



**State of Connecticut**  
DIVISION OF CRIMINAL JUSTICE

**TESTIMONY OF THE DIVISION OF CRIMINAL JUSTICE**

**S.B. No. 450 (RAISED) AN ACT CONCERNING CONNECTICUT VALLEY AND  
WHITING FORENSIC HOSPITALS.**

JOINT COMMITTEE ON PUBLIC HEALTH  
March 28, 2022

The Division of Criminal Justice takes no position on the majority of S.B. 450, An Act Concerning Connecticut Valley and Whiting Forensic Hospitals, but respectfully opposes Section 6, as well as Lines 236-243.

Section 6 seeks to create a task force to study “the necessity for the continued existence of” the Psychiatric Security Review Board (“PSRB”). The Division opposes this section as it believes there is no question that the PSRB should remain in existence.

Connecticut’s criminal commitment process places the supervision of mentally ill individuals who have committed a crime as a result of their mental illness and been found not guilty by reason of insanity (NGRI) in the hands of the PSRB. The board was established in statute by the General Assembly in 1985 after a report by the Law Revision Commission found that many of the individuals found NGRI and committed to the state hospital were discharged to the community without oversight or assurances that the individual would continue with medication or other treatment. The board’s mandate includes both inpatient and outpatient supervision. Connecticut’s civil commitment process does not include outpatient supervision. There is a reason for the difference. Someone who has committed a violent crime as a result of his or her mental illness is a greater danger to the public when out in the community than someone who is simply mentally ill and has not hurt anyone. Hence, there is a need for the board to have the authority for outpatient supervision.

Many mental illnesses are persistent. They cannot be cured. They generally have to be managed through anti-psychotic medication. Many acquittees need to continue to take these medications for the rest of their lives. If they go off their medication, decompensation generally results in a few weeks. They are then at risk of becoming violent again. If they are out in the community when this occurs and are not being supervised, the public is at risk. The elimination of the PSRB would allow acquittees to be discharged from the hospital with no supervision in the community. This would inevitably have tragic consequences for some unsuspecting individual who encounters an unsupervised acquittee in a decompensated state.

Who are these acquittees? There currently are 146 acquittees being supervised by the PSRB – over *half* of which were acquitted NGRI on Murder charges (77). Other charges include First Degree Manslaughter, First Degree Arson, First Degree Assault, and First Degree Sexual Assault. The overwhelming majority of those individuals who are under PSRB supervision committed violent crimes. It is important to note that whether or not the person committed the act for which commitment was ordered is not in question. In an NGRI proceeding, the State must first prove beyond a reasonable doubt that the crime occurred and that the individual committed it before the NGRI finding and subsequent commitment to PSRB can occur.

Continuity of supervision is a key reason not to change the existing system. The PSRB gets reports on each acquittee every six months and sees each individual at least every two years. The board members include a psychiatrist and a psychologist. Without the existence of the PSRB, there would be no one to monitor an acquittee once released into society to see if they decompensate in the new surroundings. In an instance where an acquittee does decompensate, the PSRB can bring them back into the hospital before a dangerous incident occurs. Notably, our probation system has no authority to monitor someone found NGRI except at the board's direction. The board's outpatient supervision authority is vital to ensure violent mentally ill individuals are safely maintained in the community. It is part of the reason the PSRB was created. The system should not be changed.

It also should be noted that it is the defendant who makes the choice whether or not to assert an insanity defense. He or she can choose to accept a definite period of incarceration rather than risk a potentially unknown period of commitment to the PSRB. An acquittee who is no longer mentally ill and dangerous can always file a petition for discharge in order to be released from commitment. The State has no authority to keep an individual committed unless they meet both of these criteria. The system is fairly balanced. The PSRB was created to protect the public safety and has done an excellent job throughout its history in fulfilling that mission. If there are administrative issues with the PSRB, those should be addressed specifically, likely through administrative means, and not by considering the wholesale elimination of a system that has served the State and public safety well.

Finally, while the Division has no concerns with Lines 311-313, which allows a licensed health care provider to approve a transfer, the Division opposes Lines 236-243, which would allow a superintendent to approve a temporary leave of a patient. The authority to grant temporary leave should remain with the PSRB, which often places modifications on the leave.

In conclusion, the Division respectfully recommends that, should S.B. 450 be voted out of Committee, Section 6 should be removed. The Division also strongly recommends the granting of temporary leave remain with the PRSB. We thank the Committee for affording this opportunity to provide input on this matter and would be happy to provide any additional information the Committee might require or to answer any questions that you might have.