



The Department of State Hospital's (DSH) proposed budget for fiscal year (FY) 2022-23 totals \$3.2 billion – an increase of \$600 million (or 24 percent) from the 2022-23 Governor's Budget – with 142.2 proposed positions in the budget year (BY). Of these increased resources, over \$489 million (or 19 percent) is funding previously approved for the implementation of the Incompetent to Stand Trial (IST) Solutions proposal, which has been added to the DSH budget as of the 2022-23 May Revision. This proposed budget includes significant investments in expanding community programming via Community Based Restoration and Diversion to continue DSH's efforts towards meeting the increased demand for services for individuals determined to be IST, improving the departments operations and delivery of services, and state hospital facility repairs and improvements.

TOTAL State Hospitals Comparison
2022-23 Governor's Budget v. 2022-23 May Revision

(Dollars in Thousands)

Funding Source	2022-23 Governor's Budget	2022-23 May Revision	Difference	% Change
State Operations	\$2,568,039	\$3,136,470	\$568,431	22%
Capital Outlay	\$17,786	\$57,647	\$39,861	224%
TOTALS	\$2,585,825	\$3,194,117	\$608,292	24%

¹Total includes non-budget act items (Medicare, Lottery, Re-Appropriations)



SUPPORT COMPARISON
2022-23 Governor's Budget vs. 2022-23 May Revision
(Dollars in Thousands)

Funding Source	2022-23 Governor's Budget¹	2022-23 May Revision	Difference	% Change
General Fund (0001)	\$2,384,336	\$2,860,483	\$476,147	20%
Lease Revenue Bond (Ref 003)	\$39,260	\$39,260	\$0	0%
State Hospitals	\$39,260	\$39,260	\$0	0%
Support Funds (Ref 011)	\$2,342,542	\$2,818,689	\$476,147	20%
Administration	\$213,403	\$230,903	\$17,500	8%
State Hospitals ²	\$1,737,652	\$1,684,643	(\$53,009)	-3%
CONREP	\$78,966	\$87,971	\$9,005	11%
Contracted Patient Services	\$279,890	\$772,416	\$492,526	176%
Evaluation & Forensic Services	\$32,631	\$42,756	\$10,125	31%
Support HIPAA (Ref 017)	\$1,434	\$1,434	\$0	0%
Administration	\$1,434	\$1,434	\$0	0%
Non- Budget Act (Ref 502)	\$1,100	\$1,100	\$0	0%
Medicare- State Hospital	\$1,100	\$1,100	\$0	0%
Lottery Fund (0814)	\$19	\$19	\$0	0%
State Hospitals	\$19	\$19	\$0	0%
Reimbursements (Ref 511)	\$183,684	\$192,844	\$9,160	5%
Administration	\$176	\$176	\$0	0%
State Hospitals	\$183,508	\$192,668	\$9,160	5%
CA Emergency Relief Fund (3398)	\$0	\$83,124	\$83,124	0%
State Hospitals	\$0	\$83,124	\$83,124	0%
TOTALS	\$2,568,039	\$3,136,470	\$568,431	22%

¹Total includes non-budget act items (Medicare, Lottery, Re-Appropriations)

²Please note the decrease is attributed to the shift of \$64.4 million in COVID-19 related funding to be appropriated from fund 3398 as of the 2022-23 May Revision.

SUPPORT BUDGET

The 2022-23 May Revision reflects a net increase of \$568.4 million in General Fund in FY 2022-23. The following provides specific detail of proposed budget adjustments.

SPRING FINANCE LETTERS

- *Pharmacy Modernization – Phase 3*

DSH proposes a reappropriation of \$2.7 million from FY 2021-22 to FY 2022-23 to continue the implementation phase of the Pharmacy Modernization project. In addition DSH requests \$3.2 million in FY 2023-24, \$3 million in FY 2024-25, \$2.9 million in FY 2025-26 and \$1.2 million in FY 2026-27 to complete the implementation phase at all hospitals and to cover initial maintenance and operations costs.

ENROLLMENT, CASELOAD AND POPULATION

DSH continues to seek solutions to address the significant demand for treatment. As of the end of April 2022, DSH has a total of 2,333 patients pending placement, of which 1,915 are individuals determined to be IST. The enrollment, caseload and population estimates propose expanded investments in both community-based and jail-based competency restoration treatment for ISTs, along with other adjustments related to serving patients in both the state hospitals and the Conditional Release Program (CONREP).

State Hospitals

- *County Bed Billing Reimbursement Authority (\$9.2 million in reimbursement authority for FY 2022-23)*

DSH requests an increase to DSH's reimbursement authority of \$9.2 million to reflect updated daily bed rates based on actual costs of treatment effective July 1, 2022.

- *DSH-Metropolitan Increase Secured Bed Capacity (ISBC) (No position authority or dollar change)*

The DSH-Metropolitan ISBC provides additional capacity to address the ongoing system-wide IST waitlist. COVID-19 triggered a delay in the activation of the remaining three units of a five-unit secured bed capacity expansion to provide additional bed capacity to treat IST patients committed to DSH. During this time, DSH-Metropolitan prioritized using the three inactive units for its COVID-19 response. One unit was utilized for isolation of patients testing positive for COVID-19 while the other two units were used as Admission Observation Units (AOUs). The AOUs have been moved to the Norwalk Alternate Care Site (ACS) and those two units were then used for the swing space needed for the remaining units affected by



the Continuing Treatment East (CTE) Fire Alarm Project. DSH continues to anticipate a project completion date of July 2022.

- *Enhanced Treatment Program (ETP) (\$388,000 in FY 2021-22 and \$253,000 in FY 2022-23)*

The ETP was developed to treat patients who are at the highest risk of violence and cannot be safely treated in a standard treatment environment. DSH continues to recommend postponing construction of units 33 and 34 at DSH-Atascadero given the ongoing bed capacity pressures. Due to unforeseen construction delays, Unit U-06 at DSH-Patton reports a 5-month delay, with project completion now projected for March 2023. DSH proposes to redirect current year savings reported at the Governor's Budget to complete renovations at DSH-Patton for courtyard improvements, security fence upgrade and conversion of space for staff offices and treatment space. DSH also proposes to redirect budget year savings reported at the Governor's Budget to be used to purchase equipment and supplies needed for the ETP units.

- *Vocational Services and Patient Minimum Wage Caseload (-\$203,000 in FY 2021-22)*

DSH offers its patients access to the Vocational Rehabilitation Program, which serves as a therapeutic program to provide a range of vocational skills and therapeutic interventions for patients. COVID-19 restrictions on patient work due to infection control measures have impacted vocational referrals as job sites and activities limit the amount of patient workers who can safely participate at a time. DSH reflects an additional one-time savings of \$203,000 in FY 2021-22 due to the decrease in patient workers.

- *Mission Based Review – Court Evaluations and Reports (\$2.3 million in FY 2021-22)*

This staffing standard established population-driven methods for calculating staffing needs for the following forensic functions: Evaluations, Court Reports and Testimony, Forensic Case Management and Data Tracking and Neuropsychological Services (Neuropsychological Assessments and Cognitive Remediation Pilot Program). As of February 28, 2022, 41.0 positions to support Forensic Evaluations, Court Reports and Testimony have been filled resulting in an additional one-time savings of \$1,355,000 in FY 2021-22. All 16.3 positions to support Forensic Case Management and Data Tracking have been established and 10.1 have been filled. All 25.2 positions to support neuropsychological services have



been established and 21.5 positions have been filled resulting in an additional one-time savings of \$38,000 in FY 2021-22. DSH has also proposed to redirect \$3.5 million in CY savings across all Mission-Based Review proposals to fund the renovation of the General Services building at DSH-Patton to allow for additional staff space for new positions being phased in.

- *Mission Based Review – Direct Care Nursing (-\$4.6 million in FY 2021-22)*

This staffing standard established population-driven methods for calculating staffing needs to support the workload of providing 24-hour care nursing services within DSH. As of February 28, 2022, a total of 145.0 positions to support the Medication Pass rooms have been filled resulting in an additional one-time savings of approximately \$4.5 million in FY 2021-22. Also as of February 28, 2022, 34.3 afterhours Nursing Supervision positions have been filled resulting in an additional one-time savings of \$110,000 in FY 2021-22. DSH is actively recruiting to fill these positions.

- *Mission Based Review – Workforce Development (\$60,000 in FY 2021-22; \$179,000 in FY 2022-23)*

In prior budget acts, DSH received funding for the development and implementation of a Psychiatric Residency Program and expanding resources for Nursing Recruitment to meet the mission of providing mental health services to patients and reduce vacancy rates for mental health providers. DSH requests to redirect savings reported in the Governor's Budget of \$60,000 in FY 2021-22 and \$179,000 in FY 2022-23 to fund 1.0 Staff Services Manager II (Managerial) to be hired on a limited term basis using existing position authority to lead research efforts to build future partnerships to expand DSH's clinical and nursing training and didactic programs across the DSH system.

- *Mission Based Review – Protective Services (-\$4.8 million in FY 2021-22)*

This staffing standard identifies protective service posts and establishes workload-driven staffing methodologies to allocate adequate resources for essential police functions and reduce overtime usage. As of February 28, 2022, 6.0 positions to support the Support and Operations Division have been filled resulting in an additional one-time savings of \$3.5 million in FY 2021-22. To fill the remaining positions, DSH has converted the exams to online, Hospital Police Officer exams offered monthly, and the Sergeant and Lieutenant exams offered every six months. DSH has also contracted with a firm to market the vacancies and conduct broader outreach efforts, which have yielded additional individuals signed up to take exams and



apply for vacancies. DSH projects delays in the completion of the DSH-Coalinga Courtyard expansion in current year resulting in no need for the 10.0 Hospital Police Officers and will redirect \$676,000 back to savings for FY 2021-22. All 6.0 positions to support the Executive Leadership have been established and none have been filled resulting in an additional one-time savings of \$602,000 in FY 2021-22 although DSH expects to conclude the hiring process soon for these positions.

- *Mission Based Review – Treatment Team and Primary Care (-\$12.0 million in FY 2021-22; -\$8.3 million in FY 2022-23; and -\$9.4 million in FY 2023-24)*

This staffing standard uses data-informed methodologies for standardizing caseload for DSH's interdisciplinary treatment team and primary care, resulting in an increase in the number of treatment teams and primary care physicians in the state hospitals. This will improve patient outcomes, result in shorter lengths of stay, and reduce patient violence and staff injuries. As of February 28, 2022, 17.2 positions to support the Interdisciplinary Treatment Team, Primary Medical Care, Trauma Informed Care and the Clinical Executive Structure have been filled resulting in an additional one-time savings of \$12.0 million in FY 2021-22. Due to the delays and challenges in hiring, DSH is requesting to shift a number of positions back to allow time to recruit for positions already authorized. This will allow DSH to focus on current recruitment efforts and be better positioned for future hires. This shift will not adjust the length of the phase-in. DSH is proposing to shift 29.5 of the 56.1 total positions that are scheduled to be authorized in FY 2022-23 to January 1, 2026 (FY 2025-26). This shift will result in a budget reduction of \$8.3 million in FY 2022-23, \$9.4 million in FY 2023-24 and FY 2024-25, and \$4.7 million in FY 2025-26 when the positions are phased-in mid-year. DSH was allocated \$12.1 million in FY 2021-22 to purchase and install additional office space and equipment to house the new staff at each hospital. As of February 28, 2022, DSH does not anticipate expending the full allocation in the current year and has requested to reappropriate the remaining balance and extend the encumbrance/expenditure period for this funding until June 30, 2024.

- *Patient-Driven Operating Expenses and Equipment (OE&E) (No position authority or dollar change)*

The 2019 Budget Act included a standardized patient OE&E projection methodology based on past year actual expenditures and census estimates for FY 2019-20. DSH reflects no changes in the FY 2022-23 May Revision.



- *COVID-19 Update (\$18.5 million in FY 2022-23)*
With the onset of the COVID-19 pandemic, DSH executed a COVID-19 response plan across its system which followed guidance from the California Department of Public Health (CDPH), the Centers for Disease Control and Prevention (CDC), and other state and local partners. DSH has adjusted its system on an ongoing basis to overcome the COVID-19 pandemic challenges. As of March 17, 2022, DSH has achieved a staff vaccination rate at the state hospitals of 82% and a staff booster rate of 70% of staff eligible for booster doses. For patients, DSH has achieved a vaccination rate of 81% and patient booster rate of 86% of patients eligible for booster doses. DSH requests an additional \$18.5 million in FY 2022-23 to support personnel services, operating equipment and expenses (OE&E), and testing and allow DSH to continue responding to and mitigating the impacts of the COVID-19 pandemic.
- *DSH-Coalinga Intermediate Care (ICF) Facility Unit Conversion (\$4.5 million and 27.3 positions in FY 2022-23 and ongoing)*

DSH requests \$4.5 million dollars and 27.3 positions in FY 2022-23 and ongoing to fund the conversion of one existing Residential Recovery Unit (RRU) at DSH-Coalinga to an Intermediate Care Facility (ICF). RRUs are specific to DSH-Coalinga and are unlicensed units. They provide care to patients who are required to reside at DSH but require a lower level of care and supervision. An ICF is a unit that provides care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of a continuous skilled nursing home. As DSH-Coalinga serves a patient population that is increasingly geriatric, DSH is required to provide higher levels of care to its forensically committed patients. The additional staffing is needed to meet ICF licensing standards commensurate with the increased needs of DSH-Coalinga patients.

Conditional Release Program (CONREP)

- *CONREP Non-Sexually Violent Predator (SVP) Program Update (\$7.4 million in FY 2021-22; \$3.7 million and 2.5 position authority in FY 2022-23; and \$4.2 million in FY 2023-24 and 2.5 position authority and ongoing)*

As a result of the increase in DSH's CONREP population and associated workload, additional staffing and contract funds are needed to support an enhanced continuum of care. In the Governor's Budget, DSH reported a net one-time FY 2021-22 savings of \$7.4 million due to activations delays. As



of the FY 2022-23 May Revision, DSH proposes to repurpose all one-time FY 2021-22 savings for additional implementation and construction costs for the 78-Bed Southern CA Institute for Mental Disease (IMD) Facility. DSH also requests 2.5 position authority in FY 2022-23 and ongoing, along with funding of \$3.7 million in BY and \$4.2 million ongoing to support program activations, caseload increases, and staffing.

- *CONREP SVP Caseload Update (-\$1 million in FY 2021-22; \$2.6 million and 2.0 position authority in FY 2022-23 and \$3.2 million and 2.0 position authority in FY 2023-24 and ongoing)*

In recent years, the CONREP-SVP program has experienced increased media coverage, community protests, and stakeholder interest. The increased attention impacts client safety, requiring enhanced security and provider supervision, housing fortifications, and limits the availability of potential housing. This had led to a decreased average caseload in current year. Despite this decline in clients placed, the increased attention has also resulted in increased workload for both the program contractor as well as DSH. DSH anticipates a one-time FY 2021-22 savings of \$1.0 million due to the reduced average caseload, requests 2.0 position authority in FY 2022-23 and ongoing, along with associated funding of \$2.6 million in BY and \$3.2 million ongoing to support the projected increased caseload, program costs, and staffing.

Contracted Patient Services

- *Incompetent to Stand Trial (IST) Solutions (See below breakdown)*

In the 2022-23 Governor's Budget, due to the timing of the IST solutions workgroup's recommendations, the IST Solutions proposal was not yet reflected in DSH's budget. Since the release of the Governor's Budget, DSH has met with various county partners and stakeholders to discuss the proposal and gather feedback. As of the FY 2022-23 May Revision, the overall request to support IST Solutions is \$535.5 million in BY, \$328.8M is one-time funding, \$482.2 million in BY+1, \$160 million is one-time funding, \$517.9 million in BY+2, \$5 million is one-time funding and \$638 million ongoing. While this represents an overall reduction in funding in the first three years of implementation, this is primarily due to the change in the phasing of the infrastructure schedule for CBR and Diversion from three years to four years. The ongoing funding beginning in fiscal year 2025-26 represents an increase of \$66.5 million due to additional funding needs identified through discussions with stakeholders and implantation planning. These include the following changes to the proposed solutions:



- Early Stabilization and Community Care Coordination – To provide immediate solutions to support access to treatment for the over 1,900 individuals currently found IST on felony charges and waiting in jail, includes additional funding for county sheriffs for custody supports, enabling stabilization teams increased access to IST individuals.
- Expand Diversion and Community-Based Restoration Capacity – To increase the community infrastructure required to support the felony IST population, includes additional funding to support county overhead to support the administration of the community-based restoration and diversion programs. Also includes increased investments into community housing that will be required to serve DSH identified populations for a minimum of 30 years.
- Improve IST Discharge Planning and Coordination – To reduce IST individuals from cycling through the criminal justice system by increasing coordination with county behavioral health departments to provide treatment records when IST individuals are returned from DSH to the court, enabling counties to plan for continuity of treatment when the individuals are released from jail.
- Improve the Quality of Alienist Evaluations – To improve the quality of IST determinations and decisions regarding the need for medications.

Additionally, DSH proposes to reappropriate the remaining balances in FY 2021-22 and extend the encumbrance/expenditure period for this funding until June 30, 2024.

- *Jail-Based Competency Treatment (JBCT) Program (-\$5.4 million in FY 2021-22; \$3.9 million in FY 2022-23; and \$5.0 million in FY 2023-24 and ongoing)*

DSH continues to partner with various county Sheriffs to provide jail-based competency restoration services for individuals deemed felony IST. DSH reflects an additional one-time savings of \$5.4 million in FY 2021-22 due to continued contract negotiation delays amid the COVID-19 pandemic. In addition, DSH requests \$3.9 million in FY 2022-23 and \$5.0 million in FY 2023-24 and ongoing to support the expansion of existing JBCT programs, the addition of new JBCT programs, and associated program support funding for patients' rights advocacy services.

- *Felony Mental Health Diversion Program (Diversion) (No position authority or dollar change)*

DSH contracts with various counties throughout California to develop new or expand existing Diversion Programs. Sixteen of the 24 counties with



Diversion programs have elected to expand their programs and their contracts are being amended. Furthermore, five new counties have submitted plans for new Diversion programs and DSH has received Letters of Interest from 17 counties for additional housing funding. These programs aim to divert a total of 990 felony ISTs over the course of their program, including the new expansion efforts. In the 2021 Budget Act, DSH requested to reappropriate the balance of the funding appropriated in FY 2018-19 for an additional 12 months. However, in order to give counties full three-year pilots and fully expend the funding, DSH proposes to reappropriate the remaining balances in FY 2018-19 and extend the encumbrance/expenditure period for this funding until June 30, 2024. This will align the original funding with new funding received in the 2021 Budget Act.

- *Community-Based Restoration (CBR) Program (No position authority or dollar change)*

DSH established the CBR program to provide mental health treatment in community settings to felony ISTs who would otherwise be treated in a state hospital or JBCT program. The LA CBR program now operates a total of 515 CBR beds and has treated 958 IST patients. Further, DSH is in ongoing conversations with counties in the Bay Area, Central Valley, and Southern California to expand the CBR program into new counties. Although, DSH does not request any additional resources via this estimate, DSH is planning to utilize resources from the IST Solutions proposal to support the CBR program and mitigate the IST crisis holistically.

- *Institute for Mental Disease (IMD) and Sub-Acute Bed Capacity Program (No position authority or dollar change)*

DSH established the IMD and Sub-Acute Bed Capacity Program to serve several commitment types and mitigate the IST crisis. DSH is in negotiations with six private providers to develop potential programs and proposes to establish a 117-Bed Northern California Acute Psychiatric Facility, a 36 – 40-Bed Central Valley Mental Health Rehabilitation Center (MHRC), and a 198-Bed Southern California MHRC. DSH has located a provider for the Northern California Facility, this is the Sacramento Behavioral Healthcare Hospital and IST admissions began on April 20, 2022. For the remaining two locations DSH has prospective providers at this point which have the ability to partner with developers to construct or refurbish facilities to suit the needs of DSH.

Evaluation and Forensic Services

- *Sex Offender Commitment Program (SOCP) and Offender with a Mental Health Disorder (OMD) Pre-Commitment Program Caseload Update (No position authority or dollar change)*

DSH continues to monitor the OMD and SVP referral trends. In FY 2020-21, DSH received 399 SVP referrals and 2,059 OMD referrals. Based on the number of referrals received between July 2021 and February 2022, DSH currently estimates to receive 505 SVP and 2,107 OMD referrals in FY 2021-22. DSH continues to work closely with the California Department of Corrections and Rehabilitation (CDCR) and Board of Parole Hearings (BPH) to determine if there will be additional workload impacts to the OMD program.

- *Re-Evaluation Services for Felony ISTs (No position authority or dollar change)*

Established in the 2021 Budget Act, the Re-evaluation Services for Felony IST program allows DSH to re-evaluate individuals deemed felony IST to identify individuals who have already been restored to competency and no longer need to be transferred to a DSH treatment program. Based on re-evaluations conducted from July 2021 to mid-March 2022, DSH reports that approximately 38% of IST defendants have been determined to be already competent. DSH does not request additional resources, however, DSH proposes to reappropriate the remaining balances from FY 2021-22 and extend the encumbrance/expenditure period for this funding until June 30, 2024. No additional resources are requested to support the Re-Evaluation Services program via this estimate item. However, resources to support this effort are reflected in the IST Solutions proposal update.



CAPITAL OUTLAY COMPARISON
2022-23 Governor's Budget v. 2022-23 May Revision
(Dollars in Thousands)

FUNDING SOURCE	2022-23 Governor's Budget	2022-23 May Revision	Difference	% Change
General Fund (0001)	\$17,786	\$30,117	\$12,331	69%
Capital Outlay	\$17,786	\$30,117	\$12,331	69%
Public Bldg Construction (0660)	\$0	\$27,530	\$27,530	0%
Capital Outlay	\$0	\$27,530	\$27,530	0%
TOTALS	\$17,786	\$57,647	\$39,861	224%

¹Total includes non-budget act items (Medicare, Lottery, Re-Appropriations)

CAPITAL OUTLAY SPRING FINANCE LETTERS

The 2022-23 Governor's Budget reflects a net increase of \$40 million in General Fund and Public Building Construction Fund in FY 2022-23. The following provides specific detail of proposed budget adjustments.

- *DSH-Metropolitan Consolidation of Police Operations Supplemental Appropriation (\$5.5 million in FY 2022-23) and Re-Appropriation*

DSH proposes \$5.5 million in FY 2022-23 for the construction phase funding of the Metropolitan: Consolidation of Police Operations project. This request is based on updated cost estimates from the Department of General Services reflecting increases for labor and materials. Additionally, DSH proposes a reappropriation of \$22 million from FY 2021-22 to FY 2022-23 for the for the construction phase funding of the Metropolitan: Consolidation of Police Operations project. The new building will allow for the consolidation of hospital police services into a single location and include the demolition of seismically deficient buildings.

- *DSH-Patton: Fire Alarm System Upgrade Supplemental Appropriation (\$12.2 million in FY 2022-23)*

DSH proposes \$12.2 million in FY 2022-23 for the construction phase funding of the Patton: Fire Alarm System Upgrade project. This project removes and replaces fire alarm systems in four secured patient housing buildings and treatment areas (30, 70, U, and the EB buildings). A supplemental appropriation is needed due to impacts related to COVID-19, increased



material costs, and limited swing space, only allowing installation of the fire alarm system in one-half unit at a time.

- *DSH-Atascadero: Potable Water Booster Pump System Supplemental Appropriation (\$140,000 in FY 2022-23)*

DSH proposes \$140,000 in FY 2022-23 for the construction phase funding of the DSH-Atascadero: Potable Water Booster Pump System project. This supplemental request is based on updated estimates from the Department of General Services reflecting increases for labor and materials. The new system will serve as the main water line allowing for an increase in water pressure for the primary fire sprinkler system eliminating the risk to the hospital's staff and patients in the event of a fire.



STATE HOSPITAL POPULATION

DSH is responsible for the daily care and treatment of over 7,000 patients. This estimated caseload is projected to exceed 8,000 by the end of FY 2022-23 with a total of 5,740 across the state hospitals, 1,504 in contracted programs and 1,045 in CONREP programs. Over the last decade, the population demographic has shifted from primarily civil court commitments to a forensic population committed through the criminal court system. The table below displays patient caseload by commitment type and contract location.

2022-23 May Revision Estimates Caseload	
Location	Estimated Census on June 30, 2023
<i>Population by Commitment Type – Hospitals</i>	
IST—PC 1370	1,341
NGI—PC 1026	1,343
OMD	1,155
SVP	931
LPS/PC 2974	801
PC 2684 (Coleman)	169
WIC 1756 (DJJ)	0
Subtotal	5,740
<i>Contracted Programs</i>	
Kern AES Center	90
Regional JBCT	286
Single County JBCT	234
Community Based Restoration (CBR)	737
Northern CA Acute Facility	117
Central Valley MHRC	40
Subtotal	1,504
<i>CONREP Programs</i>	
CONREP SVP	27
CONREP Providers	653
CONREP FACT Regional Program	180
Northern CA IMD	20
Northern CA ARF	30
STRP	35
Southern CA IMD (76-bed)	76
Southern CA IMD (24-bed)	24
Subtotal	1,045
GRAND TOTAL	8,289