CALIFORNIA DEPARTMENT OF STATE HOSPITALS

FACT SHEET

July 2024

CONREP EFFECIVENESS RESEARCH STUDY 2021

Fast Facts

- Penal Code section 1617 directs the Department to produce a report that examines the effectiveness of the CONREP programs.
- The report was a data only study, no patients were recruited for this project.
- Recidivism rates for CONREP-Treated patients were consistently, significantly lower than recidivism rates for patients Directly Discharged to the community.
- The goal of the CONREP program is to ensure public safety, while transitioning forensic state hospital patients back into the community.

Overview

The Forensic Conditional Release Program (CONREP) is the Department of State Hospitals' (DSH) statewide system of community-based services for court-ordered individuals. Mandated as a state responsibility by the Governor's Mental Health Initiative of 1984, CONREP began on January 1, 1986. It operates according to the law, Welfare and Institutions Code (WIC) section 4360, subdivisions (a) & (b).

Conditional release programs, supervised outpatient treatment following release from institutions such as forensic hospitals or prisons, have consistently been shown to effectively reduce criminal recidivism and improve outcomes in the United States and Internationally. Early California CONREP effectiveness studies and reports were congruent with such findings.

Penal Code section 1617 directs the DSH to study the effectiveness of the CONREP program in order to "determine its effectiveness in successfully reintegrating these persons into society after release from state institutions."

The purpose of this research is to examine the effectiveness of the CONREP program as indicated by recidivism rates and variables affecting those rates. This report focuses on five calendar years of data, state hospital releases between 2012 to 2017. The report focuses on CONREP-Treated patients, and Directly Discharged patients which refer to patients who were discharged directly from the state hospital into the community on or after January 1, 2012, as a subset of the group that was discharged within the five-year period.

Methodology

This was a data only study. The data sample consisted of all forensic hospital patients in the selected commitment categories who were discharged from the state hospital between January 1, 2012 through January 1, 2017. Recidivism data was obtained from the Department of Justice (DOJ). The DOJ data included all patient arrests in the community within the five years studied, permitting at least a one-year follow-up of patients through 2018. All data was de-identified. This project was approved by the California Committee for the Protection of Human Subject and the DSH Research Committee. California Department of Justice Research Division authorized the release of these data.

Recidivism rates for general, violent, and sex offenses were examined one, three, and five years after release. By including patients discharged over a five-year time frame, the study was able to observe groups of patients who were in the community for specified time

intervals (at least one; at least three, and at least five years) and identify corresponding re-arrest rates within those intervals for each of these groups (one, three, and five-year fixed recidivism). Also examined were commitment type, diagnosis, time in the hospital, commitment offense, length of time in the community, legal class, and other potentially relevant factors on recidivism. Diagnoses were classified into general categories to facilitate analysis and make meaningful distinctions. The racial-ethnic composition of the CONREP-Treated and hospital groups were nearly identical, with no significant differences found between these two groups. When compared to the state hospital population, the Directly Discharged group had a significantly larger proportion of Black and Hispanic patients and a significantly lower proportion of White patients. The difference between the proportions of the Asian Pacific and Indigenous groups was not significant.

Conclusion

Recidivism rates for CONREP-Treated patients were consistently significantly lower than recidivism rates for Directly Discharged patients. Lower rates for CONREP-Treated patients were found for the groups with one, three, and five years of community exposure for the corresponding time intervals and over the course of the study. These lower rates held for each recidivism category: any arrest, violent crime, and sex offense arrests. The probability for any re-arrest was between four and one-half and seven times less likely for the CONREP-Treated patients than for the Directly Discharged patients in this sample. Additionally, probability for any first re-arrest for a violent crime were between four and seven and one-half times less likely for the CONREP-Treated group; the probability of recidivism for a sex offense were between four and more than six times less likely. However, the effects for all three categories varied by legal classification, with those in the OMD group showing the highest rates of recidivism, and those in the SVP group showing the lowest rates of recidivism in all offense categories. CONREP treatment appeared to reduce the differences between legal classifications. Additionally, the group of CONREP-Treated patients who were re-arrested remained in the community significantly longer before their arrest, even after CONREP release, than did Directly Discharged patients who were re-arrested. As such, the effects of CONREP treatment and the supported re-integration into the community it provides may linger even after active CONREP treatment. The composition of the CONREP-Treated group may partially explain different recidivism rates.

For more information regarding CONREP, visit www.dsh.ca.gov.