CONNECTICUT

CST Report- Overview
October 14, 2025

Mental Health and Addiction Services

COMPETENCY TO STAND TRIAL
CONNECTICUT GENERAL STATUTE §54-56d

- **A defendant shall not be tried, convicted or sentenced while the defendant is not competent. A defendant is not competent if the defendant is unable to understand the proceedings against him or her or to assist in his or her own defense.** [*C.G.S 54-56d*]

COMPETENCY TO STAND TRIAL
Two Prongs of Competency

1) Capacity to Understand Proceedings

- Knowledge of the charges, including the specific allegations and the meaning of the charges.
- Knowledge of courtroom personnel roles.
- Knowledge of potential and likely penalties.
- Knowledge of available defenses/pleas.
- Appraisal of outcomes of various pleas.
- Capacity to apply this knowledge (rational understanding).

2) Ability to Assist in Defense

- Ability to collaborate with defense counsel.
- Communicate with counsel in a rational and relevant manner.
- Ability to seek, comprehend and utilize advisement from attorney.
- Awareness of their rights to protect themselves.
- Ability to make decisions based upon facts of the case, such as strength of witnesses/evidence against them, as well as consideration of their attorney's advisements.

COMPETENCY EVALUATIONS

Who

- **DMHAS Office of Forensic Evaluations has four offices**
  - **Bridgeport, New Haven, Hartford, and Norwich.**
- **Evaluations can be completed by a**
  - **Team *(Psychiatrist, Psychologist, and Social Worker or Nurse).***
  - **Independent evaluation by a Psychiatrist.**

Where

- **Evaluations take place in**
  - **Correctional facility.**
  - **OFE regional offices.**
  - **In other locations (courthouses, hospitals, nursing homes, or local mental health agencies).**

When

- **Statutory Timeframes for Evaluations**
  - **Conduct evaluation within 15 business days of the order.**
  - **Written report to court within 21 business days of the order.**
  - **Hearing held within 10 days of receipt of the report.**

*The focus of this presentation is on C.G.S. 54-56(d) and the adult criminal court system. C.G.S. 46b-128a governs the CST process for the Juvenile Court system.

TYPICAL EVALUATION FORMAT

- **Description of purpose of evaluation.**
- **Confidentiality advisement.**
- **Question and answer format.**
- **Review of specific legal situation, the general legal system, and ability to assist defense counsel.**
- **Background information (family, education, employment).**
- **Medical, psychiatric, substance use information (past and present).**
- **Mental status examination (memory, attention, concentration, abstraction).**
- **Release of information requests.**

ASSESSING RESTORABILITY

Is there a substantial probability that, if provided with a course of treatment, the defendant is likely to be restored to competency within the maximum statutory timeframe?

- Substantial Probability
  - not formally defined but in practice is understood to mean ‘more likely than not’.
- Length of Time for Restoration
  - Maximum of 18 months or the maximum sentence (whichever is least). If the defendant has already been sent for restoration treatment for the same docket, the time they already were in treatment is subtracted from the maximum timeframe.
- Restorability Considerations
  - Cognitive/learning impairments
    - Ability to learn (not just repeat) information during evaluation.
    - IQ scores, educational history.
  - Psychiatric impairment
    - Clinical stability.
    - Engagement in treatment.
    - History of compliance/responsiveness to treatment (including medications).

RESTORATION SETTING RECOMMENDATION - MUST BE "LEAST RESTRICTIVE" BY STATUTE

Considerations for Inpatient

- Significant psychiatric impairment.
- Not likely to comply with outpatient (including medications).
- Question of malingering but not enough information - need observation 24/7.
- Seriousness of alleged crime - not likely to be released.
- Needs intensive evaluation/treatment/education.
- Substance use concerns.

Considerations for Outpatient

- Person is in treatment in the community and/or willing to engage in treatment.
- In stable housing and/or has good supports.
- Is willing to attend appointments and has reliable access to appointments.
- Functioning safely in community.
- Seriousness of the charge (if misdemeanor charge, outpatient is presumptive least restrictive setting).

OFE OPINION, REPORT, AND TESTIMONY

- The opinion regarding competency, restorability, and least restrictive setting is a unanimous opinion of the team.
- The report is written, edited, and signed by all team members.
- If the opinion is *Competent*, the practice is that the witness testifies only if asked by the Court.
- If the opinion is *Not Competent*, a member of the team provides testimony in a hearing.
    - Any member of the team can provide testimony.

RESTORATION PROCESS

- Not Competent/Restorable - Inpatient
  - Defendant is transported to Whiting via the Judicial Marshalls.
  - Typical request is for an initial period of 60 days.
  - Whiting Forensic Hospital provides restoration services including treatment.
  - Whiting Forensic Hospital staff provide the court with reports and testimony regarding restoration status.
- Not Competent/Restorable - Outpatient DMHAS
  - Typical request is for an initial period of 90 days.
  - DMHAS Local Mental Health Authority (LMHA) provides restoration services. This also includes treatment needs, unless the individual is already engaged in outpatient treatment and the provider is willing to participate in the restoration process.
  - Office of Forensic Evaluations (OFE) re-evaluates competency and provides report testimony to the court.
- Not Competent/Restorable - Outpatient with DDS or DCF
  - DDS and DCF provide restoration treatment as well as re-evaluation of competency, report, and testimony to the court.

NOT COMPETENT/NOT RESTORABLE

- If a finding of Not Restorable is made, the court can:
  - Place the defendant in the custody of DMHAS, DDS, or DCF for the purposes of applying for civil commitment.
  - Release/allow the defendant to return to the community.
- Periodic Review
  - If the charge resulted in serious physical injury or death, the court could order periodic evaluations of competency for the duration of the timeframe provided by statute for the prosecution of the crime.
  - Occurs after 6 months of initial finding, subsequent reviews can be no more frequently thane very 18 months.
  - Hearings are only held at the Court's request.

COMPETENCY TRENDS

- National Trends
  - 80% of states have reported significant increases in CST evaluations over the last two decades.
  - CST admissions make up a significant percentage of all state inpatient admissions.
  - Several states have found themselves under court-ordered monitoring around restoration wait times.
- Connecticut in the National Context
  - There has not been a significant increase in CST evaluations over the past two decades.
  - In FY 25, CST admissions made up approximately half of all state inpatient admissions.
  - Minimal wait time for CST evaluations, and no wait time for restoration services.

YEAR	Total Evaluations	Competent (%)	Not Competent but Restorable (%)	Not Competent and Not Restorable (%)
2013	474	262 (55.3%)	192 (40.5%)	20 (4.2%)
2014	545	270 (49.5%)	248 (45.5%)	27 (5.5%)
2015	565	309 (54.7%)	236 (41.8%)	20 (3.5%)
2016	582	310 (53.3%)	247 (42.4%)	25 (4.3%)
2017	588	347 (59.0%)	216 (36.7%)	25 (4.3%)
2018	537	300 (55.9%)	211 (39.3%)	26 (4.8%)
2019	643	355 (55.2%)	260 (40.4%)	28 (4.4%)
2020	276	160 (58.0%)	99 (35.9%)	17 (6.2%)
2021	415	227 (54.7%)	167 (40.2%)	21 (5.1%)
2022	498	267 (53.6%)	218 (43.8%)	13 (2.6%)
2023	577	303 (52.5%)	252 (43.7%)	22 (3.8%)
2024	554	265 (47.8%)	261 (47.1%)	28 (5.1%)
TOTAL	6254	3375	2607	272
AVERAGE	521 (100%)	281 (54.0%)	217 (41.7%)	23 (4.3%)

EVALUATION DATA

- On average, 54% of defendants were recommended as competent by the OFE.
  - Of the remaining cases, most were recommended as restorable (41.7%) while a small number were recommended as non-restorable (4.3%).
- Prior to the Covid-19 pandemic in 2020, CST evaluations were relatively stable, with a slight upward trend.
- Evaluations fell dramatically in 2020 and 2021, when the courts were operating on limited schedules.
- In 2022, they began to trend upward, returning to pre-pandemic levels in 2023 and 2024.

COMPETENCY ORDERS 2013-2024

- The number of evaluations ordered in each court is not directly related to the volume seen in each court.
- Comparatively, Bridgeport, Stamford, Meriden, and New London have higher percentages of competency orders.
- We do not currently have data on other possible contributing factors (party requesting the evaluations, when the evaluation is ordered, demographics of the defendants, court utilization of diversion services, availability of clinical services in the area).

Year	Number of Misdemeanor Cases (%)	Number of Felony Cases (%)	Total (%)
2013	189 37.6%	313 62.4%	**502** **100.0%**
2014	213 38.2%	344 61.8%	**557** **100.0%**
2015	197 34.9%	367 65.1%	**564** **100.0%**
2016	217 38.5%	346 61.5%	**563** **100.0%**
2017	200 34.2%	385 65.8%	**585** **100.0%**
2018	195 34.3%	373 65.7%	**568** **100.0%**
2019	238 36.9%	407 63.1%	**645** **100.0%**
2020	93 32.9%	190 67.1%	**283** **100.0%**
2021	133 28.9%	327 71.1%	**460** **100.0%**
2022	181 33.6%	357 66.4%	**538** **100.0%**
TOTAL	**1856** **35.2%**	**3410** **64.8%**	**5266** **100.0%**

SERIOUSNESS OF CHARGES IN CST EVALUATION CASES

- On average, 35% of CST evaluations are ordered on misdemeanor cases.
- Although there was a slight decrease in orders on misdemeanor only cases in 2020 and 2021, likely due to COVID implications, the percentage has otherwise remained relatively stable throughout the 10-year period.

YEAR	Total Referrals for Restoration	DMHAS Inpatient	DMHAS Outpatient	DDS Outpatient	DCF
2013	193	180	9	4	0
2014	254	231	7	15	1
2015	238	222	11	4	1
2016	249	218	24	6	1
2017	216	195	14	7	0
2018	217	190	18	9	0
2019	268	231	20	17	0
2020	101	89	7	4	1
2021	170	158	5	6	1
2022	218	180	31	7	0
2023	258	231	22	4	1
2024	266	239	20	6	1
TOTAL	**2648**	**2364**	**188**	**89**	**7**
AVERAGE per Year	**221 (100.0%)**	**197 (89.3%)**	**16 (7.1%)**	**7 (3.4%)**	**1 (0.3%)**

RESTORATION SETTING

- Most competency restoration occurs in DMHAS programs, either inpatient or outpatient.
- An average of 10.5% of restoration services were provided by outpatient programs, including 7.1% in DMHAS programs and 3.4% in DDS programs.
- An average of 89.3% of restoration services were provided by Whiting Forensic Hospital.