

Restoration of Competency in CONREP

Mark A. Grabau, Ph.D.
Consulting Psychologist
CONREP Operations

What is CONREP?

- The Forensic Conditional Release Program (CONREP) is the State Department of Mental Health's (DMH) statewide system of community-based treatment, evaluation and supervision services for judicially committed individuals and Mentally Disordered Offenders (MDO).

CONREP History

- 1985 Legislation was enacted to establish CONREP (Chapter 1416, Statutes, 1985);
- CONREP was instituted on January 1, 1986 and operates pursuant to statutes in Welfare and Institutions Code [WIC] Section 4360 (a) & (b).

Organization

- The statutes that established CONREP also mandated responsibility to DMH for its operation.
- DMH is committed to local community implementation, rather than a state-operated direct services program and established a process by which services are provided for every county through service contracts with local providers.

CONREP Providers

- Local program operations are performed by County Mental Health, or by private agencies or corporations with demonstrated histories of competent delivery of forensic mental health services.

CONREP Mission

- The primary mission of CONREP is the protection of the public through the reduction or prevention of individual reoffense.
- The mission is achieved by providing standardized, intensive community outpatient mental health services.

CONREP Services Emphasize:

- An integrated system of community treatment services;
- Active case management;
- On-going clinical assessment;
- Comprehensive treatment and rehabilitation of individuals to enhance their competent functioning within society;
- Rehospitalization and preventive revocation of outpatient status; and
- Liaison with state hospitals and community agencies for continuity of care.

Target Populations

- Not Guilty by Reason of Insanity (PC1026);
- Incompetent to Stand Trial (PC 1370);
- Mentally Disordered Offender (PC 2962/PC 2972);
- Mentally Disordered Sex Offender (former WIC 6316);
- Sexually Violent Predator (WIC 6604/6608).

Program Authority

- Consistent with legislative intent, the DMH requires local CONREP programs to structure their organization so that responsibility and clear authority are evident for all aspects of individual treatment and supervision.
- The CONREP program is vested with final treatment authority and management responsibility to direct all treatment and supervision, including that offered by other providers.

PC 1605

- "In accordance with Section 1615 of the California Penal Code, and section 5709.8 of the Welfare and Institutions Code, the State Department of Mental Health shall be responsible for the supervision of persons laced on outpatient status under this title."

PC 1605

- "The DMH shall designate, for each county or region comprised of two or more counties, a community program director who shall be responsible for administering the community treatment programs for persons committed from that county or region under the provisions specified in Section 1600."

PC 1605

"The community program director shall be the outpatient treatment supervisor of persons placed on outpatient status under this title. The community program director may delegate the outpatient treatment supervision responsibility to a designee."

Precommitment Process

- Prior to making the order directing the defendant be confined in a state hospital, other treatment facility, or placed on outpatient status, the court orders the community program director or his/her designee to evaluate the defendant and to submit to the court within 15 judicial days of the order a written recommendation as to whether the defendant should be required to undergo outpatient treatment, or committed to a state hospital or to any other treatment facility PC 1370(a)(2)

Placement Recommendations

- CPD/Designee/Evaluator considers:
- Need for secure treatment environment;
- Estimated length of treatment;
- Location of facility
- State hospital admissions policies
- Plan for payment of services if other than state hospital;
- Applicability of PC 1601(a).

PC 1601(a)

- Any judicially committed individual charged with, convicted of, or found Not Guilty by Reason of Insanity of the following offenses will not be eligible for outpatient treatment and supervision services until he/she has been confined in a state hospital or other inpatient treatment facility for a minimum period of 180 days.

Application of PC 1601(a)

- Murder;
- Mayhem; PC 207/209 Kidnapping;
- PC 220 - Assault to commit rape;
- PC 261.2-3 – Rape by force/threat;
- PC 288 – Child molestation;
- PC 451(a) or (b) Arson;
- PC 459 – Burglary, first degree;
- Assault with intent to commit murder;

Application of PC 1601(a)

- Robbery with a deadly or dangerous weapon, or in which the victim suffers great bodily injury;
- PC 12303.1-3 – Carrying/possession of explosive device etc;
- PC 12308-10 – Use of destructive device;
- Any felony involving death, great bodily injury, or an act which poses a serious threat of bodily harm to another person.

Other Precommitment Pathways

- Legislation enacted in 1992 established Penal Code provisions which apply to a defendant who has been charged with a misdemeanor [PC 1376.1 and 1370.01].
- Pursuant to PC 1367, individuals found incompetent due, in part to a developmental disability, PC 1370.1, are referred back to court and are not treated in CONREP.
- County mental health departments, and the Regional Center evaluate and treat the above.

CONREP report to court

- A written report signed by the CPD is to be submitted to the court within 15 judicial days of the order to evaluate.

CONREP report must include:

- Current legal status and criminal charge;
- Date and place of contact(s);
- Person(s) contacted;
- Assessment of need for medication;
- Recommendation for placement; and
- Suggested focus of treatment to establish competence, including:

CONREP report; suggested focus of treatment

- Appropriate management of impulsive behaviors;
- Assessment of need for substance abuse treatment; and
- Patient understanding of his/her mental disorder, including acceptance of medication.

Outpatient Treatment

- The court may place individuals directly into CONREP community outpatient treatment under these conditions (PC 1600):
- The court determines that the required treatment is available in COT;
- The person is not a danger to the health and safety of him/herself or others; and

Outpatient Treatment

- The person does not require placement in a secure setting or is not prohibited from outpatient placement pursuant to PC 1601(a).

Focus of IST Treatment in CONREP

- Treatment pursuant to PC 1370 shall be directed toward restoring the patient's trial competency.
- As the patient has not been convicted of any charge, it is inappropriate to address culpability or to insist on the patient's acceptance of responsibility for the alleged offense.

Current IST COT population in CONREP

- 27 patients receive COT IST services out of 678 CONREP individuals state wide.
- 12 (c30) ISTs in San Juaquin, 7 (c68) in Fresno/CCC, 4 (c48) in Orange Co., 3 (c66) in Sacramento/CV, 1 (c14) in Solano Co.

IST Treatment in CONREP

- As numbers in programs are low, treatment modality tends toward individual treatment over group treatment.
- Intensive outpatient psychiatric services provided, as well as active case management, toxicology screening, collateral contact verification, and enrichment of psycho-social supports.
- At times, CONREP IST treatment is used as an adjunct to pre-existing services already received by the individual.

CONREP effectiveness with ISTs

- Pursuant to PC 1617, Mark Wiederanders, Ph.D., evaluated CONREP effectiveness in reintegrating individuals back into society, and to determine rates of reoffense.

CONREP effectiveness

Re-arrest 1986-2001

- NGI 5% or 61 out of 1,221 treated;
- MDO 10.6% or 40 out of 377 treated;
- MDO Civil 11.3% or 16 out of 141 treated;
- IST 20.2% or 49 out of 242 treated.

Wiederanders, 2002

Inpatient LOS and Successful COT link

- NGI 4.2 years inpatient, 3.5 COT;
- MDO 1.35 years inpatient, < 1 COT;
- ISTS .94 months secure TX, < 1 COT;
- Success = substantial treatment in state hospitals followed by substantial treatment in COT.
