

Questions for the Psychiatric Security Review Board Nominees

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Psychiatric Security Review Board ([CGS §§ 17a-580 to -603](#))

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 the probation process; a Connecticut attorney; and two members of the public, one of whom is experienced in victim advocacy.

Questions

1. The law requires the Superior Court and the board, when holding hearings on an acquittee’s initial commitment, confinement, or conditional release, to primarily consider both the protection of society and the acquittee’s safety and well-being ([CGS §§ 17a-582 to -584](#)). For discharge hearings, the law 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 ([CGS § 17a-593\(g\)](#)). How do you see the board balancing these considerations as well as victim’s rights?

2. The law requires the board to conduct hearings on and review the status of each acquittee at least every two years ([CGS § 17a-585](#)). 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. Victims may give statements at board hearings, either in person or in writing ([CGS § 17a-601](#)). 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?
4. The board may subpoena witnesses to attend and testify at board hearings, either on its own motion or upon the request of a party ([CGS § 17a-595](#)). 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?
5. By law, the board's recommendation to the court that an acquittee be discharged from custody must contain findings and conclusions to support the recommendation ([CGS § 17a-593\(b\)](#)). What factors does the board consider when deciding whether to make such a recommendation? Should the law specify additional factors that the board should consider when making such decisions?
6. According to the most recent annual [report](#) available on the board's [website](#), as of July 19, 2024, 133 individuals remained under the board's jurisdiction, 30 of whom were on conditional release with no arrests during FY 24. How do these statistics compare to previous years and to 2025 (if available)? How have the demographics of the acquittees changed? Have there been any medical advances that have helped this population?
7. The law now 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 a community facility for services or short visit with family members) ([CGS § 17a-587](#)). Previously, only the Connecticut Valley Hospital's or Whiting Forensic Hospital's superintendent or Department of Developmental Services commissioner could apply for such an order. What has been the impact of this change over the past three years?
8. Connecticut is among a small number of states that do not have an outpatient civil commitment law generally providing 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? Could it be a viable option for acquittees?
9. The law allows Whiting Forensic Hospital patients in the hospital's maximum-security service to be present during the search of their personal possessions except when the search is conducted by a police officer with probable cause that contraband or hazardous items are hidden in the patient's living area ([CGS § 17a-548\(a\)](#)). What do you think are the implications of allowing a patient to be present or not present during such a search?
10. Pursuant to [PA 22-45](#), § 6, the Department of Mental Health and Addiction Services convened a [working group](#) to evaluate the role of the Psychiatric Security Review Board (the final report is not yet available). Prior to this, the task force that examined the role of the

Psychiatric Security Review Board, among other things, recommended in its [December 16, 2021](#), that the board should be abolished. What are your views on whether the board should be abolished?

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