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# CALIFORNIA DEPARTMENT OF STATE HOSPITALS

## FACT SHEET

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June 2024

### SEXUALLY VIOLENT PREDATOR (SVP) CONDITIONAL RELEASE PROGRAM (CONREP)

#### **Fast Facts**

- SVP CONREP is a step-down program between inpatient commitment and unconditional release that facilitates safe transition back to the community.
- The process of placing a patient committed as an SVP in the community is strictly regulated by law.
- The court determines whether a patient is eligible for conditional release and approves where the patient will live. Due to statutory placement limitations, housing is found on a case-by-case basis. Community safety is the top priority.
- To date, no participant has perpetrated a sexual contact offense while in SVP CONREP.
- About 5% of patients committed to the Department of State Hospitals (DSH) pursuant to the SVP Act have achieved conditional release through SVP CONREP.
- About 32% of SVP CONREP participants have had their conditional release revoked to ensure community safety.
- About 41% of SVP CONREP participants have been unconditionally released by the courts from the program.
- A patient cannot enter the SVP CONREP discharge pathway until the court fully commits them as an SVP to the state hospital for at least one year. Until they are fully committed, they are legally classified as civil detainees.

#### **Overview**

The Forensic Conditional Release Program (CONREP) is DSH's statewide system of community-based services for court-ordered individuals. Mandated as a state responsibility, CONREP began on January 1, 1986. It operates according to the law, pursuant to Welfare and Institutions Code (WIC) section 4360.

In 1996, the Sexually Violent Predator (SVP) Act (WIC section 6600, et. seq.) went into effect. It is a civil law, not a criminal law, which means its purpose is treatment and rehabilitation, not punishment; and is applied after the person completes their prison sentence. Together with the support and safety measures of CONREP, an individual committed to the state hospital as an SVP can safely transition back to being a fully functioning member of the community.

The SVP commitment process begins at the time an individual is pending release from prison or jail. If the required legal criteria for commitment are met, the court orders the transfer of the individual at the end of their prison term to DSH for sex offense treatment in a state hospital, although participation in treatment is voluntary. DSH's Sex Offense Treatment Program (SOTP) is designed to be administered through four sequential inpatient modules followed by a conditional release component, CONREP, that is delivered in the community. Civil detainees, not yet determined by the court to meet legal criteria for full commitment as an SVP, are legally ineligible to be conditionally released to CONREP.

The SVP Act governs all SVP commitments and releases. Releases from the hospital to the community are either unconditional (full discharge to the community) or conditional through CONREP and are court-ordered. Unconditional releases occur when a court determines an individual no longer meets the legal criteria for SVP commitment. Conditional releases occur when a court determines the individual would not be a danger to the health and safety of others in that it is not likely that the person will engage in sexually violent criminal behavior due to the person's diagnosed mental disorder if under supervision and treatment in the community. CONREP is an intensive community-based treatment, and 24 hours per day, 365 days per year, monitoring program with gradual steps toward increased community re-entry depending on treatment progress. DSH contracts with Liberty Healthcare to provide SVP CONREP services across the state.

SVP CONREP is designed in accordance with best practice standards, called the Risk, Needs, and Responsivity Principles. Research shows that interventions with sex offenders that follow these principles have the greatest reduction in re-offense rates. Interventions are coordinated through the Collaboration Model of sex offender management that relies on cross agency teamwork and a broad range of services that are flexibly applied in response to patient's risk profiles and treatment needs. This model of sex offender treatment holds patients accountable by the combined use of the patient's internal controls, developed during inpatient treatment, and the use of external tools, including polygraph examinations, surveillance, and electronic monitoring. It is victim-centered, focusing on community safety as the primary goal. Close collaboration and communication by all parties participating in the patient's community treatment and supervision are essential. The ideal evidence-based discharge pathway for SVP patients is as follows:

### **Community Placement Process**

The process of CONREP placement starts when the court determines the patient meets the legal criteria for CONREP (WIC section 6608) and the terms and conditions for the patient's participation are set. The court then orders CONREP to locate a residence for the patient in their county of domicile, which is legally determined by the court. The county of domicile is typically the same county that is responsible for the patient's SVP commitment proceeding. Placements to other counties are rare and only occur in extraordinary circumstances, after the committed person's county of domicile petitions the court to make such a finding, meeting specific criteria, and the court grants the petition (WIC section 6608.6). The court identifies the county or counties in which CONREP is ordered to search for placement. CONREP does not search in counties outside of the court's ordered locations.

SVP CONREP investigates and clinically reviews housing sites pursuant to the court's orders and the individual patient's current needs and risk factors, as identified by the state hospital and CONREP. Housing assessments consider Jessica's Law compliance (Penal Code section 3003.5) and SVP Act residency restrictions (WIC section 6608.5), including proximity to schools and parks where children regularly gather, clinical risk factors, treatment progress and needs, protective factors, community reintegration needs, victim profiles, and locations to ensure community and patient safety.

### **Housing Committee**

Effective January 1, 2023, pursuant to Senate Bill 1034 (Atkins, Statutes of 2022), DSH to convene a committee to obtain relevant county assistance and consultation in locating and securing suitable housing for the person who has been approved to be conditionally released. The committee participants are comprised of counsel for

the committed individual, the local sheriff or chief of police, county counsel, and the district attorney for the county of domicile (WIC section 6608.5). The housing committee is not a decision-making body. The intent is that the committee will engage in a collaborative process to find a suitable residential placement for the specified person deemed a resident in that county.

After seeking input from the committee members, SVP CONREP submits potential residence(s) to the Court for approval. SVP CONREP obtains Court authorization to financially secure a residence for potential placement of the CONREP-ready SVP patient. The court then orders DSH to provide official notice to the community pursuant to WIC section 6609.1 of the potential placement location. Pursuant to WIC section 6609.1, SVP CONREP provides this notice to the District Attorney and local law enforcement in the community where the individual is to be released, where they maintained their last residence, and in the county that filed for their civil commitment (if different). The District Attorney and local law enforcement will utilize this information to provide notice to the public about the potential placement location. The law provides a 30-day timeline for public notification with case specific information including: name, proposed placement address, date of commitment, county of commitment, hearing date, time and location, and other court-ordered specifics. This is the period where those noticed may provide their opinion on the prospective placement to the District Attorney or law enforcement who then provide the community's feedback to SVP CONREP for consideration. After the 30-day public notification period, the placement hearing occurs where the court may order placement of the patient to the proposed residence identified in the public notice. From start to finish, the housing search and placement process can take up to one year or longer.

### **Community Safety Plan for Release**

As the statewide SVP CONREP provider, Liberty Healthcare has the responsibility to ensure that the patient ordered to CONREP complies with the court-ordered community safety plan and terms and conditions of outpatient treatment. The court-approved plan outlines the conditions of outpatient treatment and supervision the individual must adhere to while in the community. The terms and conditions and the community safety plan are extensive, detailed, and describe the intensive monitoring and supervision that SVP CONREP will provide.

The terms and conditions are developed by SVP CONREP staff while the patient is at the state hospital, and they may be amended resulting from the information provided during the comment period prior to placement, and after placement based on collaborative feedback from law enforcement, the district attorney, the patient counsel, or other members of the community safety team. The terms and conditions are tailored to the patient's individualized risk factors and treatment needs and delineate the rules and agreements of the patient's community placement. Violations of the terms and conditions are reported to the court and may result in consequences such as revocation of conditional release and a return to the hospital. CONREP requires strict adherence to terms and conditions so violations are not uncommon and may signal the need for treatment and management at the hospital level.

### **How SVP CONREP Works**

Use of a Community Safety Team (CST), a standard practice for providing community supervision and treatment, is the method by which the principles of Risks, Needs, and Responsivity and the Collaboration Model are applied for each patient. Members of the CST include the following:

- CONREP Regional Coordinator
- CONREP Clinical Program Director
- Treatment Providers
- Victim Advocate

- Polygraph Provider
- Local Law Enforcement
- Defense Attorney and Deputy District Attorney
- Others as needed for support, accountability, and/or clinical needs

The SVP CONREP program utilizes the following supervision and monitoring tools that are carried out by the CST:

- Unannounced and scheduled in person visits onsite and offsite from the residence
- Collateral contacts and chaperone training with significant people in the patient's life
- Covert surveillance
- 24-hour GPS monitoring
- Monitoring of approved electronics (i.e. phone, computer)
- Random urine screens for illicit substances
- Unannounced residence, vehicle, and personal property searches
- Banking and expense reviews
- Approval of schedules, locations of outings, and routes of travel for all time outside of residence that is verified daily by review of a GPS tracking system that provides "real time" tracking with instant notification of any violations of the inclusion/exclusion zones developed for the patient or tampering with the GPS device
- Life skills training, residential placement, and other services needed to support safe and successful community reintegration

Monitoring tools used in conjunction with sex offender treatment professionals include:

- Polygraph examination, including both sexual history exams (to obtain a reliable assessment of the patient's history of sexual behavior), maintenance exams (to assess treatment progress and compliance with the terms and conditions of release), and specific issue exams (to address individual risk relevant concerns)
- Physiological assessment of sexual arousal (Plethysmography)

- Assessment of sexual interest (i.e. Abel Assessments)

Service levels set minimum treatment and supervision activities for patients in SVP CONREP. Patients start at the intensive service level, and as they progress, they can move to the supportive and transitional levels of care, then to the point of readiness to discharge from CONREP. Evaluations and assessments are ongoing during the period of state hospitalization, upon entry into the community and throughout SVP CONREP treatment and supervision. Quarterly and annual progress reports are provided to the court pursuant to statute.

**For more information regarding CONREP, visit [www.dsh.ca.gov](http://www.dsh.ca.gov)**