

ABBOTSFORD YOUTH HEALTH CENTRE

Business Case

{Version 1.1}

Developed by: **The Abbotsford Youth Health Centre Core Committee**

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EXECUTIVE SUMMARY

BACKGROUND

This proposal is a request for start-up and operational funds to support the Abbotsford Youth Health Centre (AYHC) in Abbotsford, British Columbia. There are 10 Youth Wellness Centres in the Fraser Health Authority, the closest to Abbotsford of which are in Chilliwack (33 kilometres) and Langley (35 kilometres). These centres report being well-utilized by local youth, and also report seeing youth from Abbotsford on a regular basis. Undoubtedly there are many youth in Abbotsford who either do not know about these distant centres and/or who cannot easily access them.

Precedents show that successful youth health centres do and should take different forms in different communities, reflecting the culture and specific needs of these communities. Therefore, it is best that they are developed at the local level, with participation of diverse community partners. Such a steering committee for the Abbotsford Youth Health Centre now exists and extensive community consultation has been undertaken, including endorsement from the Abbotsford Social Development Advisory Committee and the completion of a youth questionnaire.

BENEFITS

The benefits of having a community-based, youth-friendly health centre that provides free, confidential public health programs and services have been well-demonstrated at other locations supported by Fraser Health. It is clear that Abbotsford, with a population that makes it the fifth-largest city in British Columbia – and one of the fastest-growing, is now and has long been in need of a youth-friendly health centre.

Specific objectives for impact on the community and youth population of Abbotsford have been identified, as well as specific cost-saving objectives for the Fraser Health Authority. Some key statistics stand out as areas where the YHC could make the most impact:

- 28-Day unplanned readmission rates for Abbotsford youth age 13-18 years who are discharged from acute care with a primary diagnosis of mental health and/or substance use disorder are, at 12.7%, a full 67% higher than the provincial average (7.6%), and 46% higher than the Fraser Health Region average (8.7%).
- Abbotsford's Mental Health Centre utilization rate (16.32 per 1,000) is 43% lower than the provincial average (28.9 per 1,000), making it one of the lowest in the province.

If we can positively impact just these two statistics, the YHC will be a huge success – both in terms of the suffering it is able to ease, but also in the overall cost-benefit analysis (since hospital stays run around \$1,500 per person, per day – close to what it will likely cost to run the YHC for an entire month).

While impacting these numbers would be an important indicator of success, the overarching goal of the YHC is to help youth develop and strengthen the lifelong habit of protecting and enhancing all aspects of their health by integrating and activating five major potential benefits:

1. Utilizing Natural Supports
2. Service Integration
3. Peer Involvement
4. Family Doctor Connections
5. Early Detection and Intervention

RECOMMENDATIONS

It is the recommendation of the business case that funding be provided to offset the start-up and annual operational costs of the Abbotsford Youth Health Centre, including for renovations, an Electronic Medical Records system, rent, wages for a clinic/peer involvement coordinator and receptionist, and for wages/honoraria for “Peer Advocate” youth participants.

It is also the recommendation of the business case that options be considered for co-location/coordination of the AYHC with other community-based youth health programs (such as the Fraser East Adolescent Day Treatment Program, Adolescent Crisis Response Program, Early Psychosis Intervention, etc.).

BACKGROUND

This proposal is a request for start-up and operational funds to support a youth health centre in Abbotsford, British Columbia. There are 10 Youth Wellness Centres in the Fraser Health Authority, the closest to Abbotsford of which are in Chilliwack (33 kilometres) and Langley (35 kilometres). These centres report being well-utilized by local youth, and also report seeing youth from Abbotsford on a regular basis. Undoubtedly there are many youth in Abbotsford who either do not know about these distant centres and/or who cannot easily access them.

Abbotsford has a population that makes it the fifth-largest city in British Columbia; and one of the fastest-growing (expected to grow 39.6% by 2029). The target age group for the Youth Health Centre (roughly age 10-24) comprises 21.73% of the population of Abbotsford (26,920), as opposed to 19.36% province-wide for this age group. The 0-14 age group now comprises 19.1% (26,163) of the total population of Abbotsford (province-wide this age group only comprises 17.2% of the population), indicating strong future local need for youth-friendly and youth-tailored services as well.

On November 9, 2009 the Abbotsford City Council passed a motion to accept the recommendations of a Child and Youth Friendly Report to council (Report No.SCP16-2009).

The report states that, “The actual responsibility and accountability for actions will require that community partners and the City meet to decide on specific actions and accept leadership roles.”

The strategy and plan approved by the City Council was divided into three sections, under which were listed specific items. Those related to the formation of a youth-friendly Health Centre are listed below each section:

1. **follow up outcomes** to ensure the strategy continues to grow and becomes embedded in the community
 - Community stakeholders and leaders have met to discuss the strategy, identify specific actions, and specify areas where they are willing to take leadership roles.
2. **short term** (1 to 2 years) outcomes

- Further research is completed and a plan has been developed for an Abbotsford Youth Medical Clinic
- 3. **long term** (3 to 5 years) outcomes
 - Abbotsford has a highly functional and utilized youth medical clinic

The benefits of having a community-based, youth-friendly health centre that provides free, confidential public health programs and services have been well-demonstrated at other locations supported by Fraser health.

Precedents show that successful youth health centres do and should take different forms in different communities, reflecting the culture and specific needs of these communities. Therefore, it is best that they are developed at the local level, with participation of diverse community partners. Such a steering committee for the Abbotsford Youth Health Centre now exists and extensive community consultation has been undertaken, including endorsement from the Abbotsford Social Development Advisory Committee and the completion of a youth questionnaire.

The first meeting of community organizations and individuals interested in exploring the formation of a youth-friendly Health Centre was held on December 2, 2009. There was significant interest in the idea, so the group determined which organizations and service providers should be invited to the table to represent an accurate cross-section of the Abbotsford community and of existing youth service providers.

The formalized Abbotsford Youth Health Centre Coordinating Committee is now composed of:

- Abbotsford Community Services (including the Youth Resource Centre and Abbotsford Addictions Centre)
- Abbotsford Division of Family Practice (as well as other representatives from Abbotsford's Medical Community - doctors and registered nurses)
- Abbotsford Social Development Advisory Committee (City of Abbotsford)
- Ministry of Children and Family Development (Child and Youth Mental Health, Integrated Youth Services)
- Fraser Valley Aboriginal Children and Family Services Society - Xyolhemeylh
- IMPACT Youth Addiction and Prevention Services (Matsqui-Abbotsford IMPACT Society)
- Abbotsford Youth Commission
- University of the Fraser Valley, Childhood Education/Child and Youth Care department (ECE/CYC)
- Trinity Memorial United Church, Abbotsford
- Directors of Youth-Friendly Health Centres in other communities (Maple Ridge, White Rock, Surrey, Langley)

STATUS QUO

Currently, youth-focused health and support services in Abbotsford are provided by Child and Youth Mental Health, IMPACT Youth Addiction and Prevention Services, Abbotsford Community Services, and Options for Sexual Health. Many “faith-based” organizations also aim to impact youth health and well-being. Each of these service providers operates independently and has limitations either in the number of youth they are able to serve, the breadth of services offered, and/or in criteria youth must meet in order to access services.

PHYSICAL HEALTH

Youth may also access health services through their family doctors or walk-in clinics. However, as the McCreary 2008 BC Adolescent Health Survey* shows, of those Fraser South/East youth who indicated that they felt they had needed medical help in the past year, 13% reported that they did not seek it. The top 3 reasons cited were:

- Thought or hoped problem would go away: 56%
- Afraid of what doctor would say or do: 25%
- Didn't want parents to know: 18%

*Among school districts in Fraser South and East, Abbotsford and Chilliwack chose not to participate in the 2008 McCreary British Columbia Adolescent Health Survey.

Undoubtedly this led to the escalation of some health issues to the point where emergency services were sought or required:

- Emergency Department visits to ARH by 12-24 year-olds in fiscal 2009/2010: 9,268
- Percentage of admits: 8.6%
- Percentage scaled at 3 and above on the Canadian Triage and Acuity Scale: 92.7%

General Health Concerns

The prevalence of asthma in Abbotsford is the highest in the Fraser Health region (11.7%), 52% higher than the B.C. average (7.7%), and 43% higher than the FHA average (8.2%). When not properly managed, asthma can lead to wheezing, airway blockage and potentially life-threatening breathing problems.

The prevalence of diabetes mellitus in Abbotsford in 2007/2008, according to the Ministry of Health, PHC Diabetes Registry as of 2009 was second highest in the Fraser Health region (7.4%), 32% higher than the provincial average (5.6%) and 14% higher than the FHA average (6.5%). In Canada, diabetes is the single largest cause of blindness, and a leading cause of kidney failure and lower limb amputations.

Sexual Health

Sexual intercourse, according to McCreary regional statistics, is on par with the provincial average of 20%.

According to B.C. Vital Statistics, in 2007 the teen (15-19) pregnancy rate in Abbotsford was 33.3 pregnancies per 1,000 females, 29% higher than the Fraser Health region (25.8) and 19% higher than the provincial average (27.9). The live birth rate was 16.9 per 1,000 (Fraser Health: 9.0; Province: 10.5).

While rates of Sexually Transmitted infections (STIs) are not extraordinarily high in the Fraser East region, it should be noted that the rates of infection are generally on an upward trend province-wide. Some other important statistics to note are also below, especially regarding how infection rates are heavily weighted toward young women – indicating that targeted prevention efforts might yield improved results. Statistics come from the BC-CDC.

- HIV-AIDS
 - The infection rate in Fraser East, while consistently below the provincial rate (7.9 per 100,000) has nonetheless seen marked fluctuations over the last few years, including the second biggest year to year jump (only exceeded by Northern Interior) in new HIV infections (an 83% increase between 2006 and 2007).
 - 2006: 3.0 per 100,000
 - 2007: 5.5 per 100,000
 - 2008: 2.5 per 100,000
- Chlamydia
 - In both 2007 and 2008, Fraser East had the second-lowest incidence of Chlamydia in British Columbia (Kootenay Boundary was slightly lower), but the rate, like the rate throughout BC and Canada, continued to steadily rise:
 - 2007: 152.6 per 100,000
 - 2008: 159 per 100,000
 - Chlamydia in BC strikes disproportionately at young females:
 - Women age 15-19, 1,475.9 per 100,000
 - Women age 20-24, 1,743.3 per 100,000
- Gonorrhoea
 - Fraser East infections rose 122% from 2007 to 2008, whereas the BC average rose by only 12% (from 27.9 to 31.3 per 100,000):
 - 2007: 11.3 per 100,000
 - 2008: 25.1 per 100,000
 - Rates are heavily weighted toward young women, though rates are similarly high for young men and women age 20-24.
 - Age 10-14: Men 2.3, Women 6.5 per 100,000
 - 15-19: Men 35.2, Women 93.1 per 100,000
 - 20-24: Men 107.3, Women 107.2 per 100,000

Non-STI Communicable Diseases

It is worth noting the high incidence of two other communicable diseases in the Abbotsford area, specifically Hepatitis-C and Mumps:

- Hepatitis-C
 - British Columbia has the highest incidence of Hep-C of any Canadian Province.
 - In 2009, Fraser East had the highest incidence of Hep-C in BC.
 - Rate of 92.4 cases per 100,000 population (as comparison, Richmond had the lowest rate of 22.9 cases per 100,000)
 - Fraser East is the location of several federal correctional institutions where inmates may be tested and hepatitis C identified for the first time.
- Mumps
 - There were 192 cases of mumps reported in BC in 2008, 93% of which were associated with an outbreak of mumps in the Fraser Health Authority, specifically in Fraser East (starting in Chilliwack and spreading through Abbotsford as far as Burnaby).
 - Nearly half of all reported cases were unimmunized (47%), though nearly a quarter had been immunized, but only once.
 - The outbreak began in and primarily affected the child and youth population (48% aged 0–19 years).

Body Image/Eating Behaviours

Body image and resulting eating behaviours are also areas where enhanced health promotion and preventative education measures that could be provided through programs under the umbrella of the Youth Health Centre.

- According to 2008 McCreary statistics, 20% of Fraser South/East male youths reported being very satisfied with their body image, compared with 11% for females
 - 54% of healthy weight females indicated they were trying to lose weight (compared with 15% of healthy weight males).
 - 34% of healthy weight males indicated they were trying to gain weight (compared with 3% of healthy weight females).
- 46% of females indicated they had dieted to lose weight in the past year (compared to 16% of males)
 - 36% of females indicated that they binged on food in the last year (17% of males).
 - 7% of females indicated they had vomited on purpose after eating in the last year (3% of males).

MENTAL HEALTH & SUBSTANCE USE

Fraser East/South 2008 McCreary statistics showed that 16% of females and 7% of males reported not seeking help if they had a mental health issue in the past year, with the following top 3 reasons:

- Thought/hoped the problem would go away: 55%
- Didn't want parents to know: 44%
- Didn't know where to go: 34%

According to the Ministry of Health, PHC Depression/Anxiety Registry as of 2009, depression and anxiety rates in Abbotsford (for 2007/2008) are higher than any other city in the Fraser Health region, at 25% of the population, 23% higher than the Fraser Health average (20.4%) and 20% higher than the B.C. average (20.9%).

The McCreary report also shows the preponderance of mental health and substance use issues that youth can encounter:

- Stress/Depression/Suicidal risk
 - 27% of youth reported feeling “sad, discouraged, hopeless or having so many problems that they wondered if anything was worthwhile” in the last 30 days to a level that it bothered them. 6% indicated that this feeling had debilitated them.
 - 50% of youth reported having “some/more than usual” stress in the last 30 days, with 13% reporting levels to be “Almost more than I could take.”
- Illegal drug use
 - According to the 2008 BC Adolescent Health Survey, 78% of youth under 19 have tried alcohol, 50% have tried marijuana, 40% have tried tobacco, 15% have tried ecstasy, 10% have tried cocaine and 3% have tried crystal meth.
 - Utilizing the highest percentage group (alcohol), the amount of illegal drug use by youth 15-19 in Abbotsford is estimated at 7,075.
- Negative consequences of illegal alcohol and other drug use
 - According to the 2008 BC Adolescent Health Survey, 40% of youth under 19 report having negative consequences related to drug use (25% report passing out; 31% report not being able to remember what they did).
 - Therefore Abbotsford youth age 15-19 who will have negative consequences related to drug use is estimated at 3,628 (with 2,268 passing out and 2,811 not remembering what they did as a result of drug use).
 - These figures are supported by the 2008 McCreary Survey, which details negative consequences reported by youth:
 - Was told that I did something that I couldn’t remember: 40%
 - Passed out: 30%
 - Had been a passenger in a vehicle with a driver who had been drinking in the last month: 19%
 - Reported they themselves had ever driven after using alcohol: 7%
 - Report having done so in the last month: 4%
 - Report having done so on four or more occasions in the last month: 1%
 - Report having gotten into a car accident as a result of substance use: 2%
 - Argued with family members: 18%
 - School work, marks, or behaviour at school changed: 14%
 - Got injured: 12%

- Damaged property: 11%
- Got in trouble with the police: 10%
- Lost friends or broke up with a girlfriend or boyfriend: 9%
- Got into a physical fight: 8%
- Had sex when I didn't want to: 6%
- I overdosed: 3%
- Had to get treatment for alcohol or drug abuse: 1%

The Mental Health & Addictions Balanced Scorecard: Key Performance Indicator Report 2009/2010 shows that Community Mental Health Centre utilization rates in Abbotsford are second-to-last in the Fraser Health region, with just 16.32 per 1,000 – compared to an 18.9 average rate for the entire Fraser Health region. Since the Fraser health region itself has the lowest utilization rate in B.C., Abbotsford's rate is 43% lower than the provincial average of 28.9 – placing Abbotsford near the bottom of utilization rates for both the Region and the Province.

The Key Performance Indicator Report also shows that 28-Day unplanned readmission rates for youth age 13-18 years who are discharged from acute care with a primary diagnosis of mental health and/or substance use disorder in Abbotsford are, at 12.7%, significantly higher than both the Fraser Health Region (8.7%) and the Province (7.6%). Hospital readmission rates are an indicator of appropriate, quality care and can be attributed to effective chronic disease management as well as to specific efforts aimed at reducing these rates, such as service coordination, effective discharge planning, and timely community and physician follow-up.

Early assessment and intervention in mental health issues is clearly indicated, as these issues typically persist and become more complex over time – and additionally have a strong correlation to the development of problematic substance use. Mental Health & Addictions-related* 12-24 age group admits via Emergency Department to ARH in fiscal 2009/2010 accounted for:

- 98 of 714 admits (14%)
- 524 of 2,877 days (18%)
- An estimated cost, at \$1,500 per day, of \$786,000

*687 - Stress Reaction/Adjust Disord, 693 - Depressive Episode without ECT, 778 - Poisoning/Toxic Effect of Drug, 689 - Bipolar Disorder without ECT

HEALTH PROMOTION & PREVENTATIVE EDUCATION

Aside from aiming to prevent and improve outcomes and trajectories for specific physical ailments/infections and mental health issues in youth, a huge opportunity exists to prevent injuries and general health concerns through preventative measures.

According to the McCreary 2008 report*, 27% of Fraser South/East youth were injured seriously enough in the past year to need medical attention – whether at a sports facility (37%), at school (19%) or at home (16%). Clearly some basic preventative measures could be better reinforced.

For example, only 64% of youth reported always wearing a seatbelt when travelling by auto, and not even a quarter (18%) of youth reported always wearing a helmet while bike riding.

When it comes to nutrition, 54% of youth in Fraser South/East reported to McCreary that they fell short of the recommended daily portions of fruits and vegetables – 4% higher than the provincial average of 50%. 33% of youth reported eating one or no portions of fruits or vegetables the day before they completed the survey. The prevalence of diabetes mellitus (which can be attributed in part to eating habits) in Abbotsford in 2007/2008, according to the Ministry of Health, PHC Diabetes Registry as of 2009 was second highest in the Fraser Health region (7.4%), 32% higher than the provincial average (5.6%) and 14% higher than the FHA average (6.5%).

Child and Youth Mental Health, IMPACT Youth Addiction and Prevention Services, Abbotsford Community Services, the Public Health Unit, and Options for Sexual Health all provide health promotion and preventative education that fall in line with many Fraser Health-promoted harm reduction strategies, including education about abstinence, protective measures, and treatment/referral. However, as mentioned above, capacity, inclusion criteria and breadth of services all result in limitations.

Community-based services are also not currently as youth-directed as service providers would like, though they all see great promise in empowering youth to direct their own health promotion and preventative education programs under the umbrella of the Youth Health Centre. This promise is supported by Fraser East/Fraser South 2008 McCreary statistics that indicate that of those youth who seek help, the largest number (81%) turned to friends, followed not very closely by teachers (45%), and then doctors and nurses (29%), school counselors (26%), other school staff (19%), religious leaders (18%), youth workers (15%) and social workers (12%).

Youth generally found the help they received from these sources helpful, with friends feeling most effective (94%) and social workers least effective (40%).

*Because the McCreary survey is not currently conducted in Abbotsford, we hope to find an alternate way of gauging a baseline and, thereby to be able to evaluate the Youth Health Centre's effectiveness in impacting these issues.

PRODUCT DESCRIPTION

The project involves the establishment and operation of an integrated youth Health Centre in Abbotsford. The Centre is scheduled to open by the end of 2010, either at an interim start-up site, an established youth-friendly site in the community, such as the Matsqui Abbotsford IMPACT Society's location at 33228 Walsh Avenue, or in another as-yet-to-be-identified space, such as one that might co-locate the AYHC with other community-based youth health programs (such as the Fraser East Adolescent Day Treatment Program, Adolescent Crisis Response Program, Early Psychosis Intervention, etc.).

The IMPACT Society's location is in a central and public-transportation-accessible part of town, and includes ample parking, a reception area, 4 counselling/intake offices, a 700 square-foot drop-in room with video games, a pool table and a refrigerator for snacks. The existing file room has been identified as suitable for converting into an examination room. There is also the potential to place a self-contained, mobile Centre behind the IMPACT building.

The Youth Centre will serve all youth under 25 years. The Centre will provide a safe, confidential, non-judgmental environment in which youth can access integrated health services specifically designed for youth. This improved access will allow more young people to receive preventive health services, reducing factors negatively affecting the health of youth and the community as a whole, such as illness (through immunization or preventative measures), smoking, problematic use of alcohol and other drugs, eating disorders, abuse, neglect, and other factors.

The Centre's operations would be initially designed to have the capacity to provide 800 to 1,000 client appointments per year, serving 15-20 clients per day open. The peer involvement aspects of the Centre would increase the number of youth interactions significantly.

PROJECT MISSION

Helping Abbotsford's youth develop the lifelong habit of protecting and enhancing all aspects of their health.

GENERAL OBJECTIVES

- To provide services in a youth-friendly, safe, confidential and non-judgmental environment
- To help youth connect with the support and help available in the community.
- To increase young people's knowledge about issues affecting their health
- To provide young people with tools to protect and maintain their health
- To help youth recognize high risk behaviours, and manage the risks associated with day-to-day living
- To empower youth to be active participants in their health care
- To support youth in assisting their peers to protect and maintain their health

COST-SAVING OBJECTIVES

- Connect youth – especially those with conditions or situations that are likely to need on-going support – with youth-friendly family doctors and other responsible, non-judgmental adults – increasing day-to-day supports so that day-to-day complications are less likely to progress into crises.
- Reduce the per-capita Emergency Department visits per annum in the target population (currently .34)
- Raise the percentage of Emergency Department visits that result in an admit in the target population (currently 8.6%)

- Reduce the percentage of Emergency Department visits with a CTAS of 3 or higher (currently 92.7%)
- Reduce the percentage of Emergency Department admits for MH&A issues in the target population (currently 14%)
- Reduce the percentage of days in hospital of Emergency Department admits for MH&A issues in the target population (currently 18%)
- Reduce the cost of Emergency Department admits for MH&A issues in the target population (currently ~\$786,000)
- Reduce the rate of 28-Day unplanned readmission rates for youth age 13-18 years who are discharged from acute care with a primary diagnosis of mental health and/or substance use disorder (currently 12.7%)
- Over time, through increased numbers of early assessments and interventions, as well as connecting youth with family doctors, make similar positive adjustments to older age groups as the target population ages into adulthood, including improving the utilization rate of the Community Mental Health Centre in Abbotsford (currently 16.32 per 1000).
- Assuming that a baseline can be established, reduce the number of serious injuries in youth by, among other preventative measures, increasing the number of youth using seatbelts in automobiles and bike helmets on bicycles; and reduce the risk of the development of numerous chronic conditions through increasing the number of portions of fruits and vegetables that youth consume on a daily basis.

STAFFING

The Health Centre will be staffed by medical doctors and/or registered nurses (the scope of service of registered nurses has recently been expanded, so it may only be necessary to have a nurse for normal day-to-day operations, with a doctor periodically available or available through referral).

Doctors may be employed at a fixed hourly rate, with the Centre providing all the supplies and support that the doctor would otherwise usually have to pay for. The doctor then would sign over any MSP commissions to the Centre. In this way, the Centre may see some revenue, especially if it is possible to procure supplies through donation.

If the Centre is housed at IMPACT, addictions counsellors and a concurrent disorders therapist can also be available, allowing for immediate addictions and mental health assessments.

Administration and reception for the Health Centre, if housed at IMPACT, volunteers or staff can be added and/or the responsibilities of existing IMPACT staff can be expanded to meet Health Centre needs, set goals, develop initiatives and follow them through.

FOUNDING PRINCIPLES

Service Integration

While it may not be possible for the Centre to be staffed with healthcare workers capable of addressing all health issues at all times – we aim for staff and volunteers to be aware of and able to assess for the full range of issues that might impact youth wellness. The Centre was conceived by a consortium of community partners and will be run with full collaboration from this consortium so that there is streamlined access to any service provider for consultation or direct services.

Impartiality

One of Abbotsford's biggest assets is its wide-ranging diversity. As with most assets, this diversity also presents certain challenges, especially for an initiative like the Youth Health Centre, which aims to welcome and respectfully serve all of the community's youth.

Not only do we wish the Centre to gain and keep the trust of the youth of Abbotsford, we also want it to be seen as a resource that is serving the entire community – leaving a legacy of youth who grow into healthy, engaged, principled and empowered adult citizens.

We recognize that some issues youth may have to address involving their health and wellness, especially around sexuality (such as contraception, unplanned pregnancies, sexual orientation), may represent moral dilemmas. We further recognize that the very nature of a moral dilemma indicates that different people could see different “right” answers, depending on the lens, cultural background, experience and beliefs through which they approach the situation.

Where youth may be conflicted, our goal will be to *impartially* facilitate the process of the youth weighing the various options they have, helping them identify factors that might help them to come to an answer they believe they would be able to live with – physically, emotionally, psychologically, socially, morally and spiritually. In cases where youth may feel they are in crisis, but where immediate action is not necessarily required, we want to facilitate the possibility for a less reactive and more calmly thought-out approach. We want youth to note not only the possible negative consequences that various options may bring, but also the opportunities and especially the supports that may be available to help them should they encounter trouble down the road with their chosen course.

We must also admit that there may be moral dilemmas where a youth might feel there is no “right” answer. The Centre's goal in such cases will be to acknowledge the youth's dilemma and provide access to supports that may help the youth move forward positively with life, despite the irresolvable dilemma. One of the Centre's priorities is to do what it can to assure that a youth who encounters a “no-win” situation will not lose his or her moral compass or head into a downward spiral.

We also want the Health Centre to be a welcoming, non-judgmental place where those youth who may have become entrenched in their problems can have the opportunity to get support for whatever actions they may want to try in order to improve their health or their quality of life.

Community Supports

The Centre will not only aim to provide direct services, but also to increase the number of responsible and non-judgmental supports that all youth feel they have in the community. As such, if youth are facing difficult situations or decisions, the Centre's staff will encourage youth to identify people who they think might be able to help them make decisions and who may support them in contending with the decision-making process or the consequences of those decisions.

These supports might be identified as family, friends, school staff, family doctors, youth workers, counsellors, peer support groups, ministers, pastors or other religious or spiritual supports. Should youth indicate interest in seeking additional outside support of this type, the Centre hopes to be situated to facilitate these connections and/or meetings, as well as to debrief them with the youth, where desired and necessary.

The Centre also aims to provide opportunities for local businesses and organizations to contribute to the health and well-being of youth in the community. Through volunteer opportunities and private sector sponsorships of events and the operating costs of days of the Centre, contributors will receive tax benefits, public recognition and the chance to connect with the community from a front-line perspective.

Peer Involvement

Because peer-driven programs have been shown in research to have the biggest impact on encouraging healthy choices in youth, the Health Centre aims to incorporate a peer education/support/advocacy component.

The hope is to utilize volunteer (or ideally to employ) students from Abbotsford's high schools, youth ministries, and youth organizations, providing them training in health-promotion topics, such as first aid, mental health, suicide prevention, substance use, nutrition, exercise, effective communication, active listening, motivational interviewing, abstinence, harm reduction, sexual health, body image, bullying, exploitation and the social consequences of discrimination: racism, sexism, classism, homophobia, and religious persecution or discrimination.

These peer advocates would help to facilitate workshops and discussions among their peers, and would also serve as a contact point between the school, church, and youth organization populations and the Health Centre, helping to raise awareness of the availability of services at the Centre. They may also perform some intake role at the Health Centre, as well as provide some educational programs at the Centre.

We wish to recognize, work with and potentially combine the Centre's peer involvement efforts with existing peer mentoring programs that are coordinated by other entities in the community, such as schools (Link Crew), the Abbotsford Youth Commission, Big Brothers/Big Sisters, youth ministries, etc.

Most importantly, we aim for the Centre's peer involvement programs to generate both long-term cognitive social capital (by helping youth to explore the skills and values that will help them to develop, maintain and activate social contacts), and structural social capital (by helping them develop and connect to new and existing social structures among their peers and at the level of public policy and community development).

HOURS OF OPERATION

The Health Centre will start out operating 1 or 2 days per week from 2:00 p.m. to 6:00 or 7:00 p.m. These operating hours cover in-school time (allowing school Youth Care Workers to bring youth to the facility) and after-school time, so that youth can come to the Centre after school hours.

ALTERNATIVES

The need for a Youth Health Centre in Abbotsford is clear and well-supported at the levels of the city, school district, and community service-providers. However, the shape the Youth Health Centre will take presents many alternatives.

LOCATION

Chief among alternatives was the location of the Centre. After extensive community consultations, three potential locations were identified. However, the location remains completely open to additional options, including options for co-location/coordination of the AYHC with other community-based youth health programs (such as the Fraser East Adolescent Day Treatment Program, Adolescent Crisis Response Program, Early Psychosis Intervention, etc.). It is believed that integrating services and locations of youth-friendly services can provide better coordination and also better service, economies of scale, cross-marketing opportunities and therefore cost savings and improved utilization.

Various factors were considered when choosing which alternative to pursue:

- Results of youth questionnaire (over 150 responses collected)
- Potential implicit or explicit barriers to access
- Potential barriers to providing integrated services
- Financial feasibility

A medical office offered at cost by Dr. John Farley at 7-2168 McCallum Rd, *Abbotsford*

- Questionnaire (Strong contradictions):
 - Only 7.3% of respondents indicated they would prefer a "Doctor's Office Setting"
 - 32.7% would prefer a "Non-Medical Building Setting"
- Barriers to access

- Cramped quarters
- Space shared with other doctors' offices – not a youth-centred space
- Space only available on certain days and times
- Barriers to integrated services
 - Space available limited to a shared reception area, shared hallway, shared staff break room, one office/examination room, and another examination room. No space appropriate for counselling or group educational sessions.
- Financial feasibility
 - Costs are minimal, but could change markedly, especially if Dr. Farley retires or discontinues his practice in Abbotsford.

In the future Neighbourhood Learning Centre on the campus of Abbotsford Collegiate Secondary School, set to open in 2012. Costs limited to a portion of building maintenance fees.

- Questionnaire (Strong contradictions):
 - None
- Barriers to access
 - Since the NLC will be on school district property, it may be or become subject to terms of the Schools Act (it is unclear what, if any, affect this might have on the operation of the Youth Health Centre).
 - Youth with “no-go” status with the school district may not be able to access the site.
- Barriers to integrated services
 - None
- Financial feasibility
 - Costs are minimal.

At IMPACT Youth Addictions & Prevention Services.

- Questionnaire (Strong indications):
 - Drop-in room with video games and a pool table: 60%
 - Food (snacks and drinks): 61.9%
 - Allow youth to just "drop-in" to the Centre, instead of having to make an appointment: 61.3% (While the Health Centre will be open only on certain days, IMPACT is open M-F from 10:00 to 5:30, and can assist any youth who stops in on days when the Centre is not officially open.)
 - A location near downtown Abbotsford or the bus loop (easy access to transportation): 44.7%
- Barriers to access
 - Association with IMPACT could attach some stigma, since it has associations with drug and alcohol treatment. Proximity to Cyrus Centre could have a similar effect. On the flip side, if well-adapted by youth, this could have an effect of de-stigmatizing persons with addictions, poverty or homelessness issues.
- Barriers to integrated services
 - None – IMPACT already regularly coordinates services with other service providers in the community, and has Mental Health and Addictions counsellors on-site most of the time.

- Financial feasibility
 - Renovations required, plus an on-going portion of rent.

CONFIRMING ASSUMPTIONS

The initial stages of development for the Youth Health Centre, including the “Founding Principles” were conducted without direct youth input, based upon precedents in B.C. and elsewhere. The questions included in the subsequently circulated youth questionnaire were designed to confirm assumptions in 5 different areas.

While the results presented some surprises, these were mostly in terms of the strength of confirmation of some of the assumptions on which the Youth Health Centre proposal was initially developed. Therefore, the results of the youth questionnaire did not change the general terms of reference for the Youth Health Centre, but they are seen as useful guiding information for prioritizing and emphasizing certain aspects of the Centre.

(Note that respondents were asked to check all options that they felt strongly about, so the total of responses is above 100%. Alternatives with higher than 40% are **bold & italicized**. Those higher than 30% are **bolded**)

Assumption 1: Location

Non Medical Building Setting	32.7%
A Doctor's Office Setting	7.3%
A Mobile clinic that stops near each high school at the end of the school day once a month	17.3%
A location near downtown Abbotsford or the bus loop (easy access to transportation).	44.7%
A location near ARC or MRC	45.3%

Assumption 2: Amenities/Activities

Drop-in room with video games and a pool table	60.0%
Special events on Pro-D days that combine health screenings with activities like boxing, movies, laser tag, art classes, etc.	46.5%
Food (snacks and drinks).	61.9%
Allow youth to just "drop-in" to the Centre, instead of having to make an appointment	61.3%
Monthly open mic nights with health screenings	14.8%
Monthly game nights with health screenings	17.4%

Assumption 3: Hours

Daytime hours so School Youth Workers can take students who need health services to the Centre.	34.2%
Afternoon hours so youth can come to the Centre right after school.	80.5%
Be open at least one day per month on the weekend	25.5%
Be open at least one weekend night per month	31.5%

Assumption 4: Spreading the Word

Having a youth representative from the Health Centre in each secondary school in Abbotsford	37.3%
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A Website	49.0%
Facebook page or Twitter account with daily/weekly/health tip status updates	59.5%
Advertise the Health Centre inside buses in Abbotsford	24.8%
Having a youth representative from the Health Centre in each youth ministry in Abbotsford	22.9%

Assumption 5: Education/Support

Youth instead of adults, working in reception/intake at the Centre	39.5%
Trained youth, instead of adults, providing educational sessions on subjects such as drug use, STI, mental health, stress, relationship skills.	57.9%
Offer youth health awareness seminars on a regular basis	18.4%
Have a youth crisis line that is answered by adult professionals	36.8%
Have a youth help phone line that is answered by trained youth who can provide support and referrals to services	37.5%
A counselor who can help facilitate difficult discussions between youth and their parents.	36.8%

MAJOR POTENTIAL BENEFITS

UTILIZING NATURAL SUPPORTS

- Encourage youth to consider any existing natural supports.
- Provide facilitation/mediation with existing supports, if desired.

SERVICE INTEGRATION

- Provide integrated physical, mental and social services in a non-threatening, non-stigmatizing, youth-friendly environment.
- Serve as a community-based support in hospital discharge planning to reduce re-admission rates.
- Connect youth who are not utilizing a family doctor with a youth-friendly family doctor.
- Encourage youth to consider other supports that might be useful to them, such as teachers, religious/spiritual supports, peer support groups.

PEER INVOLVEMENT

- Acknowledge and make use of the McCreary statistics that show that among those youth who sought help for mental health issues, the largest number (81%) turned to friends, followed not very closely by teachers (45%), then doctors and nurses (29%), school counselors (26%), other school staff (19%), religious leaders (18%), youth workers (15%) and social workers (12%).
- Train “Peer Advocates” in basic wellness and physical and mental health issues to serve as an in-community liaison between youth and the Health Centre.
- Train youth in communication approaches, such as motivational interviewing, active listening, and facilitation.

FAMILY DOCTOR CONNECTIONS

- Coordinate with the Abbotsford Division of Family Practice to identify and utilize doctors who are able and willing to bring youth into their practices.

- Facilitate new connections with family doctors, where youth desire.
- Serve as a resource in hospital discharge planning to connect youth who aren't using a family doctor with a youth-friendly family doctor, in hopes of avoiding future preventable Emergency Department visits.

EARLY DETECTION AND INTERVENTION

- There are very low levels of help-seeking among adolescents with mental health and addiction disorders, so screening for these issues in a de-stigmatized, adolescent-friendly “health” setting may reach more youth with developing problems and issues that will become more complex the longer they remain untreated.
- Parents are often reluctant to discuss mental health and problematic substance use concerns or engage their children in services – so offering screening and services directly to youth may be more effective
- Substance abuse and dependence largely begin in adolescence. Regular alcohol and drug use peaks at nearly 50% of the population between the ages of 18-20 (2002 NSDUH and Dennis et al, forthcoming – see Concurrent Disorders [CD] PowerPoint referenced in Bibliography)
- Mental health problems are risk factors for later substance use, and vice versa
- Though it can take decades and multiple episodes of treatment, substance abuse “careers” are shorter the earlier people experience their first episode of treatment
 - The median “career” duration is 9 years after the first episode of treatment, and includes 3-4 episodes of care (Dennis et al 2005 – CD PowerPoint)
- Early recognition and treatment reduces the long term treatment trajectory, improving outcomes and reducing costs (Dennis et al 2005 – CD PowerPoint)
 - 40% of those who receive their first treatment within 0-9 years of first use have achieved 1+ years of abstinence within 15 years from that first episode of treatment
 - Only 20% have achieved 1+ years of abstinence in 15 years if their first treatment episode occurred between 10 and 19 years after first use
 - Under 10% of those whose first treatment episode occurred 20+ after first use had achieved 1+ years of abstinence within 15 years

COSTS

Direct costs for the Youth Health Centre are limited to supplies, facilities, marketing, coordination and reception. Since the Centre will integrate services already available to youth in the community, the incorporation of these services do not represent a direct expense for the Youth Health Centre, nor do existing service providers see their involvement adding significantly to their overhead. If anything, they see the YHC as allowing them to serve more youth more efficiently with the same resources, as well as to eventually be in a position to make strong cost-benefit arguments to gain additional resources, where necessary.

A request for sessional fees for medical staff is being submitted to Fraser Health separate from this Business Case, so medical staff fees are not noted here.

ESTIMATED START-UP COSTS

If IMPACT (33228 Walsh Avenue, Abbotsford) space is utilized

ITEM	Cost	Donated*	Remain
Renovations (convert file room into examination room, convert client washroom into file room, plumbing, sound-proofing)	\$5,000	\$5,000	\$0
Equipment (examination bed, etc.)	\$9,976.88	\$5,798.83	\$4,178.50
Electronic Medical Record System (OSCAR)	\$2,500	\$0	\$2,500
Computer Systems (Server, Laptop, Printer/Scanner)	\$3,000	\$3,000	\$0
Initial marketing	\$10,000	\$6,000	\$4,000
TOTAL	\$30,476.88	\$19,798.83	\$10,678.50

ESTIMATED ANNUAL OPERATING BUDGET

Items not included such as Counseling staff, Medical Doctor as this would be funded separately.

ITEM	Cost	Donated*	Remain
Rental Space (1/5 th total IMPACT costs)	\$6,000	\$2,000	\$4,000
Electronic Medical Record System	\$1,200	\$0	\$1,200
Medical Supplies/Educational Resources	\$4,000	\$0	\$4,000
Centre Coordinator (18 hrs/mth @ \$33/hr.)	\$7,128	\$3,128	\$4,000
Receptionist (6 hours/week @ \$21/hr.)	\$6,552	\$2,552	\$4,000
Client Food/Snacks	\$2,500	\$2,000	\$500
Telephone (Separate)/Internet (Shared with IMPACT)	\$1,200	\$200	\$1,000
Printing/Advertising	\$4,500	\$3,000	\$1,500
Program Supplies	\$1,500	\$0	\$1,500
TOTAL	\$34,580.00	\$12,880.00	\$21,700.00

The Peer Involvement piece is recorded here separately from the operations of the health centre, as it is an initiative that may not only serve to market and advise the Youth Health Centre, but also other entities in the community. We foresee a portion of the on-going operation of this program coming from corporate and individual donors, as is the case for the first year of the Youth Health Centre, with a \$20K grant from Coast Capital Savings already confirmed.

We see it as possible that other youth-directed initiatives, and their funding, may be grafted onto the Peer Involvement component of the Youth Health Centre in future years.

ESTIMATED ANNUAL PEER INVOLVEMENT BUDGET

ITEM	Total Cost	Donated*	Remain
Training	\$15,000	\$12,000	\$3,000
Youth Salaries/Contracting Fees**	\$15,000	\$15,000	\$0
Peer Involvement Coordinator (15 hrs/mth @ \$33/hr.) **	\$5,940	\$5,000	\$940

TOTAL	\$35,940.00	\$32,000.00	\$3,940.00
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*In-Kind or cash commitments already confirmed, with additional in-kind contributions possible to further reduce costs.

**\$20K Grant from Coast Capital Savings “Abby Youth Inclusion and Leadership Initiative” confirmed for 2010-2011.

RECOMMENDATIONS

It is the recommendation of the business case that funding be provided to offset the start-up and annual operational costs of the Abbotsford Youth Health Centre, including for renovations, an Electronic Medical Records system, rent, wages for a clinic/peer involvement coordinator and receptionist, and for wages/honoraria for “Peer Advocate” youth participants.

It is also the recommendation of the business case that options be considered for co-location/coordination of the AYHC with other community-based youth health programs (such as the Fraser East Adolescent Day Treatment Program, Adolescent Crisis Response Program, Early Psychosis Intervention, etc.). It is believed that integrating services and locations of youth-friendly services can provide better coordination and also better service, economies of scale, cross-marketing opportunities and therefore cost savings and improved utilization.

LINKAGE TO FRASER HEALTH STRATEGIC PLAN

VISION AND MISSION

The proposed Abbotsford Youth Health Centre connects strongly with Fraser Health’s organizational vision and mission: “Better Health, Best in Health Care,” and “To improve the Health of the Population and the Quality of Life of the People We Serve.”

- While the Health Centre will provide direct medical services, its primary value is seen to be the preventative role it will perform by helping youth in Abbotsford begin the lifelong habit of protecting and enhancing all aspects of their health.
- The Youth Health Centre is a proactive measure that will help to address and overcome barriers to youth seeking the help they feel they need.

FRASER HEALTH 2010 ANNUAL POPULATION HEALTH REPORT RECOMMENDATIONS

“The purpose of this report is to help us understand why some groups of people are not as healthy as others and how we can all work together to improve health. Improving the health of a population requires sustained collaboration and partnership between Fraser Health and the individuals and communities it serves, other organizations and all levels of government. The recommendations in this report outline actions that can be taken by individuals, organizations and governments. The result of these actions will be healthier public policies, reduction of the inequities in social determinants of health, improved health services and healthier people.”

The recommendations listed below are those which it is believed could and should be impacted in some manner by the AYHC.

Child Development

- Maintain good nutrition and healthy eating habits for the entire family.
- Avoid tobacco smoke and, if you smoke, do not smoke in your home or your car and get the help you need to quit.
- Pregnant mothers need to get enough folic acid and vitamin D through a combination of diet, supplements, and/or (in the case of vitamin D) sun exposure.
- If you're tired or depressed during pregnancy or after birth, check it out to find out why. Common causes include low iron, low thyroid function, and depression, all of which can be treated.
- Frequent skin-to-skin contact between mothers and babies from the time of birth onwards calms babies and helps bonding.
- A Cry Backup Plan will help prevent shaken baby syndrome (<http://www.dontshake.ca/>).
- Read books and tell stories to your children.
- Enhance resources for parents of young children by providing universal professional education and support for infant feeding in the early weeks postpartum and implementing comprehensive, evidence-based parenting programs, such as the Triple-P parenting program in Manitoba (<http://www.gov.mb.ca/healthychild/>).
- Continue to collaborate with community partners around the early childhood development tables to plan and implement strategies to respond to school readiness outcomes at the neighbourhood level.

Healthy Living in Healthy Communities

- Adopt simple steps like adding an extra fruit or vegetable as a treat for the day.
- Avoid or reduce your intake of foods that are overloaded with simple sugars, are highly refined or include high salt content.
- Adopt a 'Less Pop, More Water' philosophy. Set a house rule of one soft drink per person per week. Remember that many flavoured 'juice drinks' may not be healthy choices - know what you are choosing for yourself or children.
- Walking, walking, and more walking. Walk with your family and friends. Do it safely and enjoy the benefits, both direct and indirect. It is simple, inexpensive and a great way to increase your daily activity. As much as possible, walk to school with your children. If you drive them to school, try to park some distance away and walk the rest of the way.
- Turn off the monitor, video terminal or flat screen. Make a family rule that sets a limit on the number of hours of screen time per day for entertainment. Replace the other hours of screen time with productive activities including enjoyable ones that enhance personal and family development.
- If you smoke, now is a good time to stop. Though not easy, there is now more than ever available to assist you. If you do smoke, take it outside. Keep your home and car tobacco smoke-free.
- Get involved in creating healthy public policies. Encourage your local government and your employer to create environments that make it easier for you to make healthy choices. Lead or support Healthy Community initiatives like 'walkable communities'. Promote healthy school environments. Support healthy nutritional choices in schools

and recreational centres. Support smoke-free policies, including the workplace, building entrances and air intakes, places where people gather closely outdoors, parks and trails and restaurant patios.

Food Security

- Advocate for and support policies to promote community food security for all.
- Maintain or learn how to grow, prepare and preserve local, seasonal food.
- Donate healthy foods to food banks.
- Learn how to read food nutrition labels and buy foods with the least refined sugar, refined flour, unhealthy fats, and salt.

Vulnerable Immigrant Health

- Contact your local immigrant service agencies and volunteer as a host family for an immigrant and/or refugee family. Share your experiences of being a Canadian and your knowledge of the Canadian health care system. Ask your family doctor to accept the immigrant family into their practice.
- Participate in multicultural events and activities.
- Welcome new immigrants families to your neighbourhood by introducing yourself and inviting them to neighbourhood get togethers.

MH&A STRATEGIC AND SERVICE PLANS

Fraser Health's MH&A Strategic and Service Plans aimed at enhancing service capacity and access/responsiveness in order to better address the mental health needs of youth include:

- (1) continue to improve coordination, collaboration and integration with service partners, both internal and external (e.g., MCFD, Home Health, etc.);
 - a. The Youth Health Centre's diverse and all-inclusive coordinating community partners guarantee improved coordination, collaboration and integration.
- (2) develop intensive community and home-based interventions as alternatives to hospitalization;
 - a. The Youth Health Centre will be an appropriate venue in which to create and coordinate such intensive interventions as alternatives to hospitalization.
- (3) increase acute care capacity, particularly for youth and older adults;
 - a. By increasing linkages with primary care and family doctors, it is hoped that more health issues will be addressed before reaching acute levels.
- (4) expand early identification and intervention services;
 - a. Expanding early identification and intervention services is one of the cornerstones of the Youth Health Centre.
- (5) enhance the continuum of addictions services; and
 - a. From youth-directed prevention to intensive outpatient aftercare, the Youth Health Centre will be well-situated to enhance the full continuum of services available to youth.
- (6) ensure alignment with strategic initiatives.

A SYSTEMS APPROACH TO SUBSTANCE USE IN CANADA

Proposes a 5-tiered model to support a continuum of services for individuals with substance use problems. The AYHC would focus on tier 1 and tier 2 efforts, while helping clients connect to higher tiers through collaborating partners.

- **Tier 1:** Services and supports in Tier 1 are broad efforts that draw on existing networks of support for individuals, families and communities. They provide a foundation for a healthy population and have broad eligibility criteria, allowing anyone to access them. These services and supports include prevention initiatives.
- **Tier 2:** Services and supports in Tier 2 provide the important functions of early identification and intervention for people with substance use problems that have not previously been detected or treated. These may include screening, brief intervention and referral.
- **Tier 3:** Services and supports in Tier 3 are intended to engage people experiencing substance use problems who are at risk of secondary harms (e.g., HIV, victimization). Services can include: general outpatient counselling, withdrawal management, outreach in partnership with other sectors (e.g., housing), or supervised injection sites.
- **Tier 4:** Tier 4 comprises services and supports that are more intensive than those in Tier 3. In many cases they offer specialized services for people with substance use problems, such as intensive day programming for early recovery or intensive outreach services in hospitals. People seeking services in this tier may have multiple problems that require support from more than one tier or sector, such as housing, employment, or mental health.
- **Tier 5:** Services and supports in Tier 5 are intended to address only the needs of people with highly acute, chronic and complex substance use and other problems for whom lower-tier services and supports are inadequate (e.g., structured residential services).

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**MSA and ARH
Emergency Department Patients Aged 12 - 24 Years
Fiscal 2008/09 and 2009/10
Percentage of Patients Admitted to Acute Care**

Admit Y/N	Fiscal 2008/2009											
	MSA					ARH					Combined MSA/ARH	
	Age Groups			MSA Total	% Total	Age Groups			ARH Total	% Total		
12-15	16-19	20-24	12-15			16-19	20-24	Total			% Total	
No	552	889	1,204	2,645	91.3%	989	1,543	2,137	4,669	92.4%	7,314	92.0%
Yes	37	95	120	252	8.7%	80	128	177	385	7.6%	637	8.0%
Total Age Grp	589	984	1,324	2,897	100.0%	1,069	1,671	2,314	5,054	100.0%	7,951	100.0%
% Total	20.3%	34.0%	45.7%			21.2%	33.1%	45.8%				

MSA closed / ARH opened 24 August 2008

Admit Y/N	Fiscal 2009/2010				
	ARH				
	Age Groups				
12-15	16-19	20-24	ARH Total	% Total	
No	1,758	2,673	4,041	8,472	91.4%
Yes*	128	277	391	795	8.6%
Total Age Grp	1,886	2,950	4,432	9,268	100.0%
% Total	20.3%	31.8%	47.8%		

* Includes 1 SDC Age 20-24.

Fiscal year dates based on registration (Reg) date (admission).

Provided by Decision Support Services kh 30 April 2010

Data Source: Meditech ADT

MSA and ARH Emergency Department Patients Aged 12 - 24 Years Fiscal 2008/09 and 2009/10
CTAS by Age Groups

Fiscal 2008/2009												
MSA						ARH					Combined MSA/ARH	
Age Groups						Age Groups						
CTAS	12-15	16-19	20-24	MSA Total	% Total	12-15	16-19	20-24	ARH Total	% Total	Total	% Total
1	1	4	0	5	0.2%	1	8	4	13	0.3%	18	0.2%
2	43	84	82	209	7.2%	58	124	149	331	6.5%	540	6.8%
3	223	397	551	1,171	40.4%	251	495	688	1,434	28.4%	2,605	32.8%
4	265	409	601	1,275	44.0%	667	898	1,247	2,812	55.6%	4,087	51.4%
5	44	60	56	160	5.5%	83	117	191	391	7.7%	551	6.9%
99	13	30	34	77	2.7%	9	29	35	73	1.4%	150	1.9%
Total Age Grp	589	984	1,324	2,897	100.0%	1,069	1,671	2,314	5,054	100.0%	7,951	100.0%
% Total	20.3%	34.0%	45.7%			21.2%	33.1%	45.8%				

MSA closed / ARH opened 24 August 2008

Fiscal 2009/2010					
ARH					
Age Groups					
CTAS	12-15	16-19	20-24	ARH Total	% Total
1	1	1	15	17	0.2%
2	101	224	331	656	7.1%
3	517	967	1495	2979	32.1%
4	1112	1509	2182	4803	51.8%
5	137	213	339	689	7.4%
99	18	36	70	124	1.3%
Total Age Grp	1886	2950	4432	9268	100.0%
% Total	20.3%	31.8%	47.8%		

Fiscal year dates based on registration (Reg) date (admission).

Provided by Decision Support Services kh 30 April 2010

Data Source: Meditech ADT

ARH Acute Care

CMG +: Top 10

Ages 12 - 24, Admitted via Emergency Department

Fiscal 2009/2010 YTD - Periods 1-12

(01 April 2009 - 04 March 2010)

Period 13 Acute Care coding is incomplete.

Ages 12 - 15				Ages 16 - 19			
<u>CMG Code & Description</u>	<u>Total Cases</u>	<u>Total Days</u>	<u>ALOS</u>	<u>CMG Code & Description</u>	<u>Total Cases</u>	<u>Total Days</u>	<u>ALOS</u>
234 - Simple Appendectomy	11	27	2.45	257 - Symptom/Sign Digestive System	23	39	1.70
257 - Symptom/Sign Digestive System	11	18	1.64	687 - Stress Reaction/Adjust Disord	22	98	4.45
097 - Influenza/Acute Upper Resp Inf	7	9	1.29	234 - Simple Appendectomy	21	42	2.00
249 - Enteritis	7	16	2.29	693 - Depressive Episode without ECT	15	84	5.60
687 - Stress Reaction/Adjust Disord	6	49	8.17	811 - General Symptom/Sign	8	15	1.88
437 - Diabetes	4	11	2.75	778 - Poisoning/Toxic Effect of Drug	7	7	1.00
693 - Depressive Episode without ECT	4	13	3.25	488 - Upper Urinary Tract Infect	6	16	2.67
770 - Oth Fract/Disloc Arm/Shoulder	4	4	1.00	661 - Oth/Unspecified Viral Illness	6	16	2.67
778 - Poisoning/Toxic Effect of Drug	4	5	1.25	103 - Tonsillitis/Pharyngitis	5	11	2.20
138 - Viral/Unspecified Pneumonia	3	5	1.67	249 - Enteritis	5	8	1.60
Others	53	154	2.91	Others	127	785	6.18
Grand Total :	114	311	2.73	Grand Total :	245	1,121	4.58
Ages 20 - 24						<u>Total Cases</u>	<u>Total Days</u>
<u>CMG Code & Description</u>	<u>Total Cases</u>	<u>Total Days</u>	<u>ALOS</u>				
257 - Symptom/Sign Digestive System	35	76	2.17	Mental Health/Addictions (Bold)		98	524
778 - Poisoning/Toxic Effect of Drug	16	30	1.88	PERCENT OF TOTAL		14%	18%
234 - Simple Appendectomy	15	30	2.00	Provided by Decision Support Services kh 30 April 2010 Data Source: CAbstract Abstracting System			
524 - Dis Menstr/Endomet/Noninfl FRS	14	15	1.07				
693 - Depressive Episode without ECT	13	117	9.00				
689 - Bipolar Disorder without ECT	11	121	11.00				
776 - Open Wound/Oth/Uns Min Injury	11	15	1.36				
253 - Inflammatory Bowel Disease	8	37	4.63				
437 - Diabetes	8	17	2.13				
249 - Enteritis	7	10	1.43				
Others	217	977	4.50				
Grand Total :	355	1,445	4.07				