

CF OPERATING PROCEDURE  
NO. 155-18

STATE OF FLORIDA  
DEPARTMENT OF  
CHILDREN AND FAMILIES  
TALLAHASSEE, July 17, 2017

Mental Health/Substance Abuse

GUIDELINES FOR CONDITIONAL RELEASE PLANNING FOR INDIVIDUALS FOUND NOT GUILTY  
BY REASON OF INSANITY OR INCOMPETENT TO PROCEED DUE TO A MENTAL ILLNESS

1. Purpose. This operating procedure provides guidelines for developing and monitoring Conditional Release Plans for hospitalized and non-hospitalized individuals found Not Guilty by Reason of Insanity (NGI) or Incompetent to Proceed (ITP) who do not meet criteria for involuntary hospitalization under Chapter 916, Florida Statutes (F.S.).
2. References.
  - a. Chapter 916, F.S., Mentally Deficient and Mentally Ill Defendants.
  - b. Chapter 394, F.S., Mental Health
  - c. Florida Rules of Criminal Procedure (F.R.C.P.) 3.210 – 3.219.
  - d. Rule 65E-20, Florida Administrative Code (F.A.C.), Forensic Client Services Act.
  - e. Rule 65E-5, F.A.C., Mental Health Act Regulations.
  - f. Forensic Mental Health Services Model, 7-1-08 Forensic Contract Exhibit, or latest version thereof.
  - g. CFOP 155-13, Incompetence to Proceed and Non-restorable Status.
  - h. CFOP 155-17, Guidelines for Discharge of Residents from a State Civil Mental Health Facility to the Community.
  - i. CFOP 155-22, Leave of Absence and Discharge of Residents Committed to a State Mental Health Treatment Facility Pursuant to Chapter 916, F.S.
  - j. CFOP 155-27, Guidelines for Pre-Release Referral of Residents in State Mental Health Treatment Facilities for Social Security Benefits and Insurances and for the Institutional Care Program (ICP) Medicaid.
  - k. CFOP 155-35, Violence Risk Assessment Procedure in State Mental Health Treatment Facilities.
  - l. CFOP 155-45, Guidelines for Conducting Sexually Violent Predator Assessment of Individuals Found Not Guilty by Reason of Insanity and Committed for Involuntary Hospitalization.
  - m. CFOP 155-48, Registration Guidelines for Forensic and Civil Residents Who Are Classified as Sexual Offenders or Sexual Predators.

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This operating procedure supersedes CFOP 155-18 dated June 23, 2017.

OPR: SMF

DISTRIBUTION: X: OSGC; ASGO; Region/Circuit Mental Health Treatment Facilities.

n. Chapter 394 F.S., Mental Health.

3. Scope. This operating procedure applies to individuals found NGI or ITP who do not meet involuntary hospitalization criteria under Chapter 916, F.S.

4. Definitions. For the purposes of this operating procedure, the following terms shall mean:

a. Case Manager. A staff member employed by a community mental health provider, under contract with the Managing Entity, to provide an array of services to individuals including service planning, service linkage, service coordination, monitoring of service delivery and evaluation of service effectiveness. Case Managers assigned to forensic individuals on conditional release are responsible for monitoring compliance with the court-ordered conditional release plan, providing early intervention to avoid revocation of conditional release and reporting to the Court on progress/compliance as required by the Court. A Resource Manager is the equivalent in areas where Resource Managers are used.

b. Competency Restoration Training. Education provided to the individual by a mental health provider to gain understanding and comprehension of the charges, legal process, possible court dispositions and the individual's rights under the law. This education may be provided over a period of time until the clinician is confident that the individual has demonstrated understanding and comprehension of the information or it has been determined that the individual will not regain competency in the foreseeable future.

c. Conditional Release. A court-approved discharge for a resident committed under Chapter 916, F.S., from a state mental health treatment facility to a less restrictive community setting. It is also used in lieu of an involuntary commitment to a facility pursuant to ss. 916.13 or 916.15, F.S.

d. Conditional Release Plan. A court-ordered plan for providing appropriate outpatient care and treatment for individuals found ITP or NGI. The committing Court may order a Conditional Release of any defendant in lieu of an involuntary commitment to a state mental health treatment facility, or upon a recommendation that outpatient treatment of the defendant is appropriate. A written plan for outpatient treatment, including recommendations from qualified professionals, must be filed with the Court with copies to all parties. Such a plan may also be submitted by the defendant and filed with the Court with copies to all parties.

e. Forensic Coordinator. A staff member employed by the Managing Entity, or their contracted provider, who has contractual and programmatic oversight responsibility of forensic services for adults for each court circuit in the covered region.

f. Forensic Specialist. A staff member employed by a community mental health provider, under contract with the Managing Entity, to provide an array of services to individuals who have been Court ordered for a mental competency or sanity evaluation or have been committed to the Department of Children and Families under the provisions of Chapter 916, F.S., by one of the state's twenty Circuit Courts. Specifically, these are individuals who have received an Order of Evaluation of Competency or Sanity or have been adjudicated as ITP or NGI due to mental illness. The Forensic Mental Health Services Model is used as an exhibit for the contractual provision of these services.

g. Incompetent To Proceed (ITP). A determination made by the Circuit Court that an individual is unable to proceed at any material stage of a criminal proceeding. These stages shall include pretrial hearings and trials involving questions of fact on which the defendant might be expected to testify. It shall also include entry of a plea, proceedings for violations of probation or violation of community control, sentencing, and hearings on issues regarding a defendant's failure to comply with Court orders. It shall also consider conditions or other matters in which the mental competence of the defendant is necessary for a just resolution of the issues being considered.

h. Managing Entity (ME). As defined in s. 394.9082(2)(b), F.S., an entity that manages the delivery of behavioral health services.

i. Non-Violent Offense. A crime that does not involve a violent crime against a person and is *not* one of the violent or capital offenses found in s. 916.145, F.S. Individuals that have only non-violent offenses are a priority population for discharge.

j. Not Guilty By Reason of Insanity (NGI). A determination made by the Circuit Court that an individual is acquitted of criminal charges because the individual is found insane at the time of the offense.

k. Recovery Plan. A written plan developed within 30 calendar days of admission by the resident and his or her recovery team. This plan is based on assessment data, identifying the resident's clinical, rehabilitative and quality of life/enrichment service or recovery needs, the strategy for meeting those needs, documented treatment and recovery goals and objectives, criteria for terminating the specified interventions, and documented progress in meeting specified goals and objectives. Also referred to as the "plan." The recovery plan is reviewed at a minimum every 30 calendar days for the first 24 months of hospitalization and every 60 days thereafter.

l. Recovery Team. An assigned group of individuals with specific responsibilities identified on the recovery plan including the resident, psychiatrist, guardian/guardian advocate (if resident has a guardian/guardian advocate), community Case Manager, family member and other treatment professionals commensurate with the resident's needs, goals, and preferences.

#### 5. Conditional Release Planning Standards.

a. The Conditional Release planning process for individuals who are NGI and ITP begins in lieu of commitment to the Department of Children and Families, if the individual does not meet criteria for involuntary hospitalization. Individuals with only non-violent offenses should be prioritized for possible diversion. Conditional Release planning also takes place post-commitment when individuals are residing at a civil or forensic state treatment facility and no longer meet involuntary hospitalization criteria per Chapter 916, F.S.

b. The responsibility for Conditional Release planning should be shared by the civil/forensic state treatment facility Recovery Team if the individual is hospitalized, the community treatment provider who will monitor and provide mental health services for the individual, and the Forensic Specialist. The Forensic Specialist/Forensic Case Manager provides consultation and linkage to the community treatment providers in his/her circuit, when the individual is hospitalized.

c. A productive working relationship between the community treatment providers, civil/forensic state treatment facility Recovery Team, and Forensic Specialist, sensitive to one another's concerns and perspectives, is essential to the efficiency of the conditional release planning process.

d. If the individual is hospitalized, the Social Services staff, Recovery Team coordinator or a designee should inform the Forensic Specialist and the community Case Manager of the individual's recovery team meetings.

e. At each recovery planning meeting, the Recovery Team must assess the individual's progress towards conditional release. Residents who have only non-violent offenses should be prioritized for conditional release and assessed each month to determine if discharge barriers have been addressed and/or eliminated, and if they are clinically appropriate for discharge. Documentation of progress to discharge shall be made in the monthly team meeting notes. Individuals committed as ITP, residing in a state treatment facility who remain incompetent, but no longer meet criteria for

hospitalization, should be released to community competency restoration programs under conditional release, whenever possible and with the committing court's approval.

f. In accordance with the Forensic Mental Health Services Model (see Appendix A to this operating procedure), the Forensic Specialist is to provide the Forensic Coordinator with a monthly release plan status report for all forensic individuals referred by the forensic and/or civil treatment facilities as seeking community placement for conditional release. The Forensic Coordinator shall ensure the participation of the Forensic Specialist in the prompt development of the Conditional Release Plan.

g. The Forensic Coordinator shall ensure the access and availability of services specified in each individual's Conditional Release Plan through programmatic and contractual monitoring.

h. Services for individuals being considered for Conditional Release should be sought in the circuit in which the committing Court is located, unless there are compelling reasons for placement in another circuit. If alternative circuit placement is sought, the Forensic Specialists and Forensic Coordinators from both circuits will work cooperatively to develop and review the Conditional Release Plan prior to submission to the Court. A Circuit Transfer Request form must be completed (form CF-MH 1072, available in DCF Forms). Mental health services, including case management, will be provided by the circuit in which the individual will reside, unless alternative arrangements have been made and agreed to by the individual served, both circuit Forensic Coordinators and the committing Court. All reports to the Court will be provided by the circuit providing services with copies provided to the other circuit. This is the preferred process as the reports are based on firsthand knowledge. However, if the Court requires, the Forensic Specialist in the committing circuit may act as the liaison with the Court, furnishing updates to the Court based on information provided by the Case Manager in the circuit where the individual resides. If a transfer to another circuit occurs, provider staff from the committing circuit should consider the case still "open" and be ready to help the individual return to the committing circuit if the court so requires or if the individual needs to return to the committing circuit for support and services.

i. If it is determined that an individual in a state mental health treatment facility requires a skilled nursing facility and such placement is found, the facility, with assistance from the community provider, may develop an aftercare plan instead of a conditional release plan. The facility would need to send the aftercare plan to the court requesting it terminate its jurisdiction. If the court is not willing to terminate its jurisdiction, then a conditional release plan would need to be developed with the community provider, and the forensic case manager or forensic specialist shall be designated to provide the necessary reports to the court. If the court is willing to accept reports directly from an employee of the skilled nursing facility or an independent party, and that person agrees to do so, then the conditional release plan can include this information. Facility staff should work closely with their legal counsel and engage the department's regional attorneys to ensure an agreeable plan is formulated. Attorneys may need to contact defense attorneys and other court officials as necessary.

## 6. General Procedures.

a. The Conditional Release Plan (CRP) shall:

(1) Be developed with input from the civil/forensic facility Recovery Team if applicable, the Forensic Specialist, the designated community provider, and others as applicable; **(NOTE: If the individual resides in a state mental health treatment facility, Recovery Teams must also ensure compliance with the other discharge and pre-discharge policies listed in this operating procedure's reference section.)**

(2) Follow "Seeking Placement List Process" guidelines for Chapter 916, F.S. residents as outlined in CFOP 155-22, paragraph 7c, Seeking Placement List Process;

(3) Be a comprehensive plan and include all of the components described below in paragraph 6b; and,

(4) Be reviewed by the individual served, the Forensic Specialist, the Forensic Coordinator, the community treatment provider, civil/forensic facility Recovery Team when the individual is in a state treatment facility, and circuit legal (if needed). The individual should understand the Conditional Release Plan and agree to follow the conditions of the plan.

b. The components of a Conditional Release Plan shall include (see Appendix A to this operating procedure for template):

(1) General conditions that apply to all individuals on Conditional Release and the consequences for not complying with these conditions;

(2) The specific conditions related to the individual resident's recovery plan, including the management of unique risk factors and the provision of outpatient mental health services, along with the consequences for not complying with these conditions;

(3) Specific provisions for residential treatment or adequate supervision of the individual;

(4) The provision of community-based competency restoration services, for those individuals found ITP;

(5) An Agency Agreement to Treat (form CF-MH 2015, available in DCF Forms) signed by a representative of the community provider agency (the original should be included with the clinical summary and recommended conditional release plan when forwarded to the Court for approval);

(6) A plan to monitor compliance with the conditions of release and the individuals responsible; and,

(7) A Statement of Understanding and Consent (form CF-MH 2016, available in DCF Forms), signed by the individual, allowing communication among the civil/forensic facility Recovery Team, Forensic Specialist, community provider agency, and any other entity involved in the treatment or monitoring of the individual. This must be signed by the individual after the conditional release plan has been approved by the Court.

c. The individual shall sign the Conditional Release Plan.

d. If the individual is hospitalized in a state treatment facility, the Conditional Release Plan shall be reviewed and approved, in accordance with each facility's forensic review process. The Conditional Release Plan and the clinical summary will be completed simultaneously. If the individual is not hospitalized, the Conditional Release Plan shall be reviewed and approved by the Forensic Coordinator or designee. The review process shall include the assessment of risk and whether the Conditional Release Plan adequately addresses risk management issues in the community. The review process shall focus on whether all the required elements are included in the plan and whether all persons who should be involved in the process were involved.

e. The original Conditional Release Plan and Agency Agreement to Treat shall be submitted to the committing Court by the treatment facility administrator if the individual is hospitalized, and by the Forensic Specialist if the individual is not in a state mental health treatment facility. **Facility attorneys shall monitor pending conditional release recommendations to the courts and consult with the appropriate DCF Regional Legal Counsel if there appear to be delays in the court process.**

f. Per the Forensic Mental Health Services Model, when an individual is placed on conditional release, the Forensic Specialist will transfer the individual’s case to the appropriate community Case Manager (Targeted Case Management, Intensive Case Management, Comprehensive Community Service Team, Forensic Case Management Team or Florida Assertive Community Treatment [FACT] team).

g. The community Case Manager will coordinate services and provide the Court with routine progress reports as required by the Conditional Release Order. The Case Manager will address the need for continued supervised follow-up care or recommend termination.

h. The Forensic Specialist will accompany the Case Manager to Court hearings regarding individuals on conditional release.

i. After consultation with the Forensic Specialist, the Case Manager or, if appropriate, the Forensic Specialist will immediately notify the Court of any Conditional Release violations via affidavit or sworn statement per s. 916.17(2), F.S. The Forensic Specialist will notify the Forensic Coordinator of individuals at risk of violating conditional release to facilitate the staffing of cases to recommend service provision changes.

j. Per the Forensic Mental Health Services Model, the Forensic Specialist shall track all individuals on Conditional Release and provide the Forensic Coordinator with an updated Conditional Release list quarterly and ensure that the Coordinator receives a copy of the Conditional Release Order and all subsequent orders of continuance, modification, revocation or termination.

k. The Court, per 3.219(c), F.R.C.P. and s. 916.17(3), F.S., may terminate Conditional Release if it determines that supervised follow-up care is no longer required; therefore, the Case Manager is responsible for requesting a hearing if termination of the Conditional Release Plan is recommended by the individual’s recovery team.

BY DIRECTION OF THE SECRETARY:

*(Signed original copy on file)*

WENDY SCOTT  
Director, State Mental Health Treatment Facilities, Policy and Programs

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Deleted paragraph 2g because Rule 65E-15, F.A.C., has been repealed.

## FORENSIC MENTAL HEALTH SERVICES MODEL

### TARGET POPULATION:

Forensic Mental Health Services are provided to individuals with mental illnesses pursuant to Chapter 916, Florida Statutes. These are individuals who have been court ordered for an evaluation or who have been committed to the Department of Children and Families under the provisions of Chapter 916, F. S., by one of the state's twenty Circuit Courts. Specifically, these are individuals who have received an Order for Evaluation of Competency or Sanity or have been adjudicated as Incompetent to Proceed (ITP) or Not Guilty by Reason of Insanity (NGI) due to mental illness.

### Managing Entity will ensure their providers:

1. Designate a Forensic Specialist, and other staff as required to fulfill the terms of the contract. These staff will work on forensic mental health issues and with forensic mental health clients.
2. Monitor individuals with mental illnesses in jail at risk for commitment to the Department pursuant to Chapter 916, F.S. Advise the court evaluators and the attorneys of treatment alternatives for appropriate felony offenders including civil diversion and conditional release. Monitor the progress of individuals in jail and/or community-based competency programs.
3. Maintain close working relationships with local jail mental health personnel to coordinate services and address mental health issues involving the Department and local mental health and substance abuse providers. Address any issues that may arise regarding jail medication formularies and the availability of medications to individuals while in jail.
4. Maintain close working relationships with the judicial assistants in the circuit, the Office of the Public Defender, the Office of the State Attorney and the Clerk of the Court's Office. Develop a system for early notification of orders appointing experts and orders of commitment.
5. Attend all scheduled court hearings involving individuals with mental illnesses adjudicated or at risk of being adjudicated Incompetent to Proceed or Not Guilty by Reason of Insanity, including the determination of competency hearings. Be prepared at the hearing to discuss alternative dispositions. Notify the Forensic Coordinator, in a timely manner, when unable to attend a court hearing.
6. Assist the judicial system by tracking each completed Incompetent to Proceed or Not Guilty By Reason of Insanity commitment packet through the Clerk's Office and on to the Forensic Admission Coordinator in the State Substance Abuse & Mental Health Program Office's Treatment Facilities Division. Intervene as necessary to ensure the packet moves through the process in a timely manner.
7. Alert the Forensic Coordinator to any potential legal issues such as incorrect or improper orders to allow for appropriate and timely intervention by circuit legal staff.
8. Participate, upon request, in the state treatment facility's development of the psychosocial assessment and the recovery plan.
9. Provide the state treatment facility(s) recovery teams with all available community information required to assist with the individual's treatment.
10. Conduct a minimum of quarterly face-to-face meetings with individuals at the state forensic treatment facility(s) and civil step-down treatment facility(s). Provide the Forensic Coordinator with quarterly visit reports to include a minimum of the discharge status of each individual, identified barriers to discharge and plans for assisting the individual and the service/treatment team in overcoming barriers to discharge. Record each visit by writing a note in the individual's treatment facility record/ward chart.

11. Work closely with the individual, interested family members when authorized, the treatment facility recovery team, local mental health provider agency staff, and placement sites to locate appropriate community placements and arrange for needed aftercare services for individuals determined appropriate for discharge. Intervene when necessary to resolve issues among stakeholders to ensure the process moves forward in a timely manner.
12. Assist the treatment facilities and appropriate court personnel in the development of conditional release plans. Attend all conditional release hearings. Ensure continuity of care by assisting with the coordination of transportation of the individual from the jail or treatment facility to the placement identified in the conditional release order on the date prearranged with the placement site.
13. Track all individuals on conditional release and provide the Forensic Coordinator with an updated conditional release list quarterly. Ensure the Forensic Coordinator receives a copy of the conditional release order and all subsequent orders of continuance, modification, revocation or termination.
14. Work with the circuit Forensic Coordinator to facilitate proposed out-of-circuit placements, coordinating with counterparts in the receiving circuit to ensure continuity of care.
15. Upon receipt of the notification from a state treatment facility of an individual being found Competent to Proceed:
  - a. Coordinate with appropriate court personnel to secure, within thirty (30) days of the date of notification, a transportation date from the Sheriff's Department or contract transportation provider;
  - b. Notify the State Mental Health Program Office of the pick-up transportation date for the individual within twenty-four (24) hours or the next business day; and
  - c. Ensure that any special needs of the individual are known to local forensic staff (circuit and provider), and communicated to the local jail by the state treatment facility.
16. Upon return of a competent individual to jail and immediately after the first competency hearing date, ensure that a community Case Manager is assigned to facilitate follow-up services, if applicable.
17. Work closely with the state forensic and civil treatment facility(s), local mental health providers, crisis stabilization units (CSU) and the courts to ensure the appropriate and timely disposition of individuals not found competent within three or five years, as specified in s. 916.145, F.S.
18. Provide or ensure the provision of information to the Courts and the attorneys pertaining to the individual's treatment in the state treatment facility(s) as requested.
19. Provide community evaluators, treatment facility staff, the Courts, and attorneys information regarding housing options such as Adult Living Facilities (ALF's), group homes, family care homes, apartments, etc, for forensic and/or prospective individuals.
20. Attend and participate in statewide forensic meetings to remain current on issues, activities, and trends affecting forensic individuals or other local meetings as requested by the Managing Entity.
21. Assist with the forensic system training program sponsored by Managing Entity/treatment facilities when scheduled in the circuit.
22. Obtain a certification of attendance from the Florida Forensic Examiner Training or a Forensic Specialist training within one (1) year of employment.
23. Develop, maintain and update, as needed, a directory of all mental health services and providers in the area.
24. When an individual is placed on conditional release, the Forensic Specialist will transfer the individual's case to a Community Case Manager. The Community Case Manager will coordinate



services and provide the Court with routine progress reports as required by the conditional release order. The Forensic Specialist will accompany the Case Manager to all court hearings regarding individuals on conditional release.

25. The Forensic Mental Health Specialist will be consulted regarding any apparent conditional release violation. Provider staff will be responsible for notifying the Court of any conditional release violations via affidavit or sworn statement per s. 916.17(2), F.S. They will also notify the circuit Forensic Coordinator.

### **Managing Entity (ME) Specific Tracking:**

1. Track the release plan status of all forensic individuals referred by the forensic and/or civil treatment facility(s).
2. Track the following diversions:
  - a. Number of individuals with severe and persistent mental illnesses who are diverted from the forensic system prior to commitment;
  - b. Number of individuals with severe and persistent mental illness who are diverted from the forensic system after commitment, but prior to admission; and
  - c. Number of individuals served.
  - d. The number of individuals served in either pre-commitment or post-commitment diversion with non-violent offenses that do not include any of the offenses listed in s. 916.145, F.S.
3. Track all client level data to ensure that any legislative requests for information can be responded to in a reasonable amount of time.

In addition, on a monthly basis the ME's Forensic Coordinator will report to the State Substance Abuse and Mental Health Program Office – SAMH Division/Mental Health Unit:

- a. The **overall number** of persons on conditional release, fiscal year to date, **AND** broken down as follows:
  - i. number of Incompetent to Proceed
  - ii. number of Not Guilty by Reason of Insanity
  - iii. number by type of placement/program (home, ALF, Residential Level 1, etc)
  - iv. number by circuit and county
- b. Number of those on Conditional Release who were restored to competency that month
- c. Number of those on Conditional Release who were determined non-restorable that month.
- d. Number of individuals with non-violent offenses that do not have any of the offenses listed in s. 916.145, F.S. and are discharged on conditional release by the committing court. The ME should ensure that such individuals residing in state mental health treatment facilities are prioritized for conditional release planning and discharge.

Responsibilities delineated in any provision of this Appendix may be transferred to, assumed by, or performed in conjunction with another local entity, with written approval of the Managing Entity.

## Template for Conditional Release Plan

Conditional Release Plan for

\_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Docket/Case Number)

Date Plan Submitted: \_\_\_\_\_

TO: Judge \_\_\_\_\_ in the \_\_\_\_\_ Judicial Circuit

### General Conditions:

I, \_\_\_\_\_, understand that I have been found by the Court to be (NGI or ITP) pursuant to Chapter 916, F.S. and that I am being considered for Conditional Release status. I understand that I will be expected to follow the conditions listed below in order to remain living in the community. I specifically agree:

- 1) To obey all municipal, state, and federal laws.
- 2) Not to leave the state of Florida without written permission from the judge who maintains jurisdiction over my case.
- 3) To live at \_\_\_\_\_ (facility name, if applicable address and phone number) with \_\_\_\_\_ (name, if applicable). I agree not to change my address/living situation without prior approval of my assigned Case Manager, or prior written approval from the judge who maintains jurisdiction over my case. (choose one)
- 4) Not to own, possess, or have access to firearms or any other illegal weapons.
- 5) To provide any release of information requested by my treating physician, Case Manager, Forensic Specialist, or other treatment staff concerning my mental health and compliance with the conditions of this Conditional Release Plan.
- 6) Not to take or possess any illegal drugs or prescribed medications unless prescribed by my treating physician.
- 7) To follow the terms of my treatment plan, whether or not they are specified in this Conditional Release Plan.
- 8) To complete any necessary forms for payment of services.
- 9) To understand that, even though I may not have violated any Conditions of Release, I may be re-hospitalized or placed in a crisis stabilization facility if my mental health deteriorates to such a point that hospitalization or stabilization is necessary for my safety and/or the safety of the community.

**Specific Conditions:** (can include any or all of the following, to be tailored to the individual's needs and specific situation)

- 1) Not to consume alcoholic beverages.
- 2) To meet with my assigned Case Manager as required for the purpose of monitoring compliance with the Conditions of Release. These meetings may include scheduled office visits or scheduled and/or random home visits.
- 3) To take all medications as prescribed by my treating psychiatrist. I agree to meet with my treating psychiatrist as scheduled for the purpose of monitoring my medication.
- 4) To cooperate with the collection of laboratory specimens including testing of blood, breath, or urine for alcohol, illicit drugs, and therapeutic medication levels. I understand that some of these requests may be random and unscheduled.
- 5) To attend Alcoholics Anonymous and/or Narcotics Anonymous meetings \_\_\_\_ times per week or as scheduled and to provide my Case Manager with proof of attendance.
- 6) To meet with Mental Health/Substance Abuse Counselor \_\_\_\_\_ at \_\_\_\_\_ (agency name), \_\_\_\_ times per week/month or as scheduled.
- 7) To attend day treatment \_\_\_\_ times per week or as scheduled at \_\_\_\_\_ (agency name).
- 8) To cooperate with all requests for psychological testing.
- 9) To comply with any other special conditions deemed necessary by the mental health staff responsible for my treatment.
- 10) That if I am unable to attend a meeting or session as required by this Conditional Release Plan, I will provide advance notice by telephoning the person with whom I was scheduled to meet. If I am unable to contact this person, I will call one of the two following individuals:
  - 11) Alternative Contact #1: \_\_\_\_\_
  - 12) Telephone Number: \_\_\_\_\_
  - 13) Alternative Contact #2: \_\_\_\_\_
  - 14) Telephone Number: \_\_\_\_\_
- 15) To make arrangements for my transportation between my residence and meetings, appointments and activities and/or attend all meetings, appointments and activities as required by this Plan. I understand that missing meetings, appointments and activities because of a lack of transportation will not be accepted as an excuse.
- 16) Other conditions.
- 17) Agency Agreement to Treat (agreement to be attached).

**Individual Agreement:**

I have read or had read to me and understand and accept the conditions under which I will be released by the Court. I agree to abide and conform to them and fully understand that my failure to do so may result in:

- a) revocation of Conditional Release;
- b) modification of the Conditional Release Plan;
- c) notification of the Court and proper legal authorities;
- d) emergency hospitalization, pursuant to Chapter 916, F.S.; and,
- e) arrest and prosecution.

Individual: \_\_\_\_\_ Date: \_\_\_\_\_

The following individuals participated in the development of this conditional release plan and/or reviewed and approved the plan: (Plan must be reviewed by/with the Psychiatrist, Social Services staff, Psychologist, Forensic Coordinator and Forensic Specialists. Names only, signatures not required.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_