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PROCEDURES FOR COMMUNITY TREATMENT FOR PERSONS UNDER FORENSIC COMMUNITY-BASED SERVICES (NGRI): IMPLEMENTATION OF TITLE 16, ARTICLE 8, C.R.S.

(Revised 06/2010)

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Introduction

The purpose of this document is to outline the procedures related to Title 16, Article 8, C.R.S., Insanity Release. Specifically this document pertains to the procedures of community placement and treatment for those persons adjudicated Not Guilty By Reason of Insanity and committed to the Colorado Department of Human Services under Forensic Community-Based Services as well as spelling out the associated roles and responsibilities of the CDHS, Colorado Mental Health Institute at Pueblo (CMHIP), the CDHS, Division of Behavioral Health, and the Community Mental Health Centers (CMHC).

The insanity defense is used approximately 1% of the time in all court cases. Noting, that under the law, persons found insane are not necessarily incompetent to stand trial. Where incompetence abates the criminal action and is procedural in effect, insanity is substantive and renders the defendant not guilty. The person committed an act that constitutes a criminal offense; however, due to a mental illness, s/he lacked the ability to distinguish right from wrong. Common criminal charges include: murder/attempted murder, burglary, sex offense, and assault. Common diagnoses include: Schizoaffective Disorder, Schizophrenia, and Bipolar Disorders.

Persons adjudicated Not Guilty by Reason of Insanity (NGRI) are committed to the Colorado Department of Human Services to receive in-patient forensic care and treatment at the Colorado Mental Health Institute- Pueblo (CMHIP), High Security Forensic Institute. Once psychiatric symptoms have been stabilized and s/he is no longer considered a danger, eligible persons may be considered for placement in the community. Forensic Community-Based Services (FCBS) is the program at the Colorado Mental Health Institute- Pueblo responsible for oversight of persons found NGRI who are placed in the community while still under the authority of the State of Colorado. The program proactively works with the Community Mental Health Centers (CMHC) to facilitate community reintegration using comprehensive and evidence-based services in the least restrictive environment, while meeting the need for public safety.

There are two types of community status that individuals found Not Guilty by Reason of Insanity may be on to live in the community: Community Placement and Conditional Release. Community Placement, typically the initial community status, involves the court granting temporary physical removal from CMHIP. For transitional continuity, the CMHIP FCBS team provides coordination, support, and case management alongside the local Community Mental Health Center. After a period of proven stability and treatment compliance, the person progresses to court ordered Conditional Release, the second type of community status. On conditional release, the person is no longer assigned a CMHIP FCBS case manager, however the person continues to receive treatment from the local Community Mental Health Center. Upon court approval, the person may progress from Conditional Release to Unconditional Release. The court releases the person from commitment to the Colorado Department of Human Services and from all prior terms and conditions related to state commitment.

Definitions

For the purposes of this document, the following definitions will be in effect:

- A. **CDHS** - Colorado Department of Human Services
- B. **CMHC** - Community Mental Health Center
- C. **CMHC Executive Director** - The Executive Director or Chief Executive Officer (CEO) of a Community Mental Health Center (CMHC)
- D. **CMHC Forensic Coordinator** - The person identified in each Community Mental Health Center who is responsible for monitoring persons on Conditional Release or Community Placement status, and is responsible for complying with the reporting responsibilities.
- E. **CMHC Treatment Plan** - The plan of care utilized and maintained by the Community Mental Health Center. Also may be referred to as Individual Service Plan (ISP) or Plan of Care (POC).
- F. **CMHIP** - Colorado Mental Health Institute- Pueblo
- G. **Community Placement (CP)** (See Section 16-8-118, C.R.S.) - The person remains in the legal custody of CDHS, but has been granted permission by the court to reside in the community under Temporary Physical Removal status.
- H. **Community Placement (CP) Requirements** - The contract document (“Requirements & Expectations for Community Living”) that is established prior to discharging from CMHIP between the person and Forensic Community-Based Services outlining the specific services, supports, risk reduction and management for residing in the community.
- I. **Conditional Release (CR)** - The legal status for a person that has been released from the custody of CDHS and is required to follow certain terms and conditions set forth by the court in order to reside/remain in the community.
- J. **Conditions for Release** - The terms and conditions imposed by the court and outlined in the CR court order for the person that has been conditionally released from CDHS.
- K. **DBH** - Division of Behavioral Health
- L. **DBH Manager of Forensic Community-Based Services Programs** - The person identified by DBH who is responsible for monitoring and providing technical assistance to state-wide programs who serve individuals adjudicated Not Guilty by Reason of Insanity and are in Forensic Community-Based Services programs.

- M. **Disposition Committee** - A committee that serves at the request of the Superintendent to recommend eligibility of Institute for Forensic Psychiatry persons' privileges, community placement, conditional release, and sex-offender registration.
- N. **Disposition Report** - A report that is completed by the Disposition Committee to provide recommendations to the Superintendent as to the approval/disapproval of Off-Grounds Unsupervised Privileges, Community Placement, or Conditional Release.
- O. **Executive Director** - The Executive Director of the Colorado Department of Human Services.
- P. **FCBS** - Forensic Community-Based Services
- Q. **Forensic Community-Based Services (FCBS) Director** - The person identified by CMHIP to serve as the Director of Forensic Community-Based Services.
- R. **Forensic Community-Based Services (FCBS) Team** - CMHIP staff identified to provide oversight and/or services to persons adjudicated NGRI and living in the community.
- S. **FCBS Plan of Care (POC)** - The plan of care utilized and maintained by Forensic Community-Based Services related to risk reduction and transition to community placement.
- T. **NGRI** - Not Guilty by Reason of Insanity. Defendant excused by Court from criminal responsibility because the person is 1. "so diseased or defective in mind at the time of the commission of the act as to be incapable of distinguishing right from wrong with respect to that act is not accountable" (section 16-8-101.5 (1)(a), C.R.S.) or 2. because the person "suffered from a condition of mind caused by mental disease or defect that prevented the person from forming a culpable mental state that is an essential element of a crime" (section 16-8-101.5 (2)(a), C.R.S.).
- U. **Revocation of Conditional Release** - The person has been determined to no longer be eligible to remain on Conditional Release and is defined in section 16-8-102(4.5), C.R.S. as: "the defendant has violated one or more conditions in his/her release, or the defendant is suffering from a mental disease or defect which is likely to cause him to be dangerous to him/herself, to others, or to the community in the reasonably foreseeable future, if he is permitted to remain on conditional release." See section 16-8-115.5, C.R.S. for full description of enforcement and revocation of conditional release.
- V. **Superintendent** - The Superintendent of CMHIP
- W. **Temporary Physical Removal** - The legal authority for Community Placement. The Superintendent of CMHIP "may authorize treatment and rehabilitation activities involving temporary physical removal of such person from the institution in which the defendant has been placed" (16-8-118 (1), C.R.S.) according to the procedures and

requirement set out in section 16-8-118, C.R.S. Persons must have court approval for Temporary Physical Removal (TPR) to go off CMHIP campus and TPR is required prior to Community Placement (CP) status.

Procedures for Community Placement (CP)

I. Community Placement Status

Persons who have been adjudicated NGRI may be placed on Community Placement (CP) with permission of the committing court (known as Temporary Physical Removal per section 16-8-118, C.R.S.). All persons on Community Placement are assigned a case manager from CMHIP's FCBS team, typically are connected to a Community Mental Health Center, and must agree to follow their individualized Terms and Conditions for placement in the community. The person on Community Placement status remains in the custody of the Department of Human Services. CDHS, the CMHIP Superintendent, the FCBS Director/designee, and the CMHC work together to see that follow-up community treatment and monitoring are provided. Prior to Community Placement, FCBS will develop and provide the CMHC a copy of the CP Requirements (see Appendix A, "Requirements and Expectations for Community Living").

II. Procedures for Community Placement

A. When a person is being considered for Community Placement and referred to a CMHC, the CMHC will be informed of the person's potential placement through a referral packet sent by the CMHIP in-patient staff.

B. Prior to being recommended for Community Placement, persons are reviewed by the Disposition Committee at CMHIP. The representative CMHC will be invited to attend the disposition committee meeting. The representative person from the CMHC, typically the Forensic Coordinator, will have the knowledge and authority required to commit community resources as required for the person's release from hospital. The CMHC and CMHIP will jointly develop a process for CMHC involvement in the Disposition Committee meeting and in developing recommendations to the court.

If a CMHC representative cannot attend the Disposition Committee meeting, CMHIP will notify the CMHC Forensic Coordinator of the Disposition Committee outcome.

C. A copy of the Disposition Report submitted to the court will be given to the Executive Director of the Community Mental Health Center and the CMHC Forensic Coordinator. The disposition report and/or the referral packet will include, at minimum:

1. Requirements & Expectations for Community Living for the person to reside on CP (see Appendix A);
2. Delineated responsibility for psychiatric intervention and medication management. This contained within the CMHIP FCBS Plan of Care;
3. Provisions for coordination of services between the CMHC and

CMHIP (e.g., service plan reviews).

- D. When the requirements for Community Placement are formalized - identifying services, supports, risk reduction and management- the CMHC Forensic Coordinator will supervise monitoring and service provision for clients on Community Placement (CP) status in the same manner as for persons on Conditional Release. The Requirements & Expectations for Community Living document (see Appendix A), which includes the agreements for service provision, must be signed prior to placement in the community by: the CMHIP FCBS Director, the FCBS Case Manager, the CMHC Forensic Coordinator, and the FCBS client. The CMHIP Unit Psychiatrist, the CMHIP FCBS Psychiatrist (as indicated), and the CMHC Psychiatrist will be expected to sign within 30 days of placement. A copy will be kept in the clinical record at both CMHIP and the designated CMHC.
- E. Prior to release from CMHIP to the community, the CMHIP FCBS benefits specialist will apply for, attain, and/or secure benefits for the individual as needed.
- F. Prior to release from hospital, the CMHIP unit discharging social worker will contact the identified CMHC Forensic Coordinator to provide notification of the exact discharge date.
- G. Prior to the person's release from hospital, CMHIP will assist the CMHC in developing the person's treatment plan. The treatment plan will include at minimum: (1) identification of the risk factors that need to be addressed in order for the person to safely reside in the community; (2) the specific actions the person should take to address those risk factors; and (3) the pertinent conditions of release to community placement.

Following the person's release from CMHIP to Community Placement, the CMHC and CMHIP will review the treatment plan at least every 6 months or when there is a major change in the person's condition or a major change in service needs.
- H. Documentation of the CMHC Treatment Plan will be kept in the individual's clinical record at the CMHC as well as in the clinical record at CMHIP. A copy of the FCBS POC, including all updates, will also be provided to and kept in the CMHC clinical record.
- I. The CMHIP FCBS team will provide the CMHC Forensic Coordinator with written copies of all treatment services provided by CMHIP, such as: individual psychotherapy, sex offender treatment, substance use treatment, vocational services, and home searches.

- J. The services provided to a person on Community Placement will be recorded just as any other service is recorded as through medication management, therapy, and progress notes, as well as urine toxicology screens, lab reports and attendance at AA/NA, etc.
- K. A person on Community Placement may have laboratory tests or medication assays to determine that prescribed medication is being taken if: a) required by the conditions of his/her placement or b) on an as-needed basis as determined by the FCBS and CMHC clinical team and psychiatrist. If not court ordered, for example, the CMHIP and CMHC clinical team and psychiatrist may decide to establish medication assays for warranted and documented reasons, such as switching from intramuscular (IM) shots to oral medication (PO) or moving from nursing home with documented routine medication monitoring to an independent apartment. Results of these tests will be documented in the clinical record and a copy included with the quarterly report.
- L. The CMHC is responsible for submitting quarterly reports on the person's progress to the FCBS Director/designee, the DBH Manager of FCBS Programs, and the Executive Director of the CMHC. These reports will be completed according to the required format (see Appendix B). These reports must be received by the tenth (10th) day of the month following the previous quarter (e.g., January 10, April 10, July 10, and October 10).
- M. The FCBS Director/designee will complete and submit the annual report to the court, to the Executive Director of the respective CMHC, and to the DBH Manager of FCBS Programs.

III. Return of a Person on Community Placement Back to CMHIP

If the mental status or behavior of a person on Community Placement becomes a concern, the CMHC Forensic Coordinator/designee, will notify the identified FCBS Director/designee immediately. The case will be reviewed, the reasons for the CMHC recommending return outlined, and if it is decided that the person return to CMHIP, transportation will be arranged by the FCBS Director, or designee. Therapeutic alternatives to provide immediate care rather than placement back at CMHIP may include placement in a 27-10 designated facilities (e.g. Acute Treatment Units, local psychiatric hospitals).

In an emergency situation where police intervention is necessary, the CMHC should contact the police and then notify the FCBS Director or FCBS case manager.

IV. Change of Status: From Community Placement to Conditional Release

- A. The CMHC, on behalf of the client, may recommend that CMHIP re-assess level of risk and review the person's status for possible recommendation to Conditional Release.

- B. The client may file a petition directly with the court asking for a review after at least 180 days following the date of the initial commitment order. If the person is not granted CR, s/he may petition the court/request a change in status as often as s/he wants, however no more than one court review per year will be done solely at that the person's request. (See section 16-8-115 (1), C.R.S.)
- C. When the CMHC or consumer requests a review of change in status from Community Placement to Conditional Release, the CMHC will be asked to submit a recent mental status exam and a letter to CMHIP that documents the Forensic Coordinator/designee, supervisor and psychiatrist's dis/agreement that the client is ready for assessment of Conditional Release status. (See Appendix C for recommended information to include in change of status letter.)
- D. See section 16-8-115 (2)(a) and (b), C.R.S. for further discussion of courts setting release hearings.

Procedures for Conditional Release (CR)

I. Conditional Release Status

Persons who have been adjudicated NGRI may be conditionally released from CMHIP with permission of the committing court. The conditional release standards are set forth in section 16-8-115(3)(a), C.R.S. and allow the court to "impose terms and conditions in the best interests of the defendant and the community." A person who has been conditionally released from CMHIP remains under the supervision of the Department of Human Services until the committing court enters a final order of Unconditional Release.

Community treatment and case management for a person on Conditional Release is generally provided by the local Community Mental Health Center.

CDHS, the CMHIP Superintendent, the FCBS Director/designee, and the CMHC work together to see that follow-up community treatment and monitoring are provided in accordance with the conditions set forth by the court. No conditionally released person will be denied access to care and treatment that is suited to his/her therapeutic needs because of his/her status as a conditionally released person.

II. Procedures for Conditional Release

A. Colorado Mental Health Institute at Pueblo (CMHIP)

- 1. Prior to being recommended to the court for conditional release, the case is reviewed by the CMHIP Disposition Committee. A representative from the CMHC will be invited to attend the disposition committee meeting. The CMHC and CMHIP will jointly develop a process for CMHC involvement in the Disposition Committee meeting and in developing recommendations to the court. The participation may be by teleconference. The person from the CMHC will have the authority and

knowledge required to commit community resources as may be required for the person's release from the hospital.

2. When the Superintendent submits the Disposition Report, recommending conditional release, to the committing court, the CMHIP FCBS Director/designee will send a copy of the Disposition Report to the respective CMHC Executive Director and Forensic Coordinator.
3. Upon receipt of the Court Order for Conditional Release, the FCBS Director/designee will furnish the Executive Director of the CMHC and the Forensic Coordinator with a copy of the order (see Appendix D for a sample Order for Conditional Release). CMHIP will provide the CMHC Forensic Coordinator with the contact name and address of the District Attorney of the corresponding committing court and the District Attorney for the jurisdiction of residency.

A listing of statewide District Attorneys is located at: <http://cdacweb.com>.

A listing of statewide Public Defenders is located at:

http://pdweb.coloradodefenders.us/index.php?option=com_content&view=section&layout=blog&id=45&Itemid=124.

4. The actual order **signed** by the court is often different from the order submitted by CMHIP, as the parties to the case and the judge may add their own requirements. It is essential that in each individual case, FCBS and the CMHC assist the client in having awareness of and in following the conditions exactly as set out in the signed court order.
5. Prior to the person's release from CMHIP on conditional release status, the FCBS Director/designee will conduct an exit interview with the person. The procedures for Conditional Release and steps involved in notification of adherence to the release conditions and the procedures for revocation of conditional release will be reviewed with the person during the exit interview. The person will acknowledge that s/he has read and understands the Requirements for Conditional Release (see Appendix E, Procedures for Conditional Release and Revocation, and Appendix F, Conditional Release Agreement). The person and a witness will sign this statement. The original will be kept in the CMHIP medical record. The FCBS Director/Designee will forward to the Director of the CMHC and the Forensic Coordinator a copy of the conditions and a copy of the signed statement to be placed in the CMHC record.
6. At the time of the person's release from CMHIP on Conditional Release status, CMHIP will ensure the person has an adequate supply of medications and a doctor's prescription, if necessary. Note: This is

applicable only for CMHIP in-patient discharges and does not apply to persons already out on Community Placement.

7. CMHIP will forward copies of any court documents (court notification of hearings, new court orders) to the identified CMHC Forensic Coordinator.

B. Community Mental Health Center (CMHC)

1. When the committing court has made the determination for a Conditional Release, CMHIP will assist the CMHC in developing the person's individualized treatment plan. The treatment plan will include at minimum: (a) identification of the risk factors that need to be addressed in order for the person to safely reside in the community; (b) the specific actions the person should take to address those risk factors; (c) clinically pertinent conditions of release; and (d) where appropriate, anticipated date of discharge from conditional release.

A copy of the plan will be sent to the FCBS Director/designee for review and will be noted in both the CMHIP and the CMHC clinical record. The FCBS Director/designee may consult with the CMHC to assure the plan addresses any pertinent risk factors. The CMHC should update and review the treatment plan with the FCBS Director/designee at least every 6 months or when there is a major change in condition or service needs.

2. The Executive Director of the CMHC and the Superintendent of CMHIP have a continuing responsibility to supervise the person's compliance with the conditions of release until the committing court enters a final order of Unconditional Release or transfers the conditionally released person to another CMHC. If residence changes (dependent on Court and State approval) to a different CMHC service area, CMHIP's Superintendent responsibilities continue and responsibility will be transferred from the original CMHC to the CMHC of residence.
3. All services provided to a person on conditional release will be recorded in the CMHC clinical record. This includes but is not limited to medication management, toxicology screens, lab reports, outside medical referrals, risk assessments, individual and group therapy, case management services, housing and vocational referrals, crisis intervention, and attendance in self-help groups such as AA or NA.
4. Because of risk management issues, the CMHC will provide an ongoing assessment of risk, including: (a) current symptoms similar to the time of the index offense; (b) recent mood problems; (c) impulsivity; (d) homicidal or suicidal ideation; (e) active psychosis; (f) substance abuse and treatment; (g) medication compliance; and (h) any other risk factors that have resulted in the person needing to be on Conditional Release

status. The assessment of risk will, at minimum, be reflected in the quarterly report (see page 3 of the Quarterly Report for list of risk factors, Appendix B).

5. The CMHC Forensic Coordinator will provide quarterly reports, **or at a frequency ordered by the court**, to the: (a) CMHIP FCBS Director; (b) District Attorney of the committing county; (c) District Attorney of the county of residence; (d) DBH Manager of FCBS Programs; and (e) Executive Director of the CMHC. (See Appendix B, “Quarterly Report” for content and format.).

The FCBS Director/designee must receive this report by the TENTH (10th) day of the month following the previous quarter (e.g., January 10, April 10, July 10, and October 10).

6. The FCBS Director/designee will complete and submit the annual report to the court, to the Executive Director of the CMHC, and to the DBH Manager of FCBS Programs.
7. If significant treatment services other than those provided by the CMHC are needed, the CMHC will handle this as it would for any other person through its referral agencies or other appropriate referral resources. Any ancillary services provided by outside agencies are to be documented in the client record, including any medications prescribed by outside providers. If substance use treatment is recommended, a DBH licensed treatment provider must provide said services. The CMHC Forensic Coordinator will inform the FCBS Director/designee of ancillary services and document that contact in the clinical record.
8. Any changes to the conditions of release that are granted by the court will be noted in the CMHC clinical record. A reduction in frequency of treatment contacts must be approved by both CMHIP and the CMHC. Documentation of the approval and the change of the conditions of release will be noted in the CMHC and CMHIP FCBS clinical records.
9. Any person on conditional release will have routine mental status exams, which will be noted in the clinical record and results attached to the quarterly reports (or at a frequency ordered by the court).
10. A person on conditional release may have laboratory tests or medication assays to determine that medication is being taken if (a) required by the conditions of release or (b) on an as-needed basis as determined by the FCBS and CMHC clinical teams. If not court ordered, the CMHIP and CMHC clinical teams may decide to establish medication assays for warranted and documented reasons. For instance, medication assays may be warranted if a person is switching from intramuscular (IM) shots to oral

(PO) medications or moving from nursing home with documented routine medication monitoring to an independent apartment.

Results of these tests will be documented in the CMHC clinical record and a copy included with the quarterly report.

11. If a person is unable to pay for laboratory tests, the CMHC Forensic Coordinator will notify the CMHIP FCBS Director and DBH Manager of FCBS Programs and there are to be discussions around how to obtain the labs in a timely manner.
12. Failure of the person to pay for therapy/clinical services under the CMHC's ability-to-pay guidelines may be a violation of his/her Terms and Conditions of release and may be reported to the court. In such instances the CMHC will contact the CMHIP FCBS Director and the DBH Manager of FCBS Programs; however, the CMHC should continue to provide services until the matter is resolved.
13. Medication management for persons on Conditional Release will be the responsibility of the CMHC. Arrangements for transfer of this responsibility from CMHIP to the CMHC will be made during the initial discharge planning process from CMHIP. Transfer of medication management must be made within 30 days of discharge in accordance with the amount of medications provided by CMHIP unless other arrangements have been agreed upon by CMHIP and the CMHC and are documented in the clinical record.
14. Prior to any medication changes, it is recommended that discussion occur between the CMHC psychiatrist, CMHC staff, CMHIP forensic psychiatrist, and the FCBS Director/designee. All medication changes, (additions, discontinuances, increases or decreases) will be indicated on the quarterly report with the rationale for such changes.

C. Revocation and Enforcement of Conditional Release (See Section 16-8-115.5, C.R.S.)

If the person fails to comply with one or more conditions of release, or is suffering from a mental disease or defect which is likely to cause him/her to be dangerous to him/herself, to others, or to the community in the reasonably foreseeable future (section 16-8-102 (4.5) C.R.S.), the following procedures will followed:

1. Revocation of Conditional Release
 - a. Any person who has reasonable cause to believe that a conditionally released person is no longer eligible to remain on

conditional release (see section 16-8-102(4.5), C.R.S.) may notify the Executive Director of the CMHC or the CMHC Forensic Coordinator.

- b. Whenever there is probable cause, either through personal observation or a reliable source, that the person on conditional release is no longer eligible to remain on conditional release, the CMHC Forensic Coordinator will immediately notify the Executive Director of the CMHC and the FCBS Director/designee. PLEASE NOTE: Many court orders will specify that certain violations of the conditions must be reported to the court.
- c. If appropriate, under the person's individual court order, the CMHIP FCBS Director/designee may write, call, or outreach the person in order to bring him/her into compliance.
- d. If the person is experiencing psychiatric decompensation and requires hospitalization, voluntary hospitalization at a local hospital, Acute Treatment Unit (ATU), or State hospital, should be considered if the person does not meet criteria for a civil commitment under Title 27, Article 65, C.R.S (formerly known as "27-10").

If the person does not meet criteria under Title 27, Article 65, C.R.S., refuses voluntary hospitalization, and the CMHIP FCBS Director/designee and CMHC Forensic Coordinator believe the client is no longer eligible to remain on conditional release, the CMHIP FCBS Director/designee will initiate revocation examination procedures to evaluate the person's ability to remain on conditional release (see section 16-8-115.5(3), C.R.S.).

- e. The FCBS Director/Designee may request that the CMHC provide a notarized affidavit that outlines the violations of the Conditional Release and/or any potentially dangerous behavior.
- f. The FCBS Director/Designee will notify the District Attorney of the committing county. The CMHIP Superintendent or the District Attorney will apply for an arrest warrant, an order to transport and an order to examine.
- g. When taken into custody and the person is returned to CMHIP, the person will be evaluated within 20 days of re-admission to ascertain his/her ability to remain on Conditional Release.
- h. When the person is returned to CMHIP, the FCBS Director/designee will notify and advise the District Attorney of

the committing county that there is a 10 day period, from the time the person was admitted to CMHIP, to file a petition for the revocation of Conditional Release (see 16-8-115.5(6)(b), C.R.S.).

Within 30 days after the person is re-admitted to CMHIP, the committing court will hold a hearing on the petition for revocation of Conditional Release. CMHC and CMHIP staff may be subpoenaed and or interviewed by the Defense Attorney or District Attorney's office.

2. Escape

- a. Whenever a conditionally released person fails to comply with any conditions of release that require establishing, maintaining and residing at a specific residence and the person's whereabouts become unknown, or when the person leaves the State without consent of the committing court, the person's absence may constitute an escape (see sections 16-8-115(3)(c) and 18-8-208, C.R.S.).
- b. CMHC staff will immediately notify the CMHIP FCBS Director/designee, the Executive Director of the CMHC, and the DBH Manager of FCBS Programs of all escapes. The CMHC will provide DBH with a Critical Incident Report in accordance with DBH policy. Written confirmation along with any other forthcoming information may also be requested.

3. Violation of the Law

If the person is charged with a violation of the law, the CMHC should work with local law enforcement officials, treating the situation as a new, independent case. If the person has been conditionally released, it is not required, and is often inappropriate, to return the person to CMHIP. If the new violation is outside the jurisdiction of the original committing court, the original committing court will be notified by CMHIP.

4. Emergency Mental Health

If it is determined that the person becomes gravely disabled or is in imminent danger to self or others, emergency procedures may be invoked as outlined in Title 27, Article 65, C.R.S. (Care and Treatment of Persons with Mental Illness, and formerly known as "27-10"). Once an M-1 is completed to temporarily hold and evaluate the person, the CMHIP FCBS Director/Designee and the DBH Manager of FCBS Programs should be notified immediately.

Miscellaneous Procedures for Persons on CP or CR

I. Out of State Travel

When a person on CP or CR requests out of state travel, the person must provide a detailed itinerary, outlining dates, mode of travel, names of individuals s/he will be staying with, and the exact addresses of where s/he will be staying. The CMHC Forensic Coordinator should be notified by CMHC staff of pending travel requests with a subsequent review of the CP Requirements or CR conditions for specific travel restrictions. Permission will then be obtained from the CMHIP FCBS Director/designee, who will then be responsible for obtaining Court permission as indicated.

Prior to travel outside of the State of Colorado, the CMHIP FCBS Director or Designee will request the client sign a written Waiver of Extradition stating s/he consents to extradition back to Colorado and waives all formal procedures incidental to extradition proceedings in the event that s/he is arrested.

II. Critical Incidents

- A. Critical incidents include: escape, any arrest, physical/sexual assault, suicide attempts requiring medical attention, or death.
- B. When a critical incident occurs with persons on Community Placement or Conditional Release, designated staff at the CMHC and CMHIP will complete their respective critical incident reports. For CMHC's, completing the DBH "Critical Incident- Initial Reporting Form", please note there is a section specific to reporting on persons in FCBS.
- C. As a component of monitoring and reviewing for appropriate level of care, as well as to enhance communication within independent reporting systems, DBH will arrange for a post critical incident de-briefing to include the identified CMHC, CMHIP, and DBH. See Appendix G for a list of the primary areas for post-incident discussion.

III. Nursing Home Placements

When a person on CP or CR is referred for nursing facility level of care, additional information specific to FCBS is needed for the Level II PASRR process (see Appendix H, "FCBS Level II/PASRR Documents"):

- A. Community Placement
 - 1. CMHIP Disposition Committee Report
 - 2. Court Notice of Temporary Physical Removal for Treatment and Rehabilitation

3. Requirements and Expectations for Community Living
4. Most recent CMHIP POC

B. Conditional Release

1. CMHIP Disposition Committee Report
2. Court Order granting Conditional Release
3. Conditions of Release
4. Most recent CMHIP POC

IV. Release of Information

Pursuant to section 16-8-115(3)(e), C.R.S., "As long as the defendant is granted conditional release and is subject to the provisions thereof, there will be free transmission of all information, including clinical information regarding the defendant, among the Department of Human Services, the appropriate community mental health centers, and appropriate district attorneys, law enforcement, and court personnel".

V. Regularly Scheduled Consultation Meetings

Meetings among the CMHC Forensic Coordinators and the FCBS Director/designee will be scheduled at least twice per year, for open FCBS cases. This may include review of treatment plans, medication monitoring, and/or case specific consultation. For these purposes, charts should be made readily available in either paper or electronic form. Ongoing case consultation is encouraged to occur between the person's respective CMHC and CMHIP treatment staff.

Procedures for Unconditional Release (UCR)

I. Unconditionally Released Persons

The court may order discharge of a person on Conditional Release to Unconditional Release as set out in sections 16-8-116 and 16-8-120, C.R.S. Persons unconditionally released from their commitment to the Colorado Department of Human Services (CDHS) by court order are simultaneously released from all prior Terms and Conditions and discharged from the hospital's census. Such persons are eligible for public mental health services on the same basis as other citizens.

A. Procedures

1. The CMHC, on behalf of the person on CR, may recommend that CMHIP re-assess the client for risk and review for possible recommendation to

Unconditional Release. The person may also file a Petition for Release with the committing court; however, no more than one court review per year will be done solely at that person's request.

2. When requesting a review for Unconditional Release, the CMHC will be asked to submit a recent mental status exam and a letter to CMHIP that documents that clinical rationale for recommending or not recommending UCR (see Appendix C for guidelines). If the CMHC recommends a review of release status, the CMHIP FCBS Director/designee may arrange for an independent psychiatric evaluation of the client's readiness for progressing to UCR. The Superintendent of CMHIP will review the report's recommendation and make the final decision about the recommendation for UCR to the court.

Monitoring and Tracking Guidelines

I. CMHC Forensic Coordinator Assignment

Each CMHC will appoint one person as its CMHC Forensic Coordinator for the purposes of compliance with this policy. The CMHIP FCBS Director/Designee and DBH Manager of FBCS Programs will be notified immediately of any changes in assignment of the CMHC Forensic Coordinator's duties, address, or telephone numbers.

II. DBH Monitoring

- A. DBH will conduct chart reviews at CMHCs to ensure compliance with this policy. Findings from these surveys will be included in the CMHC's site review reports and any identified compliance issues may require a plan of correction.
- B. DBH will conduct chart reviews at CMHIP to monitor compliance with this policy. Findings from these surveys will be included in CMHIP's site review reports and any identified compliance issues may require a plan of correction.
- C. DBH may conduct staff interviews or implement other monitoring strategies to determine compliance with these procedures.

III. Implementation/Training

- A. All CMHC Forensic Coordinators and all CMHC clinicians providing services to persons covered under these procedures will be knowledgeable of these conditions and have a copy of the procedure.
- B. All members of the FCBS Team (CMHIP and DBH) will be knowledgeable of these conditions and have a copy of the procedural manual.

- C. CMHIP and/or DBH will provide two annual trainings for the northern and southern regions, which may include such topics as risk assessment, treatment planning, medication management, and other forensic topics of interest.

IV. Data Tracking

- A. CMHIP will provide DBH with a monthly CMHC census report and at least bi-annual change of status reports.
- B. The CMHC's and CMHIP will assign the "FCBS" Special Studies code on CCARs.
- C. The CMHC's and CMHIP will complete admit, discharge and update CCARs as outlined in the 2010 CDHS Division of Behavioral Health, CCAR Manual.
- D. The CMHC's will make provisions for information regarding type of treatment, number of contacts, result of treatments, etc., to be retrieved in a timely manner when requested in accordance with required public data requirements. At a minimum, this includes submission of CCAR's, DACOD's, and Encounters.

V. Problems and Conflict Resolution

- A. Problems regarding FCBS should be resolved as quickly as possible. The CMHC Forensic Coordinator and the CMHIP FCBS Director/designee will meet to resolve the problems.
- B. If a problem cannot be resolved in this manner, the DBH Manager of FCBS Programs will be involved in achieving resolution, and if necessary, will include the CMHIP Superintendent and the Executive Director of the CMHC.

Appendix A
REQUIREMENTS & EXPECTATIONS FOR COMMUNITY LIVING

RESIDENCE

1. I, _____ agree to reside at the following Residence, which is approved by the CMHIP Forensic Community Based Services team. I must have prior approval from the FCBS team prior to any change of address.

NAME:	LANDLORD NAME:
ADDRESS:	LANDLORD ADDRESS:
PHONE:	LANDLORD PHONE:

SERVICES AND SUPPORT

2. I, _____ shall receive psychiatric follow-up services from the Colorado Mental Health Institute/Pueblo Forensic Community Based Services and (Community Mental Health Center) at least once per week. I agree to cooperate with whatever medical and psychiatric treatment the FCBS and _____ Community Mental Health Center Teams deem advisable, expedient or necessary.
 My _____ Community Mental Health Center Case Manager is _____ and can be reached at _____.

FACILITY NAME & ADDRESS: CMHI/P FCBS 1600 West 24 th St. Pueblo, Co. 81003	CONTACT PERSON NAME:
FACILITY PHONE NUMBER: FCBS 719-546-4000 or	CONTACT PERSON PHONE NUMBER:

3. I understand that it is my responsibility and that I will be expected to meet with my FCBS case manager a minimum of one times per week to review my ability to function safely in the community.
4. I understand that it is my responsibility and that I will be expected to keep all appointments with, _____, Psychiatrist. Should I fail to keep my appointments, the psychiatrist will notify the case manager as soon as possible.
5. I agree to keep all appointments with the _____ Community Mental Health Center and FCBS case manager. If I do not have a legitimate excuse for missing appointments, the FCBS team and Psychiatrist will be informed.

6. I agree that my Plan of Care and Treatment Plan will include daily monitoring of signs or symptoms of mental illness and potential relapse into criminal thinking, dysfunctional relationships and/or other risky behavior and contacts on my daily diary cards.
7. I agree to attend staffing, as requested by FCBS every 30-90 days.
8. I understand and agree that all outside psychiatric or medical treatments must be reviewed by my case manager and treating psychiatrist. I am aware that I will be responsible for payment of services unless prior approval is obtained from the Superintendent or designee.

RISK REDUCTION AND MANAGEMENT

9. I agree to random urine toxicology, Breathalyzer, Alco-checks, hair analysis, serum blood tests and/or and other screening or monitoring as deemed necessary by FCBS of _____Community Mental Health Center staff and/or treating physician for determination of non-prescribed drug/alcohol use. I understand that a copy of the screening reports or laboratory results shall be sent to the FCBS case manager and Physician for review and filing.
10. I agree to fully comply with my medications as prescribed by my psychiatrist.
11. For the purpose of monitoring these medications, I agree to methods including urine and serum laboratory tests to detect and monitor the presence of the medications, blood levels, and potential side effects or toxicity, and review of my medication planner.
12. I agree to refrain from the use of intoxicating liquors and all non-prescribed drugs. I agree to inform my psychiatrist if I take any over-the-counter medications. I understand that if I drink or use non-prescribed or illegal drugs, I will have violated my agreements to live safely in the community and may be readmitted to CMHIP and may face legal consequences.
13. I agree to random home visits by a case manager. I will cooperate with staff conducting home visits and searches of my personal areas and property. Searches may consist of all closets, cabinets, drawers, refrigerators, computer files, cable, Internet usage, my personal vehicle and any other property as necessary to ensure my safety and the safety of others.
14. I agree to abide by the rules of my place of residence at all times.
15. I agree to be involved in full-time or part-time employment (paid or volunteer), and/or educational program and/or meaningful leisure activities.
16. I agree not be employed or involved in activities, which the FCBS Team deems detrimental to my treatment and community safety.
17. I agree to fully disclose to my Case Manager any and all activities and friendships especially if I am uncertain if the contact or activity is healthy, and whenever I am asked. I will refrain from criminal behavior, appearance and lifestyles. I will not associate with known felons or drug or

alcohol

users.

- 18. I understand that I am not to leave _____County without the permission of my Case Manager and I shall not leave the State of Colorado without the approval of my Case Manager, the Superintendent of the Colorado Mental Health Institute at Pueblo and the committing Court.
- 19. I understand that I am prohibited from receiving or possessing a firearm in accordance with Federal Law 18, U.S.C., Sec. 922 (g) (4), and will not possess any object for use as a weapon.
- 20. I understand that I shall not be or permitted to operate a motor vehicle until I have the proper legal paper work (i.e. license, insurance and registration) and approval from the FCBS team, and physician.
- 21. I agree to sign a release of information for school advisor, employer, landlord or any agency or individuals that the FCBS team requests in order for them to make contact for continuity of care purposes and to assure my safety in the community.
- 22. I understand and agree to return to in-patient status without delay if I am requested to do so by FCBS team due to any concerns about potentially dangerous or risky behavior and/or if it is determined that the symptoms of my mental illness present a danger to the community or myself, and/or if I do not adhere to these requirements and expectations.

23. In the case of a **psychiatric emergency**, I can call the following people:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Case Manager: • FCBS On-Call Administrator:
(719-546-4000) | <ul style="list-style-type: none"> • Nearest Emergency Room: • CMHC Crisis Hotline |
|---|--|

In the case of a **physical emergency**, I can call the following people:

- | |
|---|
| <ul style="list-style-type: none"> • 911 or Nearest Emergency Room: • Primary Care Physician: |
|---|

Family or Friends that I have given permission to contact in the event of an emergency:

I, _____ have met with my current CMHIP treating psychiatrist,
 _____ M.D., and my Forensic Community Based Services (FCBS) Case Manager,
 _____ I have read the above requirements and expectations, understanding and

agreeing to all. I will make a committed effort to abide by these requirements and expectations. It is my responsibility to follow and adhere to these stipulations in order to remain living in the community on Community Placement from the Colorado Mental Health Institute at Pueblo. I fully understand that I am legally committed to the Colorado Department of Human Services under the supervision and monitoring of CMHIP. If I do not abide by these requirements, I understand that I risk the possibility of being returned to in-patient status at CMHIP. .

CMHIP Unit Psychiatrist Signature:	Date:	Patient Signature:	Date:
CMHC or FCBS Psychiatrist Signature:	Date:	CMHC Forensic Coordinator:	Date:
FCBS Director Signature:	Date:	FCBS Case Manager Signature:	Date:
Other Signature:	Date:	Other Signature:	Date:

**Appendix B
QUARTERLY REPORT**

<input type="checkbox"/> MHC QUARTERLY REPORT TO CMHIP FOR COMMUNITY PLACEMENT PATIENT	
<input type="checkbox"/> MHC QUARTERLY REPORT TO CMHIP & DA FOR CONDITIONAL RELEASE PATIENT	
Client Name:	Agency Name:
Client Address:	Agency Address:
	Therapist Name & Discipline:
Client Phone #:	Therapist Phone #:
Client Court Case #: _____ County of Commitment: _____	Date of Report: _____
District Attorney for County of Commitment: _____	District Attorney for County of Residence: _____
NGRI Crime (instant offense): _____	
LIVING ARRANGEMENTS	
<input type="checkbox"/> Independent	<input type="checkbox"/> With Spouse & Children
<input type="checkbox"/> With Spouse	<input type="checkbox"/> Home w/other family members
Name _____	Name _____
<input type="checkbox"/> Assisted Care Facility	<input type="checkbox"/> MHC Residential
<input type="checkbox"/> Boarding Home	<input type="checkbox"/> Veteran's Facility
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Other (specify) _____
Name: _____	Name: _____
FINANCIAL SITUATION / EMPLOYMENT	
<input type="checkbox"/> Employer: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed
	Salary \$ _____
Additional Income & Amount:	<input type="checkbox"/> V. A. \$ _____ <input type="checkbox"/> Family
<input type="checkbox"/> SSI \$ _____ Medicaid # _____	<input type="checkbox"/> Welfare \$ _____ <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> SSDI \$ _____ Medicare# _____	<input type="checkbox"/> Food Stamps: \$ _____ Amount: \$ _____
Does client have a payee/fiduciary? <input type="checkbox"/> Therapist / case manager reviewed Budget and spending with client	
Who? _____	
DRUG AND/OR ALCOHOL Services / Monitoring	
<input type="checkbox"/> Any drug or alcohol admitted, suspected or known use? _____	
IT IS THE CMHC THERAPIST &/or CASE MANAGER RESPONSIBILITY TO OBTAIN ALL REQUIRED TESTING RESULTS & ATTACH	
<input type="checkbox"/> Urine Tox Screens Required per: <input type="checkbox"/> CP contract Requirements or: <input type="checkbox"/> CR court order	
<input type="checkbox"/> 1 X week <input type="checkbox"/> ___ X month <input type="checkbox"/> 1 X per month <input type="checkbox"/> @ Discretion / as Directed	
<input type="checkbox"/> Drug Patch required Yes ___ No ___ per <input type="checkbox"/> CP contract Requirements or <input type="checkbox"/> CR Court Order	
<input type="checkbox"/> Breathalyzer required Yes ___ No ___ per <input type="checkbox"/> CP contract Requirements or <input type="checkbox"/> CR Court Order	
<input type="checkbox"/> Hair analysis required Yes ___ No ___ per <input type="checkbox"/> CP contract Requirements or <input type="checkbox"/> CR Court Order	
<input type="checkbox"/> results attached of UA or any alcohol drug test as required above	
<input type="checkbox"/> AA / DTR / Substance Abuse Group / ALANON Attendance Required per CP Requirements or CR Court Order	
<input type="checkbox"/> Attendance Slip Attached as required per CP Requirements or CR Court Order	
MEDICATION: PSYCHIATRIC AND MEDICAL (Explain any changes under Comments)	
Current Psychiatrist: _____ Current Primary Care Physician (PCP): _____	
Mental Health Center is responsible for obtaining PCP info; informing MHC psychiatrist and submitting to CMHIP	
* NOTE: Refer to CR Order/CP Requirement regarding requirement to take all prescribed medication.	
<input type="checkbox"/> attached current psychiatrist medication order <input type="checkbox"/> attached current PCP information or pertinent	
CURRENT MEDICATION	DOSAGE
IM Meds Administered by:	Use of Medication <input type="checkbox"/> Regular <input type="checkbox"/> Sporadic <input type="checkbox"/> Refuses <input type="checkbox"/>

<input type="checkbox"/> Any medical issues/concerns? <input type="checkbox"/> attach all required drug levels/medication assays
Source of Medication Funding: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare D: Medicare D Prescription Drug Plan: _____ <input type="checkbox"/> MHC Client Assistance Program <input type="checkbox"/> VA <input type="checkbox"/> Self Pay <input type="checkbox"/> Private Insurance <input type="checkbox"/> CMHIP <input type="checkbox"/> Drug Company
<u>Mental Health Center Appointments:</u> <input type="checkbox"/> SEE ATTACHED PERTINENT THERAPIST/CASE MANAGEMENT/GROUP THERAPY PROGRESS NOTES <input type="checkbox"/> Reviewed CP Requirements or CR Order on Date: _____ (should be done at least every 6 months) <u>Dates of attendance of I:I Therapy / case management:</u> <u>Focus of Treatment Sessions: (Specific to clients risks)</u> <u>Dates of attendance and name/type of Groups:</u> <u>Focus of Treatment Sessions: (Specific to clients risks)</u> <u>Home Visits:</u> <u>Family Contact:</u> <u>Collateral contact: (i.e., employer, landlord significant other):</u> <input type="checkbox"/> <u>Travel Plans?</u> <input type="checkbox"/> None Within State of Colorado? Out of State Travel Plans? Itinerary attached <input type="checkbox"/> <input type="checkbox"/> Affidavit of Extradition notarized copy attached Summary of trip (patient and collateral contact)
<u>Dates of appointments with psychiatrist /psychiatric provider:</u> <u>Brief description of appointments or</u> <input type="checkbox"/> attach most recent Dr. appt. notes/progress notes or mental status exam/new medication orders.

Check **all** the CURRENT FACTORS that REQUIRE the client to remain on CP/CR if any. The POC must address the risk factors affecting community safety, successful CP/CR and need for continued CP/CR.

Since the last Quarterly report:

1. Engaged in recent acts or threats of violence. *Risk factors: Violent lifestyle, Interpersonal Aggression, Violence Cycle, Insight into Violence, Emotional Control and Weapon Use*
 2. Verbalized plans, intentions or thoughts to behave violently toward self or others. *Risk factors: Violent lifestyle, Interpersonal Aggression, Violence Cycle, Insight into Violence, Emotional Control and Weapon Use*
 3. Engaged in recent acts of interpersonal aggression, criminal behavior, displays violent lifestyle or is attracted to violent individuals, use/carrying of weapons, fascination with weapons, etc. that have previously resulted in acts of violence. *Risk factor: Violent lifestyle, Interpersonal Aggression, Violence Cycle, Insight into Violence, Criminal Attitudes, Emotional Control and Weapon Use.*
 4. Experienced active symptoms of mental illness that place him/her at high risk to engage in violent behaviors, accompanied/unaccompanied (circle one) by a history of such behavior in the past. *Risk factor: Mental Illness, Violent lifestyle, Interpersonal Aggression, Violence Cycle, Insight into Violence, Criminal Attitudes, Emotional Control and Weapon Use.*
 5. Demonstrated recent behaviors or has experienced known triggers for engaging in violence (e.g., reading pornography, contact with negative associates, loss of stabilizing relationship or job, etc.) *Risk factor: Violence Cycle, Cognitive Distortions, Mental Illness, Violent lifestyle, Interpersonal Aggression, Insight into Violence, Criminal Attitudes, Criminal Peers, Emotional Control and Weapon Use.*
 6. Experienced stressors that are likely, or have in the past, resulted in violence or serious decompensation of functioning (e.g., illness of a loved one, interpersonal conflict, occupational and legal difficulties, change in treatment providers, change in housing, etc.) *Risk factor: Cognitive Distortions, Mental Illness, Interpersonal Aggression, Insight into Violence, Criminal Attitudes, Emotional Control and Weapon Use.*
 7. Currently not compliant with medication and/or other treatment, or has verbalized his/her intention of noncompliance in the absence of supervision which, in the past, has resulted in, or greatly increases the likelihood of, his/her engaging in violence. *Risk factor: Mental Illness, Compliance with Supervision, Community Support, Violence Cycle, Insight into Violence*
 8. Engaged in substance abuse or threatened substance abuse that is accompanied by a history of prior violence, destabilization of their mental illness, treatment noncompliance, etc. *Risk factor: Substance Abuse, Mental Illness, Violence Cycle, Compliance with Supervision, Cognitive Distortions*
 9. Demonstrated current or recent acts of impulsivity and/or extreme emotional instability that has been linked with violence in the past or resulted in serious decompensation. *Risk factor: Impulsivity, Emotional Control, Violence Cycle, Compliance with Supervision, Cognitive Distortions, Insight into Violence*
 10. Demonstrated serious negative/antisocial attitudes that has previously resulted in, or greatly increases the likelihood of, engaging in violent behavior (e.g., psychopathic personality; sadistic, callous, or lacking in empathy for others; chronic paranoia that is characterological in nature, etc.). *Risk factor: Criminal Personality, Criminal Peers, Criminal Attitudes, Impulsivity, Emotional Control, Violence Cycle, Cognitive Distortions, Insight into Violence*
 11. Current lack of insight into his/her mental illness, potential dangerousness, or need for treatment and/or present serious cognitive distortions that have historically been linked to violence. *Risk factor: Mental Illness, Compliance with Supervision, Community Support, Violence Cycle, Insight into Violence, Cognitive Distortions*
 12. Suffers from a continued and prolonged treatment refractory illness that has resulted in violence previously in the absence of /or while under supervision. *Risk factor: Mental Illness, Compliance with Supervision, Community Support, Violence Cycle, Insight into Violence, Cognitive Distortions, Release to High Risk Situations*
 13. Recently suffered the onset of exacerbation of cognitive impairments or acquired brain injury that has resulted in a serious increase in the likelihood of violence. *Risk factors: Cognitive Distortions, Impulsivity, Violence Cycle*
 14. Current plans for Unconditional Release lack feasibility and/or pose a high risk for exposure to destabilization (e.g., lack of needed community resources, lack of personal support, increased probability of treatment noncompliance, increased stressors, etc.) that have previously been linked to or greatly increase the risk of violence. *Risk factors: Community Support, Compliance with Supervision, Release to High-Risk Situations*
 15. Other identified risk factors, behaviors or symptoms related to an increased potential for imminent violence, including suicidal ideation and potential for self-harm.
 16. Requires the level of Community Placement supervision to ensure a moderate level of risk to the community. (Will likely not be compliant with medication or therapeutic intervention, if unsupervised.) *Risk factors: Community Support, Compliance with Supervision, Release to High-Risk Situations.*
- Requires the level of Conditional Release supervision to ensure a moderate level of risk to the community. (Will likely not be compliant with medication or therapeutic intervention, if unsupervised.) *Risk factors: Community Support, Compliance with Supervision, Release to High-Risk Situations.*

Brief risk assessment of client's ability to remain safe in the community related to specific factor(s) identified above and what client will do to remain safe and/or address each risk factors.

SEX OFFENDER (S.O.) <input type="checkbox"/> N/A		
<input type="checkbox"/> Registered S.O.	<input type="checkbox"/> S.O. Tx Req'd Per Court Order	<input type="checkbox"/> Polygraph Required
<input type="checkbox"/> Date to Re-register: _____	<input type="checkbox"/> S.O. Program Notes Attached	<input type="checkbox"/> Polygraph Results Attached
INVOLVEMENT WITH THE LAW <input type="checkbox"/> N/A		
<input type="checkbox"/> Picked up for Investigation	<input type="checkbox"/> Arrested Date of Incident: _____	<input type="checkbox"/> Reason: _____
<input type="checkbox"/> Charges: _____	<input type="checkbox"/> Court Hearing Scheduled: _____	_____
<input type="checkbox"/> Sentence: _____	<input type="checkbox"/> Probation: _____	_____
	<input type="checkbox"/> Dismissed	
PSYCHIATRIC INPATIENT TREATMENT REQUIRED <input type="checkbox"/> None		
Facility Admitted to: _____	Date of Admission: _____	Date of Release: _____
Precipitant/Reason for admission: _____		
List CR conditions or CP Requirements that the MHC recommends to be modified or deleted. Specify condition/requirement number and reason.		
ASSESSMENT RECOMMENDATIONS		
Due to Risk Factors addressed above the Defendant:		
<input type="checkbox"/> will remain on CP <input type="checkbox"/> will remain on CR <input type="checkbox"/> will continue with current level or reduced level services. <input type="checkbox"/> will have increased FCBS services or be re-hospitalized <input type="checkbox"/> will not be recommended for CR		
SIGNATURE REQUIRED _____ Mental Health Center Staff completing form Date _____ MHC Forensic Coordinator Reviewing Form Date	The client complies with all requirements of Community Placement or Conditional Release: <input type="checkbox"/> MHC will recommend Conditional Release <input type="checkbox"/> MHC will recommend CMHIP evaluate for UnConditional Release Anticipated Date: _____	
Distribution For <u>Community Placement</u> ; the CMHC will ONLY Copy to CMHIP for FCBS Chart For <u>Conditional Release</u> ; the CMHC will copy to CMHIP, District Attorney of Residence and District Attorney of Commitment	_____ Reviewed by CMHIP Director FCBS on Date Assistant Director FCBS FCBS CR Coordinator	

Appendix C**LETTER REQUESTING A CHANGE OF STATUSE FOR FCBS PATIENTS**

The following serves as a guide only. It is not an exhaustive list.

A. Letter is written to CMHIP Forensic Community-Based Services recommending that CMHIP re-assess for risk and review the person's status for possible recommendation to Conditional Release or Unconditional Release.

1. Summary of individual's course of treatment at the Community Mental Health Center.
 - a. medication management
 - b. specific services
2. Review identified risk factors & how they are managed (identifiable resources).
 - a. criminal thinking, attitudes, peer associations
 - b. incidents of violence
 - c. weapons acquisition
 - d. insight into role of medication/med compliance
 - e. substance abuse
 - f. awareness & control of emotions, feelings, & thoughts
3. History of legal infractions while on Community Placement or Conditional Release.
4. Information on supports/resources that will contribute to the individual's continued stability in the community.
 - a. secured benefits
 - b. housing
 - c. vocational factors
 - d. family/friends
 - e. use of leisure time
5. What is the plan for follow-up care & relapse prevention?
 - a. medication
 - b. substance abuse
6. Individual's attitude/support for change in status

B. Current Mental Status Exam

Appendix D**COURT ORDER FOR CONDITIONAL RELEASE (sample)**

<input type="checkbox"/> Small Claims <input type="checkbox"/> County Court <input checked="" type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Water Court _____ COUNTY, STATE OF COLORADO Court Address: _____ _____, Colorado <hr/> THE PEOPLE OF THE STATE OF COLORADO Vs. Defendant <hr/> Attorney or Party Without Attorney: (Name & Address) FAX Number: E-mail: Atty. Reg. #: ORDER FOR CONDITIONAL RELEASE	<hr/> Case Number: Div.: Ctrm:
--	--

THIS MATTER comes before this Court on the Defendant's Motion for Conditional Release.

The Court has reviewed a report from the Colorado Mental Health Institute at Pueblo, dated _____, recommending that _____ be released, subject to certain conditions.

The Court now ORDERS that _____ is CONDITIONALLY RELEASED from his/her commitment to the Colorado Department of Human Services (formerly the Department of Institutions). The conditions of his release are as follows:

- 1. Residence:** _____ shall reside in (city) at _____. _____ shall not change his/her residence without prior approval from his/her therapist at the _____ Community Mental Health Center and from the CMHIP Director of Forensic Community Based Services Team. _____ is to reside in a structured facility such as a boarding home *The (Name) Boarding Home in (City)*, *the (Name) Nursing home in (City)*, which is approved by his/her case manager and the CMHIP Director of Forensic Community Based Services Team, and is not to change residence without the prior approval of his therapist and the CMHIP Director of Forensic Community Based Services Team *and of this Court*. _____ shall continue to reside in Pueblo, Colorado and receive his psychiatric follow-up services from the Forensic Aftercare Team at the Colorado Mental Health

Institute at Pueblo (CMHIP), until his/her move to (City) can be completed, at which time the following conditions shall apply.

2. **"Treatment Team" Defined:** In this Order, the term "Treatment Team" refers to the FCBS team while they are providing primary care for _____, and/or the community mental health center while they are providing primary care for _____. In some instances a case manager will perform the duties of the Treatment Team by either agency.

3. **Psychiatric Services / Appointments:** _____ shall receive psychiatric follow-up services from _____ Community Mental Health Center at least once a week and must keep all appointments. _____ shall actively participate in the medical and psychiatric treatment program designed by CMHIP and the _____ Community Mental Health Center. This treatment program shall include *(add any specific recommendations)*. Should _____ fail to keep an appointment with the _____ Community Mental Health Center, without approval from the case manager at the Community Mental Health Center, the Community Mental Health Center shall notify the CMHIP Director of Forensic Community Based Services (719-546-4498) as soon as possible. _____ Community Mental Health Center may excuse a missed appointment when a promptly-rescheduled appointment is kept and the Community Mental Health Center finds that the reason for missing the appointment was reasonable. The Court notes that the Community Mental Health Center has agreed to provide notification of missed appointments to the. CMHIP Director of Forensic Community Based Services Team shall have the authority, without further order of the Court, to change the frequency of such services. _____ is responsible for the costs of the Community Mental Health Center services.

4. **Substitute Services:** Should the _____ Community Mental Health Center become unwilling or unable to provide these services to _____, _____ shall inform the CMHIP Director of Forensic Community Based Services Team immediately after learning of this loss of services. CMHIP will assist _____ and the Community Mental Health Center in attempting to locate alternative services. If alternative services acceptable to CMHIP are arranged, the court shall be notified of this change, but need not be contacted to approve the change.

5. **Medication:** The defendant shall continue to take () and () and/or any other psychotropic medication in dosage and frequency as prescribed by the treating psychiatrist of the Community Mental Health Center. The defendant shall continue to take () as prescribed by the treating physician of the (Community Mental Health Center). () blood levels shall be drawn monthly. However, the frequency may be changed at the discretion of the treating physician, and the results shall be included with the monthly progress report. Should medications be changed, _____ is responsible for notifying the psychiatrist and/or director of FCBS as soon as possible. The defendant will cooperate with required lab work. The Treatment Team/ FCBS/ Community Mental Health Center shall order routine medication blood levels and/or lab assays to assure _____ compliance with medication.

6. **Sex Offender Registration:** The defendant is ORDERED to register with the local police Department as required by law. He/She is further ORDERED to re-register annually or as required by law.
7. **Sex Offender Treatment:** The defendant is required to participate in sex offender treatment as prescribed by her treatment provider. The defendant shall abide by all recommendations and restrictions set forth in his/her treatment program, including polygraphs and assessments as ordered b his/her treatment provider.
8. **Alcohol Use and Substance Abuse Prohibited:** _____ shall not drink alcohol, and shall not use illegal drugs or non-prescribed pharmaceutical drugs. _____ shall submit to random urine toxicology screens, breathalyzer, or other approved testing methods, for alcohol use, use of illegal drugs, and use of non-prescribed narcotic drug use at least one time per week / month, and at any additional time at the discretion of the Center. The Community Mental Health Center has agreed to immediately report any results showing use of alcohol or illegal drug use to the CMHIP Director of Forensic Aftercare. _____ is responsible for the costs of these lab tests. A copy of the laboratory results shall be included with the Quarterly report to the CMHIP Director of Forensic Community Based Services Team. Any failure to appear as requested for a random urine screen appointment may not be excused by the Community Mental Health Center and therefore must be reported to CMHIP immediately.
9. **Substance Abuse Treatment/Support:** _____ shall attend a meeting of Alcoholic Anonymous/Narcotics Anonymous, or another substance abuse support group approved by CMHIP and the _____ Mental Health Center, a minimum of once a week. _____ must provide written confirmation of his/her attendance to his/her therapist at the Center. The _____ Community Mental Health Center has agreed to provide these confirmation sheets with its Quarterly report to the Director of Forensic Community Based Services Team at CMHIP.
10. **Home Visits:** _____ understands that the Community Mental Health Center may make random home visits to his private residence. _____ continuing consent to, and cooperation with, these visits are specific conditions of his release.
11. **Home Visits/Searches:** _____ understands that the Department of Human Services staff or case manager of the FCBS Team shall make random home visits to his private residence, vehicles and/or any other personal property for the presence of weapons and illegal drugs or drug paraphernalia. These searches may include but are not limited to searches of all cabinets, drawers, etc, and such other property as the Treatment Staff deems necessary to assure defendant and community safety. _____ continuing consent to, and cooperation with, these searches are specific conditions of his release.
12. **Approved Employment and Activities:** _____ shall not accept employment or be involved in activities that the _____ Community Mental Health Center or the Superintendent determine are detrimental to his/her treatment or to his/her progress toward full release.

13. **Colorado In-Patient Care:** _____ shall seek voluntarily admission to a hospital, or committed to the Department of Institutions in accordance with the provisions of the laws of the State of Colorado, pursuant to Title 27, Article 10, C.R.S. if she is in need of further inpatient mental health psychiatric care and treatment during the terms of this Conditional Release. _____ shall return to CMHIP inpatient care if requested to do so by an FCBS staff member or _____ the Community Mental Health Center.
14. **Free Exchange of Information:** _____ authorizes, and the Court hereby ORDERS, that information about _____ medical and psychiatric condition and treatment, living circumstances, and compliance with this Order, be freely exchanged between the Department of Human Services (including CMHIP), the _____ Community Mental Health Center, the _____ County District Attorney, the District Attorney for the area in which _____ resides, law enforcement, court personnel, and the defendant's attorney, her primary care physician and any other health care providers, any landlord or supervised residence such as an assisted living center, any employer or educational instructor. It is a condition of his release that _____ waive all confidentiality and privacy rights and privileges, including all rights under the Health Insurance Portability and Accountability Act of 1996, that would interfere with the free exchange of this information between the above described entities and persons.
15. **CMHIP and Center Contact with Family:** _____ authorizes, and the Court hereby ORDERS, that information about _____ medical and psychiatric condition and treatment, living circumstances, and compliance with this Order, may be obtained from and provided to _____, by the _____ Community Mental Health Center and by CMHIP. However, the Community Mental Health Center and CMHIP shall release information about _____ medical and psychiatric condition to _____, only to the extent that it is necessary to ensure _____ compliance with this Court order. It is a condition of his/her release that _____ waive all confidentiality and privacy rights and privileges, including all rights under the Health Insurance Portability and Accountability Act of 1996, that would interfere with the free exchange of this information between these entities and persons.
16. **Authorization to Release Protected Health Information:** _____ shall sign and date an Authorization to Release Protected Health Information with the Colorado Mental Health Institute at Pueblo and the Community Mental Health Center authorizing exchange of information between any significant person or agency such as family member, employer, landlord, primary care physician, significant other, in order to ensure the defendant's safety in the community.
17. **Weapons Prohibited:** _____ is prohibited from possessing or using a firearm, and from possessing or using any "deadly weapon" as that phrase is defined in Section 18-1-901(3)(e), C.R.S. _____ is reminded of the federal law prohibitions of 18 U.S.C. § 922 (g) (4).

18. **Driver's License:** _____ may possess a driver's license. He/She must provide to his/her therapist at the _____ Community Mental Health Center a current and valid driver's license, vehicle registration, and proof of vehicle insurance. The _____ Community Mental Health Center has agreed to include the updated copies of these items with the pertinent Quarterly report to Director of Forensic Community Based Services Team at CMHIP.
19. **Reporting of Offenses:** _____ shall not commit any criminal offenses. _____ shall not commit any traffic offenses that involve his/her use of alcohol or illegal drugs. _____ shall immediately report, to the case manager at the Community Mental Health Center who will then report to the CMHIP Director of Forensic Community Based Services Team, any arrests of him/her and any criminal charges brought against him/her, including any charges of traffic offenses.
20. **Travel:** _____ may leave the _____ community to visit family or friends for overnight stays, for time periods not to exceed 2,3,4, days, one week, if he/she has the prior approval of his/her therapist at the _____ Community Mental Health Center. _____ may leave the State of Colorado for family visits and short-term vacations, for time periods not to exceed one/two weeks with the prior approval of his/her therapist at the Community Mental Health Center and the CMHIP Director of Forensic Community Based Services Team. _____ may not leave the State of Colorado permanently without a written order of the Court.
21. **Quarterly Reports to the Court and CMHIP:** _____ Community Mental Health Center has agreed to provide follow-up services to _____. The Community Mental Health Center has agreed that it will provide Quarterly progress reports to the CMHIP Director of Forensic Community Based Services Team and quarterly reports to the _____ County District Attorney, the County District Attorney of residence. The timely issuance of these reports to these agencies and persons is a condition of _____ release, and it is his/her obligation to provide the _____ Community Mental Health Center all assistance and information they need to prepare and deliver these reports.
1. The CMHIP Director of Forensic Aftercare shall report the following to the Court:
 - a. An annual Continuity of Care Report, to facilitate the Court's annual review of terms and conditions of release (required by Section 16-8-115(3)(d), C.R.S.);
 2. The use or possession of a firearm or "deadly weapon."
 - b. Any positive drug testing results indicating alcohol or illegal drug use.
 - c. **Discretionary Reporting:** The CMHIP Superintendent has discretion to determine whether violations of paragraphs _____ of this Order signal a break in _____ commitment to public safety or to compliance with this Order. CMHIP shall report to the Court immediately, in a written report, any violation of the listed paragraphs that the Superintendent believes signal a break in commitment to public safety or to compliance with this Order. All violations of the listed paragraphs that the Superintendent decides not to report shall be adequately addressed through appropriate mental health care interventions.

- d. **Revocation of Release/Return to Hospital:** In any report to the Court of any violations of this Order, CMHIP shall include a recommendation whether _____'s conditional release should be continued, modified or revoked. The FCBS staff have the authority under Paragraph 13 of this Order to direct _____ to return to CMHIP inpatient care, without an Order of the Court.
22. **Modification of Order:** Annually, the Court will review the terms and conditions set out in this order. The conditions in this Order remain in effect unless they are modified by the Court or unless _____ is unconditionally released from his commitment. Additionally, either party can move for unconditional release at any time and, according to Section 16-8-115(3)(d), C.R.S., the court may hold a hearing on this motion.
23. **Enforcement of Order:** The Conditional Release order may be enforced through the procedures set forth in Title 16, Article 8, C.R.S., including those set forth in 16-8-115 and 16-8-115.5. Additionally, this Conditional Release order may be enforced, as is any order of the court.

DONE AND SIGNED this _____ day of _____, 200_.

BY THE COURT:

DISTRICT COURT JUDGE

Copies: District Attorney,
Defendant's Attorney:
Colorado Mental Health Institute at Pueblo;
Defendant.

Appendix E
PROCEDURES FOR CONDITION RELEASE AND REVOCATION

(Met with the Patient and reviewed on _____)

- I. Conditional Release Court Order (read and explain)
- II. Responsibilities
- A. Patient responsibility:
1. Request permission prior to any move as indicated in my Conditional Release Order;
 2. Do not leave the state without permission, as indicated in my Conditional Release Order;
 3. Attend all appointments as scheduled;
 4. Follow all conditions in my Conditional Release Order.
- B. Community Mental Health Centers' responsibility:
1. Provide services, monitor behavior and assure you are compliant with required treatment & CR Order;
 2. Provide quarterly reports to CMHIP;
 3. Provide quarterly reports to:
 - a. The District Attorney (DA) for the judicial district that committed you;
 - b. The District Attorney (DA) for the judicial district in the county where you reside;
 4. There is free exchange of all information, including clinical information, among the Department of Human Services, the appropriate Community Mental Health Center and appropriate DA's, law enforcement agencies and court personnel as indicated in Conditional Release Order;
 5. May recommend CMHIP conduct an unconditional discharge evaluation to determine your eligibility for full release.
- III. Definition

You may be ineligible to remain on Conditional Release, if you:

1. Violate one or more conditions in your court order for conditional release; or
2. Demonstrate behaviors indicating you are suffering from a mental disease or defect, which is likely to cause you to be dangerous to self, others, or the community in the reasonably foreseeable future, if permitted to remain on Conditional Release.

IV. Enforcement and Revocation Procedure

- A. Any person who has reasonable cause to believe that someone on Conditional Release (**referring to you**) has become ineligible to remain on Conditional Release may notify the community mental health center in charge of treatment or Director of Forensic Community Based Service Team of CMHIP.
- B. Whenever the Superintendent of CMHIP has probable cause to believe that **you** have become ineligible to remain on Conditional Release, the Superintendent/designee shall notify the District Attorney for the judicial district where the offense was committed.
- C. The Superintendent or the District Attorney shall apply for a warrant to be directed to the sheriff or a peace officer in the jurisdiction in which **you** reside or may be found commanding such sheriff or peace officer to take **you** into custody. The District Court for the 10th Judicial District is authorized to issue such a warrant.
- D. **If this happens**, when you are taken into custody, the sheriff will process you through their jail system and then **you** will be transported to the Colorado Mental Health Institute at Pueblo.
- E. The DA for the judicial district where **you** were committed must file a petition for a revocation within 10 days after **you are** delivered to CMHIP. If this is not done, the District Attorney shall immediately release **you** from custody except upon the showing of good cause. The court may grant a reasonable extension of time to file a petition for revocation.
- F. The Colorado Mental Health Institute at Pueblo shall examine **you** to evaluate **your** ability to remain on Conditional Release within 20 days after **your** admission to CMHIP. A written report of the examination will be delivered to the committing court of the District Attorney promptly after the completion of the examination. If **you** refuse to submit and cooperate with the examination, the committing court shall revoke the Conditional Release.
- G. The committing court shall hold a hearing on the petition for revocation of Conditional Release within 30 days after **you** have been delivered to the Colorado Mental Health Institute at Pueblo,
- H. At the revocation court hearing 3 things can happen:
- 1) **You** could be returned to the community on the original Conditional Release order.
 - 2) **You** could be returned to the community on a modified Conditional Release order.
 - 3) If the court finds that you have become ineligible to remain on Conditional Release, it will enter an order revoking your Conditional Release and you will be recommitted to CMHIP on the NGRI status.

- I. When your whereabouts have become unknown to the Community Mental Health Center or CMHIP or you leave the state of Colorado without permission of CMHIP or the committing court, this absence from supervision shall constitute escape. The process for revocation will be started by CMHIP.

Appendix F**CONDITIONAL RELEASE AGREEMENT**

- I have a copy of my Conditional Release Order, which I have read and understand.
- I have a copy of the Procedures for Conditional Release and Revocation, which I have read and understand.
- My responsibilities regarding my conditional release conditions have been explained to me. I understand the CMHIP Forensic Community Based Services (FCBS) Team and/or the _____ Community Mental Health Center will be providing services to me and evaluating my progress. They will be providing quarterly reports to the Colorado Mental Health Institute at Pueblo, the District Attorney for the committing judicial district, and District Attorney for the judicial district where I reside and receive treatment.
- I understand if I violate the conditions of my release or if I no longer meet the standard for release, I may be evaluated, and my Conditional Release could be revoked. The procedure for this revocation has been explained to me.
- If I have any questions regarding my Conditional Release and community living, I know I can talk with the:
- Director of the Forensic Community Based Services at the Colorado Mental Health Institute at Pueblo, phone (719) 546-4498.
 - Assistant Director for Forensic Community Based Services at (719) 546-4823.
 - Forensic Coordinator of the community mental health center:
Name _____ Phone _____

Date _____ Patient _____

Witness _____

NOTE: Conditionally Released patients may be charged for services at the Community Mental Health Center according to their ability to pay for mental health center appointments such as 1:1 with Therapist, Psychiatrist, Group Therapies, medication, laboratory tests, etc. that are not covered by the individual's benefits or insurance.

Appendix G FCBS CRITICAL INCIDENT DEBRIEFING

FCBS Critical Incidents

- Component of monitoring and reviewing for appropriate level of care.
- When a critical incident occurs with persons on Community Placement or Conditional release, designated staff at the mental health centers and FCBS at CMHIP complete their respective critical incident reports. **NOTING:** The Community Mental Health Centers & CMHIP do not share their CI's but may have discrete pieces of information that could be helpful in understanding how to support the client being successful back in the community.
- To enhance communication and decrease the gap that can occur with independent reporting systems, we would like to close the loop and bring the CI review and process full circle. DBH will ask that the Community Mental Health Center (e.g., forensic coordinator, ase manager, therapist, etc), CMHIP FCBS designated staff, and the DBH Manager of FCBS Programs have a brief, informal dialogue around the following:

1. Compliance with Court orders & TX plan.

- Time-line of services & contacts prior to/leading up to the incident

2. What might Early Warning Signs have looked like?

3. Did the incident involve risk factors and how were those being mitigated?

4. Any identified areas that might be addressed differently

Examples

- Concerns around being able to meet person's need when released from hospital
- Suggestions for CR modifications
- Suggestions for changes in treatment plan or supervision

Chance to recommend any changes to established policies & procedures to minimize future negative events.

Appendix H FCBS LEVEL II/PASRR DOCUMENTS

NURSING FACILITY CHECKLIST for ADMISSION OF FORENSIC CLIENTS (PASRR specific documentation requirements)

I. Community Placement into NH from CMHIP In-Patient Status

- A. There are 4 additional documents specific to forensic patients that will need to be faxed to DDM/ASCEND as part of the PASRR approval process. All of these documents are generated by CMHIP. However, it is up to the receiving Nursing Facility to obtain these documents, review, sign if indicated, and then fax them on to DDM/Ascend.
1. Most recent Disposition Committee Report
 - Including Risk Assessment and/or review of risk factors and level of risk
 - CMHIP Contact = Unit Social Worker
 2. Court Order or Minute Order granting Temporary Physical Removal from CMHIP to the nursing home.
 - CMHIP Contact = Unit Social Worker
 3. Requirements and Expectations for Community Living
 - The initial draft will likely be sent without all the signatures.
 - Prior to the patient discharging, the final version with any noted changes and all
 - Signatures will be sent to the Nursing Facility.
 - Each of the above should be forwarded to DDM/Ascend.
 - CMHIP Contact = Unit Social Worker
 4. CMHIP's most recent In-Patient Plan of Care
 - Plan of Care Objectives & Interventions/Problem list (Form # 107.5/107.1)
 - Important because it assists the NH in understanding the person's current risk factors and actions steps being taken to mitigate those while in-patient.
 - CMHIP Contact = Unit Social Worker
- B. Specialized Care Plan from Nursing Facility
- Needs to include delineated responsibilities for psychiatric services/interventions & medication management
 - ⇒ Who will do What and When
 - ⇒ Parallels "Expectations for Community Living" (the Community Placement requirements) or Court orders for Conditional Release

⇒ Provides provisions for coordination of services between CMHIP & NH & Mental Health Center (if applicable)

II. Person on Conditional Release going into NH from CMHIP

A. The only differences from the Community Placement steps on page 1, is #2 and #3 below:

1. Disposition Committee Report

- Including risk Assessment
- CMHIP contact = Unit Social Worker

2. Court Order approving placement on Conditional Release

(Instead of the Community Placement court or minute order for Temporary Physical Removal)

- CMHIP Contact = Unit Social Worker

3. Conditions of Release

(Instead of the Community Placement “Requirements for Community Living”, these conditions will be contained within the Court order granting Conditional Release.)

- CMHIP Contact = Unit Social Worker

4. CMHIP’s most recent Plan of Care

- CMHIP Contact = Unit Social Worker

III. Community Placement into NH for person already living in the community

A. The four pieces of paperwork are the same as for an admission from in-patient status (see page 1), with 2 exceptions:

1. The Plan of Care will be the most recent FCBS plan (not an in-patient unit’s plan); and
2. The CMHIP contact person for all documents will be the FCBS Case Manager.

IV. Person on Conditional Release going into NH from another community setting

A. The only differences from the Conditional Release steps on page 2 are

- #4 below and
- the CMHIP contact person for all documents will be the FCBS Case Manager.

1. Disposition Committee Report
 - Including risk Assessment
2. Court Order approving placement on Conditional Release
3. Conditions of Release
 - These conditions will be outlined within the Court order granting Conditional
 - Release.
4. FCBS's most recent Plan of Care