

**Department of State Hospitals
Proposed Trailer Bill Legislation (TBL)**

FACT SHEET

Issue Title: Pilot Independent Evaluation Panel for the Forensic Conditional Release Program (CONREP)

The purpose of this TBL is to support systemic improvements to the Department's CONREP program. The Department of State Hospitals (DSH) is proposing to establish a pilot program for a statewide independent placement panel for the purpose of evaluation, consultation, and review of CONREP placements. This panel will help to reduce current barriers preventing patient placement into CONREP, support continuous improvement of discharge processes across all DSH patient commitments, ensure timely release of discharge-ready patients from DSH, and increase overall efficiency of state hospital beds.

Background and History:

CONREP is DSH's statewide system of community-based services for specified court-ordered forensic individuals. The goal of CONREP is to promote greater public protection in California's communities via an effective and standardized community outpatient treatment system. The two primary legal commitments served in CONREP include:

- Not Guilty by Reason of Insanity (NGI) (Penal Code (PC) 1026)
- Offender with a Mental Health Disorder (OMD) (both PC 2964 parolees who have served a prison sentence and PC 2972 parolees who are civilly committed for at least one year after their parole period ends)

Additionally, CONREP serves a small number of Felony Incompetent to Stand Trial (IST) (PC 1370) patients who have been court-approved for outpatient placement in lieu of state hospital placement.

Under the authority of PC 1605(a), DSH designates the Community Program Director (CPD) for county or regional CONREP programs across the state. The CPD serves as the primary outpatient treatment supervisor for the county or region they are assigned to. The CPD can designate functions and responsibilities to other clinical and administrative staff; however, the CPD remains responsible to provide program and staff oversight to ensure public safety and patient welfare. Furthermore, as specified in PC 1600-1615, the CPD, with the Court's approval, assesses state hospital patients' suitability for placement in the CONREP outpatient program that they oversee and provides an opinion to the court.

Justification for the Change:

Over the past 15 years, DSH has experienced a decline in its CONREP outpatient census while its inpatient census has significantly increased over the same time-period. While a lack of available and affordable housing and increased operational costs have contributed to the challenges in placing state hospital patients in CONREP, structural barriers to a standardized outpatient referral and evaluation process and separating the role of the treatment provider from the evaluator are at the root of the problem. Establishing an independent evaluation panel will allow CONREP the capacity to address these barriers in

addition to building out services and supports to promote successful community reintegration while the independent evaluation panel focuses on CONREP placement determinations. The TBL will establish a pilot program for an independent panel of forensic professionals that will assume the placement determination role for services described in Welfare and Institutions Code Section 4360. It would:

- Establish an independent statewide evaluation panel consisting of a multi-disciplinary team of both contracted and civil service forensic professionals.
 - The panel may work independently or in conjunction with the CONREP CPD to provide recommendation reports to the court for individuals referred to CONREP for treatment.
 - The panel will be expected to understand all available outpatient and inpatient treatment programs available for DSH forensic commitments.
- Establish authority for DSH to determine whether the panel or the CPD is responsible for particular case reviews and ultimate determinations and recommendations.
- If approved, this pilot program will remain in effect until June 30, 2026.
- Require DSH to conduct an evaluation of the effectiveness of the pilot to determine extending the use of the statewide independent placement panel after June 30, 2026.
- Allows DSH the ability to implement, interpret, or make specific any of this section by means of a department letter or other similar instruction, as necessary.
- Contracts awarded to this chapter are exempt from Public Contract Code and State Administrative Manual requirements.

This TBL would also amend applicable PC Sections 1602, 1603, 1604, 1026, and 1026.2.

Summary of Arguments in Support:

The panel will improve the assessment process to increase the number of transitions from the state hospitals to the community for patients who are committed to DSH as NGI or as an OMD. DSH anticipates that the proposed TBL would:

- Increase the overall utilization of CONREP.
- Increase the number of discharges from a state hospital, thereby making beds available for other individuals on DSH's waitlist.
- Increase the number of patients treated in the least-restrictive setting appropriate to their clinical needs.
- Implements a uniform approach to release determinations statewide.