4/26/26
Annual
Review

Department of Behavioral Health & Developmental Services
1220 Bank Street
Richmond VA 23219
www.dbhds.virginia.gov

FAX

To:	The Honorable Stephen Shannon	**From:**	Randi Harris
Company:	Fairfax County Circuit Court	**Fax:**	+1 (833) 914-2724
Fax:	+1 (703) 385-4432	**Phone:**	8042983207
Subject:	Abdulloi Toshpulodzoda, NGRI	**Date:**	09/22/2025
Ref:	Case # : FE-2020-200	**Time:**	09:53:26 AM EST
Pages:	26		

Remarks: ATTN: Honorable Stephen Shannon, Judge; Chaim Mandelbaum, Esq., CWA; Amy Jordan, Esq., Attorney for the Acquittee;

COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Post Office Box 1797
Richmond, Virginia 23218-1797

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September 22, 2025

The Honorable Stephen Shannon, Judge
Fairfax County Circuit Court
4110 Chain Bridge Rd.
Fairfax County, VA 22030

RE: TOSHPULODZODA, Abdulloi
Reg. No.: 559809
Case No.: FE-2020-200

Dear Judge Shannon:

The Forensic Review Panel reviewed a report of clinical findings, and a conditional release plan prepared for *Abdulloi Toshpulodzoda*. The conditional release plan was jointly developed by staff of Fairfax County Community Services Board and Northern Virginia Mental Health Institute.

The Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS), under the authority of §19.2-182.13 of the *Code of Virginia,* has established the Forensic Review Panel to ensure that (I) release and privilege decisions for persons acquitted by reason of insanity (NGRIs) appropriately reflect relevant clinical, safety, and security concerns; (II) standards for NGRI conditional release and release planning have been met; and, (III) expert consultation is provided to treatment teams working with NGRIs.

The Forensic Review Panel is of the opinion that Mr. Toshpulodzoda is an appropriate candidate for conditional release. The Forensic Review Panel is of the opinion that the conditional release plan contains the treatment and supports Mr. Toshpulodzoda requires, and the monitoring required to protect the public safety.

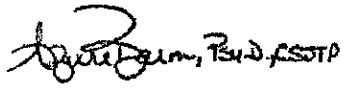
Pursuant to §19.2-182.6 of the *Code of Virginia*, the Forensic Review Panel, on behalf of the Commissioner of the Department of Behavioral Health and Developmental Services, respectfully petitions the court for the conditional release of Mr. *Abdulloi Toshpulodzoda*. In compliance with *Virginia Code* §19.2-182.6 please find enclosed, for the court's consideration, a report of clinical findings supporting the Commissioner's petition and a conditional release plan jointly developed by the hospital and community services board.

Should the court concur with the Forensic Review Panel's recommendation to conditionally release Mr. Toshpulodzoda, a model conditional release order is enclosed.

RE: TOSHPULODZODA, Abdulloi
DATE: September 22, 2025
PAGE: 2 of 2

If you have any questions or comments, please feel free to contact Randi Harris, Forensic Review Panel Coordinator, at (804) 857-7815 or the undersigned at (703) 645-4004.

Respectfully Submitted,



Azure Baron, Psy.D., CSOTP
Chair, Forensic Review Panel

Attachments:
Model Order
Conditional Release Plan
Request for Conditional Release Report

c:

Chaim Mandelbaum, Esq., Attorney for the Commonwealth
Amy Jordan, Esq., Attorney for the Acquittee
Penelope Konstas, LCSW, NGRI Coordinator, Fairfax County Community Services Board

Virginia:
In the General District Court or Circuit Court of _____
Commonwealth of Virginia
VS.
_____ **Case No:** _____

NOT GUILTY BY REASON OF INSANITY - ORDER FOR CONDITIONAL RELEASE

Upon a petition submitted by the Forensic Review Panel, on behalf of the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS), pursuant to Virginia Code Section **19.2-182.6**, this day came the Attorney for the Commonwealth, _____, and the Acquittee _____. The Acquittee was present in the Court throughout the proceedings and was represented by Counsel, _____. After review of the report of clinical findings and a conditional release plan prepared in accordance with Virginia Code Section **19.2-182.6**, it is hereby ORDERED AND ADJUDGED that:

1. The Acquittee meets the criteria for conditional release as provided in Virginia Code Section 19.2-182.7.
2. The Acquittee shall be conditionally released pursuant to Virginia Code Section 19.2-182.7, subject to the following orders and conditions, which the Court deems will best meet the Acquittee's need for treatment and supervision, and best serve the interests of justice and society:

   **[The conditional release plan jointly prepared by the hospital staff and the community services board, which is attached and is hereby incorporated by reference.]*

   ****[Other terms and conditions imposed by the court.]***
3. The community services board serving the locality in which the Acquittee will reside upon release shall implement the Court's conditional release orders, pursuant to Virginia Code Section 19.2-182.7, and shall submit written reports to the Court on the Acquittee's progress and adjustment in the community no less frequently than every six months from the date of this order.
4. Copies of this order shall be sent to the Acquittee, the counsel for the Acquittee, the attorney for the Commonwealth of the jurisdiction where the Acquittee was acquitted, the community services board implementing the conditional release plan, and the Commissioner of DBHDS.
5. The Court retains jurisdiction in this cause, and the Acquittee shall not be released from conditional release without further Order of this Court.

ENTERED: _____

SIGNATURE OF JUDGE

DATE: _____

cc: Commonwealth's Attorney
Acquittee's Attorney
Community Services Board
Commissioner of DBHDS
Attn: Office of Forensic Services
P.O. Box 1797
Richmond, VA 23218

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Abdulloi Toshpulodzoda

The signatures at the end of this conditional release plan indicate that I understand that I have been found not guilty by reason of insanity for the charge of Second Degree Murder in Fairfax County Circuit Court pursuant Virginia Code Section 19.2-182.2, and I am under the continuing jurisdiction of the Fairfax County Circuit_Court as a result of these finding. Pursuant to Virginia Code Section 19.2-182.7, the Fairfax-Falls Church Community Services Board will be responsible for the implementation and monitoring of my conditional release plan. The undersigned parties and I have reviewed this conditional release plan and agree to follow the terms and conditions.

A. GENERAL CONDITIONS

1) I agree to abide by all municipal, county, state, and federal laws.

2) I agree not to leave the Commonwealth of Virginia without first obtaining the written permission of the judge maintaining jurisdiction over my case and the Fairfax-Falls Church Community Services Board (CSB). I further understand that, pursuant to § 19.2-182.15 *Code of Virginia*, I may be charged with a class 6 Felony if I leave the Commonwealth of Virginia without the permission of the Court.

3) I agree not to use alcoholic beverages or any substances containing tetrahydrocannabinol (THC)

4) I agree not to use or possess any illegal drugs or prescription medications unless prescribed by a licensed physician for me.

5) I understand that I am under the legal control of the judge maintaining jurisdiction over me and under the supervision of the Fairfax Falls Church CSB (and/or CSB designee) implementing my conditional release plan. I agree to follow their directives and treatment plans and to make myself available for supervision at all reasonable times.

6) I agree to follow the conditions of my release and conduct myself in a manner that will maintain my mental health.

7) I understand that, even if it is not my fault or the result of any specific violation of conditions, I may be returned to a state hospital if my mental health deteriorates. I further understand that, if I am hospitalized in the custody of the Commissioner while on conditional release, my conditional release is considered revoked unless I am voluntarily admitted.

8) I agree to pay for all treatment services on a fee schedule set by the CSB and/or other community providers.

9) I agree that I will not own, possess, or have access to firearms and/or other illegal weapons of any kind. I further agree not to associate with persons or places that own, possess, or have access to firearms and/or other illegal weapons of any kind.

10) Prior to and after discharge on conditional release, I agree to release all information and records concerning my mental health and my compliance with the conditions of release to the supervising CSB, other community providers, attorney, and other participating parties.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Abdulloi Toshpulodzoda

11) I agree to participate in 30-40 hours per week of structured activities while I am on conditional release. These weekly activities (and any changes) must be approved in advance by the CSB.

B. SPECIAL CONDITIONS

1) I agree to reside where authorized by the supervising CSB. Initially, I agree to reside at the following location: **3102 Southgate Drive, #303, Alexandria, VA 22306**

If, at any point during the conditional release, I choose not to live at the above location or am asked to move out, then the supervising CSB will evaluate the situation and recommend an alternative living placement. The supervising CSB will coordinate any changes in my residence. If I choose not to reside at the CSB recommended placement, I shall be considered to be in noncompliance with the conditions of release. Any change in residence requires notification to the court by the supervising CSB. I agree to be financially responsible for the cost of my living arrangements/residential placement(s).

This residence is a permanent supportive housing (PSH) unit overseen by Pathway Homes, Inc. I agree to abide by all PSH program guidelines/requirements with respect to my tenancy at this address, including my agreement to pay the percentage of my income toward rent as determined by Pathway Homes. Failure to do so and/or resolve any outstanding balance shall be considered a violation of this conditional release plan.

in the event my PSH is no longer available when I am released from ICE detention the CSB will assess available residential options and provide direction to me. I agree to follow this direction".

2) I agree to apply for entitlements and health insurance for which I may be eligible in the community.

3) I agree that I will participate in 30-40 hours per week of structured daytime activities for the duration of my conditional release, i.e., employment, volunteer work, school, club house, AA, NA, other special groups, etc. Case management, psychiatric medication management, vocational support, and meetings with Pathway Homes representatives also qualify as structured activity, as does any related travel-time.

My initial plan is the following:

-Continue no more than 40 hrs/week of employment
-Attend all scheduled case management/medication management appointments

4) Staff at the Fairfax-Falls Church CSB will provide case management for me. I agree to meet with my case manager for the purpose of monitoring compliance with the conditions of release and any other case management tasks that support my recovery.

The name and phone number of my initial CSB case manager is:
Penelope Konstas, LCSW (Behavioral Health Supervisor/NGRI Coordinator)

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Abdulloi Toshpulodzoda

Phone: 703-223-2677

Frequency of case management office visits: No less than once per week for the first six months of Conditional Release. Thereafter, case management visits will occur no less than twice per month for the duration of conditional release. This schedule of case management meetings is subject to change (increase or decrease as deemed necessary by the case manager with no less than monthly visits).

Frequency of CSB Staff home visit contacts: No less than once per week for the first six months of conditional release. If I successfully comply with this schedule, home visits will occur every other week for the remainder of my conditional release. Home visit frequency may be increased at any time as recommended by CSB.

I understand that for at least the first six months of conditional release I will have at least two face to face contacts per week with my CSB treatment team (one home visit and one office visit, per above). These contacts are to occur on separate days of the week. For example, office visit may occur on a Monday and home visit occurs on a Thursday.

5) In case of an afterhours or weekend emergency I can reach someone at the Fairfax-Falls Church CSB at this number: **703-573-5679**

6) I agree to work with CSB staff responsible for conducting ongoing assessments of my mental status and associated risk factors. I understand that this may be conducted as part of case management visits, individual therapy appointments or a separate meeting as directed by the CSB. The CSB will provide qualified staff persons for the purpose of conducting mental status and risk factor assessments. If indicated at anytime, specialized crisis counseling/intervention assessments will be conducted as appropriate. If needed, I agree to assessment and treatment interventions from Emergency Services and I agree to follow their recommendations.

7) I agree to take psychotropic medication as recommended by my treating psychiatrist. I agree to meet with my treating psychiatrist (or psychiatrist's designee) at the supervising CSB (or CSB designee) for the purposes of monitoring my psychotropic medications and to have my prescriptions renewed and refilled. I will participate in psychiatric treatment for the duration of conditional release by treating psychiatrist. Treating psychiatrist will notify CSB of any medication changes and provide information on what warranted change.

My current psychiatric diagnoses: Bipolar I Disorder

My current psychotropic medications: Paliperidone (Invega), 156 mg LAI every 4 weeks

Name of Treating Psychiatrist: CSB Designated Provider (specific provider will be identified prior to hospital discharge)

Location of meetings with psychiatrist:
8119 Holland Road, Alexandria, VA 22306 (or other CSB approved location)

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Abdulloi Toshpulodzoda

Frequency of meetings with psychiatrist:
Once per month for the first six months of conditional release, then no less than once every three months for the remainder of conditional release. Schedule of meetings may be increased if deemed necessary by treating psychiatrist or their designee.

8) I agree to submit to periodic blood analysis as directed by treatment staff of the supervising CSB for the purposes of monitoring psychotropic medication compliance and tolerance.

9) I agree to receive recommended medical treatment for the duration of my conditional release. I will work with CSB staff to link with a medical provider if I need support identifying a provider.

10) I agree to be assessed by a substance abuse counselor at supervising CSB if deemed necessary at any time during the duration of conditional release. I agree to follow the treatment recommendations made as a result of this assessment.

11) I agree to submit to random and/or periodic breathalyzer, blood or urine analysis as directed by treatment staff of the supervising CSB for purposes of monitoring alcohol consumption, illicit drug use and/or other prohibited substances. Drug/alcohol screens will be given for the duration of conditional release or as otherwise indicated. When indicated, I agree to a full drug panel screening. I further agree to pay any lab fees associated with this screening. Detection of any illicit substances, detection of alcohol use, or refusal to participate in these screenings shall constitute noncompliance with the conditional release plan. The screening schedule is as follows:

Frequency/duration of SA screening: As needed basis determined by CSB Staff

12) If applicable, I agree to be assessed by a vocational rehabilitation counselor and to follow the recommendations made from this assessment. The vocational assessment may be provided by treatment staff of the supervising CSB or can be conducted by another agency designated by the CSB.

13) I agree that, if cannot attend a meeting or session as required by this conditional release plan, I will provide advance notice by calling the person I am to meet. If I am unable to contact that person, I must contact one of the following individuals:

Alternative contact #1: **Penelope Konstas, LCSW, CSB NGRI Coordinator**

Phone #: 703-223-2677

Alternative contact **#2: Jessica Williams, LPC, CSB ICT Manager**

Phone #: 703-481-4007

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Abdulloi Toshpulodzoda

14) I am responsible for arranging transportation between home and activities required under this conditional release plan. I may arrange for rides through family or friends. Lack of transportation may not be accepted as an excuse for missing activities specified by this conditional release plan.

15) I understand that I have an immigration detainer and Immigration and Customs Enforcement (ICE) will have 48 hours to obtain custody of me upon being granted conditional release. I understand I may potentially be detained by ICE for an extended period of time. I understand that I have an immigration hearing scheduled for March 20th, 2026. I understand that in the event my PSH unit referenced in special condition #1 is no longer available when I am released from ICE detention, the CSB will assess available residential options and provide direction to me, and I agree to follow this direction.

** I have read or have had read to me and understand and accept the conditions under which the Court will release me from the hospital. I fully understand that failure to conform to the conditions may result in one or more of the following:

- Notification to the court of jurisdiction;
- Notification of the proper legal authorities;
- Modification of the conditional release plan pursuant to § 19.2-182.11;
- Revocation of conditional release and hospitalization pursuant to § 19.2-182.8;
- Emergency custody and hospitalization pursuant to § 19.2-182.9;
- Charged with contempt of court pursuant to § 19.2-182.7; or
- Arrest and prosecution

** I understand that my conditional release plan is part of a court document and could potentially be accessed by the public.

Signature of Acquittee — Date: 08/28/2025

Signature of Witness for Acquittee's signature — Date: 8/28/2025

Signed by: Penelope Kontas — Signature of NGRI Coordinator or designee for CSB — Date: 08/18/2025 | 17:05:45 EDT

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Abdullqi Toshpulodzoda

C. COMMUNITY SERVICES BOARD

1. The Fairfax-Falls Church CSB will coordinate the conditional release plan. As of the beginning of the conditional release plan, the designated point of contact:

   Name: Penelope Konstas, LCSW
   Title: NGRI Coordinator
   Community Services Board: Fairfax Falls Church
   Address: 8221 Willow Oaks Corporate Drive
   City, State, Zip: Fairfax, VA 22031
   Phone: 703-223-2677 FAX: 703-653-7186

2. The CSB shall provide the court written reports no less frequently than once every six months, to begin six months from the date of the conditional release, in accordance with § 19.2-182.7. These reports shall address the acquittee's progress, compliance with conditions of release, and adjustment in the community. Additionally, a copy of all 6-month reports shall be sent to

   Office of Forensic Services
   DBHDS
   P.O. Box 1797
   Richmond, VA 23218

   PHONE: (804) 786-9084
   FAX: (804) 786-9621

3. The CSB shall provide Office of Forensic Services of DBHDS with monthly written reports for the first twelve consecutive months on conditional release. The monthly reports will address the acquittee's progress, compliance with conditions of release, and adjustment in the community. These reports are due to the Office of Forensic Services at the above address no later than the 10th day of the month following the month to be reported.

4. Pursuant to § 19.2-182.11, the CSB understands that the court of jurisdiction must approve any proposed changes or deviations from this conditional release plan.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Abdulloi Toshpulodzoda

5. The CSB shall immediately provide copies of all court orders and notices related to the disposition of the acquittee to DBHDS, Office of Forensic Services, at the above address.

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Abdulloi Toshpulodzoda

D. SIGNATURES

This conditional release plan has been developed jointly and approved by the following community services board and hospital staff:

Signed by: Penelope Konstas — 08/18/2025 | 17:05:45 EDT
Signature — Date
Penelope Konstas, LCSW
NGRI Coordinator
Fairfax-Falls Church CSB

Signed by: Ashley Stright, LCSW — 08/18/2025 | 20:27:37 EDT
Signature — Date
Ashley Stright, LCSW
Discharge Planner
Fairfax-Falls Church CSB

Signed by: Robert Erickson — 8/26/2025 | 14:41 EDT
Signature — Date
Robert Erickson, MSW
Hospital Social Worker
NVMHI

Signed by: Kiarash Yoosefi — 8/26/2025 | 14:49 EDT
Signature — Date
Dr. Kiarash Yoosefi, MD
Psychiatrist
NVMHI

Signed by: Bethzaida Felix-Santiago — 8/26/2025 | 12:24 PDT
Signature — Date
Dr. Bethzaida Felix-Santiago, PsyD
Psychologist
NVMHI

COURT-ORDERED CONDITIONAL RELEASE PLAN FOR Abdulloi Toshpulodzoda

E. Community Services Board Recommendations and Comments

This is an opportunity for the supervising Community Services Board staff to provide recommendations and comments to the Forensic Review Panel. Please indicate the CSB's support for or against conditional release and an explanation for the CSB's position:

The CSB supports conditional release for Mr. Toshpulodozoda as detailed by above plan.

Signature/Print Name	Title/CSB	Date
Signed by: Penelope Konstas	08/18/2025 | 17:05:45 EDT	
Penelope Konstas, LCSW	NGRI Coordinator/Fairfax-Falls Church CSB	

NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE
3302 Gallows Road, Falls Church, Virginia 22042-3398

Forensic Review Panel
Request for Conditional Release
(§19.2-182.6 (A))

IDENTIFYING INFORMATION

Name:	Abdulloi Toshpulodzoda
Registration Number:	559809
Sex:	Male
Date of Birth:	February 2, 1992
Age:	33
Marital Status:	Single
Level of Education:	High School Diploma
Judge:	The Honorable Stephen Shannon
Court of Jurisdiction:	Fairfax Circuit Court
Court Case Number:	FE-2020-200
NGRI Offense:	2nd Degree Murder
Date of NGRI Adjudication:	October 20, 2022
Date of Admission to NVMHI:	April 4, 2023
Date of Report:	June 12, 2025; August 20, 2025 (updated)

I. Purpose of Report

Mr. Abdulloi Toshpulodzoda was adjudicated Not Guilty by Reason of Insanity (NGRI) on October 20, 2022, for one count of second-degree murder. He was committed to the custody of the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) pursuant to section §19.2-182.2 of the Code of Virginia, 1950 (as amended). Mr. Toshpulodzoda has submitted his request for Conditional Release. The NVMHI treatment team and Fairfax Community Services Board (CSB) support this request. The treatment team is submitting this report along with the attached Conditional Release Plan completed by the CSB for review by the Internal Forensic Privileging Committee (IFPC), the Forensic Review Panel (FRP) and the Fairfax Circuit Court.

II. Confidentiality Statement

Mr. Toshpulodzoda has been informed that the contents of this report will be included in his medical and legal records and reviewed by both the IFPC and the FRP. He was further notified that the report and its contents would be disseminated to court officials and other parties considering his NGRI status. Mr. Toshpulodzoda expressed his understanding of these confidentiality limitations and agreed to proceed with the process.

III. Sources of Information

1. Treatment team consultation and ongoing team meetings with Mr. Toshpulodzoda.
2. Review of Mr. Toshpulodzoda's records at NVMHI.
3. Historical Clinical Risk Management-20, Version 3 (HCR2-V3)
4. Evaluation of Sanity at the time of the Offense Report (§ 19.2-169.5) authored by Sahair Monfared, Psy.D., dated September 22, 2020.
5. Evaluation of Sanity at the time of the Offense Report (§ 19.2-169.5) authored by Anita L. Boss, Psy.D., ABPP., dated March 18. 2022.
6. Temporary Custody Evaluation report authored by William McKenna, Psy.D., dated December 27, 2022.

7. Temporary Custody Evaluation report authored by Rebecca J. Lindsay, M.D., dated December 29, 2022.
8. Initial Analysis of Risk Report, authored by Carol Clay, Psy. D., CSOTP, dated December 12, 2022.
9. Annual Continuation of Confinement report, authored by Jordan Wilson, Psy.D., dated January 18, 2024.
10. NGRI Privilege Request for Unescorted Community-Overnight, (UC48) authored by Kiarash Yoosefi, M.D., Bethzaida Felix-Santiago, Psy.D., and Robert Erickson, MSW, dated July 26, 2024.
11. Unescorted Community Report Forms completed by Hopelink Behavioral Health Stepping Stones (Psychosocial Rehabilitation Program) for the months of March 2025, April 2025, and May 2025.
12. Progress discussions with Community Services Board (CSB) staff who conduct home visits with Mr. Toshpulodzoda at his Permanent Supportive Housing (PSH) apartment.

IV. Description of Offense

In the month preceding the index offense, Mr. Toshpulodzoda reported a reemergence in symptoms of psychosis that were reportedly in remission for about a year and a half prior. These symptoms included persecutory paranoia and hyper-religious thoughts, suicidal ideations and impulsive behaviors.

A. Acquittee's Account

The following is a summarized account of Mr. Toshpulodzoda's perspective of the index offense adapted from the Initial Analysis of Risk Report, authored by Carol Clay, Psy. D., CSOTP, dated December 12, 2022:

After a period of symptom remission, Mr. Toshpulodzoda reported that he began to experience religious delusions and paranoia of others being after him who were working against God. These symptoms started about a month prior to the index offense. He was experiencing distressing delusions that the world was about to come to an end and was struggling with dueling delusions of being a savior and being the antichrist. He continued to experience delusions that people he met were religious figures or were sending him messages that he was the savior. He began to believe that others were out to kill him. He struggled with these thoughts to the point that he began to bang his head on the ground until he bled before experiencing a "moment of clarity" and stopped. He later returned to his apartment where his landlord (the index offense victim) cooked him breakfast. Mr. Toshpulodzoda began to develop the believe that the landlord was an enemy out to kill Mr. Toshpulodzoda and his family after the landlord asked a question about his brother. Out of fear, Mr. Toshpulodzoda took a knife and repeatedly stabbed the landlord, not realizing what he was doing. He realized he had hurt the landlord when he was covered in his blood. The neighbors called emergency services and Mr. Toshpulodzoda was subsequently arrested.

B. Collateral Account(s)

The following is collateral account is taken from the Fairfax County Police Department Incident Report which was included in the Initial Analysis of Risk Report, authored by Carol Clay, Psy. D., CSOTP, dated December 12, 2022:

> *Police were called to the home in response to a fight in progress. Upon arrival, Mr. Toshpulodzoda opened the door and was observed "covered in blood from head to toe." When prompted by the officers, he immediately placed his hands behind his back and stated, "I am guilty." When entering the basement to search for the victim, the victim was found lying on the floor, unresponsive and covered in blood from what appeared to be stab wounds. The victim was transported to the hospital where he was pronounced dead after attempts to save his life.*

V. Psychosocial History

A. Childhood and Family Relationships: Mr. Toshpulodzoda was born in Tajikistan. He is the youngest of three children born to his biological parents. He reported a normal upbringing until the age of seven, when his father was imprisoned for five years for allegedly betraying the Russian government. Mr. Toshpulodzoda immigrated to the United States at seventeen. He maintained a close relationship with his brother and his mother before she passed away in 2018. Mr. Toshpulodzoda continues to stay close to his brother. Mr. Toshpulodzoda's sister and father currently reside in Russia.

B. Education and Employment: Mr. Toshpulodzoda attended English as a Second Language programs when he immigrated to the United States. At the time of the index offense, he was enrolled in a computer programming course. Following his offense, he completed online courses while hospitalized. Regarding employment, Mr. Toshpulodzoda held various positions within the food and retail industries prior to his offense, including a position as a manager at a pizza restaurant for two years. Prior to his offense, he worked as a ride-share driver. Mr. Toshpulodzoda held a job at a local pizzeria, working approximately 25-30 hours per week for about six months until February 2025 while using unescorted community privileges. Mr. Toshpulodzoda transitioned to work as an independent dispatcher for a logistics company, securing loads for pick-up and delivery. Mr. Toshpulodzoda plans to pursue future studies in computer programming.

C. Adult Interpersonal Relationships: Mr. Toshpulodzoda reports having a close relationship with his brother, who lives in Pennsylvania and visits him regularly during overnight passes. He has a history of romantic relationships, which he states ended amicably. At the hospital, he is frequently seen socializing with his peers. He mentions that he gets along well with his peers in his psychosocial rehabilitation program and with his coworkers at the pizzeria where he most recently worked. He has not experienced any known conflicts with peers at the hospital.

D. Legal Issues: Except for his index offense, Mr. Toshpulodzoda has no history of criminal activity. However, he does have an Immigration and Customs Enforcement (ICE) detainer due to his NGRI charge.

E. Substance Abuse History: Mr. Toshpulodzoda does not have a significant history of substance abuse. He reports smoking marijuana approximately five times in his early twenties. He states that he stopped smoking marijuana and does not use any other substances, including alcohol, as using substances goes against his religious beliefs.

F. Medical History: Mr. Toshpulodzoda denies any significant history of illness or surgical procedures, except for having his appendix removed earlier in life. His current medical conditions include allergic rhinitis, seasonal allergies, being overweight, vitamin D deficiency, and hypothyroidism.

G. Psychiatric History: Mr. Toshpulodzoda reported an onset of psychiatric symptoms in 2017 when his mother was diagnosed with cancer. However, his brother noted that Mr. Toshpulodzoda exhibited episodes of grandiosity and was gambling to cope with his depression 2-3 years prior to 2017. In 2017, Mr. Toshpulodzoda reported experiencing episodes of psychosis in which he held the delusion that he was dead. He also expressed persecutory paranoia, believing that someone was trying to kill him. Additionally, he made homicidal statements toward his sister-in-law, stating she had to die when she gave birth. His family sought help from an Imam (Muslim leader), and Mr. Toshpulodzoda participated in various religious rituals. His symptoms of psychosis reportedly remitted for a year, until May 2018, before reemerging around December 2019. During this time, he began to experience delusions that he was the antichrist and ideas of reference, feeling that his peers were trying to send him messages indicating he was the savior who could restore order. His belief that he was the antichrist led him to engage in self-harming behaviors. Following his arrest for the index offense in December 2019, he continued to show similar

symptoms while in jail. He engaged in self-injurious behavior, including headbanging, which required medical intervention. He was prescribed an antipsychotic, resulting in improved symptoms. At times, he experienced depression and hopelessness, including suicidal ideation. His depression and anxiety symptoms eventually resolved. He remained stable until his admission to NVMHI in May 2023, when he began to present as disorganized with labile affect and mild paranoia, and was seen entering peers' rooms. After starting a new antipsychotic, these symptoms also remitted, and he has been psychiatrically and behaviorally stable since.

VI. Current Clinical Formulation

Mr. Toshpulodzoda has a history of bipolar I disorder with psychotic features. He has experienced recurrent manic episodes triggered by significant stressors, including interpersonal losses and life transitions, which manifest in notable changes in his mood and thought processes. These include episodes of depression, mania, psychosis, and suicidal and homicidal ideations, characterized by delusional and paranoid thoughts during the acute phases of his illness, as well as withdrawal from social activities during depressive episodes. His symptoms are currently in remission with the treatment of antipsychotic medication. He has maintained safety for himself and others both in the hospital and in the community.

VII. Course of Hospitalization and Recent Progress:

Mr. Toshpulodzoda's mental status has remained consistently stable. He does not exhibit paranoid delusions or impulsive behaviors, including suicidal tendencies. His symptoms have been in full remission for over three years. He has been proactive in discussing his treatment and the side effects of medications. He advocated for a different medication with fewer side effects and was able to weigh the pros and cons to make a reasonable decision. Currently, he denies experiencing any significant side effects from his long-acting injection. He has consistently adhered to his medications without missing his monthly injections or refusing. Mr. Toshpulodzoda has gained good insight and is open to discussing his mental health conditions. He understands his treatment well and actively participates in every aspect, attending therapeutic groups both in the hospital and the community. The treatment goal is now to maintain his stability and be proactive in detecting any warning signs of decline in his psychiatric condition.

Mr. Toshpulodzoda has continued to demonstrate safe behaviors and optimal levels of daily functioning. No issues have been reported during passes in the community. He has managed increased privileges responsibly, including his part-time job and the opportunity to drive his own vehicle during overnight passes. Mr. Toshpulodzoda consistently meets with his team for treatment planning meetings. He also interacts appropriately with his outpatient providers and CSB. He has been engaged in activities and interacts appropriately with staff and peers. He has not attempted to escape from supervision during passes or engaged in any problematic behaviors in the community.

VIII. Mental Status Examination (Completed by Kiarash Yoosefi, M.D.)

Mr. Toshpulodzoda was well-groomed and presented as his stated age. He is well-oriented to place, time, and person. There is no clinical evidence of psychomotor disturbance. He maintained good eye contact. He described his mood as "very good." Objectively, his mood was euthymic. His affect is of full range and appropriate, with spontaneous emotional reactivity. His memory for recent and remote events is intact. His concentration and attention were adequate. His general intelligence and fund of general knowledge appear average. His level of personal hygiene is good. His speech was coherent, spontaneous, and appropriate, with a normal rate, volume, and rhythm. He was able to communicate clearly and achieve goal-directed ideas without difficulty. He denied any auditory or visual hallucinations. He denied any preoccupations, illusions, or phobias and did not exhibit any. He denied any suicidal or homicidal ideation, changes in functioning, sleep, or appetite. He demonstrated very good judgment and insight.

IX. Comparison of Current Mental Status (MSE) to last MSE and to the Mental Status at the time of the Offense (MSO)

In contrast to the period of the offense, the individual does not present any indicators of mania or psychosis, including delusions or hallucinations. He demonstrates sound insight and intact judgment. His symptoms are in complete remission. He denies any homicidal ideation and appears to pose no risk to himself or society.

X. Diagnoses (DSM-5-TR)

Bipolar I disorder (in full remission)

XI. Current Medications

Paliperidone (Invega), 156 mg Long-Acting Injectable (LAI) every 4 weeks

XII. Psychosocial Treatments

The Virginia DBHDS's graduated release plan employs a "demonstration" model wherein NGRI acquittees provide evidence that they can manage increasing levels of freedom in preparation for release. Each progressive step of the graduated release process includes increasing amounts of freedom and community reintegration, ranging from escorted grounds to unescorted community privileges before being granted conditional release. Individual restrictions are placed at each level to manage an individual's unique risk factors, which are outlined in an individual's Risk Management Plan (RMP). The RMP is part of the acquittee's treatment plan and describes systematic and organized actions regarding treatment, monitoring, supervision, and safety at each privilege.

Mr. Toshpulodzoda has participated in each successive privilege level as he advanced through the graduated release process. He was granted Escorted Grounds (EG) privileges upon admission to NVMHI in May 2023. After safely demonstrating his ability to utilize his EG privilege, he was granted Escorted Community and Unescorted Grounds (UG/EC) privileges in September 2023. In accordance with UG privileges, he walked around hospital grounds for fresh air breaks and exercise without supervision. With his EC privilege, he completed community outings with staff. He demonstrated safe and appropriate behaviors interacting with others at each privilege level.

Throughout his hospitalization at NVMHI, Mr. Toshpulodzoda engaged in programming at the hospital. He attended individual therapy and psychosocial treatment to address his mental health symptoms and gain insight into his triggers and risk factors related to violence. He also attended occupational and recreational treatment groups and therapeutic outings in the community. At the hospital, he currently attends Risk Factors III, which is a group for individuals in preparation for Conditional Release to discuss future risk factors and interventions to mitigate any risks in the future.

Mr. Toshpulodzoda received Unescorted Community-Not-Overnight (UCNO) privileges in February 2024. With these privileges, he was able to supplement his treatment by attending a community Psychosocial Rehabilitation (PSR) program called Recovery Academy (RA). Mr. Toshpulodzoda initially participated in programming three times per week, where he engaged in groups focused on symptom management, coping skills, and peer support. He demonstrated his ability to interact appropriately with peers and staff at RA and currently attends a step-down PSR program, "Stepping Stones," twice weekly. He also worked at a local restaurant, averaging 20 hours per week. While utilizing his privileges, Mr. Toshpulodzoda confronted some difficulties adhering to his Risk Management Plan (RMP). When the treatment team noticed he was exceeding his allotted work hours, he required multiple prompts to ensure his work hours stayed within the RMP limits. He also needed counseling from the treatment team when he used his personal vehicle before receiving final approval from the IFPC and facility director.

In July 2024, Mr. Toshpulodzoda was granted Unescorted Community-Up to 48 hours (UC48) privileges. Due to delays in securing an apartment through Permanent Supportive Housing (PSH), he could not start using these privileges until October 2024. Since using his UC48 privileges, he has completed overnight passes to his independent apartment, averaging two 48-hour passes per week. While on his passes, he maintained a schedule of attending outpatient program Stepping Stones, going to work, meeting weekly with his CSB coordinator, and attending a local mosque. He has approval to use his personal vehicle, which he drives during his passes, and he has been able to do so safely without any issues. On February 11, 2025, the treatment team was informed by Mr. Toshpulodzoda's transition specialist at his outpatient program, Stepping Stones, that he did not arrive at the program and had failed to notify the staff. Upon learning of his absence, the treatment team encountered difficulty locating Mr. Toshpulodzoda via his state-issued phone for approximately two hours, as it appeared to be switched off during that period. His CSB provider located him, and Mr. Toshpulodzoda was asked to return to the hospital immediately. He reported that he inadvertently overslept and missed his morning appointment. However, he did not notify his providers about the missed appointment. It is important to note that this was the first time he missed an appointment at his outpatient program, as he usually traveled to appointments from the hospital instead of his apartment, which makes him more dependent on the staff to get up and prepare for these. Mr. Toshpulodzoda also mentioned issues with the battery of his state-issued phone as the reason his treatment team could not reach him. In general, Mr. Toshpulodzoda has had instances where he has failed to communicate proactively and responsibly with his providers. Due to the ongoing issues, the treatment team changed his schedule for overnight passes to ensure he travels to his program from his apartment. Additionally, he participated in sessions with a Forensic Mental Health Specialist (FMHS) to address communication and time management issues. Mr. Toshpulodzoda responded well to the interventions offered, and no other incidents have been reported since these interventions were implemented.

XIII. Risk Assessment (Completed by Bethzaida Felix-Santiago, Psy.D.)

Date of last HCR-20 V3: The undersigned last assessed Mr. Toshpulodzoda's risk on December 18, 2024. The undersigned completed the present administration of the HCR-20 V3 on June 12, 2025.

(The HCR-20 V3 considers a systematic analysis of an Acquittee's violence history, psychosocial adjustment, and living situation, and includes ten historical factors (past), five clinical factors (current), and five risk management factors (future), each rated regarding their presence (omitted, absent, possibly/partially present, or definitely present) and extent to which a factor caused the person to commit violence (low, moderate, or high relevance).

H1: History of Problems with Violence – *(Present and High Relevance)*
Mr. Toshpulodzoda was acquitted NGRI for charges of second-degree murder occurring on December 29, 2019. At the time of the offense, Mr. Toshpulodzoda was reportedly experiencing acute symptoms of psychosis, including paranoid and religious delusions. Mr. Toshpulodzoda's history of violence is limited to this offense, as there is no documentation of prior incidents of violent behavior before or after the event. However, given the seriousness of the crime, this risk factor is rated as highly relevant.

H2: History of Problems with Other Antisocial Behavior – *(Not Present and Low Relevance)*
Mr. Toshpulodzoda has no history of antisocial behavior across developmental stages. He presents prosocial and cooperative behaviors in the hospital and the community.

H3: History of Problems with Relationships – *(Not Present and Low Relevance)*
Mr. Toshpulodzoda has a history of long-term intimate relationships while living in Pennsylvania. Reportedly, his relationship with his girlfriend ended in 2019, a few months before his offense. He reported terminating the relationship due to difficulties maintaining a long-distance relationship after

moving to Virginia. He denied major conflicts in the relationship. He also described positive relationships with his family, including his parents and brother. He recalled that he first experienced symptoms of mental illness around the time his mother was diagnosed with cancer in 2017. His mother eventually passed away in 2018 from colon cancer. Most of his family, including his dad, reside in Russia. Mr. Toshpulodzoda reported being close to his brother, who visits him periodically from Pennsylvania. He has supportive and respectful interactions peers etc. While he denied any significant history of interpersonal conflict, his history suggests some difficulties adjusting to relationship losses.

H4: History of Problems with Employment – *(Partially Present and Low Relevance)*
Mr. Toshpulodzoda has a history of gainful employment before his illness. He has held multiple retail and food service jobs, including working as a restaurant manager for two years. Mr. Toshpulodzoda does not have a history of significant problems at work. Before his index offense, he worked as a Lyft driver and attended school for a computer programming certification. He began to experience symptoms of mental illness while attending school in Virginia and could not finish the program at the time. Mr. Toshpulodzoda resumed the certification during his hospitalization and completed the program after receiving UCNO privileges in May 2024. He also began working part-time at a restaurant after obtaining a work permit. Mr. Toshpulodzoda has adjusted well to work, balancing his treatment and employment, demonstrating good boundaries between work and other activities. Mr. Toshpulodzoda will be expected to work full-time upon release because he won't be eligible for government entitlements due to his legal status.

H5: History of Problems with Substance Use – *(Not Present and Low Relevance)*
Mr. Toshpulodzoda reported that he only used marijuana four to five times between 2014 and 2015. He denied any other drug or alcohol use. He reported that he stopped smoking once he realized it was against his religion.

H6: History of Problems with Major Mental Disorder – *(Present and High Relevance)*
Mr. Toshpulodzoda began to experience symptoms of mental illness around 2017, mainly depressed symptoms and grandiose/religious delusions about being God's servant. He also experienced paranoia toward family members and the government. Following the onset of symptoms, his family sought out spiritual care from an "Imam," who is considered a religious leader in the religion of Islam. His symptoms persisted for several months, and while he did not receive any psychiatric treatment at the time, he indicated that all his symptoms went away after performing a series of rituals and prayers indicated by the Iman. His symptoms reappeared again in December 2019 when he began to experience similar symptoms (religious/paranoid delusions without hallucinations and ideas of reference). Mr. Toshpulodzoda reported that the symptoms re-emerged approximately 2 to 3 days before his index offense. He reported that he became increasingly delusional, believing he was God's servant, and had turned into the Antichrist after failing to fulfill God's prophecy. His persecutory delusions were also accompanied by a suicidal attempt hours before and after the offense, in the form of banging his head against a sidewalk. Immediately after his arrest and incarceration, he required mechanical restraint due to banging his head against the wall (to the point of opening his forehead). Mr. Toshpulodzoda was medicated while incarcerated, and his symptoms of psychosis improved within a short period of time. He remained psychiatrically stable throughout the years while awaiting trial in jail. Before his transfer to CSH, he reported increased depression and suicidal thoughts because he was concerned for his safety due to gang members operating and extorting others within the jail. He mentioned that his symptoms improved after being moved to a different block. Records also indicate his symptoms remained stable while hospitalized at Central State Hospital before his transfer to NVMHI. Mr. Toshpulodzoda experienced breakthrough symptoms in May 2023, shortly after his transfer to NVMHI. At that time, he was observed to be confused, disorganized in his thoughts and behavior, and intrusively entering his peers' rooms. His symptoms improved when his antipsychotic medication, Seroquel, was switched to

Risperdal. Since then, Mr. Toshpulodzoda has remained psychiatrically stable with no recurrence of symptoms.

H7: History of Problems with Personality Disorders – *(Not Present and Low Relevance)*
Mr. Toshpulodzoda has no history of personality pathology; he presents with stable and adaptable personality patterns.

H8: History of Problems with Traumatic Experiences – *(Partially Present and Low Relevance)*
Mr. Toshpulodzoda reported separation from his father at a young age after his father was arrested and taken to Russia, where he remained imprisoned for five years. Mr. Toshpulodzoda also reported witnessing his father physically and emotionally acting out against his mother. He also reported traumatic stressors related to his pre-trial incarceration for his index offense. Mr. Toshpulodzoda denies any symptoms associated with Post-Traumatic Stress Disorder. These past experiences, while potentially traumatic, do not appear to be related to violence.

H9: History of Problems with Violent Attitudes – *(Not Present and Low Relevance)*
During his NGRI index offense, Mr. Toshpulodzoda experienced paranoid delusions that the victim was trying to harm him and his family and that he had to kill the victim to protect himself. These beliefs supportive of violence occurred solely in the context of active symptoms of psychosis. He denied any beliefs or attitudes supportive of violent behaviors at the time of the present assessment.

H10: History of Problems with Treatment of Supervision Response – *(Present and Moderate Relevance)*
Mr. Toshpulodzoda has been medication-adherent since his incarceration and subsequent hospitalization. In May 2023, he experienced symptoms of psychosis (paranoia), thought disorganization, and depressed mood despite being medication adherent. It is believed that his symptoms reappeared in the context of his transition to NVMHI. Mr. Toshpulodzoda could recognize his symptoms (ideas of reference and hyper-religious thoughts) and communicate these to his treatment team. He agreed to medication changes, and his symptoms quickly remitted. He has since remained psychiatrically stable. His engagement in treatment is adequate; he participates in group discussion and demonstrates appropriate insight, though he has encountered issues communicating and sharing vital information with his team proactively.

Clinical Factors
Clinical Factor Time frame: ☐ 90 days or ☒ since last privilege increase
(The *HCR-20 V3 Clinical Factors* reflect certain features of the Acquittee's recent psychosocial functioning that, if present, are important in understanding dynamic and short-term risk of violence).

C1: Recent Problems with Insight – *(Not Present and Low Relevance)*
Mr. Toshpulodzoda presents as clinically stable; he demonstrates a strong understanding of his mental health condition and the need to remain medication-adherent to maintain clinical stability. His level of insight has helped him manage his symptoms proactively by recognizing them and actively seeking help from his providers. His insight has increased over the past year as he can identify stressors and triggers related to psychiatric decompensation.

C2: Recent Problems with Violent Ideation or Intent – *(Not Present and Low Relevance)*
During the present assessment, Mr. Toshpulodzoda denied any ideations or intent to act violently against others.

C3: Recent Problems with Symptoms of Major Mental Disorder – *(Not Present and Low Relevance)*
Mr. Toshpulodzoda denied any symptoms of his condition, such as mood instability or psychosis. He has been free of symptoms since his medications were adjusted in May of 2023. He endorsed a positive mood, adequate levels of functioning, and a normal routine.

C4: Recent Problems with Instability – *(Not Present and Low Relevance)*
Mr. Toshpulodzoda denied experiencing any behavioral or cognitive instability. He reports experiencing normative levels of worry regarding his ICE detainer status. He has proactively sought legal assistance to address his immigration status. He is cognizant of the possibility that he could be placed in the custody of immigration following his discharge and that the resolution of his case may require a considerable amount of time. He also understands the potential for deportation back to his country. Nevertheless, he reports appropriate levels of coping at this time.

C5: Recent Problems with Treatment or Supervision Response – *(Present and Moderate Relevance)*
Mr. Toshpulodzoda has consistently adhered to his long-acting injection (LAI). He understands the dose and frequency of his LAI. Given Mr. Toshpulozoda's progress in attending intensive programming (Recovery Academy) at Hopelink, it was determined that he was appropriate for the "Stepping Stones" program, which is a step-down program from Recovery Academy and is intended for individuals who have sustained stability in the community and are now working, etc. Mr. Toshpulodzoda attends the Stepping Stones program twice weekly as part of treatment activities during overnight passes.

Mr. Toshpulodzoda has needed frequent counseling due to difficulties communicating in advance with his treatment team and making decisions about his treatment or community privileges without consulting with his team first. For example, he decided to shorten his treatment hours at his outpatient program due to his interest in working more hours without consulting with his treatment team. He also increased his work hours without the team's and the Internal Forensic Privileging Committee's (IFPC) approval. He also started driving his own vehicle during UCNO passes before obtaining final approval from the IFPC and the facility director. Lastly, Mr. Toshpulodzoda missed an outpatient appointment during an overnight pass on February 11, 2025. He also failed to adhere to his Risk Management Plan by not keeping his state-issued phone on, which made it difficult to locate him when the team became aware that he had missed his outpatient appointment in the morning. Additionally, Mr. Toshpulodzoda had a family member visiting during the overnight pass who was not registered on his Risk Management Plan. Following the recent issues, the treatment team implemented additional interventions to increase his communication with the team and time management skills.

Risk Management Factors
Risk Factor consideration: Conditional Release **Timeframe:** 6 months.
(The *HCR-20-V3 Risk Management Factors* reflect features of an individual's anticipated psychosocial adjustment based on their goals and plans for the near future over a designated time frame.

R1: Future Problems with Professional Services and Plans *(Not Present and Low Relevance)*
Mr. Toshpulodzoda has been meeting with his community providers while doing overnight passes at his apartment. Upon release, Mr. Toshpulodzoda will receive outpatient services through CSB, including medication management and psychosocial treatment. He will continue receiving case management visits from CSB and his Permanent Supportive Housing (PSH) provider.

R2: Future Problems with Living Situation – *(Not Present and Low Relevance)*
Mr. Toshpulodzoda will reside in a one-bedroom apartment unit subsidized by Pathways Inc. (PSH Program). No issues regarding housing and safety have been identified. The apartment is located in a

suburban residential area in Alexandria, VA. Mr. Toshpulodzoda has completed weekly overnight passes to his apartment since October 2024 and is well acquainted with his neighborhood. He is doing passes to his apartment twice weekly (Monday through Wednesday and Thursday through Saturday). During overnight passes, he attends his outpatient program, mosque,, and other recreational activities. He has weekly home visits from his CSB discharge planner and biweekly visits from PSH. Mr. Toshpulodzoda reports he has an established routine, and he enjoys it. He also drives his personal vehicle during overnight passes without any issues.

R3: Future Problems with Personal Support– *(Not Present and Low Relevance)*
Mr. Toshpulodzoda reported that his main support system is his brother, who lives in Pittsburgh, PA. They communicate frequently over the phone, and his brother visits him often. He also reported frequent phone calls with his dad and his sister, who remain in Russia. He also reported supportive relationships with peers, co-workers, and mosque members.

R4: Future Problems with Treatment or Supervision Response – *(Partially Present and Moderate Relevance)*
Mr. Toshpulodzoda has maintained full adherence to his psychiatric treatment over the course of his hospitalization at NVMHI. He demonstrates appropriate insight into his mental illness and treatment needs, which is a strong indicator of future adherence to medication. Mr. Toshpulodzoda has a history of mental health symptoms during treatment in the context of psychosocial stressors/transitions. Mr. Toshpulodzoda will continue receiving treatment and monitoring of his clinical condition upon discharge to the care of Fairfax CSB, as indicated in the proposed conditional release plan. However, there are concerns about the potential impact of his ICE detainer on his psychiatric stability. If Mr. Toshpulodzoda is detained by ICE and is not provided with consistent psychiatric care, including effective psychotropic medication, he is at a significant risk of psychiatric decompensation. Given his mental health history and onset of symptoms in the setting of substantial stressors, such a disruption in treatment continuity will increase his risk to himself and others. It is therefore essential that his psychiatric treatment remains without interruption upon his release to ICE custody.

Additionally, while Mr. Toshpulodzoda has demonstrated overall clinical stability, there have been minor instances of difficulty consistently attending psychosocial programming and managing his time effectively. These minor but recurrent issues suggest that he will need continued support and monitoring to ensure consistent adherence to recommended treatment in the community.

R5: Future Problems with Stress or Coping – *(Present and Moderate Relevance)*
As previously stated, Mr. Toshpulodzoda has a history of exhibiting increased symptoms of mental illness in the context of psychosocial stressors such as relationship losses and life transitions. Therapy and psychosocial treatment have been beneficial in helping him understand his personal risk factors and become aware of potential stressors in the future. He has also demonstrated tolerance in managing different stressors, including interpersonal issues and typical stressors related to his reintegration into the community, such as applying for and starting a new job. Mr. Toshpulodzoda has used his resources and available support system to solve problems and cope. He also identified his faith as a source of comfort and a coping strategy during times of stress, as he feels empowered by his faith.

Mr. Toshpulodzoda is currently facing a significant source of stress, which may become increasingly apparent upon his conditional release. He is subject to an ICE detainer and is at risk of deportation following his conditional release. Although Mr. Toshpulodzoda has obtained legal representation for his case, he remains cognizant of the potential risk of being deported to his country. Furthermore, Mr. Toshpulodzoda's psychiatric condition may deteriorate if he does not receive timely treatment while in

detention or awaiting deportation; such a disruption in treatment would pose a threat to his safety and public safety.

Risk Factor Summary Chart

HCR-20 V3 Factor	Current Presence	Current Relevancy	Last Presence	Last Relevancy
H1. Violence	Present	High	Present	High
H2. Other Antisocial Behavior	Not Present	Low	Not Present	Low
H3. Relationships	Not Present	Low	Not Present	Low
H4. Employment	Not Present	Low	Not Present	Low
H5. Substance Use	Not Present	Low	Not Present	Low
H6. Major Mental Disorder	Present	High	Present	High
H7. Personality Disorder	Not Present	Low	Not Present	Low
H8. Traumatic Experiences	Partially Present	Low	Partially Present	Low
H9. Violent Attitudes	Not Present	Low	Partially Present	Moderate
H10. Treatment or Supervision Response	Present	Moderate	Partially Present	Moderate
OC-H Other:				
C1. Insight	Not Present	Low	Partially Present	Low
C2. Violent Ideation or Intent	Not Present	Low	Not Present	Low
C3. Symptoms of Major Mental Disorder	Not Present	Low	Present	Moderate
C4. Instability	Not Present	Low	Partially Present	Moderate
C5. Treatment or Supervision Response	Present	Moderate	Partially Present	Moderate
OC-C Other:				
R1. Professional Services and Plans	Not Present	Low	Not Present	Low
R2. Living Situation	Not Present	Low	Not Present	Low
R3. Personal Support	Not Present	Low	Not Present	Low
R4. Treatment or Supervision Response	Partially Present	Moderate	Partially Present	Moderate
R5. Stress or Coping	Present	Moderate	Partially Present	Moderate
OC-R Other:				

Recommended Date/Marker: 6 months

Risk Formulation:

Mr. Toshpulodzoda is a 33-year-old male adjudicated NGRI for 2nd-degree murder. During the time of the offense, Mr. Toshpulodzoda exhibited symptoms of psychiatric illness, including paranoid and religious delusions towards the victim of the offense. Mr. Toshpulodzoda's history of violence is limited to his offense, as there is no documentation of previous incidents of violent behavior before or after the offense. Mr. Toshpulodzoda has a diagnosis of bipolar disorder. He began to experience symptoms of mental illness around 2017, mainly depressive symptoms and grandiose, religious, and paranoid delusions. His symptoms subsided following spiritual care sought by his family. However, his symptoms reappeared in December 2019 following a series of psychosocial stressors. Mr. Toshpulodzoda reported that his

symptoms (paranoia, grandiose, religious delusions, and suicidal behaviors) emerged and became increasingly acute within a span of days, leading to the NGRI offense. His symptoms were successfully stabilized upon his arrest. He remained relatively symptom-free while awaiting trial and following his adjudication. He re-experienced symptoms of mental illness, including altered mental status, confusion, and ideas of reference, shortly after his transfer to NVMHI in May 2023. It is believed that his symptoms reappeared in the context of difficulties adjusting to NVMHI. Psychosocial stressors have been related to previous episodes of psychiatric instability and remains a relevant factor in his risk for violence. Since his medication was readjusted in May 2023, he has remained psychiatrically and behaviorally stable, managing different stressors appropriately. He has maintained full adherence to his treatment, including psychiatric medication, individual therapy, and psychosocial interventions provided in the hospital setting and the community. He has relatively adhered to his risk management plan since obtaining unescorted community privileges, attending psychosocial treatment, and employment. He has demonstrated engagement in his treatment and adequate independent living skills. Mr. Toshpulodzoda has presented have been with some issues communicating proactively with his team, this has been addressed with additional interventions and oversight. Given his current stability, adherence to psychiatric treatment and optimal levels of functioning in the community, his risk of future violence if released is assessed as low.

Risk Management Plan:

Management Strategy #1: Ongoing medication management is essential for Mr.Toshpulodzoda's psychiatric stability in the community. He will receive monthly injections of his antipsychotic medication, Invega, during his scheduled appointments at CSB. Mr. Toshpulodzoda will undergo evaluations to determine his mental state, response to medication, and any negative side effects from the medication.

Management Strategy #2: Mr. Toshpulodzoda will continue attending outpatient psychosocial services through Fairfax CSB (Stepping Stones) and will maintain employment as indicated on his CR. He will also receive housing services through PSH, including regular case management meetings with PHS and CSB providers, weekly for the first six months of CR and every other week after.

Management Strategy #3: Mr. Toshpulodzoda has not had any episodes of aggression since his index offense. His risk of aggression toward others appears to be only when he is psychiatrically unstable (experiencing increased paranoia and mood instability, and his insight is reduced). The presence of any symptoms such as changes in mood, isolation, suspicion, hyper-religious behavior/preoccupations, paranoia, and delusional thoughts, including religious delusions and ideas of reference, homicidal or suicidal threats, or other concerns regarding his psychiatric functioning will prompt an emergency psychiatric evaluation in the community. Clinical indicators of decompensation will be assessed by CSB case managers/NGRI coordinators and psychiatric providers to determine appropriate treatment, including the need for inpatient treatment if his condition deteriorates.

XIV. Rationale for Request:

Mr. Toshpulodzoda's symptoms are currently in full remission; he has been free from aggressive behaviors and has done consistently well in engaging actively in treatment and working through the graduated release process on his way to conditional release. As such, it is the opinion of the treatment team that Mr. Toshpulodzoda does not need inpatient hospitalization at present but needs outpatient treatment and monitoring to prevent his condition from deteriorating to the degree that he would need inpatient hospitalization. Appropriate outpatient supervision and treatment are reasonably available, as discussed in this report. There is sufficient reason to believe that Mr. Toshpulodzoda, if conditionally released, would comply with the conditions outlined in the attached Conditional Release Plan. Based on the assessment of Mr. Toshpulodzoda's risk of future aggressive behavior as outlined in this report, it does not appear that conditional release would present an undue risk to public safety.

Respectfully Submitted by:

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