

Community Mental Health Bed Counts and Bed Rate

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Prepared for: **HLTH FOI Operations**

Prepared by: **Business Analytics Strategies and Operations Branch**

Project #: **2015_0899**

Please reference the project # when making inquiries about this report.

Filename: **HLTH-2015-53883.xlsx**

Sources: **MHSU Bed Numbers Comparison 2009, 2010, 2011, 2012, 2013, 2014, Mar 2015.xlsx**
P.E.O.P.L.E. 2015

Data extracted on December 8, 2015.

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Filename: Community Mental Health Beds - FOI Request # HLTH-2015-53883

Sources: MHSU Bed Numbers Comparison 2009, 2010, 2011, 2012, 2013, 2014, Mar 2015.xlsx
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Data extracted on December 8, 2015.

Notes:

- 1 Counts of Community Mental Health beds are collected semi-annually from the health authorities as part of a survey of Mental Health and Substance Use (MHSU) beds.
- 2 MHSU community bed data has been collected since 2009.
- 3 Beds counts for a reporting period are the beds available in each health authority as of the reporting period date. Bed counts for this report are for March 31 (end) of each fiscal year.
- 4 Community Mental Health bed counts used in this report are totals of the following Facility Types:
 - Mental Health - Community Residential Care
 - Mental Health - Community Assisted Living
 - Mental Health - Family Care Homes
 - Mental Health - Rental Subsidy
 - Mental Health - ACT/ICM Rental Subsidy
 - Mental Health - Community Crisis Stabilization Units
 - Mental Health - Emergency Shelters
 - Mental Health - Crisis Residential Care (Short Stay Crisis Stabilization)
 - BC Housing Health Services Program
 - Mental Health - Supported Housing - Supported Independent Living (SIL)
 - Mental Health - Supported Housing - Scattered Supported Apartments
 - Mental Health - Supported Housing - Clustered/Block Apartments
 - Mental Health - Supported Housing - Congregate HousingSee the "Definitions" tab for the definitions of the Facility Types used in this report.
- 6 Population estimates are from P.E.O.P.L.E. 2015, produced by BC STATS, Ministry of Innovation, Technology and Citizens' Services.
Estimates are as of July 1st of each year.
- 7 Rates are reported as Per 100,000 Population due to small numbers.
- 8 Bed counts for end of fiscal year 2015/16 (March 31, 2016) are not available.
- 9 Population and Rate not assigned to PHSA as the health authority provides specialized services for all of BC.

Community Mental Health Beds/Units Definitions (current as of March 31, 2015)

Facility Type	Definition
Community Residential Care	Community Residential Care facilities are licensed under the <i>Community Care and Assisted Living Act</i> (CCALA) and provide services which include various levels of supports for individuals unable to live independently. These facilities are funded by Health Authorities and provide twenty-four hour, on-site support for three or more residents, including accommodation, meals, personal life skills support, medication administration and linkages with external mental health, addictions and local community services.
Community Assisted Living	Community Assisted Living facilities are registered under the <i>Community Care and Assisted Living Act</i> (CCALA) and provide services which include various levels of supports for individuals unable to live independently and require intensive rehabilitation programming or crisis management. These facilities are funded by Health Authorities and provide twenty-four hour support for three or more residents, including accommodation, meals, personal life skills support, medication administration, and linkages with external mental health, addictions and local community services.
Family Care Homes	Privately owned homes, operated by a family or an individual, and approved and funded by the Health Authorities according to regional standards enforced through contractual requirements. These homes accommodate a maximum of two individuals and provide 24-hour, on-site care and support for persons unable to live independently and requiring support services within a family setting. Services include room and board, assistance with personal life skills and linkage with community mental health, addictions and local community services.
Mental Health Supported Housing	<p>Supported Housing includes a variety of Health Authority funded registered facilities under the CCALA, as well as facilities subjected to the Residential Tenancy Act and standards enforced by the regional health authority. Services include provision of safe, secure and affordable accommodation and support services, which vary in the level of intensity, such as assistance with personal life skills and crisis management. Supported Housing consists of a variety of housing and support models, including:</p> <ul style="list-style-type: none"> a) Supported Independent Living (SIL): Self-contained, subsidized, private market apartment/mobile homes governed by Residential Tenancy Act. b) Scattered Supported Apartments: Clients live in self-contained subsidized private market apartments/mobile homes, usually one-bedroom units, governed by the Residential Tenancy Act. Clients pay reduced rent based on income (maximum 35 percent of income). BC Housing provides a rent subsidy. Off site home support and mental health and addictions services are coordinated through a mental health case manager. c) Clustered/Block Apartments: Self-contained, subsidized apartments governed by Residential Tenancy Act in a building where all units are occupied by persons with mental disorders. d) Congregate Housing: Bachelor suites governed by Residential Tenancy Act in a building where all units are occupied by persons with mental disorders, clients do not have kitchens within their suites and meals are provided; clients pay reduced rent. e) Group Homes: Clients share a communal home and participate in shared living arrangements with on-site and off-site support; clients stay usually short term - under 2 years. Not licensed under CCALA but must meet standards developed by the Health Authority. f) Supported Hotels: Single room occupancy, leased or owned hotels, managed by a non-profit agency; clients pay reduced rent based on income, receive on-site support and supervision. Clients usually stay long term - over two years.
Rental Subsidy	Rental subsidies funded by Health Authorities serving clients with mental disorders who have graduated from mental health Supported Housing and continue to require a rent subsidy and case management services from the local community mental health centre to maintain their affordable housing.
ACT/ICM Rental Subsidy	Rental subsidies funded by Health Authorities for clients receiving treatment and support services from Assertive Community Treatment (ACT) or Intensive Case Management (ICM) teams to live in safe and affordable scattered housing with support from the ACT/ICM team. These rental subsidies are only reported in this category when they are not captured in supported housing categories.

Community Mental Health Beds/Units Definitions (current as of March 31, 2015)

Facility Type	Definition
Community Crisis Stabilization Units	These units are funded by Health Authorities and licensed under the <i>Community Care and Assisted Living Act</i> (CCALA) providing assessment, treatment, stabilization, and referral for follow-up services for people requiring immediate psychiatric treatment. Crisis stabilization units are an alternative to Acute Inpatient Psychiatric Care and services are provided within a safe and supportive home-like environment. Units operate 24-hour a day, seven days a week and are staffed by on-site professional mental health and addictions staff such as a physician, nurses and social workers.
Emergency Shelters	These beds are funded fully or partially by Health Authorities providing temporary accommodation and meals for people with mental disorders who are homeless. Services include access to off-site mental health and addictions community services, support to obtain long-term housing and referrals to appropriate community services. Please note: Emergency Shelters fully funded by BC Housing are not included in this definition.
Crisis Residential Care (Short Stay Crisis Stabilization)	These units are funded by health authorities and <u>may be</u> licensed under the Community Care and Assisted Living Act (CCALA) providing short-term crisis stabilization services for people with mental disorders who are having acute psychosocial crises such as an eviction from their living arrangements, termination of employment or substance use overdose temporarily impacting their daily functioning. Services are provided by para-professional mental health and addictions staff, 24 hours a day, seven days a week, to assist clients in resolving their immediate crises and supporting clients to return to their usual level of functioning and to their former accommodation or living arrangements. These facilities should not be confused with <u>Community Crisis Stabilization Units</u> where the primary focus is on psychiatric treatment.

Community Mental Health Bed Counts and Bed Rate

Health Authority	2011						BC Total
	IHA	FHA	VCHA	VIHA	NHA	PHSA	
Count	1,049	2,409	3,754	1,458	420	139	9,229
Population	721,229	1,638,264	1,106,608	749,958	283,080	n/a	4,499,139
Rate per 100,000 Population	145.4	147.0	339.2	194.4	148.4	n/a	205.1
	2012						
	IHA	FHA	VCHA	VIHA	NHA	PHSA	
Count	1,093	2,451	4,077	1,468	424	141	9,654
Population	722,357	1,662,102	1,121,688	751,809	284,552	n/a	4,542,508
Rate per 100,000 Population	151.3	147.5	363.5	195.3	149.0	n/a	212.5
	2013						
	IHA	FHA	VCHA	VIHA	NHA	PHSA	
Count	1,115	2,616	4,282	1,645	432	148	10,238
Population	722,589	1,686,326	1,132,434	755,284	285,992	n/a	4,582,625
Rate per 100,000 Population	154.3	155.1	378.1	217.8	151.1	n/a	223.4
	2014						
	IHA	FHA	VCHA	VIHA	NHA	PHSA	
Count	1,130	2,781	4,782	1,704	438	148	10,983
Population	730,712	1,706,824	1,146,312	759,725	287,729	n/a	4,631,302
Rate per 100,000 Population	154.6	162.9	417.2	224.3	152.2	n/a	237.1
	2015						
	IHA	FHA	VCHA	VIHA	NHA	PHSA	
Count	1,068	2,937	5,292	1,679	473	167	11,616
Population	736,826	1,733,902	1,157,116	767,505	290,558	n/a	4,685,907
Rate per 100,000 Population	144.9	169.4	457.3	218.8	162.8	n/a	247.9