



Competency to Stand Trial Evaluations: Use of State Hospitals, Community-Based, and Jail-Based Approaches

NRI's 2024-2025 State Profiles

June 2026

Highlights based on 40 States (including the District of Columbia and Puerto Rico) responding to the Forensic Component of NRI's 2024-2025 State Mental Health Agency (SMHA) Profiling System

The public mental health system is experiencing an influx of court referrals for individuals with mental health issues in need of competency to stand trial (CST) evaluation and restoration services, putting pressure on state mental health authorities (SMHAs) and forensic systems and services.ⁱ The United States legal system recognizes criminal defendants must be competent to stand trial before proceeding with the legal process, in that they are oriented to time and place, have some recollection of events, have sufficient present ability to consult with their lawyer, and have a rational and factual understanding of the legal proceedings.ⁱⁱ

As part of NRI's 2024-2025 SMHA Profiles System, 40 states (including the District of Columbia and Puerto Rico) responded to the Forensics Mental Health Services Component of State Profiles in the Spring of 2025. This report highlights key findings related to adult CST evaluations.

Location of CST Evaluations

Competency to stand trial (CST) evaluations are managed at the state level in 33 of 39 responding states. Six states reported CST evaluations are not managed at the state level (Florida, Illinois, Indiana, South Dakota, Texas, and Virginia). CST evaluations for adult criminal cases are conducted in a variety of settings. Overall, 33 states conduct CST evaluations in outpatient community-based settings. Thirty-two states report conducting CST evaluations in jail-based settings and 30 states inpatient in state psychiatric hospitals. Other settings include, for example, private hospitals (Ohio), community hospitals (Alabama, Connecticut, Maine, and Nebraska), outpatient sections of state hospitals (Michigan, North Carolina), nursing homes (Connecticut, Nebraska, Ohio), attorney's offices (Maine, Nebraska, and Ohio), courts (Washington, D.C., Maine, and New Mexico), and the Department of Corrections (Alabama, Maine, Missouri, and Nebraska). Alabama and Nebraska noted they will conduct evaluations where the patient is located to ensure efficiency (See **Figure 1**).

Seven of 37 responding states do not conduct CST evaluations in inpatient state psychiatric hospital settings for any charge level. Four of 36 states do not conduct CST evaluations in jail settings, and four of 37 states do not conduct CST evaluations in outpatient community-based settings.

Across 39 States

85%

Conduct Adult CST Evaluations in Community-Based Outpatient Settings

Across 29 States

44.9%

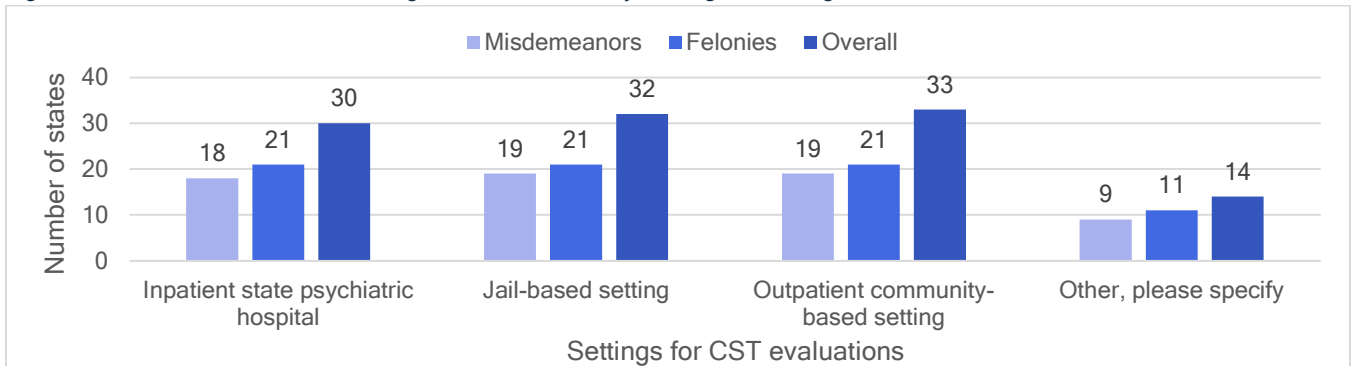
of Adult CST Evaluations Resulted in an IST Determination

Mean Across 17 States

183

Average Monthly Adults on Waitlist for CST Evaluations

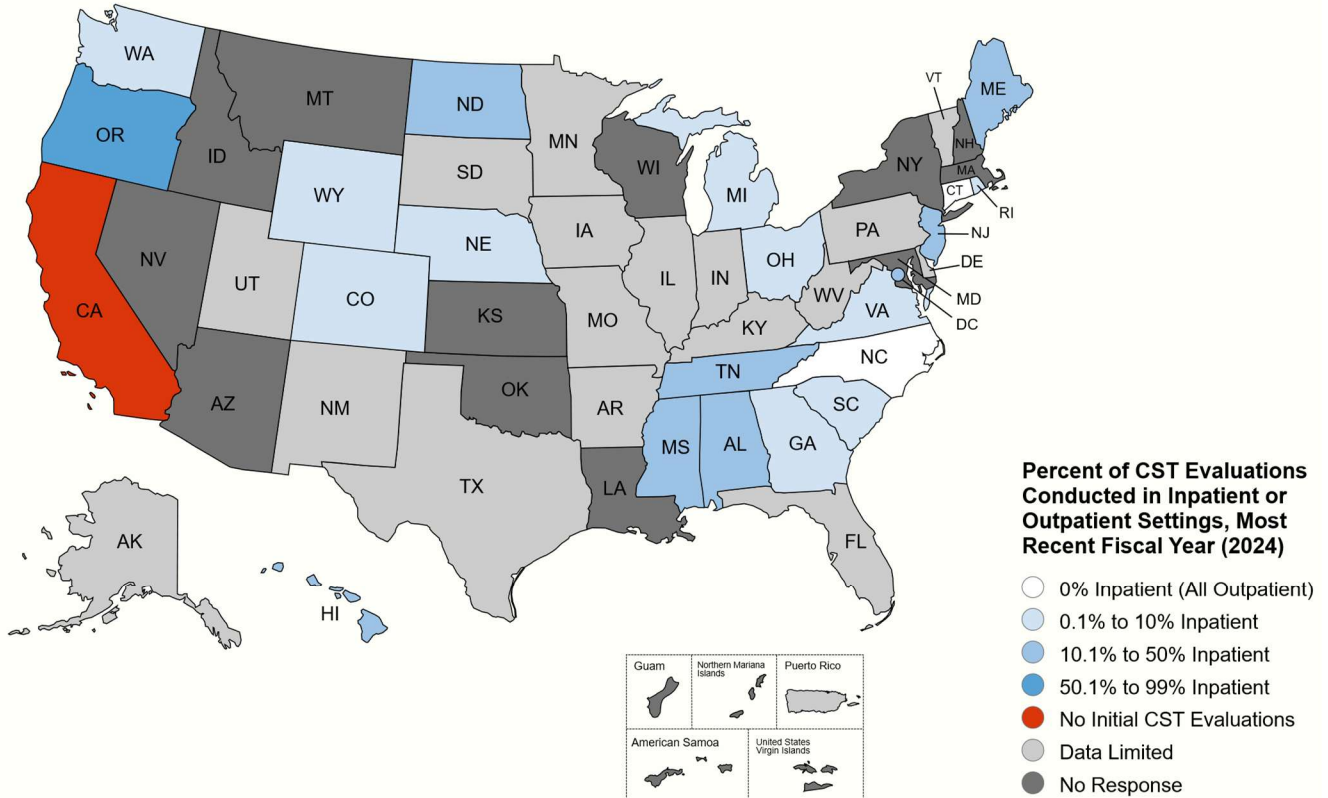
Figure 1: Number of States Conducting CST Evaluations by Setting and Charge Level



Note: The total number of states reporting conducting CST evaluations in any setting is 39. Twenty-six states report conducting CST evaluations separately for misdemeanor charges by setting, and 26 states report conducting CST evaluations separately for felony charges by setting. One state did not answer questions regarding the settings in which CST evaluations are conducted.

Twenty-one of 40 states provided counts of CST evaluations by setting. States conduct the majority of CST evaluations on an outpatient basis in community-based and jail-based settings (65.0%). About 13 percent of CST evaluations are conducted in the inpatient state psychiatric hospital setting. About 24 percent of CST evaluations are conducted in other settings (e.g., state hospital outpatient, private hospitals, community hospitals, and nursing homes). Of the 21 states reporting counts of CST evaluations by setting, all CST evaluations are conducted outpatient in two states and in 10 states, less than 10 percent of CST evaluations were conducted inpatient. Eight states conduct between 10 percent and 50 percent of CST evaluations inpatient and one state conducts 51 percent to 90 percent of CST evaluations inpatient. (See Figure 2).

Figure 2: Percent of CST Evaluations Conducted in Inpatient or Outpatient Settings, Most Recent Fiscal Year (2024-2025)



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Note: NC noted the state does not conduct initial CST evaluations at inpatient sites; however, many are completed at the outpatient department of the state psychiatric hospital. In MI, most evaluations are conducted in the outpatient section of the state hospital.

Statutes Related to Settings for CST Evaluations

Six responding states have statutes that limit the settings in which CST evaluations can be conducted (Hawaii, Missouri, North Dakota, South Carolina, Virginia, and West Virginia).

- In Hawaii, there are no laws with respect to where initial exams of competency can take place. However, once a defendant is found incompetent, the re-examination of fitness/competency cannot be completed in a jail setting. The defendant must be remanded to the care and custody of the Department of Health for hospital level-of-care or released to the community.
- In Missouri, the Department of Mental Health dictates time, place, and location of evaluations, with most being completed on an outpatient basis.

- In North Dakota, CST evaluations must be conducted at either the North Dakota State Hospital, jail, or state-operated behavioral health clinics.

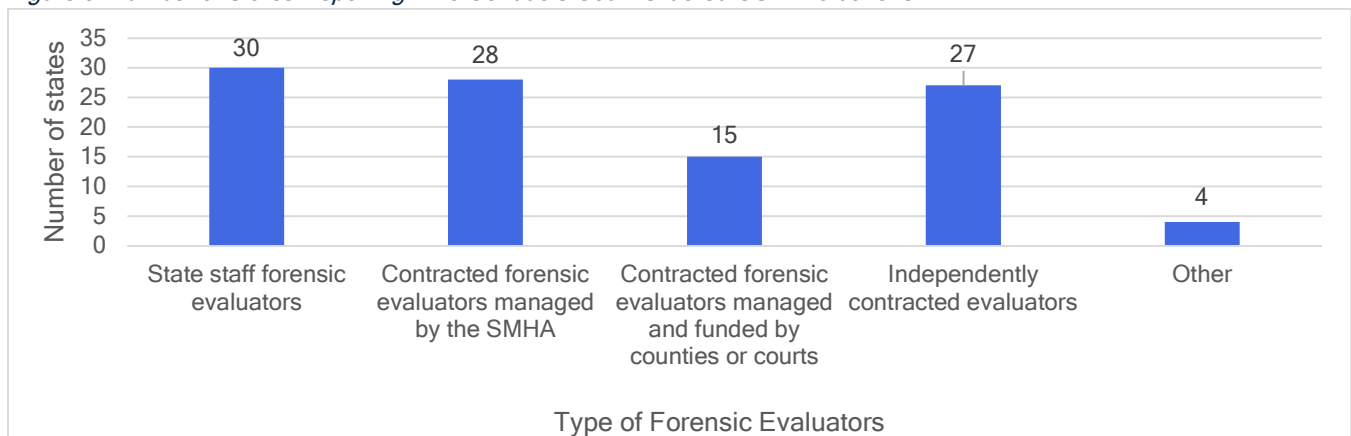
South Carolina, Virginia, and West Virginia have statutes mandating that CST evaluations occur in an outpatient setting.

- In South Carolina, by default, all evaluations are performed in outpatient or jail-based settings. There is a statutory provision for a 15-day inpatient admission for observation if the examiners needs it to render an opinion. However, this provision is rarely used and almost exclusively at the request of the evaluator with approval of the hospital director.
- In Virginia, initial CST evaluations are supposed to occur on an outpatient basis. The code notes that outpatient includes the community or jail setting. Most outpatient evaluations are done in the jail. By code, initial CST evaluations are only ordered to be performed on an inpatient basis if the initial CST evaluator is unable to come to an opinion and recommends an inpatient assessment, or if the defendant is already in the Department of Behavioral Health and Developmental Services (DBHDS) custody on another court order (i.e., emergency treatment from jail, NGRI acquittee status).
- West Virginia’s statute requires initial CST evaluations to be conducted on an outpatient basis whenever possible.

CST Evaluators

Responding states reported on the types of forensic evaluators who conduct court-ordered adult CST evaluations in their state (see **Figure 3**).

Figure 3: Number of States Reporting Who Conducts Court-Ordered CST Evaluations



North Carolina shared one example of independently contracted evaluators—the state has Local Certified Forensic Evaluators who contract with the Local Management Entity-Managed Care Organization (LME-MCO). In addition to state staff forensic evaluators, contracted

forensic evaluators managed by the SMHA, contracted evaluators managed and funded by counties or courts, and independently contracted evaluators, four states employ another type of forensic evaluator (Alabama, Colorado, Hawaii, and Ohio). For example, in Alabama, while the majority of evaluations are conducted by the Department of Mental Health, in some cases the court may order for a defendant to receive an evaluation independent of the SMHA in which court funds or self-pay may be used to hire an examiner. In Hawaii, for felony matters, the court selects a qualified doctor from a private list compiled by the Department of Health. Ohio funds 10 community forensic evaluation centers that oversee the evaluations regionally and locally. They utilize both full-time staff and contractors. Some centers are operated through a court clinic. The state hospitals employ forensic evaluators for some initial inpatient competency evaluations and all post restoration competency evaluations.

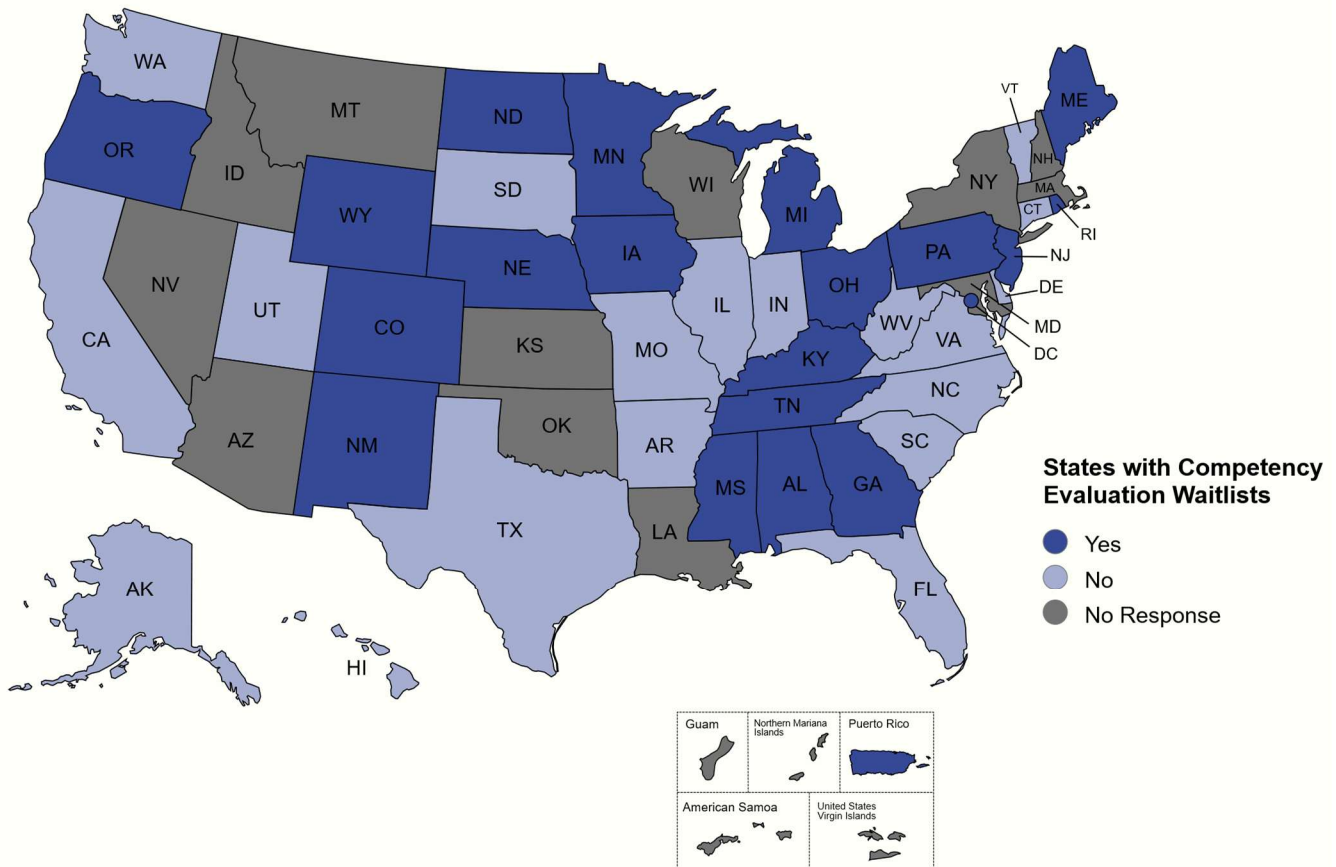
Outcomes of CST Evaluations

Twenty-nine states, including Puerto Rico, provided the number of adult CST evaluations conducted and the number of adults found incompetent to stand trial (IST) in 2024. Minnesota conducted the most CST evaluations in 2024 (11,236), 5,488 of which resulted in an IST determination (48.8%). Iowa reported conducting the fewest CST evaluations (8) in 2024, resulting in one IST determination (12.5%). Of the 29 states, the greatest percentage of evaluations conducted resulting in an IST determination was in Alaska, with 75.8% of adult CST evaluations resulting in an IST determination (394 found IST of 520 CST evaluations). Maine reported the lowest percentage of CST evaluations resulting in an IST determination (96 found IST of 744 CST evaluations, 12.9%). Across all 29 responding states, 44.9% of adult CST evaluations resulted in an IST determination (22,378 of 49,797).

CST Evaluations – Waitlist

Given the surge in individuals referred from the legal system for CST evaluations, public mental health systems are challenged to meet the complex needs of these individuals in a timely manner, often resulting in extended wait-times for individuals in need of competency-related services.ⁱⁱⁱ Twenty-one responding states have a wait list for adult CST evaluations (see **Figure 4**). Of these 21 states, 17 have a waitlist for inpatient CST evaluations and 17 have a waitlist for outpatient CST evaluations. Eight states have a waitlist for CST evaluations for misdemeanor-level charges, and 8 states have a waitlist for CST evaluations for felony-level charges. Seventeen states reported the monthly average number of adults on a waitlist for CST evaluations across all charges and settings for the most recently completed fiscal year. Iowa reported a minimum monthly average of 9.75 adults on the waitlist for CST evaluations, but noted the average was based on all admission types (i.e., CST evaluations, CST restoration, and civil commitment for adults and youth). Georgia reported the maximum monthly average of 1,152 adults on the waitlist for CST evaluations and noted the number of adults on the waitlist was trending down. Across 17 states, the mean monthly average number of adults on the waitlist for CST evaluations is 183 adults, with a median of 80 adults.

Figure 4: Map of States Reporting Waitlist for Adult CST Evaluations



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Changes in Competency Evaluation Policy and Service Initiatives

States shared information on any recent policy or service initiatives that have led to a change in the number of adult CST evaluations conducted at state psychiatric hospital(s) or in other settings (e.g., community-based, jail-based). Six states (15%) report changes that led to an increase in CST evaluations in state psychiatric hospitals. For example, in July 2024, Tennessee’s legislature passed a law which shifted financial responsibility for misdemeanor evaluations from the counties to the state, which has increased the frequency of CST evaluations within the state psychiatric hospitals. Five states (12.5%) report changes that led to a decrease in CST evaluations at state psychiatric hospitals. For example, Georgia no longer allows individuals to be admitted to a state psychiatric hospital solely for CST evaluations and admits only those who are adjudicated IST.

Most states that shared policy or service initiative changes related to CST evaluations report the changes led to an increase in CST evaluations in settings other than state psychiatric hospitals (i.e., community-based and jail-based).

Thirteen states (32.5%) shared changes in their state that have led to an increase in adult CST evaluations in other settings. Colorado has seen a significant reduction in orders to inpatient evaluations after their 2019 consent decree directing jail-based evaluations to be completed within 21 days of the order. Rhode Island developed a Forensic Navigator Program that allows for more court-ordered competency evaluations to occur in the community, rather than in inpatient settings. Wyoming is promoting community-based CST services through the development of outpatient CST evaluations and virtual CST evaluations. No states had changes in their state that led to a decrease in CST evaluations in other settings.

ⁱ Wik, A., Hollen, V., and Fisher, W.H. (2017, August). *Forensic patients in state psychiatric hospitals: 1999-2016*. Technical Assistance Collaborative Paper No. 10. Rockville, MD: Substance Abuse and Mental Health Services Administration.

ⁱⁱ *Dusky v. United States*, 362 U.S. 402 (1960). <https://www.oyez.org/cases/1959/504%20MISC>

ⁱⁱⁱ Callahan, L. and Pinals, D.A. (2020, July). Challenges to reforming the competence to stand trial and competence restoration system. *Psychiatric Services*, 71(7):691 - 705.