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**Client Area INFORMATION ACCESS OPERATIONS** 

Question being asked Number and per capita number of specialized residential care beds at the BC and health authority level

Prepared By Business Analytics Strategies and Operations Branch
Health Sector Information Analysis and Reporting Division
BC Ministry of Health

The information contained in this/these spreadsheet(s) is of a summary nature and may be released in its entirety (Cover Sheet and relevant Tabs) for the purpose for which it was provided. However, as it was prepared to address a specific question, other use or manipulation of the data is not permitted.

**Filename** FOI HTH-2016-63456 (3).xlsx

Data source 1 Mental Health and Substance Use (MHSU) Bed Surveys

2 P.E.O.P.L.E. 2015, BC Stats, Ministry of Technology, Innovation and Citizen Services

2012, 2013, 2014, 2015 and 2016. The surveys include data provided to the Minsitry of Health by

the health authoritities.

2 Bed numbers are provided separately for Mental Health and Substance Use services.

Notes 1 Bed counts are from the Mental Health and Substance Use (MHSU) Bed Surveys for March 31 of

3 Per capita bed counts are expressed as number of beds per 100,000 population, for the total population of the health authority or the province. Rates are calculated based on the population estimates for 2011, 2012, 2013, 2014, and 2015 from P.E.O.P.L.E. (Population Extrapolation for Organizational Planning with Less Error)

4 Provincial Health Services Authority (PHSA) beds are provinical beds and available to all residents in the province. The provincial bed rate includes the PHSA beds, but a rate is not calculated for PHSA.

5 See the "Defn-Mental HIth" tab for detailed definitions of the facility types used in this report.

6 See the "Defn-Substance Use" tab for detailed definitions of the facility types used in this report. Definitions of some Substance Use bed types were revised and some types were added as of the March 31, 2015 MHSU Bed Survey which may show beds shifted into different categories.

# Mental Health Beds and Rate per 100,000 Population

	2011						
Health Authority	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC Total
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			
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			
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			
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			
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
				2016			
Count	1,091	3,200	5,677	1,703	437	166	12,274
Population	743,656	1,762,793	1,169,138	776,007	294,026	n/a	4,745,620
Rate per 100,000 Population	147	182	486	219	149	n/a	259

# Substance Use Beds and Rate per 100,000 Population

•							
	2011						
Health Authority	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC Total
Count	177	371	1,461	437	79	73	2,598
Population	721,229	1,638,264	1,106,608	749,958	283,080	n/a	4,499,139
Rate per 100,000 Population	25	23	132	58	28	n/a	58
				2012			
Count	177	371	1,491	445	79	30	2,593
Population	722,357	1,662,102	1,121,688	751,809	284,552	n/a	4,542,508
Rate per 100,000 Population	25	22	133	59	28	n/a	57
				2013			
Count	145	330	1,491	442	81	28	2,517
Population	722,589	1,686,326	1,132,434	755,284	285,992	n/a	4,582,625
Rate per 100,000 Population	20	20	132	59	28	n/a	55
		2014					
Count	165	330	1,601	441	79	32	2,648
Population	730,712	1,706,824	1,146,312	759,725	287,729	n/a	4,631,302
Rate per 100,000 Population	23	19	140	58	27	n/a	57
	2015						

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Count	153	348	1,514	457	78	32	2,582
Population	736,826	1,733,902	1,157,116	767,505	290,558	n/a	4,685,907
Rate per 100,000 Population	21	20	131	60	27	n/a	55
		2016					
Count	151	384	1,590	495	89	34	2,743
Population	743,656	1,762,793	1,169,138	776,007	294,026	n/a	4,745,620
Rate per 100,000 Population	20	22	136	64	30	n/a	58

# **Community Mental Health Beds/Units Definitions**

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 <b>maximum of two individuals</b> 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	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:  a) Supported Independent Living (SIL): Self-contained, subsidized, private market apartment/mobile homes governed by <i>Residential Tenancy Act</i> .  b) Scattered Supported Apartments: Clients live in self-contained subsidized private market apartments/mobile homes, usually one-bedroom units, governed by the <i>Residential Tenancy Act</i> . 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
	c) Clustered/Block Apartments: Self-contained, subsidized apartments governed by <i>Residential Tenancy Act</i> in a building where all units are occupied by persons with mental disorders. d) Congregate Housing: Bachelor suites governed by <i>Residential Tenancy Act</i> 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 onsite 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 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.

# **Community Mental Health Beds/Units Definitions**

Facility Type	Definition
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
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 <b>Community Crisis Stabilization Units</b> where the primary focus is on psychiatric treatment.

	Community Substance U	se Beds/Units Definiti	ons
Facility Type	Definition (March 2015 to Present)	Prior Facility Type	Definition (Before March 2015)
Adult Residential Treatment	Adult facilities are safe, structured, substance-free settings, usually licensed under the Community Care and Assisted Living Act (CCALA), and are funded by the health authorities. <i>Residential substance use services</i> provide time-limited, <i>live-in</i> intensive treatment for individuals who are experiencing <i>substance use</i> problems, and whose assessment indicates that they will be effectively served through intensive treatment. <i>Professional practitioners provide</i> assessment, structured individual, group counselling and may include family counselling/therapy, <i>as well as psycho-social education and life-skills training. Some programs may also provide medical, nursing or psychiatric support. Staff are on-site 24 hours a day.</i> Programs generally range from 30-90 days.	Adult Residential Treatment	Adult facilities are safe, structured, substance-free settings, usually licensed under the Community Care and Assisted Living Act (CCALA), and are funded by the health authorities. Addictions residential treatment provides time-limited intensive treatment for individuals who are experiencing drug and/or alcohol related problems, and whose assessment indicates that they will be effectively served through intensive treatment. Treatment includes assessment, education, structured individual, group and family counselling/therapy. Programs generally range from 30-90 days.
Youth Residential Treatment	Youth facilities are safe, structured, substance-free settings, usually licensed under the Community Care and Assisted Living Act (CCALA), and are funded by the health authorities. **Residential substance use services** provide time-limited, **Iwe-in** intensive treatment for individuals who are experiencing substance use problems, and whose assessment indicates that they will be effectively served through intensive treatment. **Professional practitioners provide** assessment, structured individual, group counselling and may include family counselling/therapy, as well as psycho-social education and life-skills training. **Some programs may also provide medical, nursing or psychiatric support. Staff are on-site 24 hours a day.** Programs generally range from 30-90 days.	Youth Residential Treatment	Youth facilities are safe, structured, substance-free settings, usually licensed under the Community Care and Assisted Living Act (CCALA), and are funded by the health authorities. Addictions residential treatment provides time-limited intensive treatment for individuals who are experiencing drug and/or alcohol related problems, and whose assessment indicates that they will be effectively served through intensive treatment. Treatment includes assessment, education, structured individual, group and family counselling/therapy. Programs generally range from 30-90 days
Adult Supportive Residential Services (Supportive Recovery)	A temporary residential, substance-free setting for adults, funded by health authorities to provide a safe, supportive environment for individuals who are experiencing substance use problems. Support recovery programs deliver low to moderate, time-limited supports and services for clients. They meet the needs of individuals who are preparing to enter residential treatment or those who have left more intensive residential treatment but who require additional support to reintegrate into the community, or for those requiring a longer term structured environment while preparing to transition into a more stable lifestyle. Activities may include coaching for daily living, community reintegration, vocational and educational planning, participating in mutual aid supports, and some counseling and case management. Individuals access outpatient and other community treatment services and supports. Services may be provided in facilities that are registered under the Community Care and Assisted Living Act (CCALA). Programs generally range from 30-90 days.	Adult Support Recovery	A temporary residential, substance-free setting for adults, funded by health authorities to provide a safe, supportive environment for individuals who are experiencing drug and alcohol related problems. Support recovery programs deliver low to moderate, time-limited supports and services for clients. Individuals access outpatient and other community treatment services and supports. Programs generally range from 30-90 days.
Youth Supportive Residential Services (Supportive Recovery)	A temporary residential, substance-free setting for youth, funded by health authorities to provide a safe, supportive environment for individuals who are experiencing substance use problems. Support recovery programs deliver moderate, time-limited supports and services for clients. They meet the needs of individuals who are preparing to enter residential treatment or those who have left more intensive residential treatment but who require additional support to reintegrate into the community, or for those requiring a longer term structured environment while preparing to transition into a more stable lifestyle. Activities may include coaching for daily living, community reintegration, vocational and educational planning, participating in mutual aid supports, and counseling and case management, and wrap-around services. Individuals access outpatient and other community treatment services and supports. Services may be provided in facilities that are registered under the Community Care and Assisted Living Act (CCALA). Programs generally range from 30-90 days.	Youth Support Recovery	A temporary residential, substance-free setting for youth, funded by health authorities to provide a safe, supportive environment for individuals who are experiencing drug and alcohol related problems, includes stabilization beds that are considered as support recovery by some health authorities. Support recovery programs deliver low to moderate, time-limited supports and services for clients. Individuals access outpatient and other community treatment services and supports. Programs generally range from 30-90 days.
Adult Transitional Services	A temporary residential, substance-free setting for adults, funded by health authorities to provide a safe, supportive environment for individuals who are experiencing substance use problems, and requiring short- to medium- term supports (from 24 hours to 30 days). Transitional services may include dedicated stabilization beds and/or transition beds, and are provided in a community residential setting. Stabilization supports are provided to individuals in post-acute withdrawal from substances, and are offered either with or without medical supervision. Transition supports are provided to individuals who may be transitioning into or out of a residential or withdrawal management bed, or who are awaiting housing and may not have an adequate plan for continued treatment or an adequate level of support and safe housing while awaiting the transition.	N/A	N/A

#### Community Substance Use Beds/Units Definitions

Facility Type	Definition (March 2015 to Present)	Prior Facility Type	Definition (Before March 2015)
Youth Transitional Services		N/A	N/A
Adult Withdrawal Management (detox) - Facility-Based	Withdrawal management services are provided in a community (non-hospital) residential setting funded by the health authorities. Individuals going through the acute stages of withdrawal from substances may be medically monitored or medically supervised which may involve a medical assessment by a physician and regular monitoring by a nurse and health care worker. Services are provided in facilities required to be licensed under the Community Care and Assisted Living Act (CCALA).	Adult Detox (withdrawal management) - Community Based	These adult withdrawal management services are funded by health authorities to provide support through acute stages of withdrawal from alcohol or other drugs in a residential setting. This category includes both Facility Community Based services are provided in facilities required to be licensed under the Community Care and Assisted Living Act (CCALA). Family Care Homes services are commonly used for youth who reside in a family care setting or other supportive residential setting but may also be a service provided to adults who reside in a supportive residential setting while going through withdrawal. Services may or may not be licensed under the Community Care and Assisted Living Act (CCALA).
Youth Withdrawal Management (detox) - Facility-Based	Withdrawal management services are provided in a <i>community (non-hospital)</i> residential setting funded by the health authorities. Individuals going through the acute stages of withdrawal from substances <i>are medically monitored or medically supervised which may involve a medical assessment by a physician and regular monitoring by a nurse and health care worker.</i> Services are provided in facilities required to be licensed under the Community Care and Assisted Living Act (CCALA).	Youth Detox (withdrawal management) - Community Based	These youth withdrawal management services are funded by health authorities to provide support through acute stages of withdrawal from alcohol or other drugs in a residential setting. Services are provided in facilities required to be licensed under the Community Care and Assisted Living Act (CCALA).
Adult Withdrawal Management (detox) - Supportive Residential	Withdrawal management services are provided through a supportive residential setting such as a Family Care Home or other community supportive residential setting. A Family Care Home is a privately owned home, operated by a family or an individual, and approved according to regional standards enforced through contractual requirements. Individuals going through the acute stages of withdrawal from substances receive support through minimally medical approaches through services such as home/mobile withdrawal management. Supports are provided by a variety of in-home services that could include outpatient or outreach substance use counsellors and nurses. The residential setting may or may not be licensed under the Community Care and Assisted Living Act (CCALA).	N/A	N/A
Youth Withdrawal Management (detox) - Supportive Residential	Withdrawal management services are provided through a supportive residential setting such as a Family Care Home or other community supportive residential setting. A Family Care Home is a privately owned home, operated by a family or an individual, and approved according to regional standards enforced through contractual requirements. Individuals going through the acute stages of withdrawal from substances receive support through minimally medical approachs through services such as home/mobile withdrawal management, and other related wrap-around supports. Supports are provided by a variety of in-home services that could include outpatient or outreach substance use counsellors and nurses. The residential setting may or may not be licensed under the Community Care and Assisted Living Act (CCALA).	Youth Detox (withdrawal management) - Family Care Homes	These youth withdrawal management services are funded by health authorities to provide support through acute stages of withdrawal from alcohol or other drugs in a residential setting. This is most commonly used for youth who reside in a family care setting or other supportive residential setting while going through withdrawal. Services may or may not be licensed under the Community Care and Assisted Living Act (CCALA).
Supported Housing - Adults	Supported Housing includes a variety of Health Authority funded facilities. Some may be licensed or registered under the CCALA if they provide a certain number of prescribed services. Some may be facilities subjected to the <i>Residential Tenancy Act</i> 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 but not limited to the following examples: a) Supported Independent Living (SIL): Self-contained, subsidized, private market apartments/mobile homes governed by <i>Residential Tenancy Act</i> . Individuals receive support on an outreach basis that includes life skills coaching, assisting clients get to appointments and community linkages. Supports may be high, medium or low. b) Scattered Supported Apartments: Housing is provided throughout a community in scattered sites.	N/A	N/A
	Services vary depending on the model used. In most cases, rental agreements are established under the <i>Residential Tenancy Act</i> (RTA).  c) Clustered/Block Apartments: Self-contained, subsidized apartments governed by <i>Residential Tenancy</i>		
	Act in a building where all units are occupied by persons with mental disorders.         d) Congregate Housing: A cluster of units governed by Residential Tenancy Act in a building (e.g. 30 units out of a 100 unit building) receive support services. Supports may be high, medium or low.    2 or	f3	

#### Community Substance Use Beds/Units Definitions

Facility Type	Definition (March 2015 to Present)	Prior Facility Type	Definition (Before March 2015)
	e) Dedicated Sites: Self-contained, subsidized units in a building where all units are occupied by persons with problematic substance use issues. BC Housing or a non-profit agency usually operates the housing. Health authority and/or non-profit agency provides support staff that provides services and link to community.		
	f) Group Homes: Clients share a communal home and participate in shared living arrangements; clients stay usually short term – under 2 years. Not licensed under CCALA but must meet standards developed by the Health Authority.		
	g) 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.		
Supported Housing - Youth	Supported Housing includes a variety of Health Authority funded registered facilities. 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 but not limited to the examples provided for Adult Addictions Supported Housing above e.g. Youth SIL, Youth Supported Residential Stabilization.	N/A	N/A
Sobering and Assessment Beds	Beds/mats funded by the health authorities to provide a short-term (less than 24 hours) safe place for people under the influence of substances. <i>Monitoring of health is provided as it relates to acute intoxication.</i> The objective is to provide short-term respite, and not necessarily facilitate a referral to other substance use and/or mental health services, although that may be a secondary outcome of the service.	Beds	Beds/mats funded by the health authorities to provide a short-term (less than 24 hours) safe place for people under the influence of substances to have shelter, access to washrooms, and a snack. The objective is to provide short-term respite, and not necessarily facilitate a referral to other addictions or mental health services, although that may be a secondary outcome of the service.