ii. The potential victim pool?
 - c. Does the locale expose an acquittee to undue community scrutiny?

- d. Is transportation readily available to get to and from the job?
 2. Does the job site allow access to prohibited items?
 - a. Alcohol or drugs (including over-the-counter medications)?
 - b. Weapons (including firearms, knives, air guns, defensive weapons, mace/pepper spray, etc.)?
- B. Job Duty Factors**
1. Does an acquittee have the necessary technical skills and other task related abilities for the job?
 2. Does an acquittee have the emotional resources and abilities to meet the stresses and demands of the job (meeting productivity demands, level of interpersonal contact/interaction, assuming responsibility, making decisions, receiving feedback on job performance, etc.)?
 3. Does an acquittee have the ability to operate equipment or machinery and/or to work in the job environment under psychotropic medication?
 4. Are there medical or physical problems that may affect job performance or which may be adversely affected by the job duties?
 5. Is there a requirement for working overtime or a changing shift schedule?
 6. Is there a requirement for a driver's license and driving?
 7. What type of vehicle must be operated?
 - a. Is out-of-state travel required?
 8. Are there bonding or licensing requirements?
- C. Other Job-Related Issues**
1. How will the job and working affect an acquittee's need to meet treatment and other requirements?
 - a. What other treatment, supervision meetings, or other obligations does an acquittee have?
 - b. What hours during the day will an acquittee work?
 - c. What will be an acquittee's work schedule? Is the schedule fixed or variable?
 - d. What is the number of work hours per day or per week? (Determine the maximum number of hours per day/week an acquittee may work without jeopardizing financial entitlement or their mental status. Ensure the employer understands and agrees to this.)

II. RISK MANAGEMENT

- A.** Community service providers should discuss the clinical and risk issues involved in an acquittee's case and an extent to which it is clinically relevant and in the interest of public safety to provide to a potential employer information about an acquittee. An acquittee will often face questions concerning his/her status under the Psychiatric Security Review Board in a variety of contexts, such as why they has not been working or living in the community for so long and other similar questions. Therefore, it is important for an acquittee to learn how to deal with such questions and to feel as comfortable as possible in doing so. When informing an employer of their Psychiatric Security Review Board status, ideally an acquittee should provide this information with, as needed, the support and assistance of their community service providers. It is strongly recommended that an acquittee and

community service providers practice “role play,” providing such information and fielding questions. Information should be provided in accordance with the following requirements and guidelines.

B. Requirements and Guidelines

1. An acquittee alone, or with the support and/or assistance of community service providers (Conditional Release Supervisor, vocational counselor, case manager, etc.), must inform the employer (including the direct supervisor and backup supervisor) that they are under the jurisdiction of the Psychiatric Security Review Board.
2. The Conditional Release Supervisor or another community service provider may be present when an acquittee’s Psychiatric Security Review Board status is explained to the prospective employer if deemed necessary and clinically appropriate.
 - a. The Psychiatric Security Review Board only requires that an Acquittee’s legal status (i.e. that an acquittee is under the jurisdiction of the Psychiatric Security Review Board) be shared with an employer. Please note that:
 - b. Commitment to the Psychiatric Security Review Board is a matter of public record.
 - c. If a criminal record check is run on an acquittee, it will reveal their status under the Psychiatric Security Review Board.
3. The employer must be told who to call if there are any questions or problems. The employer should be given names and phone numbers of the designated community service provider.
4. The employer must be told that someone from the community will be contacting them at least once per month and may be making visits to the job site.

C. Optional Guidelines – To be used only if discussed beforehand and necessary approval is obtained:

1. If the employer asks about the Psychiatric Security Review Board, in general terms, explain that being under the Psychiatric Security Review Board is like being under probation:
 - a. The Psychiatric Security Review Board is responsible for the monitoring and supervision of an acquittee.
 - b. Someone (to be determined by the community service provider team) will be calling the employer to check on an acquittee’s attendance, work performance, etc.
2. If the employer asks why an acquittee is under the Psychiatric Security Review Board, in general terms, explain that an acquittee, while ill, committed a crime:
 - c. An acquittee was found not guilty by reason of mental disease or defect, and was committed to the Psychiatric Security Review Board.
 - d. An acquittee has received and continues to receive treatment.
 - e. An acquittee is now considered to be stable and able to be safely and effectively treated in the community.
3. Only if asked by the employer and cleared by the Conditional Release Supervisor should consideration be given to providing such information as:
 - a. The charge or brief description of the nature of the offense (domestic situation, family dispute, etc.). Only information that has been cleared to be released by the

Conditional Release Supervisor should be shared with the employer.

Confidential psychiatric and medical information may not be released unless there is written consent by an acquittee.

4. An acquittee should prepare and practice a response in the event that they is asked for more information than they feels comfortable revealing or the conditional release supervisor has approved.

III. Monitoring and reporting responsibilities of community service providers after job placement and disclosure has been done:

A. The frequency of contacting the employer will be specified on the MOD. These checks may include a visit to an acquittee's work site initially and then as determined to be necessary by assessment and discussion at the All Providers Meeting. All other monthly checks may be made by telephone. When checking with the employer and an acquittee, the following guidelines should be taken into consideration:

1. With Employer:

- a. Assess the clinical appropriateness of the job placement
 - i. Assess acquittee's adjustment to their job.
 - ii. The status of an acquittee's job performance.
Assess any problems with absenteeism, problems with an acquittee arriving late, problems with any job tasks or an acquittee is uncooperative.
- b. Assess an acquittee's work hours and schedule.
 - i. Review of acquittee's individual restrictions, limitations and requirements.
 - ii. Review notification protocol.
Ensure that the employer has notification names and telephone numbers in case they has a problem or question.

2. With Acquittee:

- b. Assess the clinical appropriateness of the job placement.
 - i) Impact of work on acquittee's overall adjustment to the community.
 - ii) Compliance with the conditional release order.
 - iii) Ensure that an acquittee knows that they must notify the employer, identified community service providers or conditional release supervisor if they will be late or miss work.
 - iv) Assess acquittee's adjustment to their job.
 - v) Assess clinical and risk management considerations.
 - vi) Assess how the work schedule and amount earned affect an acquittee's disability or other entitlements.

Section 10: APPENDICES

Form 1: Conditional Release Application

STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

WHITING FORENSIC HOSPITAL

Application for Conditional Release from Hospital Confinement

Submitted to the Psychiatric Security Review Board

Pursuant to Connecticut General Statutes Section 17a-588(a)

Date of Application:

Acquittee Demographic Information

Name:		Sex:	
Date of Birth:		PSRB ID No.:	

- DNA Registration**

The acquittee has cooperated with providing a DNA sample in accordance with Connecticut General Statutes Section 54-102g. ☐ Yes ☐ No

If yes, the DNA sample was obtained on _____ and has been submitted to the State of Connecticut Department of Emergency Services and Public Protection (DESPP).

If no, the reason is:

- Sex Offender Registration**

The acquittee is required to register as a sex offender pursuant to Connecticut General Statutes Sections 54-250 through 54-261. ☐ Yes ☐ No

Proposed Conditional Release (CR) Plan**A. Community Service Providers**

Agencies (or professionals in private practice) that will be providing services to the acquittee:

1. Local Mental Health Authority (LMHA)

Agency:	
Executive Director:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	
Emergency Contact No.:	

2. Other Community Service Providers

Agency:	
Executive Director:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	
Emergency Contact No.:	

Agency:	
Executive Director:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	
Emergency Contact No.:	

Agency:	
Executive Director:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	
Emergency Contact No.:	

Agency:	
Executive Director:	
Address:	

Telephone Number:	
Fax Number:	
Email Address:	
Emergency Contact No.:	

3. Community Service Provider PSRB Training

The proposed Conditional Release Supervisor, other community service providers who will have regular contact with the acquittee, and relevant supervisors/managerial staff have completed formal PSRB training.

For any staff who have not completed formal PSRB training, the person's name and the expected date that the training will be completed is: ☐ N/A

Community Service Provider	Name/Agency	PSRB Training Information
Community Release Supervisor		Completed PSRB Training: ☐ Yes ☐ No If No, date scheduld to attend (mm/yyyy):
Residential Supervisor		Completed PSRB Training: ☐ Yes ☐ No If No, date scheduld to attend (mm/yyyy):
Psychiatrist		Completed PSRB Training: ☐ Yes ☐ No If No, date scheduld to attend (mm/yyyy):
Therapist		Completed PSRB Training: ☐ Yes ☐ No If No, date scheduld to attend (mm/yyyy):
Clubhouse Supervisor		Completed PSRB Training: ☐ Yes ☐ No If No, date scheduld to attend (mm/yyyy):
Visiting Nurse		Completed PSRB Training: ☐ Yes ☐ No If No, date scheduld to attend (mm/yyyy):
Probation Officer		Completed PSRB Training: ☐ Yes ☐ No If No, date scheduld to attend (mm/yyyy):
Other:		Completed PSRB Training: ☐ Yes ☐ No If No, date scheduld to attend (mm/yyyy):

B. Assessments and Compliance Monitoring

1. Monitoring of Medications

Agency:	
Contact Person:	
Contact's Telephone Number:	
Contact's Pager/Cell Phone:	
Contact's Email Address:	
Type of Monitoring:	
Frequency:	

2. Drug/Alcohol Screenings

Agency:	
Contact Person:	
Contact's Telephone Number:	
Contact's Pager/Cell Phone:	
Contact's Email Address:	
Type of Monitoring:	
Frequency:	

Agency:	
Contact Person:	
Contact's Telephone Number:	
Contact's Pager/Cell Phone:	
Email Address:	
Type of Monitoring:	
Frequency:	

C. Supervision of the Acquittee**1. Supervision by the Office of Adult Probation**

Representatives of the Office of Adult Probation participated in the planning of this Conditional Release.

☐ Yes ☐ No

- a. ***If yes***, Probation's recommendations for the nature and frequency of their supervision (including any changes in the conditions of supervision in the *current* PSRB order) are:

N/A

- b. A Probation Officer has been assigned to the acquittee. ☐ Yes ☐ No

If yes, the Probation Officer's contact information is:

Name:	
Address:	
Telephone Number:	
Fax Number:	
Pager/Cell Phone No.:	
Email Address:	

2. Conditional Release (CR) Supervisor

CR Supervisor:	
Agency:	
Address:	

Telephone Number:	
E-Mail Address:	
Fax Number:	
Pager/Cell Phone No.:	
Emergency Back-Up:	

► The Conditional Release Supervisor will monitor and supervise the acquittee's compliance with the conditions of this Conditional Release including—but not limited to—providing the following services at the indicated frequency.

<i>Supervision Services</i>	<i>Minimum Frequency Provided</i>
☐ Supervision meetings with the acquittee	
☐ Supervision telephone calls with the acquittee	
☐ Reviewing with the acquittee the conditions of the CR as stated in the Board's Order (contained in the MOD)	
☐ Contacting and obtaining feedback on the acquittee's progress from <i>all</i> treatment and service providers	
☐ Verifying attendance at community substance abuse peer support meetings	
☐ Verifying/coordinating drug/alcohol screenings	
☐ Reviewing/approving the acquittee's travel	
☐ Contacting and obtaining feedback on behavior and job performance from the acquittee's employer	
☐ Visiting the acquittee's residence	
☐ Reviewing the residential program sign-in/sign-out log	
☐ Other Service (see below)	

3. Evaluator and Reporter for CGS Section 17a-586, Mandatory (Six-Month) Reports

Agency:	
Executive Director:	
Address:	
Telephone Number:	
Fax Number:	
Designated Reporter:	
Reporter's Telephone:	
Reporter's Fax:	
Reporter's E-mail:	

► The designated six-month evaluator and reporter been given a *PSRB Acquittee Information Packet* regarding the acquittee's history and treatment. ☐ Yes ☐ No

4. Conservator of Person ☐ N/A

Probate Court:	
Name of Conservator:	
Address:	
Telephone Number:	
Cell Phone Number:	
Fax Number:	

5. Supervision of the Acquittee at Treatment, Rehabilitation, Psychosocial, and Vocational Sites

N/A

6. Supervision at the Acquittee's Residence/Residential Program ☐ N/A

- a. **Location** and **availability** of residential program/support staff for the acquittee throughout the day during: (1) the regular work week, and (2) weekends and holidays:

- b. The schedule for the acquittee's **curfew**:

- c. How **compliance** with the curfew will be confirmed:

- d. **Other forms** of residential monitoring:

7. Supervision of the Acquittee During Personal Free Time

D. Travel and Transportation

1. **Community service providers** (agencies or individuals) who may provide transportation for the acquittee during this Conditional Release:

2. **Geographic limitations** or **special conditions** as to where the acquittee may travel within the state of Connecticut when *with community agency staff*:

3. The acquittee may travel within the state ***without community agency staff***. ☐ Yes ☐ No
If yes, the acquittee may travel by him- or herself under the following proposed CR conditions.
 - a. **Where** the acquittee may travel by him-/herself:

- b. The **purpose** for travel by him-/herself:
- c. The **amount of time** each day or per occasion each day that the acquittee may travel by him-/herself:
- d. **Modes of transportation** the acquittee may use to travel by him-/herself:
- ☐ Walking or bicycle.
 - ☐ Public transportation (bus, taxi, or medical taxi).
 - ☐ May be transported in a private vehicle by a friend, family member, or other person(s).
(Also see **Item e.**, below, for the procedure for approving who may transport the acquittee.)
 - ☐ May drive the vehicle of a friend or family member.
(A photocopy of the acquittee's driver license and proof of insurance are enclosed.)
 - ☐ May drive his/her own vehicle.
(Copies of the acquittee's driver license, vehicle registration, and proof of insurance are enclosed.)
- e. **Review and approval** of (or **other conditions** regarding) the acquittee's travel:

E. Victim and Potential Victim Contact

1. The acquittee may have contact with the victim(s) of his/her crime(s). ☐ N/A ☐ Yes ☐ No
If yes, the recommended conditions for contact with the victim(s):
2. There will be a *general* limitation on contact with children under 18 years of age. ☐ Yes ☐ No
If yes, the rationale is:
3. There are *other persons* with whom the acquittee should have *no* or *limited* contact. ☐ Yes ☐ No
If yes, the **person(s)**, **reason**, and recommended **limitations** regarding contact are:

F. Acquittee Use of Telephones, Computers, and Social Media

There are **contraindications** or **risk management concerns** regarding the acquittee having access to, using, and/or possessing the following:

- Cell/cellular telephones ☐ Yes ☐ No
- Computers/computer tablets ☐ Yes ☐ No
- E-mail ☐ Yes ☐ No
- The Internet ☐ Yes ☐ No
- Social media ☐ Yes ☐ No

1. **Concerns** or **contraindications** for access and use of *each* item checked “yes”:

2. Recommended **conditions** and/or **interventions** that will be used to supervise and/or monitor the acquittee’s access and use of *each* item checked “yes”:

G. Acquittee Residence and Residential Services

1. The acquittee will reside at:

- ☐ A residential facility/program operated by DMHAS/DDS or a DMHAS-/DDS-funded agency.
- ☐ Another health/human service facility (e.g., nursing home, boarding home).
- ☐ The acquittee’s own independent residence (☐ with / ☐ without residential support services).
- ☐ The residence of a friend/family member (☐ with / ☐ without residential support services).

The Name of the Friend/Family Member(s)	Relation to the Acquittee

- a. **Description** of the DMHAS/DDS or health/human service facility/program: ☐ N/A

Agency:		
Name of Residential Facility or Program:		
Type of Facility/Program:	☐ Supported Apartment ☐ Group Home ☐ Supervised Apartment ☐ Skilled Nursing Facility ☐ Group Residence ☐ Other:	
Contact Person:		
Contact’s Telephone Number:		
Contact’s Fax Number:		
Weekday Emergency Contact:	Contact:	Number:
Night, Weekend, & Holiday Emergency Contact:	Contact:	Number:

- b. **Services** that the facility/program will provide:

- ☐ Visiting the acquittee's room, apartment, or home (as applicable)
- Frequency:
- ☐ Monitoring medications (described above in Section B, Item 3, "Monitoring of Medications")
- ☐ Drug/alcohol screenings (described above in Section B, Item 4, "Drug/Alcohol Screenings")
- ☐ Providing and monitoring a sign-in/sign-out log
- ☐ Congregate meals
- ☐ Daily living skills training/assistance
- ☐ Health/medical assistance
- ☐ Budgeting assistance
- ☐ Vocational assistance/rehabilitation
- ☐ Peer/residents support group
- ☐ Leisure/recreational activities
- ☐ Individual counseling
- ☐ Substance use/abuse counseling
- ☐ Group counseling
- ☐ Other (see below)

c. **Location** of the residential facility/program:

d. The acquittee's **address** and **telephone number**:

Address:	
Home Telephone Number:	
Cell Phone Number:	

2. If the acquittee is *not* in a residential facility/program or receiving residential support services, there is a community service provider **emergency contact** for the acquittee. ☐ N/A ☒ Yes ☐ No

If yes, please provide the information below.

Agency:	
Type of Agency:	
Contact Person:	
Contact's Telephone Number:	
Contact's Fax Number:	
Weekday Emergency Contact:	Contact: Number:
Night, Weekend, & Holiday Emergency Contact:	Contact: Number:

H. Health Care Providers

1. Primary Care Physician

Physician Name:	
Group/Agency:	
Address:	
Telephone Number:	
Fax Number:	
Emergency Number:	

2. Medical Specialists ☐ N/A

Medical specialists who will provide the acquittee health care services for *significant* medical conditions requiring ongoing treatment and/or monitoring:

Medical Condition:	
Physician Name:	
Group/Agency:	
Address:	
Telephone Number:	
Fax Number:	
Emergency Number:	

Medical Condition:	
Physician Name:	
Group/Agency:	
Address:	
Telephone Number:	
Fax Number:	
Emergency Number:	

Medical Condition:	
Physician Name:	
Group/Agency:	
Address:	
Telephone Number:	
Fax Number:	
Emergency Number:	

I. Structured Activities**1. Treatment Activities** ☐ N/A

<i>Agency</i>	<i>Contact Person</i>	<i>Activity</i>	<i>Frequency</i>

2. Staff-Led Rehabilitation and Psychosocial Activities ☐ N/A

<i>Agency</i>	<i>Contact Person</i>	<i>Activity</i>	<i>Frequency</i>

3. Peer-Led Support and Psychosocial Activities ☐ N/A

<i>Agency</i>	<i>Contact Person</i>	<i>Activity</i>	<i>Frequency</i>

4. Vocational and Educational Activities ☐ N/A

<i>Agency</i>	<i>Contact Person</i>	<i>Activity</i>	<i>Frequency</i>

a. Based on clinical considerations, the recommended *maximum* number of hours per week that the acquittee may work at a paid or volunteer job is up to 0 hours per week.

b. The acquittee's employer is: ☐ N/A

Employer:	
Address:	
Telephone Number:	
Contact Person:	
Contact's Telephone No:	
Contact's Email Address:	

c. PSRB Disclosure to Employer:

- ☐ WFH staff has oriented the acquittee's immediate work supervisor(s) and relevant managers of the acquittee's status under the PSRB and the requirements of this status.
- ☐ If/when necessary, the Conditional Release Supervisor or other designated community staff will orient the acquittee's immediate work supervisor(s) and relevant managers of the acquittee's status under the PSRB and the requirements of this status.

J. Friend and Family Significant Contacts ☐ N/A

Following are the friends or family members who will be *significant contacts* for the acquittee during this CR.

Full Name*	Relation to the Acquittee

**Using the State of Connecticut Judicial Branch criminal case look up feature and the Sex Offender Registry Offender Search, on DATE , the above contacts were not on the sex offender registry, did not have any prior criminal convictions, and did not have any pending criminal cases.*

1. The treatment team has met with the above *significant contacts* and determined that the person(s) is an appropriate contact for the acquittee. ☐ Yes ☐ No

If no, the reason for not having evaluated the person(s) is:

2. The acquittee may have contact with his/her own children under 18 years of age.
☐ N/A ☐ Yes ☐ No

If yes, the recommended **frequency** and **conditions** for this contact are:

3. The acquittee may have contact with the children under 18 years of age of the friends or family members *listed above*. ☐ N/A ☐ Yes ☐ No

- a. ***If yes***, the parent(s) or legal guardian of the children has given his/her permission for this contact to occur. ☐ Yes ☐ No

If no, the explanation for this is:

- b. ***If yes***, the recommendations regarding this contact are:

4. Recommendations for **conditions** or **limitations** when the acquittee is with the above-listed friends or family members:

5. The **frequency** and **amount of time** (per occasion) the acquittee may spend with the friends or family members listed above:

6. The **location(s)** within the state where the acquittee may travel and spend time with friends or family:

7. The **review and approval** or **other conditions** regarding the acquittee's contact or activities with the friends or family members listed above:

8. There are friends or family members *other than* the above-listed significant contacts with whom the acquittee should have ***no*** or ***only limited*** contact during this conditional release. ☐ Yes ☐ No

If yes, the person(s) and recommendations are:

K. Finances

1. The costs for the acquittee's proposed services and living expenses will be paid for by/from the following sources.

a. Federal Assistance or Insurance	
SOURCE	AMOUNT/DESCRIPTION
☐ Medicare Part A (hospital insurance)	
☐ Medicare Part B (outpatient insurance)	
☐ Medicare Part D (prescription insurance)	
☐ Social Security Disability Insurance (SSDI)	
☐ Supplemental Security Income (SSI)	
b. State Assistance or Insurance	
☐ Department of Mental Health and Addiction Services (DMHAS)	
☐ Department of Developmental Services (DDS)	
DEPARTMENT OF SOCIAL SERVICES (SAGA):	
☐ Medicaid (Title 19)	
☐ Food Stamps	
☐ Cash/rental assistance	
c. Other Income or Insurance	
☐ Personal Savings	
☐ Personal Insurance	
☐ Employment	
☐ Family	
☐ Other Service (see below)	

2. Following are the costs to be paid *by the acquittee* for his/her living expenses (housing, food, clothing, etc.).
3. The costs to be paid *by the acquittee* for treatment or other services (e.g., medications, co-pays, deductibles, insurance premiums):
4. The acquittee requires financial/budgeting assistance. ☐ Yes ☐ No

If yes, this service will be provided by the following.

5. The acquittee requires a third party payee. ☐ Yes ☐ No

If yes, the payee will be:

Person or Agency:	
Contact Person:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	

6. The acquittee has a Conservator of the Estate. ☐ Yes ☐ No

Probate Court:	
Name of Conservator:	
Address:	
Telephone Number:	
Cell Phone Number:	
Fax Number:	
Email Address:	

L. Other Conditions ☐ N/A

Other conditions recommended for this CR, which have not been described above:

This Application for Conditional Release was prepared by:

Unit Clinical Social Worker

Unit Attending Psychiatrist

Application reviewed by:

In my opinion, under the conditions described in this Application for Conditional Release,
would not present a substantial risk of harm to himself/herself or others.

Consulting Forensic Psychiatrist
Division of Forensic Services, DMHAS

Application reviewed and approved by:

CEO/Superintendent of WFH / Designee

Revised 8/24/2016ab, 6/5/18, 11/27/20

Form 2: Conditional Release Application Community Provider Approval Form



STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES WHITING FORENSIC DIVISION

Conditional Release Application Community Provider Approval Form

I have received and reviewed the Psychiatric Security Review Board (PSRB) Acquittee Information Packet for _____ and the enclosed *Application for Conditional Release from Hospital Confinement*.

For the purposes of this Conditional Release, this agency/private practitioner agrees to provide the services listed below.

This agency/private practitioner agrees to immediately notify the PSRB—as ordered by the PSRB and as required by Connecticut General Statutes Section 17a-580, et seq.—should the acquittee be non-compliant with any aspect of the Conditional Release described in this application.

Signature of Agency Director / Private Practitioner

Date

Printed Name of Agency Director / Private Practitioner

Agency Name

Form 3: Community Support Plans

LMHA (Name of Agency)
Community Support Plan for PSRB clients on Conditional Release

Name: Click or tap here to enter text.	DOB: Click or tap here to enter text.
Address: Click or tap here to enter text.	Cell Phone: Click or tap here to enter text.
Date of Plan: Click or tap to enter a date.	Date of Update: Click or tap to enter a date.
CT DL#: Click or tap here to enter text.	Vehicle Description/License plate: Click or tap here to enter text.
Serious Medical Conditions (Diabetes etc)	

Identifying Information: (Physical description, scars, tattoos, style of dress), Click or tap here to enter text.

Brief PSRB/Legal/Psychiatric History: Add the crime that brought them under the board and how long on CR and out of hospital. Last time symptomatic

Community Providers and Contacts:		
Role:	Name:	Contact number/email:
CR Sup:		
Clinician:		
Residential Program:		
COP: ADD N/A if none		
COE:		
Probation Officer:		
Pharmacy:		
Psychiatrist:		
Other:		
Other:		

Reporting Contacts: Please call and report incident:		
Name:	Phone:	Hours of contact/operation:
PSRB Main Number	860-566-1441	Call during business hours
PSRB Answering Service	1-888-586-8756	24 hrs.
Conditional Release Service Unit	860-936-1752-Sue Yousefi-Hoang	Call during business hours
Mobile Crisis:	Add number for your mobile crisis	

Restrictions: (Restricted towns, areas, specific addresses, individuals) Click or tap here to enter text.

Frequented locations: Click or tap here to enter text.
--

Signs of Psychiatric Decompensation: Click or tap here to enter text.

Coping Strategies/Interventions: Click or tap here to enter text.

Local Hospitals or Treatment Centers: Click or tap here to enter text.
--

Supportive Family/Friends/Networks (addresses, numbers)
Add next of Kin:

Revised: 2/2025

Sample 1: Memorandum of Decision (MOD) and Acknowledgement of Understanding and Acceptance of Conditional of Release by Acquittee

RE: Acquittee Name

Psychiatric Security Review Board

ID Number: DOB:

Document Number:

MEMORANDUM OF DECISION

On Date, the Psychiatric Security Review Board (Board) held a stipulated hearing to consider tow (2) Application for Modification of Conditional Release filed by (Name of Agency), pursuant to Connecticut General Statutes, Section 17a-591.

Rushford requested:

- 1) The acquittee be permitted to increase his weekly work hours
- 2) The acquittee be permitted to increase time spent in his own custody

Participating in the deliberations that resulted in the opinions and recommendations contained in this Memorandum of Decision were Board members; Chairwoman Sheila Hennessey, Esquire; Cheryl Abrams, M.S.; Sylvia Cancela, M.B.A.; Mark Kirschner, Ph.D., ABPP; and John Bonetti, D.O. Each of these members attests that s/he was present at the hearing or that s/he has reviewed the record, and that this Memorandum of Decision is based entirely on the record, the law, and the Board's specialized knowledge and familiarity with the acquittee, (Name)

Mr. X was committed to the jurisdiction of the Board on (Date) by the New Haven Superior Court for a period not to exceed 60 years after he was acquitted by reason of mental disease or defect of the charge of Murder.

State's Attorney _____ and Senior Assistant Public Defender _____ were notified in writing of the issue before the Board. Neither party requested testimony on the matter.

Based on the evidence, the Board finds the following facts: Mr. X is an individual with a psychiatric illness requiring care, custody, and treatment. Mr. X has been compliant with all conditions of his MOD since being on Conditional Release. Mr. X finds work to be therapeutic and empowering and he has excelled at his current position. The team believes that allowing for Mr. X to work more hours will further advance his independence, socialization, and financial stability while presenting with no increase in risk to himself or others. In addition, Mr. X has shown the ability to adhere to the supervision requirements of his MOD since the removal of his GPS monitoring. The team believes increasing time spent in his own custody would not present an increased risk for Mr. X at this time. Mr. X will be required to call into his Conditional Release Supervisor when out more than 4 hours consecutively.

Based on the preceding facts, the Board finds that Mr. X is a person who can remain Conditionally Released. He has a psychiatric disability to the extent that his final Discharge would constitute a danger to himself or others, but he can be adequately treated and supervised in the community. The Board grants the tow (2) Applications for Modification of Conditional Release as contained within this order.

ORDER

Pursuant to Connecticut General Statutes Sections 17a-584, 17a-586 and 17a-588 through 17a-591 inclusive, Section 53a-169 and Board Regulations Section 17a-581-55, the Board hereby ORDERS:

Mr. X shall remain Conditionally Released under the following conditions:

Reporting Responsibilities of all Community Providers and the Six-Month Reporter

Reporting responsibilities shall include but are not limited to:

- Reporting immediately to the Board, Conditional Release Supervisor and Conditional Release Service Unit (CRSU) any violation of this Conditional Release order, deterioration in mental status, treatment noncompliance, including noncompliance with substance abuse treatment or a positive drug or alcohol screening, or noncompliance with supervision requirements by providers
- Providing information to the Board as requested pursuant to Connecticut General Statutes Sections 17a-584 (2), 17a-590, 17a-596 (b) and via All Provider Meetings
- In the event of Mr. X voluntary readmission to Whiting Forensic Hospital, a report shall be submitted to the Board prior to his return to the community. The report shall outline the course of treatment since his readmission and clinical justification for his return to the community. Mr. X shall not be discharged to the community until the Board provides written authorization granting his return to the community

(Agency) Responsibilities

(Agency) shall maintain oversight of this Conditional Release, with responsibilities that shall include but are not limited to:

- Monitoring Mr. X compliance with this Conditional Release
- Providing individual therapy at least weekly
- Providing mental status examinations with a psychiatrist or APRN at least monthly, and prescriptions as necessary
- Providing a Coping group (or comparable group) at least weekly
- Providing a PSRB group at least quarterly
- Providing a Health and Food group (or comparable group) at least weekly
- Providing community rehabilitation groups or CBI community activities at least monthly
- Conducting random urine toxicology screening at least monthly, and as clinically indicated
- Administering Breathalyzer tests, as clinically indicated
- Providing residential services with on-site staff coverage 24 hours per day, 7 days per week
- Providing direct observation of Mr. X medication administration
- Monitoring medications by counts, filling/checking medication boxes, etc.
- Providing and monitoring sign-in and sign-out log daily
- Monitoring Mr. X compliance with his curfew
- Providing a residents support group
- Providing budgeting assistance
- Providing daily living skills training/assistance
- Providing health/medical assistance
- Providing access to leisure/recreational activities
- Conducting random apartment inspections/visits at least weekly, and as clinically indicated
- Providing supervision when Mr. X is participating in out-of-state day recreational activities
- Providing transportation, as needed

- Collaborating with Mr. X Probation Officer to ensure ongoing communication regarding his status and compliance with this Memorandum of Decision
- Ensuring that direct care and supervisory staff complete the required PSRB training prior to providing services
 - **Conditional Release Supervisor** responsibilities shall include but are not limited to:
 - Providing face to face Conditional Release supervision meetings at least weekly
 - Conducting supervision telephone calls, as needed
 - Conducting home visits monthly and as clinically necessary
 - Coordinating with the Office of Adult Probation to ensure that urine toxicology screens are performed at least bi-weekly and as clinically indicated
 - Verifying Mr. X attendance at community substance abuse peer support meetings at least monthly via a signed attendance log
 - Reviewing credit card and bank account statements on a monthly basis
 - Reviewing credit reports quarterly
 - Reviewing Mr. X residential sign-in/sign-out log at least monthly
 - Pre-approving any staff supervised day out-of-state recreational activities in collaboration with his Probation Officer
 - Pre-approving any extensions to Mr. X curfew in collaboration with his Probation Officer
 - Pre-approving with whom Mr. X may be a passenger in a motor vehicle in collaboration with his Probation Officer
 - Pre-approving passengers in Mr. X motor vehicle in collaboration with his Probation Officer
 - Pre-approving any change in employment in collaboration with his Probation Officer and his vocational counselor
 - Ensuring that Mr. X receives vocational services while employed
 - Ensuring orientation to Mr. X work supervisor and relevant managers is completed if there is a change in employment
 - Contacting all service providers and his Probation Officer to determine their compliance with agreed upon services and Mr. X compliance with this Conditional Release at least monthly
 - Contacting his employer or voluntary placement supervisor directly or through his vocational counselor regarding work performance monthly when employed
 - Notifying the Board of any change in telephone number
 - Submitting a request to the Board regarding a proposed change in residence
 - Informing the Board of any changes in community providers
 - Providing a written report to the Board within seven days of a voluntary or involuntary psychiatric hospitalization detailing the precipitants to and support for the hospitalization, including risk management issues
 - Providing written reports to the Board addressing Mr. X progress, compliance with conditions of release and adjustment in the community, with a copy to the six-month reporter
 - Submitting an Application for Modification of Conditional Release for any changes in this Order in writing for the Board's consideration, pursuant to CGS Section 17a-591, following review by the six-month reporter
 - Reviewing this order with Mr. X and forwarding a copy of the signed statement acknowledging Mr. X receipt and understanding of this Memorandum of Decision to the Board within 10 days of receipt of this order

Court Support Services Division, Office of Adult Probation (CSSD, OAP) Responsibilities

Responsibilities shall include but are not limited to:

- Monitoring Mr. X compliance with this Conditional Release
- Conducting face to face meetings with Mr. X bi-weekly
- Conducting urine toxicology screens at least bi-weekly and as clinically indicated
- Conducting apartment searches on a monthly basis in conjunction with staff
- Pre-approving passengers in Mr. X motor vehicle in coordination with his Conditional Release Supervisor
- Utilizing any other techniques of supervision available, including but not limited to electronic monitoring, including cell phone, search of person and property, increased toxicology screens and job site visits

X Employment Opportunities, Inc. Responsibilities

Responsibilities shall include but are not limited to:

- Monitoring Mr. X compliance with Conditional Release
- Pre-approving any change in employment in collaboration with his Conditional Release Supervisor and his Probation Officer
- Providing vocational counseling and/or other vocational services while employed
- Collaborating with Mr. X Probation Officer to ensure ongoing communication regarding his status and compliance with this Memorandum of Decision
- Providing transportation, as needed

DMHAS Office of Conditional Release Service Unit

Responsibilities shall include but are not limited to:

- Reporting every six months to the Board on the mental condition of the acquittee. Such reports shall include, but are not limited to, Mr. X current mental condition, diagnosis, medication, current treatment, status regarding danger posed to self or others, long-term treatment plans and any recommendations for any modification of the existing Board order. Reports are due June 30th and December 31st each year.
- Submitting an Application for Modification of Conditional Release for any changes in this Order in writing for the Board's consideration, pursuant to CGS Section 17a-591

Mr. X Responsibilities and Authorizations

- Comply with all conditions of this Conditional Release
- Cooperate with all community providers as it relates to agency rules, regulations, recommendations and treatment
- Obey all laws and promptly report to his Conditional Release Supervisor the fact that he has been arrested for, charged with or questioned by any law enforcement agent regarding any matter
- Maintain his residence with overnights only in his apartment
- Utilize a sign-in/sign-out log to note his departure and destination and upon his arrival home, in the presence of staff at his residential program
- Maintain a curfew from 10:00 p.m. to 7:00 a.m., with any exceptions pre-approved by his Conditional Release Supervisor and Probation Officer
- Notify his Conditional Release Supervisor and Probation Officer of any significant events and relationships
- Participate in community substance abuse peer support meetings at least three times weekly, and provide proof of attendance at community meetings to his Conditional Release Supervisor
- Provide his Conditional Release Supervisor with copies of all bank account and credit card statements on a monthly basis

- Collaborate with his Conditional Release Supervisor to obtain copies of credit reports once per quarter
- May maintain volunteer work or competitive employment up to 55 hours per week
- Travel and Transportation:
 - May own and operate a motor vehicle within the state of Connecticut, except New Haven, West Haven, East Haven, and Hamden for purposes of treatment and employment
 - May have passengers in his motor vehicle as pre-approved by his Conditional Release Supervisor and Probation Officer
 - May be a passenger in a motor vehicle as pre-approved by his Conditional Release Supervisor and Probation Officer
 - May utilize public transportation
 - May participate in activities in his own custody for a maximum of 8 hours per day with check-in, via phone, if out more than four hours consecutively. Any exceptions pre-approved by his Conditional Release Supervisor and his Probation Officer
 - May travel out of the state of Connecticut to participate in day recreational activities with staff of Rushford, with pre-approval by his Conditional Release Supervisor and Probation Officer
 - Carry of a copy of this order when traveling out of state
 - Notify Rushford if unable to arrange transportation
- May have access to and utilize computers, the Internet and email
- May possess and utilize a cellular phone and must possess a landline
- Inform his Conditional Release Supervisor of all medical appointments and medical recommendations
- Inform his Conditional Release Supervisor of any missed meetings, sessions or absences from work
- Provide Releases of Information (ROI), as requested
- Submit to a search of person, residence and property or Internet use by community providers or any law enforcement officer
- Inform any community provider and Probation Officer of a change in mood or behavior

Mr. X Restrictions and Prohibitions

- Have no contact or communication with his victim's family, which includes not visiting or frequenting their place of residence, work or the crime scene
- Not enter New Haven, West Haven, East Haven or Hamden without community staff
- No change in his residential living situation shall occur without Board approval
 - Overnight guests require preapproval of his Conditional Release Supervisor and Probation Officer and notification to the Board
- Not leave the state of Connecticut, except as specified above
- Not use any alcoholic beverages
- Not enter any establishment where the primary purpose of that establishment is the sale of alcohol
- Not use, possess, handle, traffic in, transport, or otherwise be involved with any illegal narcotics, dangerous drugs or controlled substances
- Not use any medication without a prescription or use over-the-counter medication, including herbal, protein or other supplements, without permission of his Conditional Release Supervisor

- Not own, use, possess, receive, transport or have access to any firearm, ammunition, defensive or other weapons including but not limited to his place of work, residence or residences of those he visits
- Not knowingly associate or participate in any activities with persons known to carry weapons including but not limited to, his place of work, residence or residences of those he visits
- Not knowingly associate with persons who have been arrested for, charged with, convicted of, or involved in any criminal activity without the prior authorization of his Conditional Release Supervisor and notification to the Board
- Not gamble, which includes government-sponsored lotteries, or enter any casino grounds
 - May enter casino grounds with community staff but not for the purposes of gambling

This order may be appealed in accordance with the provisions of Chapter 54 of the Connecticut General Statutes.

Dated: July 12, 2022

Psychiatric Security Review Board

Vanessa Cardella, LCSW, Executive
Director On Behalf of the
Psychiatric Security Review Board

pc State's Attorney
 Sr. Asst. Public Defender
 CSSD, Office of Adult Probation/Meriden

I have read or had read to me and understand and accept the conditions under which I will be conditionally released by the Board.

I understand that noncompliance with any of the conditions of my Conditional Release may result in any or all of the following:

1. Notification to the proper legal authorities;
2. Arrest and prosecution;
3. Notification to the Board;
4. Emergency custody and hospitalization pursuant to CGS Section 17a-498;
5. Notification to DMHAS, Forensic Services Division;
6. Revocation of Conditional Release and hospitalization, pursuant to CGS Section 17a-594;
7. Modification of Conditional Release, pursuant to CGS Section 17a-591.

Date

Mr. X , Acquittee

Date

Witness

Printed name of witness

The Conditional Release Supervisor shall return a signed copy of this statement to the Board within 10 days of receipt of this order.

ACKNOWLEDGEMENT OF RECEIPT OF CONDITIONAL RELEASE PROGRESS REPORT

The signing of this document acknowledges that the Conditional Release Progress Report has been emailed to the Conditional Release Supervisor. This Conditional Release Progress Report shall be used to report quarterly on Mr. X progress, compliance with conditions of release and adjustment to the community.

The quarterly reports are due on the first of the month and no later than the tenth of the month following the quarter to be reported, as follows: August 1st, November 1st, February 1st, and May 1st, and each quarter thereafter.

Signature of Conditional Release Supervisor or representative

Date

The Conditional Release Supervisor shall return a signed copy of this statement to the Board within 10 days of receipt of this order

Samples 2-4: Modification of Conditional Release

Psychiatric Security Review Board Application for Modification of Conditional Release (CR)

Complete one form for each modification

Acquittee Name:

1. Describe the requested change to the current Memorandum of Decision:

The request is to modify the current MOD, which requires Mr. X medication administration be directly supervised and allow Mr. X to gradually self-administer his medications. This will allow him to increase his independence and take on more responsibility for his life. To facilitate this the following schedule is proposed:

Mr. X will begin with self-administering his medication on Saturdays and Sundays. He will fill a medication box with staff oversight for those two days each week.

If he is successful with no missed doses over a period of 3 months, he will increase to also self-administering his medication on Wednesdays and Thursdays, for a total of 4 days per week. Staff will oversee the filling of a medication box for those 4 days each week.

If he again continues to be successful with no missed doses over a period of 3 months, he will move to a weekly medication box that is filled with staff oversight, and then self-administered.

Mr. X will maintain a medication log that notes the dates and times of when he self-administers his medication and will share this log with his CR Supervisor on a weekly basis. Mr. X is used to, and prefers, keeping written logs of anything he deems important so this will not be a difficult task for him to maintain.

If he misses doses of medication, or his clinical presentation changes and psychiatric symptoms appear, self-administration will cease and he will revert to having his medication fully monitored by staff.

2. Describe the clinical rationale and treatment progress supporting the acquittee's readiness for this modification:

Mr. X has been on Conditional Release since _____ and has been following all the rules and regulations of his MOD. There is no current concern that this will not continue to be the case. His Clinical Team has discussed the importance of medication adherence with him. He understands the need for him to take psychiatric medication and can describe the way he felt and the symptoms he experienced when his medication was stopped in the past. He has not wavered in his belief that taking psychiatric medication is necessary for him to be successful. Additionally, the best time to implement Mr. X becoming independent with medication administration is while he is residing in a 24 hour supervised living program.

3. List the relevant community providers contacted about this modification:

Psychiatrist, Individual Therapist, Residential Program

4. Has Sue Yousefi-Hoang of the DMHAS Conditional Release Service Unit reviewed this modification?

☒ Yes ☐ No

Psychiatric Security Review Board Application for Modification of Conditional Release (CR)

Complete one form for each modification

5. Has the six month reporter reviewed this modification?

☒ Yes ☐ No

a. If yes, is the six month reporter in support of this modification?

☒ Yes ☐ No

b. If no, please explain:

6. Has the Probation Officer been contacted regarding this modification?

☐ Yes ☐ No ☒ N/A

a. If yes, is the Probation Officer in support of this modification?

☐ Yes ☐ No

b. If no, please explain:

Signature

10/1/21

Date

Printed name

CR Supervisor

Relationship to acquittee

Agency

Psychiatric Security Review Board Application for Modification of Conditional Release (CR)

Complete one form for each modification

Acquittee Name:

1. Describe the requested change to the current Memorandum of Decision:

Eliminate monthly home inspections performed by the Conditional Release Supervisor.

2. Describe the clinical rationale and treatment progress supporting the acquittee's readiness for this modification:

Mr. X has been successfully living at _____ on Conditional Release (CR) since _____. He has continued to maintain psychiatric stability and remains fully compliant with treatment and restrictions listed in his Memorandum of Decision (MOD). He has demonstrated good insight into his mental illness, as well as his disease of addiction; recently attaining ___years of sobriety. While living at _____ has followed all the program rules and responsibilities; being abstinent from all drugs and alcohol, he consistently utilizes sign in/out log, maintains curfew, does chores, and his apartment is checked by staff at least daily. Medications are monitored by staff, providing direct observation, and Mr. X is always compliant with medications and cooperative with the process. He participates in a weekly on-line AA/NA meeting, he has regular supervisory meetings with his CR Supervisor and is compliant with treatment at ____; weekly PSRB Transition group, bi-weekly appointments with his therapist and monthly telehealth appointments with his psychiatrist.

In addition, the CR Supervisor has been performing random monthly room inspections, even through-out the pandemic. During the monthly room inspections there has never been any indication of inappropriate activity or possession of contraband. His room each month has appeared clean and organized. If the modification is granted, Mr. X will continue living at ____ where staff will continue to visit/check his room and provide him with assistance and support.

Given his current treatment plan, mental stability and his compliance with conditions listed in MOD, the team feels that Mr. X can be adequately monitored with the proposed modification and respectfully request that the monthly inspections performed by his Conditional Release Supervisor be eliminated, allowing only residential staff to continue to monitor the monthly room inspections.

3. List the relevant community providers contacted about this modification:

Psychiatrist, Therapist, Residential Staff

4. Has Sue Yousefi-Hoang of the DMHAS Conditional Release Service Unit reviewed this modification?

☒ Yes ☐ No

5. Has the six-month reporter reviewed this modification?

☒ Yes ☐ No

a. If yes, is the six-month reporter in support of this modification?

☒ Yes ☐ No

b. If no, please explain:

6. Has the Probation Officer been contacted regarding this modification?

Psychiatric Security Review Board Application for Modification of Conditional Release (CR)

Complete one form for each modification

☐ Yes ☐ No ☒ N/A

a. If yes, is the Probation Officer in support of this modification?

☐ Yes ☐ No

b. If no, please explain:

Signature

Date

Printed name

CR Supervisor

Relationship to acquittee

Agency

Psychiatric Security Review Board Application for Modification of Conditional Release (CR)

Complete one form for each modification

Acquittee Name:

1. Describe the requested change to the current Memorandum of Decision:

The current MOD dated _____ reads that Court Support Services Division, Office of Adult Probation responsibilities shall include but are not limited to:

- Monitoring _____ compliance with this Conditional Release
- Conducting face-to-face office visits with _____ at least two times monthly
- Conducting random visits/inspections to _____ residence monthly
- Conducting random chain of custody urine toxicology screens twice monthly and as clinically indicated
- Administering Breathalyzer testing as clinically indicated
- Conducting periodic monitoring of his cell phone
- assessing the need for cell phone monitoring software
- conducting periodic monitoring of his email account
- Pre-approving any extensions to his curfew in conjunction with his Conditional Release Supervisor
- Pre-approving an appropriate volunteer job or employment worksite in conjunction with Conditional Release Supervisor
- Utilizing any other techniques of supervision available, including but not limited to, electronic monitoring, GPS, search of person or property, toxicology screens, job site visits, and home inspections to safely supervise and monitor.

Name of agency- proposes that Mr. X's probation be terminated and these responsibilities be removed from the MOD.

2. Describe the clinical rationale and treatment progress supporting the acquittee's readiness for this modification:

Mr. X was committed to the jurisdiction of the Board on Date. He began his most recent period of temporary leave in _____ and began phase two of his temporary leave in _____ --with overnight stays in the community progressing to seven consecutive nights in the community. Mr. X was approved for conditional release and was discharged from the hospital on Date. Mr. X has been compliant with the conditions of his MOD and has demonstrated his ability to comprehend and comply with all requirements of the MOD.

Mr. X began engaging with the Office of Adult Probation while residing at Dutcher on day TL's. He remains clinically stable, sober, and demonstrates low risk. His dynamic risk factors decrease as he becomes more independent and integrated within the community. Mr. X continues to demonstrate growth and has intact judgment and insight. Mr. X has exceeded the goals he set forth for himself including obtaining independent housing, receiving a promotion through his employer, and maintaining positive healthy relationships.

Currently, the CR Supervisor and Probation Officer duplicate many monthly requirements to monitor Mr.X. If his probation is terminated, the CR Supervisor will continue to monitor by monthly urine toxicology screens and breathalyzers, monthly home visits, monthly bank

statement reviews, quarterly credit report reviews, weekly supervision meetings, and pre-approving any curfew extensions or employment changes. The requirement of probation reviewing his cell phone and email periodically would be removed from the MOD. Mr. X has unsupervised access to internet after moving to independent living. He has demonstrated the ability to utilize his phone appropriately (texts/calls/social media). At this time, the team feels it is no longer clinically necessary to periodically review his phone or email accounts and can be eliminated from the MOD.

Mr. X's Probation Officer was consulted regarding probation termination and she is in support. She has completed an updated LSI, which is attached to this modification for your review.

3. List the relevant community providers contacted about this modification:

Psychiatrist, Therapist

4. Has Sue Yousefi-Hoang of the DMHAS Conditional Release Service Unit reviewed this modification?

☒ Yes ☐ No

5. Has the six-month reporter reviewed this modification?

☒ Yes ☐ No

a. If es, is the six-month reporter in support of this modification?

☐ Yes ☐ No

b. If no, please explain:

6. Has the Probation Officer been contacted regarding this modification?

☒ Yes ☐ No ☐ N/A

a. If yes, is the Probation Officer in support of this modification?

☒ Yes ☐ No

b. If no, please explain:

Signature

Date

Printed name

Relationship to acquittee

Agency

Form 4: Request for Modification of Conditional Release

Psychiatric Security Review Board
Application for Modification of Conditional Release (CR)

Complete one form for each modification

Acquittee Name:

SECTION I

- 1. Describe the requested change to the current Memorandum of Decision:**

- 2. Describe the clinical rationale and treatment progress supporting the acquittee's readiness for this modification:**

- 3. List the relevant community providers contacted about this modification:**

- 4. Has the DMHAS Conditional Release Service Unit been consulted and provided with a copy of this modification?**
☐ Yes ☐ No

- 5. Is the six-month reporter in support of this modification?**
☐ Yes ☐ No

- 6. Has the Probation Officer been contacted regarding this modification?**
☐ Yes ☐ No ☐ N/A
 - a. If yes, is the Probation Officer in support of this modification?**
☐ Yes ☐ No
 - b. If no, please explain:**

Signature

Date

Printed name

Relationship to acquittee

Agency

Form 5: Application for Out of State Travel

**Application for Out-Of-State Travel by Conditionally Released
Psychiatric Security Review Board Acquittees
(CGS, Sect 53a-169)**

This application MUST be submitted to the PSRB at least four (4) weeks prior to travel

Acquittee Information

Name:

NGRI Charge(s):

Manslaughter in

First Degree

Has acquittee traveled out of the state previously?

☐

Yes

☐

No

Travel Information

a. *Purpose of travel:*

To check on
condition of his
cottage, and arrange
repairs with
plumber/electrician
as needed.

b. *Destination:*

Liberty, Maine (location of cottage)

Name and Address:

(

Telephone number (include area code):

c. *Date & time leaving Connecticut:*

d. *Date & time of return to Connecticut:*

e. *Mode of transportation (if by commercial vendor provide schedule):*

☐

Automobile (includes vans, trucks)

Will acquittee be driving?

☐

Yes

☐

No

☐

Bus

☐

Plane

☐

Train

☐

Other

Specify:

f. *Recommendations for call ins to*

(specify person or agency and check all that apply): ____

☐

Upon arrival at destination

☐

Upon arrival home

**Application for Out-Of-State Travel by Conditionally Released
Psychiatric Security Review Board Acquittees
(CGS, Sect 53a-169)**

☐ While out of the state
Specify:

☐ None

Application for Out-Of-State Travel by Conditionally Released Psychiatric Security Review Board Acquittees (CGS, Sect 53a-169)

Travel Arrangements

a. *Will acquittee be traveling alone?* ☐ Yes ☐ No

If no, who will be acquittee's travel companion(s)?

Name:

Relationship(s):

Supervision

a. *Will there be third party supervision?* ☐ Yes ☐ No

If yes, name of supervisor:

Relationship:

If supervision is an agency, state the staff/client ratio:

Memorandum of Decision Monitoring

Arrangements for monitoring or implementing conditional release conditions while out of the state, (i.e., medication monitoring, etc.):

List any special conditions recommended for out of state travel. *For extended travel include name of a mental health clinic to be used in case of emergencies and substance abuse groups the acquittee could attend while out of the state.*

Application for Out-Of-State Travel by Conditionally Released Psychiatric Security Review Board Acquittees (CGS, Sect 53a-169)

Clinical Justification

Comment on clinical justification for the proposed travel, assessment that acquittee can carry out travel requirements and that he/she would not pose a danger to self or others (attach report if necessary) and briefly describe general activities that the acquittee may be participating in that were not addressed.

Date

Signature

Printed Name

Conditional Release Supervisor
Relationship to acquittee

Sample 5: Quarterly Progress Report

**PSYCHIATRIC SECURITY REVIEW BOARD
CONDITIONAL RELEASE PROGRESS REPORT**

Section 17a-581-55(c), Regulations for State of Connecticut Agencies

(File **ORIGINAL** to the following address no later than the 10th of the month following the period to be reported)
Psychiatric Security Review Board, 505 Hudson Street, First Floor, Hartford, CT 06106

QUARTERLY REPORT MONTHS/YEAR

Acquittee's Name

ACQUITTEE'S NAME

ID:

Conditional Release Supervisor

Name of CR Supervisor

Telephone:

Current Address

Please list ACQUITTEE'S current psychiatric and medical diagnoses and all medications (If there has been changes to diagnoses and/or medication, please provide clinical rationale)

☐ Psychiatric Diagnoses: Please list and check box if changed since last report

:-

☐ Medical Diagnoses: Please list and check box if changed since last report

Psychiatric medications:

Medical medications:

CONDITIONS PER MOD #

SUPERVISING AGENCY RESPONSIBILITIES

NAME OF SUPERVISING AGENCY shall maintain oversight of this Conditional Release, with responsibilities that shall include but are not limited to:

Please check appropriate box and explain, if necessary

Monitored ACQUITTEE'S compliance with this
Conditional Release

☐ Yes

☐ No

If no, explain:

Provided individual therapy at least weekly

☐ Yes

☐ No

Date:

Date:

Date:

Date:

Date:

Date:

If no, explain:

Date:

Date:

Date:

Date:

Date:

Date:

Provided mental status examinations with a psychiatrist
at least monthly

☐ Yes

☐ No

Name of psychiatrist:

Date:

Date:

Date:

If no, explain:

Provided a group at least

☐ Yes

☐ No

If no, explain:

Administered **random** Breathalyzer tests at least weekly

☐ Yes ☐ No

Date:

Date:

Date:

Date:

Date:

Date:

If no, explain:

Date:

Date:

Date:

Date:

Date:

Date:

Monitored/coordinated drug/alcohol urinalysis at least
Please forward copy of lab results

☐ Yes ☐ No

Date:

Date:

If no, explain:

Date:

Conditional Release Supervisor Responsibilities shall include but are not limited to:

Please check appropriate box and explain, if necessary

Conducted face to face Conditional Release supervision meetings at least weekly

☐ Yes ☐ No

Date:

Date:

Date:

Date:

Date:

Date:

If no, explain:

Date:

Date:

Date:

Date:

Date:

Date:

Conducted home visits at least

☐ Yes ☐ No

Date:

Date:

If no, explain:

Date:

Provided family therapy/support at least

☐ Yes ☐ No

Date:

Date:

If no, explain:

Date:

Verified ACQUITTEE'S attendance at community substance abuse peer support meetings at least monthly

☐ Yes ☐ No

If no, explain:

Reviewed ACQUITTEE'S residential sign-in/sign-out log at least

☐ Yes ☐ No

If no, explain:

Pre-approved any staff supervised day out-of-state recreational activities

☐ Yes ☐ No

If yes, please indicate date and location of activity:

N/A for this period

☐

Pre-approved any extensions to ACQUITTEE'S curfew

☐ Yes ☐ No

If no, explain:

N/A for this period

☐

Pre-approved with whom ACQUITTEE may be a passenger in a motor vehicle

☐ Yes ☐ No

If no, explain:

☐ N/A for this period

☐ Yes ☐ No

If no, explain:

Contacted all community providers and employer,
voluntary placement supervisor or vocational counselor
(PROBATION OFFICER IF NEEDED) to determine
compliance by ACQUITTEE and compliance by
providers with the provision of services at least monthly

Pre-approved employment, day treatment, volunteer or
educational activity in collaboration with other
community providers (and PROBATION OFFICER) ☐ Yes ☐ No If no, explain:
N/A for this period

Oriented ACQUITTEE'S work supervisor and relevant
managers once employment is secured in collaboration
with vocational counselor ☐ Yes ☐ No If no, explain:
N/A for this period

Ensured that ACQUITTEE receives prevocational
services and vocational services while employed ☐ Yes ☐ No If no, explain:
N/A for this
Period ☐

CLINICAL AGENCY RESPONSIBILITIES

Responsibilities shall include but are not limited to:

Please check appropriate box and explain, if necessary

Monitored ACQUITTEE'S compliance with this
Conditional Release ☐ Yes ☐ No If no, explain:

Provided individual therapy at least weekly ☐ Yes ☐ No Date: Date:
Date: Date:
Date: Date:
Date: Date:
Date: Date:
If no, explain:

Provided mental status examinations with a
psychiatrist at least monthly ☐ Yes ☐ No Name of psychiatrist: Date:
Date: Date:
If no, explain:

RESIDENTIAL AGENCY RESPONSIBILITIES

Responsibilities shall include but are not limited to:

Please check appropriate box and explain, if necessary

Monitored ACQUITTEE'S compliance with this
Conditional Release ☐ Yes ☐ No If no, explain:

Provided and monitored a sign-in/sign-out log ☐ Yes ☐ No If no, explain:

Verified ACQUITTEE'S compliance with his curfew,
on a random basis consistent with his clinical status ☐ Yes ☐ No If no, explain:

Observed ACQUITTEE'S medication administration
through direct observation ☐ Yes ☐ No If no, explain:

☐ Yes ☐ No If no, explain:

Conducted visits to ACQUITTEE'S residence at least weekly

Conducted urinalysis for drug and alcohol screening, as clinically indicated ☐ Yes ☐ No If no, explain:
N/A for this period ☐

PSYCHOSOCIAL AGENCY RESPONSIBILITIES

Responsibilities shall include but are not limited to:

Please check appropriate box and explain, if necessary

Monitored ACQUITTEE'S compliance with this Conditional Release ☐ Yes ☐ No If no, explain:

Provided groups at least ☐ Yes ☐ No If no, explain:

Provided groups at least ☐ Yes ☐ No If no, explain:

Provided rehabilitation/psychosocial activities at least ☐ Yes ☐ No If no, explain:

Provided socialization and recovery activities, a minimum of per ☐ Yes ☐ No If no, explain:

Provided vocational counseling and/or other vocational services while ACQUITTEE is employed ☐ Yes ☐ No If no, explain:
N/A for this period ☐

Approved any employment, day treatment, volunteer, or educational activity in collaboration with ACQUITTEE'S Conditional Release Supervisor (and PROBATION OFFICER), ☐ Yes ☐ No If no, explain:
N/A for this period ☐

Oriented ACQUITTEE'S work supervisor(s) and relevant work site manager(s) once employment is secured in collaboration with his/her Conditional Release Supervisor (and PROBATION OFFICER) ☐ Yes ☐ No If no, explain:
N/A for this period ☐

VISITING NURSES AGENCY RESPONSIBILITIES

Please check appropriate box and explain, if necessary

Observed ACQUITTEE'S medication administration through direct observation ☐ Yes ☐ No If no, explain:

COURT SUPPORT SERVICES DIVISION, OFFICE OF ADULT PROBATION (CSSD, OAP) RESPONSIBILITIES

Responsibilities shall include but are not limited to:

Please check appropriate box and explain, if necessary

Monitored ACQUITTEE'S compliance with this Conditional Release ☐ Yes ☐ No If no, explain:

Conducted home visits at least monthly ☐ Yes ☐ No Date: Date: If no, explain:

Conducted work site visits at least monthly, when employed
N/A for this period

☐ Yes ☐ No If no, explain:
☐

Conducted **random** blood or urine analysis at least monthly, and as needed
Please forward copy of lab results

☐ Yes ☐ No Date: _____ Date: _____
Date: _____
If no, explain:

Monitored ACQUITTEE'S home computer, if applicable, including the Internet and email at least monthly

☐ Yes ☐ No If no, explain:
N/A for this period

Approved employment, day treatment, volunteer or educational activity in collaboration with his Conditional Release Supervisor

☐ Yes ☐ No If no, explain:
N/A for this period

Oriented work supervisor(s) and relevant work site managers once employment is obtained, in conjunction with his Conditional Release Supervisor

☐ Yes ☐ No If no, explain:
N/A for this period

Monitored/coordinated drug/alcohol urinalysis at least
Please forward copy of lab results

☐ Yes ☐ No Date: _____ Date: _____
Date: _____
If no, explain:

ACQUITTEE'S RESPONSIBILITIES AND AUTHORIZATIONS

Please check appropriate box and explain, if necessary

Utilized a sign-in/sign-out log at residence

☐ Complied If did not comply, explain:
☐ Did not comply

Participated in community substance abuse peer support meetings at least _____ and provide proof of attendance at community meetings to his/her Conditional Release Supervisor

☐ Complied If did not comply, explain:
☐ Did not comply

May maintained employment up to _____ hours per week,

☐ Yes ☐ No If yes, specify:
Activity: _____ #hrs/wk:
Activity: _____ #hrs/wk:
Activity: _____ #hrs/wk:
If no, explain:

Complied with all requirements of Sections 54-250 through 54 -261 of the Connecticut General Statutes, cooperate with the **Department of Public Safety** and complete all verification of address statements issued by the **Department of Public Safety**

☐ Complied If did not comply, explain:
☐ Did not comply

Maintained a curfew from _____ p.m. to _____ a.m., with any exceptions pre-approved by his Conditional Release Supervisor

☐ Complied If did not comply, explain:
☐ Did not comply

Was ACQUITTEE medically hospitalized this quarter?

If yes, please explain the reasons for the hospitalization:

TREATMENT FOCUS

For this reporting period, please identify the focus of treatment and briefly comment on progress toward treatment goals.

COMMENTS

Please comment on any observed behavioral changes or any significant events/stressors (i.e., residential changes, loss of significant other, loss in family, change in treatment providers, etc.). If the acquittee or community providers have been non-compliant with any treatment or conditions listed in the Memorandum of Decision this quarter please explain.

ALL TREATERS MEETING INFORMATION

Date of Last Meeting:

Date of Next Meeting:

Time:

Location:

, Conditional Release Supervisor

Date