

Questions for the Psychiatric Security Review Board Nominees

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Psychiatric Security Review Board

The Psychiatric Security Review Board holds hearings to determine the appropriate level of supervision and treatment for people acquitted of crimes due to mental disease or defect. These individuals are called “acquittees.” Depending on the danger an acquittee poses, the board may order confinement in a maximum-security facility or psychiatric hospital; approve temporary leave or conditional release; or, in appropriate cases, transfer custody to the Department of Developmental Services. Additionally, the board makes court recommendations when an acquittee petitions to be discharged from supervision.

The board consists of six members appointed by the governor and confirmed by either house of the General Assembly: a psychiatrist; a psychologist; someone with experience in probation; a Connecticut attorney; and two members of the public, one of whom is experienced in victim advocacy. The board’s activities are governed by [CGS §§ 17a-580](#) through [17a-603](#).

Questions

1. Prior law required the Superior Court and the board, when holding hearings on an acquittee’s initial commitment, confinement, or conditional release, to primarily consider the protection of society. The law now requires the court and the board to primarily consider both the protection of society and the acquittee’s safety and well-being. For discharge hearings, the law now requires the court to consider the protection of society as its primary concern and the acquittee’s safety and well-being as its secondary concern. How do you see the board balancing these considerations?
2. The law requires the board to conduct hearings on and review the status of each acquittee at least every two years. What is the rationale for the two-year minimum? Is that often

enough, too frequent, or too infrequent? Should it be set in law or left to the board's discretion?

3. The board's [annual statistics](#) show that for FY 22, the board facilitated 121 hearings and 32 board conferences in a hybrid manner, while transitioning staff back to working 100% in office. As society continues to adapt to the impact of the COVID-19 pandemic, what do you see as the board's ideal work model in carrying out its statutory duties going forward?
4. Victims may give statements at board hearings, either in person or in writing. What is the nature of this testimony? Does it help the board make decisions? How much consideration does the board give to a victim's statement?
5. Witnesses may be subpoenaed to attend and testify at board hearings. How does the board generally determine whether to issue these subpoenas? What is the impact of any delay caused by a person's failure to comply with the subpoena?
6. According to the most recent annual [report](#) available on the board's [website](#), as of July 12, 2022, 146 individuals remained under the board's jurisdiction, 38 of whom were on conditional release with no arrests during FY 22. How do these statistics compare to previous years? How have the demographics of the acquittees changed? Have there been any medical advances that have helped this population?
7. Last session, the legislature passed a law ([PA 22-45](#), § 7) that allows an acquittee, or someone acting on the acquittee's behalf, to apply to the board for a temporary leave order (e.g., a visit to community facility for services or short visit with family members). Previously, only the Valley Hospital's or Whiting Forensic Hospital's superintendent or Department of Developmental Services commissioner could apply for such an order. What do you see as the advantages or disadvantages of this change?
8. Connecticut is among a small number of states that do not have an outpatient civil commitment law. Generally, these laws provide for court-ordered, community-based treatment for people with untreated, severe mental illnesses; the laws often focus on individuals with a history of medication and treatment noncompliance. What are your views on outpatient commitment? Is this a viable option for acquittees? If so, how?
9. [PA 21-75](#), § 1, allows Whiting Forensic Hospital patients in the hospital's maximum-security service to be present during the search of their personal possessions when a police officer has probable cause that contraband or hazardous items are hidden in the patient's living area. What do you think are the implications of allowing a patient to be present during such a search?
10. The task force that examined the role of the Psychiatric Review Board indicated in its [December 16, 2021. final report](#) that Connecticut is one of only three states that has such an entity. According to that report, the majority of the task force members agreed that abolishing the board should be considered. A 2022 act required the Department of Mental Health and Addiction Services to convene a working group by January 1, 2023, to evaluate these recommendations ([PA 22-45](#), § 6). What are your views on this matter?

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