Competency to Stand Trial Report Recommendations

Connecticut Sentencing Commission

Mental Health Committee

October 14, 2025

Recommendation 1: Convening Diverse Stakeholders

- Connecticut has two groups that convene stakeholders relevant to CST:
    1. Mental Health Committee of the Sentencing Commission
    2. Behavioral Health Subcommittee of CJPAC
- These groups should continue to remain actively involved in conversation regarding the CST process.
- Important to add all relevant CST stakeholders to these meetings, including:
    - Representatives from DDS, DSS, and DCF
    - Individuals with lived experience

Recommendation 2: Enhancing Data Collection and Sharing

- Relevant stakeholders should create and maintain a shared, inter-agency database so that CST cases could be followed from start to finish (i.e., from CST evaluation order to resolution of criminal charges).
- Additionally, there should be a process where metrics are reported and tracked annually to examine trends.

Recommendation 2: Enhancing Data Collection and Sharing

- Possible data to be collected
  - # of CST evaluations being ordered
  - # of unique individuals for whom CST evaluations are ordered
  - Demographics of CST evaluees
  - # of CST evaluations ordered by each court, compared with the volume of total cases processed in that court
  - # of CST evaluations ordered for cases where the defendant is facing only misdemeanor charges
  - Wait times for CST evaluations and restoration
  - Outcomes of CST evaluations (e.g., competent, NC-R, NC-NR)
  - Restoration length of stay and outcomes
  - # of restoration cases referred to DMHAS, DDS, and DCF, further divided into inpatient and outpatient
  - Resolution of criminal charges in cases involving CST restoration
  - Annual average costs of outpatient and inpatient restoration treatment

Recommendation 3: Increasing Diversion from the Competency Evaluation/Restoration Pathway

- It should become routine practice in courtrooms to consider alternative pathways (such as jail diversion programs) before ordering a CST evaluation, particularly in misdemeanor cases.
- In 2024, the Commission made a proposal to require the court to consider jail diversion programs before ordering a competency evaluation in cases where the most serious charge is a misdemeanor.
  - Proposal did not pass, so stakeholders may wish to revisit it.
- Yet, it is important to recognize that diversion will not be possible or appropriate in all cases and that it is not recommended to completely prohibit competency restoration for all low-level charges, as other states have done.

Recommendation 4: Enhancing Outpatient and Community Residential CST Restoration Services

- PA 24-137 mandated the presumption of outpatient competency treatment in misdemeanor cases.
- There should be additional funding to further develop residential and outpatient treatment services to support defendants who are engaged in competency restoration.
  - Expansion of existing jail diversion programs
  - Continued support for residential competency placements like EFRB.
- However, pursuing jail-based competency restoration is not advisable for Connecticut.

Recommendation 5: Improving Oversight of Individuals Found Non-Restorable of Serious Charges

- Currently, the state does not have a dedicated oversight system for individuals charged with serious, violent crimes who cannot be restored to competency.
- Relevant stakeholders should reconsider the development of such an oversight system, as was attempted by a legislative working group in 2013.

Recommendation 6: Investigating Best Practices for Individuals with Intellectual and Developmental Disabilities, Including Autism Spectrum Disorder

- Public Act 23-137 requires the Commission to study the experience of people with IDD and autism who are involved in the criminal justice system.
- For this report, the Commission was not able to obtain much information as it pertains to CST restoration services provided to individuals with ID (i.e., services provided, assessment tools, factors associated with success).
- This data should be collected systematically to inform further discussion and evaluation.

Recommendation 7: Enhancing Knowledge of Individuals with Dementia and Acquired Brain Injuries in the CST System

- Although individuals with neurocognitive disorders (i.e., dementia) and brain injuries undergo CST evaluation and restoration in Connecticut with some regularity, systematic data about these populations are lacking.
- It is important that data collected about the CST system include diagnostic information so that best practices for these populations can be developed.