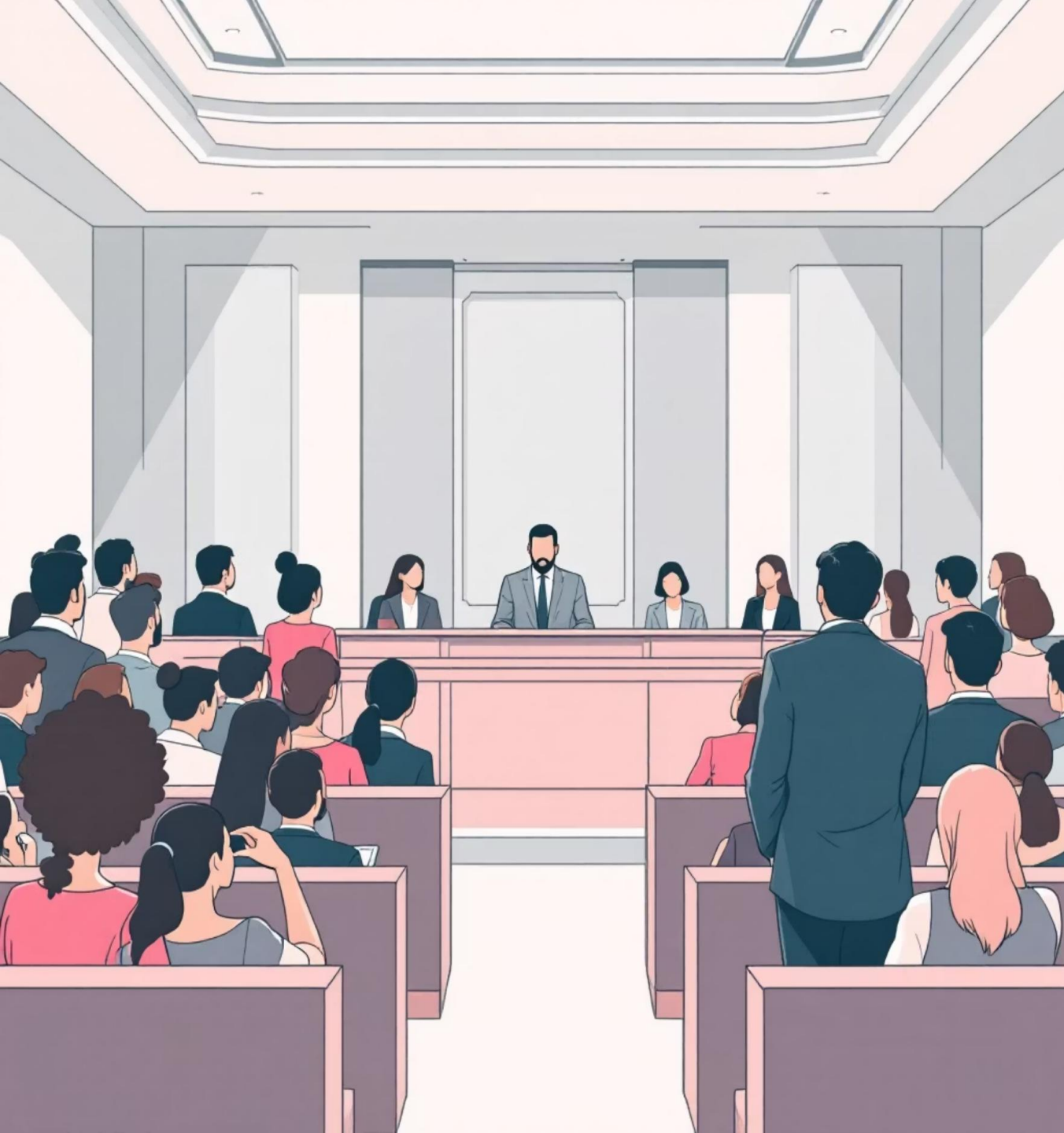




CST Report- Overview  
December 10, 2025



# COMPETENCE TO STAND TRIAL

- *Dusky v. U.S.* (1960):
  - Sufficient present ability to consult with an attorney with a reasonable degree of rational understanding (**“ability to assist”**)
  - AND
  - Rational as well as factual understanding of the proceedings against him (**“rational understanding”**)

# ORIGINS OF THE REPORT

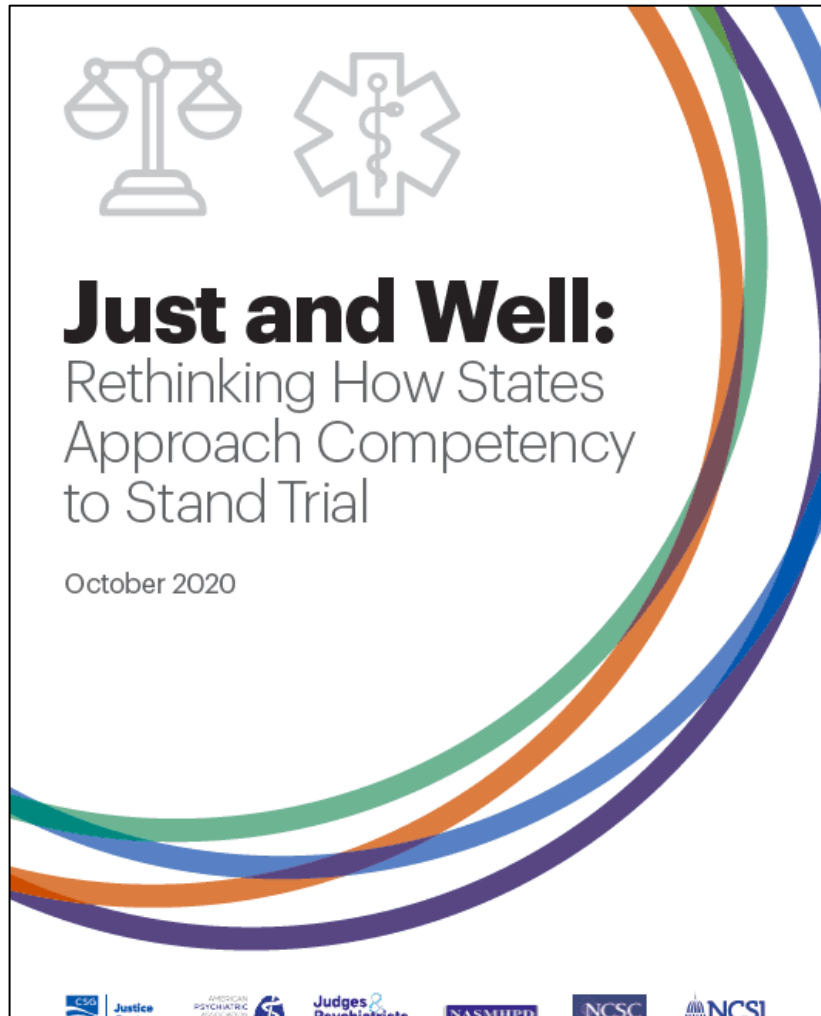
- “The Competency Crisis”

- 2000: 60,000 CST evaluations/year
- 2023: at least 130,000 CST evaluation/year
- Incompetent findings have increased from 27% to approximately 50% of evaluatees
- Wait times for inpatient restoration beds are 6–12 months in many states
- At least 13 states are facing class-action litigation about CST

*Murrie, D. C., et al. (2023). Behavioral Sciences & the Law, 41(5), 310–325.*



# NATIONAL CALLS FOR REFORM

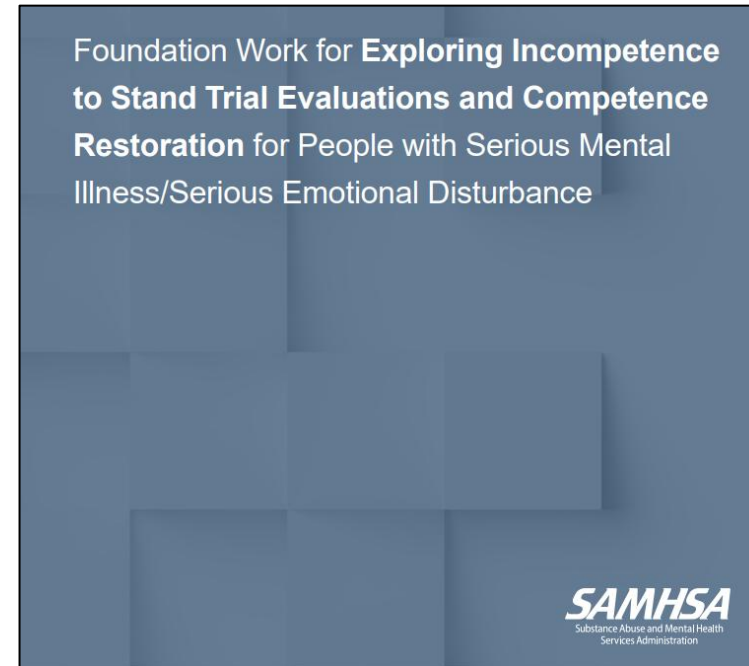


The cover features a white background with a scale of justice and a medical symbol (Rod of Asclepius) at the top. Below them, the title 'Just and Well: Rethinking How States Approach Competency to Stand Trial' is written in a bold, sans-serif font. The date 'October 2020' is positioned below the title. The right side of the cover is decorated with several thick, curved, overlapping lines in shades of blue, green, orange, and purple. At the bottom, a row of logos for various organizations is displayed, including CSO Justice, American Psychiatric Association, Judges & Psychiatrists, NASMHPD, NCSC, and NCSI.

**Just and Well:**  
Rethinking How States Approach Competency to Stand Trial

October 2020

CSO Justice | AMERICAN PSYCHIATRIC ASSOCIATION | Judges & Psychiatrists | NASMHPD | NCSC | NCSI



The cover has a dark blue background with a grid of lighter blue squares. The title is written in white, sans-serif font. The SAMHSA logo is located in the bottom right corner.

Foundation Work for **Exploring Incompetence to Stand Trial Evaluations and Competence Restoration** for People with Serious Mental Illness/Serious Emotional Disturbance

**SAMHSA**  
Substance Abuse and Mental Health Services Administration



The cover features a dark blue header with the text 'NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS' in white. Below the header, the title 'Leading Reform: Competence to Stand Trial Systems' is written in a bold, dark blue font. The subtitle 'A Resource for State Courts<sup>1</sup>' is in a smaller, dark blue font. The date 'August 2021 v2' is in the bottom left corner.

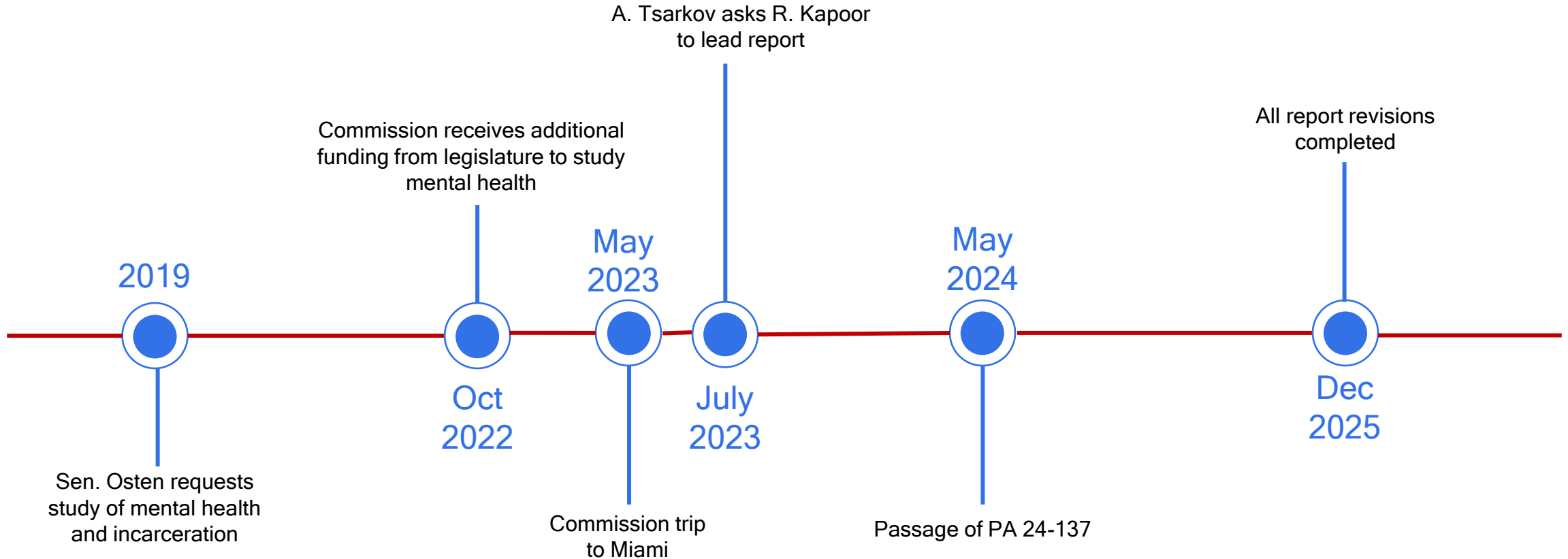
NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

**Leading Reform:**  
**Competence to Stand Trial Systems**

A Resource for State Courts<sup>1</sup>

August 2021 v2

# TIMELINE OF THE REPORT



# REPORT METHODOLOGY

- Data drawn from multiple sources:
  - DMHAS:
    - Office of Forensic Evaluations
    - Whiting Forensic Hospital
  - DDS
  - DCF
  - Judicial Branch
- Data analysis performed by DMHAS. Found several discrepancies, which are identified in report.
- Recommendations are from Commission

# **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**
  - **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 (e.g., 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**



# 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.
    - If the defendant has engaged in outpatient restoration without success, and is then ordered to inpatient, the time they were already in outpatient restoration is subtracted from the maximum timeframe allowed for inpatient restoration.
- 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 that interfere with competency
- 

## Considerations for outpatient

- Person is in treatment in the community and/or willing to engage in treatment
- Has stable housing and/or has natural 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)



# Formulating Opinion, Report and Testimony

- Opinion regarding competency, restorability, and least restrictive setting is the unanimous opinion of the team. In the case of an independent psychiatrist, they are the sole opinion and the sole author of the report.
  - If a unanimous opinion is not reached, the team may ask the court for more time to gather additional clinical information, the same team may reassess, or a different team may be assigned to reassess.
- The report is written, edited, and signed by all the 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 for 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.
  - Involuntary Medication can be pursued through probate court (CGS 17a-543a) or through criminal court (CGS 17a- 54-56d(k)).
- Whiting Forensic Hospital staff provide the court with reports and testimony regarding restoration status.
  - After the initial period of restoration, if the recommendation is that the individual remains not competent and restorable, the report will include recommendations regarding the additional time necessary to provide further restoration interventions.



# Restoration Process for 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.
  - Involuntary Medication cannot be pursued on an outpatient basis.
- Office of Forensic Evaluations (OFE) re-evaluates competency and provides the court with reports and testimony regarding restoration status.
  - After the initial period of restoration, if the recommendation is that the individual remains not competent and restorable, the report will include recommendations regarding whether outpatient restoration remains the least restrictive environment or if inpatient restoration is suggested. The report will also include recommendations regarding the additional time necessary to provide further restoration interventions.



# Restoration Process for Not Competent/Restorable– Outpatient DCF or DDS

- Typical request is for an initial period of 90 days
- DDS and DCF provide restoration treatment as well as re-evaluation of competency and provides the court with reports and testimony regarding restoration status.



# NOT COMPETENT/NOT RESTORABLE

- If a finding of Not Restorable is made the court can:
  - Place the individual in the custody of DMHAS, DDS, or DCF for the purposes of applying for civil commitment.
    - When/if the individual does not meet criteria for civil commitment, the individual will be released to the community following the probate hearing.
  - Release/allow the defendant to return to the community.
- Periodic Review
  - If the charge resulted in serious physical injury or death, the court can 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 than every 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.
  - Significant wait times both for evaluations and for restoration services.

## ○ 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.
- Restoration rates are consistent with national averages, and the length of restoration is slightly shorter than national averages.

# EVALUATION DATA

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%)
<b>TOTAL</b>	6254	3375	2607	272
<b>AVERAGE</b>	521(100.0)	281 (54.0%)	217 (41.7%)	23 (4.3%)

- 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, almost reaching 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%	<b>502</b> <b>100.0%</b>
2014	213 38.2%	344 61.8%	<b>557</b> <b>100.0%</b>
2015	197 34.9%	367 65.1%	<b>564</b> <b>100.0%</b>
2016	217 38.5%	346 61.5%	<b>563</b> <b>100.0%</b>
2017	200 34.2%	385 65.8%	<b>585</b> <b>100.0%</b>
2018	195 34.3%	373 65.7%	<b>568</b> <b>100.0%</b>
2019	238 36.9%	407 63.1%	<b>645</b> <b>100.0%</b>
2020	93 32.9%	190 67.1%	<b>283</b> <b>100.0%</b>
2021	133 28.9%	327 71.1%	<b>460</b> <b>100.0%</b>
2022	181 33.6%	357 66.4%	<b>538</b> <b>100.0%</b>
<b>TOTAL</b>	<b>1856</b> <b>35.2%</b>	<b>3410</b> <b>64.8%</b>	<b>5266</b> <b>100.0%</b>

## 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
<b>TOTAL</b>	<b>2648</b>	<b>2364</b>	<b>188</b>	<b>89</b>	<b>7</b>
<b>AVERAGE per Year</b>	<b>221 (100%)</b>	<b>197 (89.3%)</b>	<b>16 (7.1%)</b>	<b>7 (3.4)</b>	<b>1 (0.3%)</b>

## RESTORATION SETTING

- The vast majority of competency restoration occurs in DMHAS programs, either inpatient or outpatient
- An average of 10.5% of restoration cases were handled as outpatients, including 7.1% in DMHAS programs and 3.4% in DDS programs. The remaining cases were referred to Whiting Forensic Hospital.

# An initial look at 2025 Trends

- The total number of completed competency evaluations is likely to be comparable to the number of completed evaluations last year (561).
- Currently, 47% of individuals evaluated have been found competent. This is comparable to last year's data (47.8%) but is lower than the 12 year average of 54% and is the lowest percentage during that time frame.
- Of those individuals found to be NC/R to date,
  - 79% have been ordered to Whiting for inpatient restoration compared to 89.8% last year.
  - 21% have been ordered to outpatient restoration compared to 10.2% last year.