# Forensic Facility

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# Objectives for Today

- Overview of the public meeting comments, questions, and next steps
- Status Update on Competency Restoration Program
- Progress on the long-term plan for the forensic facility



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**Competency Restoration & Forensic System Implementation**

- Established workstream subcommittee meetings and a biweekly cross-agency implementation team, with Commissioners joining monthly for identified decision points.
- Further developments of the emergency rule, including clinical standards, staffing, quality/oversight, information sharing, and operational requirements.
- Developed preliminary staffing and budget assumptions for the interim program (these will be available in BAA/Governor's Recommend).
- Began detailed planning with BGS for both interim and long-term facility options.
- Advanced work with DOC and legal partners on information-sharing requirements and court processes.
- AHS Medical Director position is with Human Resources awaiting posting.
- Compiled prior forensic studies and recommendations and began development of the January feasibility report.
- Held a public meeting on August 26 and collected stakeholder recommendations for implementation and rulemaking.



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# Competency Restoration Program

**Facility**

- Planning is focused on establishing the interim program within an existing DOC location.
- Options range from fit-up of an existing wing/area to modular space, depending on feasibility.
- The space must support a high-quality therapeutic environment and access to necessary clinical services, regardless of location.

**Clinical & operational model**

- Clinical team has worked through proposed staffing ratios and qualifications.
- Quality work is building from existing clinical models (at DMH, DAIL, and VDH-DSU) while identifying forensic-specific requirements and reporting.
- AHS is refining the role and qualifications of the Medical Director, including responsibilities related to forensic care and involuntary medication.
- Preliminary FY27 ramp-up and FY28 operating costs have been identified for budget development.

**Building the Legal & Information-Sharing Framework**

- DOC has an existing model data-sharing policy that provides a starting point.
- The team is identifying what health information is necessary and legally permissible to share for competency restoration and related supervision.
- Federal confidentiality requirements create additional considerations for certain SUD treatment information.
- AHS is engaging Judiciary and legal partners to work through recommendations.

# Long-Term Forensic Model

**Key considerations include:**

- The size and characteristics of the population likely to require forensic services.
- Significant variation in clinical, cognitive, and functional needs, including mental health, ID/DD, dementia, SUD, and other complex conditions.
- The appropriate setting and level of security for different individuals.
- The importance of access to meaningful social interaction, peer relationships, programming, and other rehabilitative opportunities in addition to clinical treatment.
- The ability of different models to maintain access to appropriate clinical services, programming, activities, and broader social environments while meeting necessary safety and security requirements.
- Opportunities to adapt existing state capacity, co-locate services, or develop dedicated space, including models that integrate forensic services within a larger setting.
- Staffing and operational requirements.
- Capital and ongoing operating costs.
- How different options preserve appropriate AHS clinical and programmatic responsibility.

# Public Meeting: What We Heard

**Areas of alignment**

- Clearly define responsibility for clinical care, supervision, oversight, and accountability.
- Preserve clinical independence and distinguish treatment from supervision/enforcement.
- Begin discharge and reentry planning early and establish clear responsibility when an individual transitions to the community.
- Ensure individualized competency restoration and appropriate disability accommodations and protections.
- Establish clear, specific, and timely victim notification procedures.
- Build strong interagency coordination and information-sharing processes.
- Maintain focus on developing the permanent AHS forensic system rather than allowing the interim arrangement to become permanent by default.

**Areas where perspectives differed**

- The appropriate role for DOC, both within the interim program and in community supervision.
- The appropriate setting and level of restriction for competency restoration.
- How best to balance clinical care, individual rights, accountability, and public safety.



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