

Sec. X. LEGISLATIVE INTENT

It is the intent of the General Assembly that the Department of Corrections shall not operate or staff a forensic facility, with the exception that employees of the Department of Corrections may provide security around the outside perimeter of a forensic facility if it is colocated on the grounds of a correctional facility.

Sec. Y. FEASIBILITY PLAN; FORENSIC FACILITY

(a) On or before January 15, 2027, the Secretary of Human Services shall submit a feasibility plan for the development and operation of a forensic facility to the House Committees on Appropriations, on Corrections and Institutions, on Health Care, on Human Services, and on Judiciary and to the Senate Committees on Appropriations, on Health and Welfare, on Institutions, and on Judiciary. The feasibility plan shall address the following:

(1) the proposed location of a forensic facility, which shall be independent from a correctional facility, and, if on the same grounds as a correctional facility, shall be separated by sight and sound;

(2) the proposed design plans for a forensic facility that allows for the ability to separate residents by sex or gender and clinical need;

(3) the number of beds within a forensic facility;

(4) the entity or entities responsible for operating and providing services in a forensic facility, which shall not be the Department of Corrections;

(5) the timeline for constructing a stand-alone forensic facility or fitting up an existing stand-alone facility to operate as a forensic facility;

(6) the estimated cost of constructing or fitting up a forensic facility;

(7) the proposed staffing levels, staff qualifications, potential contracting needs, and clinical services available at a forensic facility, including on-site competency restoration services;

(8) the physical and staff security plan, both within and around the perimeter of a forensic facility;

(9) whether any opportunities exist for out-of-state placement of the forensic facility population in clinically appropriate programming while development of a forensic facility in Vermont is pending; and

(10) any recommendations for legislative action to effectuate the development of a therapeutic, trauma-informed forensic facility.

(b) At the August and November 2026 meetings of the Joint Legislative Justice Oversight Committee, the Secretary of Human Services or designee shall provide an interim status update on the development of the feasibility plan required pursuant to subsection (a) of this section.

Sec. Z. 13 V.S.A. § 4826(b) is amended to read:

(b) The Secretary of Human Services shall establish and operate a forensic facility for the secure evaluation, treatment, and care of persons who have been transferred pursuant to subsections 4815a(a) and 4819a(a) of this title. The forensic facility shall:

(1) be designed and operated in a manner that supports therapeutic, recovery-oriented, and trauma-informed programming in a therapeutic community residence while maintaining appropriate levels of safety and security;

(2) not refuse any persons it is ordered to admit and shall not require any clinical or diagnostic prerequisites for admission;

(3) provide for the safe evaluation, treatment, and care of persons, including the ability to separate the population by sex or gender and to otherwise address clinical, safety, or operational needs as appropriate, including the possible operation of multiple facilities;

(4) employ a clinical services director to oversee all forensic, clinical, and competency restoration services provided to transferred persons;

(5) implement staff qualifications, licensure, training, and supervision requirements that are sufficient to ensure that persons transferred to the forensic facility have access to clinically appropriate care, treatment, services, and supports consistent with individual needs and with applicable professional standards;

(6) ensure that a registered nurse licensed pursuant to 26 V.S.A. chapter 28 or a physician licensed pursuant to 26 V.S.A. chapter 23 or 33 is available to provide care to transferred persons 24 hours a day, seven days a week; and

(7) ensure that persons receive clinically appropriate assessment and treatment planning, including the development of an initial person-specific treatment plan within 72 hours following transfer, which shall be reviewed periodically as clinically indicated.