



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Coalinga State Hospital

24511 West Jayne Avenue, P. O. Box 5000, Coalinga, CA 93210
(559) 935-4300 TTY (559) 935-7120

FREQUENTLY ASKED QUESTIONS ABOUT THE SEXUALLY VIOLENT PREDATOR PROGRAM (SEX OFFENDER COMMITMENT PROGRAM)

Department of Mental Health

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What is a Sexually Violent Predator?

A Sexually Violent Predator (SVP) is a legal term as defined in the Welfare & Institutions Code, Section 6600, et seq. Persons committed as SVPs have been previously convicted of specified sex offenses against two or more victims, are determined to have a diagnosed mental disorder, and are evaluated that they are likely to reoffend if released into the community without treatment.

What is the commitment process under this law?

A person can be civilly committed as a SVP if he meets the above criteria and is currently serving a determinate sentence in a state prison.

The California Department of Corrections and Rehabilitation (CDCR) refers persons who meet the SVP criteria to the Department of Mental Health (DMH), which then sends two mental health clinicians (psychiatrists or psychologists) to do two separate evaluations of the inmate. If the clinicians determine that the inmate does not have a mental disorder, he will be released to parole from CDCR at the end of his sentence.

If both clinicians determine that inmate does have a mental disorder that makes him likely to reoffend, DMH will recommend the inmate be civilly committed as an SVP to the district attorney of the inmate's last county of conviction.

If the DA moves the petition forward, the judge will determine if there's probable cause; if there is, a trial will be set. The judge will preside over the trial unless the inmate asks for a jury trial (the verdict has to be unanimous).

A person found to be an SVP is committed for a term of two years. Before the end of two years, the person is evaluated again; if still found to be an SVP, DMH will petition the court for a recommitment hearing.

Does this law apply to all sex offenders convicted of a sex offense?

No. The law pertains to only those individuals who have been previously convicted of the specific sex offenses listed above, as well as all other legal and clinical criteria.

How many persons have been committed under this law?

Since the law was implemented in 1996, CDCR has referred 6,330 inmates to DMH for review. Only 538 have been civilly committed to date. All but one of them are male.

Where are they treated?

There are currently 454 SVPs in California. All but one are male. Until recently, the entire male SVP population was housed at Atascadero State Hospital, outside of San Luis Obispo (the one female SVP is in treatment at Patton State Hospital). After Coalinga State Hospital opened in September 2005, DMH began to gradually transfer the male SVP population there.

What is the treatment program and is there a cure for sex offenders?

The treatment program is based on a relapse prevention model organized into five phases. The first four are in the hospital and the fifth phase is in the community under the Conditional Release Program. The goal of treatment is to teach the patient skills in managing their high risk factors, identify the factors that led to offending and learn how to manage those factors, in the present and in the future.

Currently there is no known cure for sex offenders and there are no 100 percent guarantees that a sex offender won't reoffend. We use all current research of treatment to minimize the risk of reoffense. This is a new program for persons who are unlikely to be cured and are considered to be a high risk to their local community. However, the intent of the SVP law is to confine and treat persons only as long as their disorders continue to present a danger to the health and safety of others, and not for punitive purposes. The law requires the eventual release of persons under this commitment who meet certain treatment standards.

Have persons committed as SVPs been released from this commitment?

Fifty-two SVPs have been unconditionally released in the community for one of the following reasons: (1) they had negative evaluations at recommitment; (2) were released by a jury during a recommitment trial; (3) the DA withdrew or did not file a petition where the DMH was requesting recommitment; (4) the patient was released on appeal of the original commitment.

Four persons have been conditionally released back to the communities in which they lived. One of these has since been found to no longer meet the SVP criteria and has been unconditionally released by the court; one violated his terms and conditions of release and was sent back to Atascadero State Hospital, where his case is still pending. The other two continue to be monitored.

There are also 14 SVPs who, after committing and being charged with a felony at Atascadero State Hospital, been sent back to prison. There are also 14 SVPs who have passed away.

What is the difference between conditional release and unconditional release?

Conditional release can be achieved in one of two ways: if the patient has reached phase IV of treatment, DMH may recommend the patient move from the hospital into phase V, which is community outpatient treatment; or the patient self-petitions the court for conditional release.

The court then decides whether conditional release is indicated. In order for a patient to move into the state's Conditional Release Program (CONREP), he has to be under commitment and ordered into CONREP by the superior court of the committing county. Patients are placed in CONREP for one year. At the end of the year, the court will decide whether to keep the patient in CONREP for at least another year or unconditionally release the patient.

Unconditional release is when the patient is freed from commitment by the court. The patient is no longer under the authority of the DMH and is released to the community. The only requirement for the former patient is to register with local law enforcement under Penal Code 290 wherever he chooses to reside.

What is the SVP Conditional Release Program (CONREP)?

The SVP Conditional Release Program (CONREP) is charged with the treatment and supervision in community settings, of persons ordered by the courts to move from a state hospital into community outpatient treatment. The primary goal of CONREP is public safety accomplished through mental health treatment and intensive supervision and support to the patient. Liberty Healthcare, the department's contractor charged with setting up a statewide SVP CONREP infrastructure, is currently managing the treatment program for the two SVPs who are in the program and being monitored.

Once a patient is court ordered into CONREP, DMH and Liberty establish subcontracts with local treatment and service providers, develop the Terms and Conditions of the patient's release and secure housing. When these tasks have been completed and approved by the judge of the committing court, the judge will set the patient's date of release from the hospital.

Treatment services, supervision and monitoring include the following: Global Positioning System (GPS) location tracking, supervision through random announced and unannounced face-to-face visits and meetings at and away from home, unannounced residence, vehicle and personal searches, phone checks, surveillance, random urine screens for illegal substances, approval of weekly schedules, locations of outings and routes of travel for all time outside of residence, polygraph examinations, anti-androgen therapy, treatment contacts, and Penal Code Section 290 registration with local law enforcement (relating to sex offenders). The annual cost per person is estimated to be \$100,000-146,000. This figure is expected to decrease as more patients move into the community.