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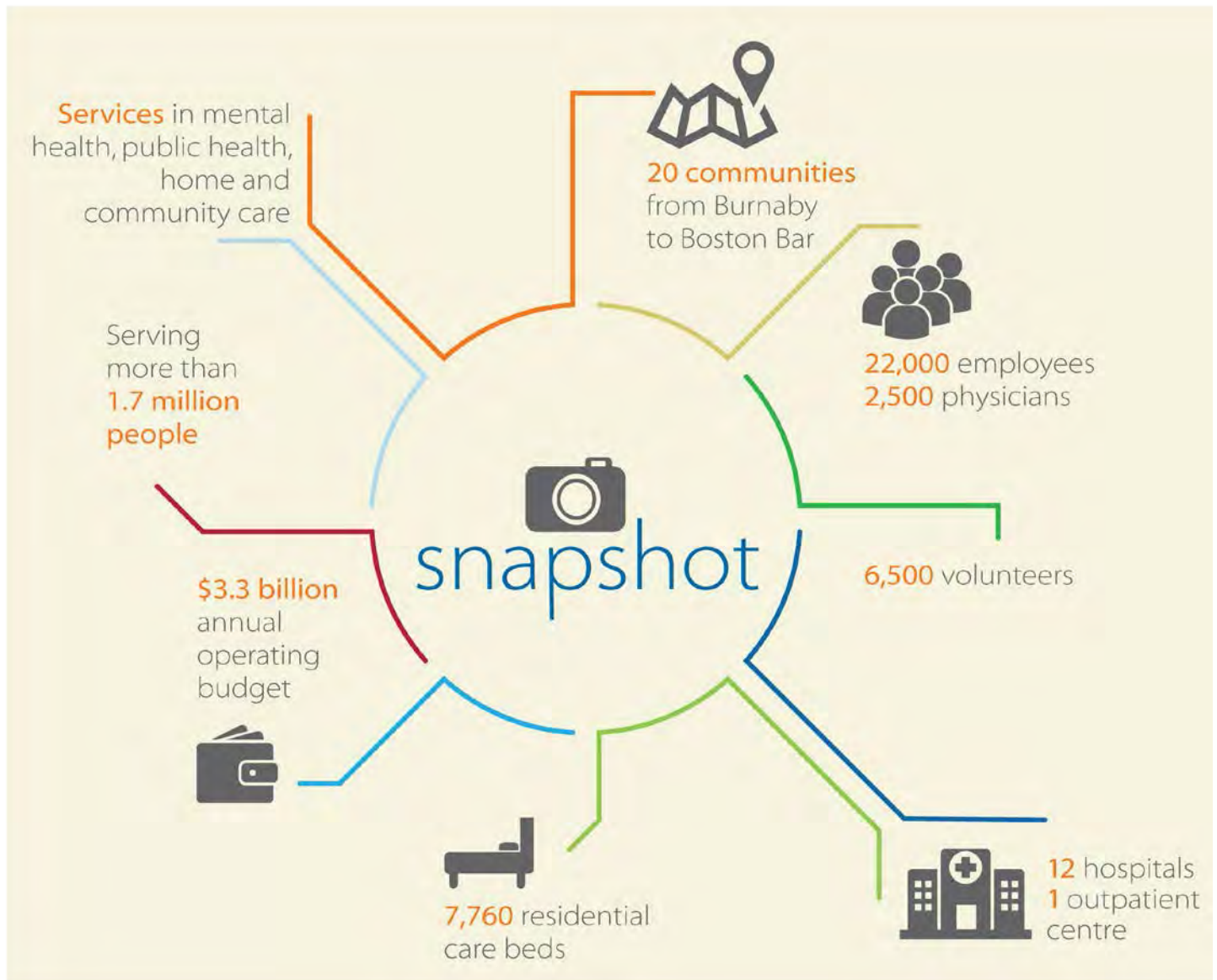
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About Us



Shaping Our Future

Guided by our vision of "Better health. Best in health care," and aligned with the Ministry of Health's strategic plan, our long-term goal is to provide more community-based services to support you and your family to stay healthy and receive care in your home and community, freeing up hospital services for those who need it most. To support this vision, we are working to increase residential care and home health services, improve collaboration with community partners, and expand existing community health care services that are currently providing excellent outcomes for our patients. Here are a few of our achievements and innovations from this past year.



Aligned vision: Fraser Health's Strategic and Operational Plan aligns with the Ministry of Health's vision to provide more community based services, so people can stay well and avoid unnecessary use of hospitals. Investing in community care is good for patients, and reserves hospitals and emergency departments for the most urgent situations.

We have established 10 priority action areas that will guide our work. Four of these are considered overarching priorities, with the others supporting their success and the day-to-day operations of the organization:

- Capacity for care across all sectors
- Quality and safety
- Staff and physicians
- Patient and family centredness

Established long-term vision of change: This is Fraser Health's first step towards shifting the way we deliver health care. Hospitals will be used more effectively and efficiently and patients who no longer require a hospital bed will be transitioned to the community in a more timely and efficient manner. This includes re-thinking the role and purpose of a hospital.

Increased transparency: We have increased our efforts to be more accountable and improve transparency in our reporting, by posting publicly on our website monthly [Health Care Report Cards](#), which measure performance in key areas of our Strategic and Operational Plan. In addition, the organization's quarterly progress report to the Ministry of Health is also published on our [website](#).



Investments in Our Future

Capital Project Summary

The following list shares Fraser Health's approved capital projects over \$2 million in total capital cost. This information has been adapted from our [2014/15 – 2016/17 Service Plan](#) (page 26).

Community Name	Facility Location (as applicable)	Project Name	Total Capital Cost (in millions)
Facility Projects			
Surrey	Surrey Memorial Hospital Site	SMH Site Redevelopment Phase 1A	486.4
Surrey	Surrey Memorial Hospital Site	SMH North Parkade Replacement	29.4
Surrey	Surrey Memorial Hospital Site	SMH Code Compliance Sprinkler Upgrade	4.9
White Rock	Peace Arch Hospital	PAH Electrical Upgrade	5.6
Delta	Delta Hospital	Diagnostic Imaging and Laboratory Services Expansion	5.0
Langley	Langley Memorial Hospital Site	LMH Maternity Unit Expansion	6.5
Langley	Langley Memorial Hospital Site	LMH Electrical Upgrade Phase 2	5.0
Burnaby	Burnaby Hospital Site	BUH Generator Replacement	3.7
Burnaby	Burnaby Hospital Site	BUH ED Supertrack	2.7
Burnaby	Burnaby Hospital Site	BUH Ambulatory/ GI Unit Renovation	2.3
New Westminster	Queens Park Care Centre	QPCC Electrical Upgrade	2.3
New Westminster	Royal Columbian Hospital site	RCH Emergency Mental Health Substance Use Space	2.0
New Westminster	Royal Columbian Hospital Site	RCH Emergency Trauma Room	3.4

Excluded from the above table are those equipment and information technology plans that are grouped together in a single project in WebCAPS, but comprised of numerous under \$2.0 million items.

Planning continues on future capital projects and once approved by Fraser Health and provincial leaders, they will be added to the list and into future Service Plans.



Highlights

Opening of the Surrey Memorial Hospital Critical Care Tower

In June, Surrey Memorial Hospital's critical care tower officially opened, which is part of the hospital's \$512-million redevelopment and expansion project. The new eight-storey tower creates an additional 151 beds for Surrey Memorial, increasing the capacity by 30 percent, to 650 beds and adds an additional 650 direct care staff and over 300 clinical support staff. The tower doubles the capacity of the Neonatal Intensive Care Unit, and includes a Ronald McDonald Family Room for families to take a break. An expanded Acute Stroke Care and Intensive Care Units are also designed to provide improved care for patients.

[READ: Critical Care Tower at Surrey Memorial Hospital officially opens](#)

* *

Fraser Health receives \$10,000 to improve access to primary health care in Aboriginal communities

Fraser Health was the recipient of a \$10,000 grant from the Vancouver Foundation to support a project aimed at improving access to primary health care in Aboriginal communities across the Fraser Health region. This development grant will be used to support the advancement of a community-based research study that examines the barriers and facilitators to accessing primary health care for Aboriginal communities in the Fraser Health region.

[READ: Fraser Health receives \\$10k grant to improve access to primary health care in Aboriginal communities](#)

* *

Fraser Health is Putting Patients First with an Increase in Surgeries and MRIs

Fraser Health continues to make strides to improve the patient experience by reducing wait lists and improving timely access to services such as MRIs and surgeries. Fraser Health estimates it will provide an additional 1,500 MRI scans and more than 650 extra surgeries by the end of March – increases of 4% and almost 7% respectively from the current volumes.

[READ: Fraser Health is Putting Patients First](#)

* *

Fraser Health named as one of BC's Top Employers 2015

Professional development and career growth opportunities, comprehensive health and wellness benefits and a caring work environment helped us make the list of BC's Top Employers in 2015.

* *

Health Initiative for Men (HIM) clinic opens

The first of its kind outside of Vancouver, a new Fraser Health clinic in collaboration with Health Initiative for Men (HIM) is providing specialized health promotion and clinical services to gay and bisexual men in New Westminster and Surrey.

The New Westminster clinic was the first to be opened within Fraser Health to address the need for local services targeted towards gay and bisexual men. Data from HIM's downtown clinic found that almost a third



of clients from their Commercial Drive clinic and 20 percent of clients from the Davie Street clinic are Fraser residents. In 2013, over half of the new diagnoses of HIV and syphilis in Fraser residents were in gay and bisexual men. The 2014 Provincial Health Officer's report, *HIV, Stigma and Society*, also supports the need for trusted and tailored services across BC to address the HIV epidemic among this population. The clinic opening in New Westminster is the result of community consultation to ensure services provided are customized and appropriate for local needs. A second clinic has since opened in Surrey.

[READ: Health Initiative for Men \(HIM\) clinic opens in New Westminster](#)

The Residence in Mission Officially Opens

Located on the site of Mission Memorial Hospital, The Residence in Mission welcomed its first residents in April 2014. The Residence in Mission is a three-storey, 128,000 sq. ft. residential care facility for individuals with complex care needs and dementia. The state-of-the-art facility features 190 private suites and five double occupancy suites for couples. The building was designed to promote caring practices using a person-centered approach within a homelike and non-traditional residential care environment. The facility is laid out in 'neighbourhoods' that house 24 to 26 residents, each with its own dining room, lounge, leisure room, and kitchen. The facility's four secure courtyards and six large secure balconies ensure outdoor access for all residents.

[READ: Fraser Health and Community Partners Celebrate Official Opening of the Residence in Mission](#)

The Vandekerkhove Family Maternity Centre at Langley Memorial Hospital

In June 2014, Fraser Health announced the completion of expansion to the Langley Memorial Hospital Maternity Unit and Clinic, now renamed The Vandekerkhove Family Maternity Centre in recognition of a \$1-million gift from this local family towards the Langley Memorial Hospital Foundation's *It All Starts Here!* fundraising campaign.

The expansion added seven additional single-room maternity care rooms, increasing the total to 20, and one double occupancy room, with reserved space for three additional rooms to support future growth. Langley Memorial Hospital is one of four Fraser Health sites offering the single-room model, which is based on best practice and contributes to a better childbirth experience by supporting family-centered care. The project also included relocating the maternity clinic, which sees more than 10,000 annual patient visits, next to the Maternity Centre, so patients do not have to travel throughout the hospital to access care. Now, all maternity services are in one central location.

[READ: The Vandekerkhove Family Maternity Centre opens at Langley Memorial Hospital](#)

New Video Aimed at Educating First Responders in Approaching Substance Users With Compassion and Respect

Fraser Health, in partnership with Sources Community Resource Centres, and through a financial contribution from Health Canada's Drug Treatment Funding Program, is proud to have launched *Moments to Milestones: Engaging with People who use Substances*. This 30-minute video, intended as an education resource for first responders, illustrates the remarkable, positive difference that can be made when substance users are approached by police, paramedics and emergency room staff in a caring, respectful and non-judgemental



manner. Through compelling stories and insights from people who use substances, first responders and clinicians, *Moments to Milestones* highlights the need for first responders to attune to their own values and beliefs in order to suspend judgements that enforce negative stereotypes when approaching substance users, and to instead connect with these individuals with compassion, respect and a sincere desire to help.

[READ: New video aimed at educating first responders of approaching substance users with compassion and respect](#)

* *

New Mental Health Housing in Maple Ridge and Mission

Maple Ridge residents will benefit from an enhanced mental health residence to support them in optimizing their rehabilitation and recovery. These 20 units are the first purpose-built mental health assisted living residences in Fraser Health. Completion of the Beckman expansion is expected in 2016.

Mission Residents will benefit from a new mental health residential campus at the site of the current Pleasant View Care Home. This project will bring 13 net new beds to Mission for individuals with mental health challenges to support their move towards recovery and greater independence.

[READ: New Assisted Living Mental Health Housing for Maple Ridge Residents](#)

* *

Publicly Posting Health Care Report Cards

We have increased our efforts to be more accountable and improve transparency in our reporting. In September, we began publishing monthly on the Fraser Health website Health Care Report Cards, which measure performance in key areas of our Strategic and Operational Plan. Reports Cards are available for Fraser Health overall and for each of the 12 hospital sites. Overall, our quality and safety indicators in particular have shown improvement over the past three months.

[READ: Report Cards](#)

* *

Hand Hygiene Compliance

We continue to increase or maintain hand hygiene compliance each fiscal period, with a current hand hygiene compliance rate of 84 percent compared to the provincial target of 80 percent and our 2013/2014 hand hygiene compliance rate of 79 percent.

[READ: Clean hands at Fraser Health](#)

* *

Nursing Sensitive Adverse Events

A Nursing Sensitive Adverse Event includes urinary tract infections, pressure ulcers, in-hospital bone fractures and pneumonia. Fraser Health has reduced its overall Nursing Sensitive Adverse rate since 2012 for all patients, and we are on track to meet the 2014 target set by the Ministry of Health.

[READ: Improving hospital adverse events through teamwork](#)



***C. difficile* infections**

We have seen a steady decline in facility-associated *C. difficile* infections, from a rate of 11.3 infections per 10,000 patient days in 2011/12 to a current year-to-date rate of 3.6 cases per 10,000 patient days, below the target of 6.0.

[READ: Improving patient safety by reducing C.difficile rate](#)

* *

Abbotsford Youth Health Centre wins Premier's Award

In summer 2014, the Abbotsford Youth Health Centre won a Premier's Award in the "Partnership" category, based on the formation of new community partnerships and an innovative approach to serve a high-risk population. The Abbotsford Youth Health Centre is funded, in part, by Fraser Health.

[READ: Premier's Award won by Abbotsford Youth Health Centre](#)

* *

Nursing Excellence Awards from College of Registered Nurses of BC and College of Registered Psychiatric Nurses of BC

[Kathie Anselmo](#) (Excellence in Psychiatric Nursing Practice), [Angela Wolff](#) (Excellence in Nursing Research), [Terry Webber](#) (Excellence in Nursing Practice), [Marcia Carr](#) (Excellence in Nursing Practice), and [Vicky Bach](#) (Excellence in Nursing Practice) were recipients of this year's Nursing Excellence Awards issued by the College of Registered Nurses of BC and College of Registered Psychiatric Nurses of BC.

* *

Health Employers Association of BC Awards

Two of our employees were honoured with HEABC Awards in 2014:

- Health Care Hero Award recipient: Sheila Finamore – Director, Site Operations, Burnaby Hospital
- Award of Merit recipient: Joy Parsons for the Community REDi program – Interim Director, Clinical Programs, Rehabilitation

[READ: Fraser Health's Sheila Finamore is a health care hero](#)

[READ: Joy Parsons: The force of nature behind Community REDi](#)

* *

Above and Beyond Awards

Fraser Health's Above and Beyond Awards were presented to 17 individuals and teams to recognize their outstanding achievements. More than 350 individuals were nominated. Award recipients included physicians, employees and volunteers.

[READ: Announcing the 2014 Above and Beyond Award recipients](#)

[WATCH: Above and Beyond 2014 Awards Recipients](#)



Fraser Health named as one of BC's Top Employers 2015

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* *

Doc2Doc Physician Communications Portal Pilot

Fraser Health Communications launched its first GP Communications portal in a pilot project this year, which will connect family physicians in the community with information about programs, services and activities in Fraser Health that impact their patients and their practice. This communication portal includes [web](#), email and [social media](#) content. GPs self-manage their subscription to the service and can opt in or out at any time.

* *

First Sacred Space in Region to Allow for Smudging and Pipe Ceremonies

The Sacred Space at Fraser Canyon Hospital in Hope is the first of Fraser Health's hospitals to incorporate an indoor area for smudging and pipe ceremonies to make it easier for our First Nations population to observe important parts of the traditional Aboriginal healing journey. The space has been fitted with a ventilation system to allow smoke to escape from the burning of various medicine plants during ceremonies.

[READ: Sacred space for all](#)

* *

Fraser Health contains largest outbreak of measles in almost 30 years

In a four-week period beginning in March, our region had more than 400 cases of measles with some patients requiring hospitalization. The size of, and speed at which, this outbreak spread resulted in more cases of measles than the province has seen in the past 15 years, and was the largest outbreak in almost 30 years. Through the work of our Public Health team, in setting up immunization clinics and creating more awareness about infectious diseases, we were able to prevent the outbreak from spreading even further into communities throughout the region.

[READ: Measles archive](#)

* *

Ebola Virus Disease

Over the last few months, Fraser Health has been planning and preparing for the unlikely event we have a positive case of Ebola Virus Disease. Surrey Memorial Hospital has been designated as the provincial facility to manage positive adult cases of Ebola. Critical care staff and physicians have been trained and continue to be trained in the required Personal Protective Equipment (PPE) and clinical procedures. Emergency staff across Fraser Health continue to be trained in the required PPE and screening/assessment procedures. All other staff can access training to increase their awareness regarding our processes for assessing and treating patients who may present with Ebola.

[READ: Ebola archive](#)



Smoke Free Policy

Fraser Health launched a revised Smoke-Free Policy in November 2014. The policy aims to protect patients, clients, residents, visitors, our employees, physicians, contracted staff and volunteers from the significant health risks of smoking and exposure to second-hand smoke.

* *

New resource guide for chronic pain sufferers

People living with pain can access tools to help understand and manage their chronic pain at fraserhealth.ca/pain, including information on medication, healthy sleep habits, diet and exercise, and more.

[READ: New resource guide for chronic pain sufferers](#)

* *

Highest workforce influenza vaccination rate of all BC health authorities

Last year, we saw continued professionalism exhibited by our staff in responding to the Influenza Control Program Policy. In fact, Fraser Health led the province in achieving the highest workforce vaccination rate of all BC health authorities (83 percent as of January 2014). A similar rate was achieved this month.

* *

Human Trafficking Online Learning Module

Fraser Health is the first health authority in Canada to convene a specialized health care team to respond to victims of human trafficking and sexual exploitation. In 2013, this team received a civil forfeiture grant from the Ministry of Justice to develop an online learning module to better aid emergency health care professionals to identify and help victims of human trafficking and sexual exploitation. In September of this year, a one-hour online learning module, called "Human Trafficking - Help, Don't Hinder," developed by Fraser Health Forensic Nurse Examiners, was launched to staff.

[READ: Fraser Health launches online learning module to help staff identify victims of human trafficking](#)

* *

Birthing Unit Video Tours

In 2014, we produced and published our final birthing unit video tours for Surrey Memorial and Langley Memorial Hospitals. The video tours allow new parents to see a fulsome online tour of their local hospital birthing unit, learn about services and amenities available at each site, and what to expect when they arrive to deliver their baby. The tours also include information on the Neonatal Intensive Care Units (NICU) for parents with unexpected complications during delivery.

[WATCH: Surrey Memorial Birthing Unit tour](#) and [NICU tour](#)

[WATCH: Langley Memorial Birthing Unit tour](#)

SEE ALSO: [Ridge Meadows](#), [Chilliwack General](#), [Royal Columbian \(NICU\)](#), [Royal Columbian](#), [Burnaby Hospital](#), [Burnaby Hospital \(NICU\)](#), [Abbotsford Regional](#), [Peach Arch](#)



Implementation of 48/6 model of care across the region

The 48/6 Model of Care is a proactive approach to prevent functional decline and help patients return home sooner. All adult in-patients are screened and assessed in six areas of care (bowel and bladder, cognition, medication, mobility, nutrition and hydration, and pain) and have a documented, individualized care plan within 48 hours of the decision to admit.

* *

Helping seniors track their medication in their home

Fraser Health successfully piloted a home-based medication dispensing system that alerts the client with a voice command when it's time to take their pills. If no one responds to the alert, the system issues reminders for another 45 minutes. If there is still no action, the system reports the miss to a designated caregiver.

[READ: Pilot program helps Chilliwack seniors track meds](#)

* *

Jim Pattison Outpatient Care and Surgery Centre's nature designs noted by American Horticultural Therapy Association's AHTA News Magazine

In 2014, the American Horticultural Therapy Association's AHTA News Magazine profiled the Jim Pattison Outpatient Care and Surgery Centre for "[merging] the natural beauty that surrounds the Centre with the design of the building, creating a soothing space that encourages the healing process."

[READ: Integrating nature into the healing process: Nature inspired design in health care](#)

* *

Staff reduce falls at residential care facility from 11 to 0 in a six-month period

Staff at the Bradley Centre, a 90-bed residential care facility in Chilliwack, discovered that residents were falling most often between 6 a.m. and 8 a.m. – a time when residents were trying to get out of bed to use the washroom. They implemented staff scheduling changes to allow for additional care aides to start their shift at 6 a.m. and assist the night staff with morning routines. They also educated residents and family about the benefits of hip protectors, high-density 'foam' pads that fit over the hip joint and absorb the force of impact of a fall.

* *

Funding for New Assertive Community Treatment (ACT) teams

Ministry of Health and Fraser Health will provide \$2 million each in new funding to strengthen support for mental health and substance use services. This funding will be used to provide an Assertive Community Treatment (ACT) team for Abbotsford and Mission, as well as a second team for Surrey and North Delta. ACT teams provide individuals with services at home, in shelters, at drop-in centres or wherever else in the community that is most comfortable to engage. The individuals accessing these services have not connected with, or responded well to, traditional office-based outpatient services.

[READ: New funding to strengthen mental health and substance use services](#)



Health Chat

In December, Fraser Health launched Health Chat, an online community of people who live in areas served by Fraser Health. Members participate in quick surveys on a range of health topics to help us in working with communities to support healthier living choices.

[VISIT: Health Chat](#)

* *

Fraser Health is First Health Authority to Report Adverse Drug Reactions Online

On December 8th, Fraser Health was the first health authority in BC to go live with a new online Adverse Drug Reaction report form. This project is a collaborative effort between BC's health authorities, the Patient Safety Learning System and Health Canada's Vigilance Program. Health Canada collects information about suspected adverse drug reactions in Canada, so public warnings and label changes can be implemented, or harmful medications can be removed from the market. The data collected in the Patient Safety and Learning System will be viewed and "handled" by Fraser Health medication safety pharmacists and shared with Health Canada to assist with efforts to improve drug product safety for all Canadians.

[READ: BCPSLS Central's 'Online ADR reporting is coming!'](#)

Diversity Services

Our Diversity Services team provides **support and clinical resources service** that helps us as an organization think about and responds to the challenge of serving and working alongside people who are different from one another.

The Way We Think About Diversity

We understand "diversity" to refer to the fact that people are different from one another. This moves beyond the idea that diversity is just about differences in race, religion, ethnicity, language and/or gender. The diversity wheel (Figure 1) helps us understand some of the ways by which people are different from one another. It also orients healthcare providers to the various dimensions that are important when it comes to health, well-being, and providing care.

Some facts about diversity at Fraser Health

- Over 40 percent of all BC immigrants live in our region
- Our patients, clients and residents speak 35 different languages
- We support 34 First Nations communities
- We have a range of urban and rural populations (e.g. 8,300 in Hope to over 403,000 in Surrey)
- The Socio-economic status differs greatly in different communities
- 80 percent of refugees arriving in BC eventually settle in our region

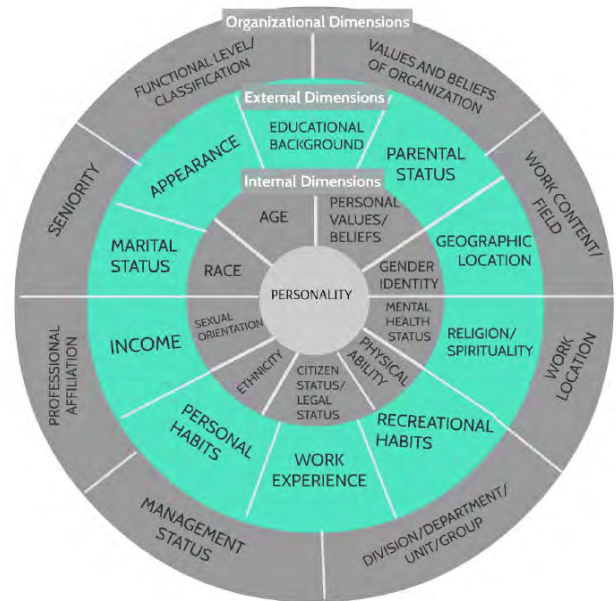


Figure 1: Diversity Wheel

How Do We Respond to Diversity?

Our suggested approach for responding to the diversity of patients, clients, residents, staff and communities in Fraser Health is based on the value of **pluralism**. According to pluralism:

- Diversity is a good thing, even though it might create challenges
- We should treat all people with respect, defined specifically as:
 - Treating them with kindness and compassion
 - Listening to their perspectives to understand, and without judgment
 - Then sharing our own perspectives with the goals of seeking collaboration and working through issues
- Individuals and sub-groups living and working together should seek common values-based solutions to common problems without compromising their deepest values
- Individuals and subgroups should be able to maintain their own identities (meaningfully held values, beliefs, practices) within the laws of the broader society
- We should not attempt to change each other; but rather build common foundations on which to move forward

Diversity Services is leading the **development of a regional policy** to guide the organization in its response to diversity. This policy is intended to formalize a commitment to respecting diversity and to provide a



framework for making decisions in a way that respects and engages all parties in the way that is most appropriate for them.

Building “Diversity Competency”

Diversity Services has developed **11 diversity competency standards** that a healthcare provider would meet in order to provide quality care to diverse populations and live up to the value of pluralism. These standards describe the knowledge, skills and character traits of a diversity competent healthcare provider. All education developed by Diversity Services strives to meet these 11 standards, and enhance healthcare providers abilities in these 11 domains.

Responding to Cultural and Religious Observations

Part of being diversity competent is to understand the important role an individual's and a community's values, beliefs and practices (which include cultural and religious observations) has on the various aspects of health. Through continuous education of staff, and partnership with site and program leadership, Diversity Services aims to ensure that staff have the capacity to ask, understand, and respond to the values, beliefs and practices that are important to individuals and families.

Language Services: Interpreter and Translation Services

Interpreter Services

As with other Lower Mainland Health Authorities, interpreting services at Fraser Health are delivered by Provincial Language Services, at no direct cost to the patient or requesting department. Fraser Health uses approximately 40 percent of the interpreting services delivered to Lower Mainland Health Authorities by Provincial Language. We are unique in that we have an internal staff position responsible for coordinating language services, working with Provincial Language on day-to-day operations, as well as evaluating and communicating with internal staff to ensure appropriate awareness, usage and satisfaction with language services

Interpreting service requests and number of service hours provided to date this year are approximately equivalent to last year's services.

Interpreting Services Usage within Fraser Health	Fiscal year 2012/2013	Fiscal year 2013/2014
Number of interpreting service requests	38,232	44,225
Number of hours of interpreting services provided	22,272	25,202

Translation Services

Fraser Health is unique within the Lower Mainland health authorities in that we have our own translation service. Currently, approved patient education materials are translated at no cost to the requesting program. All other materials are translated on a cost-recovery basis. Generally, important patient education materials are translated into the seven languages that are most in-demand in our region. These are: Punjabi, Chinese Simplified, Chinese Traditional, Korean, Arabic, Persian and Vietnamese.

Translation Services within Fraser Health	Fiscal year 2012/2013	Fiscal year 2013/2014
Number of documents translated	171	258



South Asian Health

There are almost 240,000 South Asian residents in Fraser Health, representing 15 percent of the total population. Research has shown that people of South Asian descent are more likely to develop heart disease, kidney disease, stroke, and diabetes - and ten years earlier - compared to other ethnic groups.

Our programs and services that support the South Asian population, and are offered in languages other than English, include:

- **Diabetes Services** - A diabetes expert works with primary physicians to provide service in Punjabi and Hindi.
- **Cardiac Services** - The Punjabi language cardiac rehabilitation education program focuses on specific dietary and cultural challenges, as well as the unique stresses experienced by South Asians facing language barriers when living with a high incidence of cardiac disease.
- **Online health information materials** - More than 200 written materials have been translated into Punjabi. Interpretive services are also provided in person or over the phone at all hospitals.
- **South Asian Health Centre** - Through partnerships with the Division of Family Practice in Surrey/North Delta, the South Asian Health Centre focuses on primary care and chronic disease management services and responds to patient care needs in a culturally tailored manner.
- **New Canadian Clinics** - Provides nursing, medical care, and social support for government assisted refugees whose medical needs may be complicated by language, cultural, and knowledge barriers.

What is South Asian Health Institute?

Research has shown that South Asian people have a higher propensity to develop chronic diseases, and they are four times more likely to experience coronary disease and diabetes due to a combination of hereditary and lifestyle factors.

We have created a South Asian Health Institute to improve the health and health outcomes in a culturally appropriate way for the South Asian population through innovative, evidence-based care, research and local, national and international partnerships.



Aboriginal Health

There are approximately 38,000 Aboriginal people throughout the Fraser Health region. The First Nations communities in Fraser East include: Sumas, Sts'ailes, Seabird Island, Skawahlook, Boothroyd, Boston Bar, Aitchelitz, Kwaw-kwaw-Apilt, Popkum, Shxw'ha:t, Skwah, SDquiala, Tzeachten, Soowahlie, Leq' a: mel, Chawathil, Peters, Shxw'ow'hamel, Union Bar, Yale, Matsqui, Cheam, Skowkale, Yakweakwioose, Spuzzum, Scowlitz, Katzie, Kwikwetlam, Tsawwassen, Semiahmoo and Kwantlen

Strategic Priorities

Our Aboriginal health strategic priorities include:

- Improving Health Outcomes for Aboriginal People
- Improving Access to Culturally Appropriate Services
- Strengthening Relationships and Community Capacity Building

Partnership with the First Nation Health Authority

Since 2013 and the formation of the First Nation Health Authority, Fraser Health has worked in partnership to collaborate, coordinate, and integrate the health programs and services of both organizations to First Nations in the Fraser region.



Public Health

Public health services help keep people healthy by working to prevent disease and injury in families and in the community. Public health employees are experts in immunization, communicable disease control, maternal and pregnancy health, early childhood development, speech therapy, audiology, nutrition, dental health and other public health topics.

Health Promotion

Our public health promotion and prevention services are provided by a team of professionals committed to the health and well-being of communities throughout our region. Among them are public health nurses, tobacco reduction coordinators, dental hygienists and others who provide community based services with a population health focus. These services focus on health screening, health assessment, referral, early treatment, and building public health capacity through community development and strategic partnering.

Some of our programs are:

- [Annual Influenza Program](#)
- [BC Early Hearing Program](#)
- [Best Beginnings](#)
- [Breastfeeding Support](#)
- [Chronic Disease Prevention](#)
- [Communicable Disease Prevention and Control, Child/Youth](#)
- [Iron Horse Youth Clinic](#)
- [Pregnancy Outreach Programs](#)
- [STI/HIV Clinics](#)
- [Youth Clinics](#)

Healthier Communities Partnership (HCP)

In 2010, Fraser Health launched the Healthier Communities Partnership initiative with the formation of the Healthy Living/Healthy Communities team. Over the following 3 years, municipal delegations served as a platform to present HCP to our local governments. These Fraser Health presentations emphasized the partnership goal of fostering community action through strengthened relationships and pursuing health promotion actions collectively.

To ensure the success of this work, Fraser Health has a dedicated team of Community Health Specialists (CHS) to assist in developing and implementing community healthy living strategies. Medical Health Officers and Executive members work with the CHS staff to help guide this work. With the communities identified priorities in consideration, the partnership emphasizes evidence-based strategies and a coordinated effort that facilitates a community approach towards better health.

All Fraser Health HCPs have or are working toward having healthy living strategic plans. HCP groups are encouraged to examine how they work and function in the interest of leading toward improved collective impact. Currently, a number of longer standing HCP groups are reviewing their completed work; and with the experience gained to date have decided to either re-organize or re-visit their priorities. The specific priority actions of communities vary but some share common theme areas. Several Fraser Health communities have launched initiatives based on LIVE 5-2-1-0. This message – 5 or more servings of vegetables and fruits, no more than 2 hours of screen time, at least 1 hour of physical activity and no sugar sweetened beverages per



day – when shared and supported across multiple community sectors is effective in increasing awareness of healthy behaviours and result in positive behaviour change. Smoking by-law enhancement is another area of focus; recently two Fraser Health communities have amended their by-laws. Mental Health is an emerging area of action in numerous communities. Health eating strategies, physical activity strategies, physical literacy, healthy aging and the healthy built environment are other matters that Fraser Health communities have identified as a priority for their work.

Mental Health and Substance Use

We provide a range of mental health and substance use services that stretch across the life span and care continuums starting from prevention and health promotion to specialized, intensive in-patient care. The services include inpatient and outpatient, community and residential services and are organized in seven client service streams:

- Child, Youth and Young Adult
- Adult
- Community Residential Emergency Short Stay and Treatment
- Geriatrics
- Substance Use
- Tertiary (intensive and specialized services)
- Housing

As well as owned and operated services, we contract and partner with community agencies and other Ministries (e.g., Ministry of Children and Family Development and Ministry of Social Development) to provide services.

With 13 community mental health and substance use centres across the region, we currently support 13,260 clients. We also support:

- 1,228 youth and young adults in our Adolescent Day Treatment program, Child & Youth Crisis program, Early Psychosis Intervention Program and Youth Concurrent Disorder program
- 1,026 individuals in our specialized regional services, such as Developmental Disabilities, Eating Disorders, and Psychosis Treatment Optimization

Harrison Hot Springs residents receive support through our mental health centre in Hope, where we currently support 200 clients.

We are also currently providing 2,423 individuals with substance use services, including those at Burnaby Substance Use services, Creekside Detox and Daytox Services, Quibble Creek (Surrey) and Surrey Substance Use Services.

How to access: Each community has local Mental Health and Substance Use teams that can support constituents in accessing the programs and services that best meet their needs. Those looking for substance use support can also call the province-wide Alcohol and Drug Information Referral line at 604-660-9382 or 1-800-663-1441

Adult Mental Health Resources

- 217 adult psychiatry beds in eight hospitals (includes a Psychiatric High Acuity Unit , Assessment Unit and Psychiatric Intensive Care Unit at some sites) – Surrey Memorial, Royal Columbian, Burnaby, Ridge Meadows, Chilliwack General, Abbotsford Regional, Langley Memorial, Peace Arch
- 17 Community Mental Health Centres
- Central intake and referral service/Adult Short-term Assessment and Treatment Team
- Assertive Community Treatment (ACT) (Surrey and New Westminster/Tri-Cities)
- Adult Case Management Team (serious and enduring mental illness) including assertive case management service and rehabilitation services (in some communities)
- Group Therapy Services (core and specialty groups)
- Community Geriatric Mental Health Services

- Community Residential Program
- Concurrent Disorder Therapist (for clients with mental health & substance use issues)
- Outpatient Eating Disorders Program
- Psychosis Treatment Optimization Program (PTOP) provides additional clinical supports for individuals living with psychosis who have not responded well to previous treatments
- Developmental Disabilities Mental Health Services for adults with both developmental disabilities (IQ of 70 or less) and complex mental health needs
- 267 tertiary (intensive and specialized) care beds in facilities across Fraser Health
- 1,856 units of housing and related supports – includes a range of services from 24 hour Licensed Residential Care (24/7 on-site support) to models such as Supported Housing
- 32 beds in three Community Residential Emergency Short Stay Treatment facilities (CRESST), located in Abbotsford, Surrey and New Westminster
- Psychiatric Liaison RN/RPN (PLN) or Social Worker (PLW) in all emergency departments
- Collaborative care between psychiatrists/mental health clinicians and primary care physicians
- Neuropsychiatry Outreach Clinic provides specialized assessments and consultation for individuals with mental illness and brain injury
- Reproductive Psychiatric Clinics at Royal Columbian Hospital and the Jim Pattison Outpatient Care and Surgery Centre
- Ministry of Social Development Program (liaison/integration service between Mental Health and Substance Use and Probation Services)
- Primary Care Clinics (Surrey – Gateway and Quibble Creek, Burnaby)
- Primary Care Access Clinic – partnership with Division of Family Practice (White Rock/South Surrey)
- Nurse Practitioner Service (Agassiz, Hope, Anderson Creek (Boston Bar), Fraser Canyon, Chilliwack, Maple Ridge and Surrey)
- Rapid Access Clinics – rapid access to psychiatric consultation (Chilliwack, White Rock/South Surrey, Mission, Abbotsford, Langley, Burnaby)
- Tele-psychiatry – psychiatric consultation via videoconference (Mission, Hope, Chilliwack)
- Crisis Line for telephone support

Mental Health and Substance Use Housing

- 1,856 units of housing and support – includes a ranges of services from 24/7 on-site support in 37 Licensed Residential Care facilities (575 beds) to supported housing models such as Supported Independent Living (SIL) and MHSU Assisted Living.
- Mental Health and Substance Use Housing and Residential program
 - 566 community licensed residential beds in 37 licensed facilities with 24/7 on-site support
 - 219 non licensed beds, which includes Bridging housing, Enhanced Apts./Units, and Low Barrier Supported housing
 - 916 Supported Housing beds/units including SIL (Supported Independent Living) Units, Shared Living group homes or shared apartments, Transitional Housing in individual apartments or communal living homes, and BC Housing/Non-Profits Partnership
 - 19 Assisted Living beds offering daily support for medication management and enhanced psychosocial rehab support
 - 48 ACT Housing (Assertive Community Treatment)
 - 80 BC Housing Rent Subsidy
 - 6 Short Stay beds (Housing Crisis Stabilization)
 - 2 Family Care Home beds

Child, Youth and Young Adult Client (6-30 years old) Mental Health Resources

- Child and Youth Neuropsychiatry Clinic and Child and Youth Psychiatry General Teaching Clinic on Surrey Memorial Hospital grounds
- Early Psychosis Intervention (EPI) programs in all communities includes access to www.earlypsychosis.ca
- 10 adolescent inpatient beds at Surrey Memorial Hospital
- Adolescent Day Treatment Program at Surrey Memorial Hospital, Abbotsford Regional Hospital and Cancer Centre and Ministry of Children and Family Development (Coquitlam)
- Three Child and Youth Crisis Programs
- Youth Concurrent Disorders Program
- Gaining Ground, a teen and young adult mental health literacy and early intervention initiative includes mindcheck.ca, a teen and young adult-focused website (a provincial resource), and Speak Up, which encompasses targeted education, a youth peer network and a dedicated online space, [Speak Up @ mindcheck.ca](http://SpeakUp@mindcheck.ca)
- Outpatient Eating Disorders Program
- Developmental Disabilities Mental Health Services for adolescents

Substance Use Services for Children, Youth and Adults

- Two Fraser Health owned/operated outpatient programs (in Burnaby and Surrey) provide services for children, youth, adults and older adults. As well, 17 contracted agencies provide outpatient services including three specific to youth, one specific to culturally diverse populations and one to Aboriginal populations
- 140 beds in three intensive residential treatment programs
- Three intensive day treatment programs for adults
 - Maple Ridge Treatment Centre - Fraser Health owned and operated for adult men
 - Kinghaven Treatment Centre - for adult men
 - Peardonville Treatment Centre for women and their preschool aged children
- Two DEWY (Day, Evening, Weekend Youth) intensive day treatment programs, located in New Westminster and Surrey
- Intensive day treatment program for adults (TEAM – co-ed; WELL - Women's intensive; MELL – Men's intensive)
- 114 beds in 11 support recovery homes/stabilization and transitional living residences for individuals post-detox
- 15 long-term residential beds for youth at The Crossing in Keremeos
- 25 second stage housing units for substance use clients post treatment
- 24 adult detox and six youth detox/30 day stabilization beds at Creekside Withdrawal Management Centre
- Creekside Daytox Program (medically monitored day program)
- Riverstone Home/Mobile Detox and Daytox programs for Fraser East communities
- Quibble Creek – Sobering and Assessment Centre & Primary Care Service (medical and substance use care and treatment)

Adult and Youth Community Rehabilitation and Recovery Services

- Vocational Rehabilitation
- Recreation Therapy
- Occupational Therapy



- Peer Support
- Wellness Recovery Action Plan (WRAP) Workshops
- Clubhouse Programs (Talking Tobacco and Breathing Easy Programs through clubhouse)
- Clubhouse Without Walls – specialized rehabilitation services for 16-25 year olds
- Therapeutic Volunteer Program
- Rehabilitation Fund

Family Support Services

- Family Support, Education and Respite Program
- Mental Health Advocacy Services

Emergency Services

- Centralized Fraser Health Crisis Line provides 24/7 telephone support, crisis intervention, suicide prevention and community resource information for people of all ages.
- Mental Health and Substance Use and Police/RCMP Liaison Services for collaborative mental health crisis response in Surrey (Car 67), Delta, Abbotsford, Chilliwack, Langley, Maple Ridge/Pitt Meadows, Burnaby, New Westminster and Tri-Cities.

Mental Health and Substance Use Partnerships with RCMP/Municipal Police

While our Mental Health and Substance Use teams have been working collaboratively with the RCMP and Municipal Police Forces for many years informally, a growing number of formal partnerships have taken shape in recent years to the benefit of both the organizations and the populations they serve.

These partnerships range from education and training in crisis intervention and in interacting with youth with mental health and substance use issues, to on-the-ground partnerships that strengthen outreach and urgent response to individuals experiencing a mental health or substance use crisis.

Education and Training

- **Crisis Intervention Training (CIT):** Piloted in 2004, the Crisis Intervention Training is a community based program through which integrated training is provided for a select core group of police first responders, dispatch and hospital emergency room staff and mental health emergency services. The goals of CIT are to enhance the effectiveness of *first response* involving emotionally disturbed individuals and to promote inter-agency collaborations.

The training originally piloted with the Burnaby RCMP and the Burnaby Mental Health and Addiction Services in 2004/2005, is an initiative of the Crisis Intervention Team – with members from Fraser Health, the RCMP Lower Mainland District Office, Vancouver Coastal Health Authority, Canadian Mental Health Association and BC Schizophrenia Society.

The training builds greater understanding of mental illness and offers practical and effective ways of working with people in crisis. Our Mental Health and Substance Use team has participated regularly (up to three times a year across the region) in the training since the first pilot in 2004.

- **RCMP Youth Mental Health and Addictions Workshops – pilot project:** Fraser Health's Clinical Nurse Educator with the Early Psychosis Intervention Program has supported the RCMP "E" Division Crime Prevention and Program Support Services with its one day workshops to discuss the issues surrounding youth mental health and addictions for front line policing members, school administrators, and the Ministry of Children and Family Development.

Workshop topics include psychosis, depression, suicide, and addictions in young people with discussion of terminology, symptom management and behavioral de-escalation techniques as it directly relates to the front line. The workshops also provide the opportunity for RCMP members to build their mental health service provider contacts in their communities.

Our role included: assistance in establishing the learning objectives, design and delivery of some of the content; assistance in identifying content for the participant binder and CD; coordinating the local specialized services for presenting (i.e., Child and Youth Mental Health clinicians for depression/anxiety and Addictions and Suicide workers) and providing those presenters support and guidance in delivering their presentations.

Three sessions have been held to date in Penticton, Nanaimo and the Lower Mainland; the fourth will be held in Terrace in September.

On the front lines...

Since 2000, we have been steadily increasing our formal operational partnerships with RCMP/Municipal Police Departments in order to connect with and provide critical, timely response to vulnerable individuals in crisis and who need urgent support.

While the partnerships vary to some degree in each community, the essence of each is the same – to provide sensitive and effective outreach to individuals living with mental illness in the community and subsequently facilitate positive outcomes for everyone involved. Examples of partnership include:

- **Car 67:** A partnership between Surrey Mental Health and Substance Use and the Surrey RCMP since November 2000, Car 67 provides rapid crisis intervention, assessments and referrals to individuals experiencing a mental health crisis. Each day from 2 p.m. to 2 a.m., 365 days a year, a mental health nurse and RCMP officer in Car 67 respond to referrals and 9-1-1 calls. Car 67 attends about 100 calls per month, in person and through phone consultations. About a quarter of the patients require hospitalization, while others are referred to a mental health service, family doctor, alcohol and drug services, youth services, social services or other services.
- **Delta Mental Health and Delta Police Partnership:** In January 2007, building on an already strong working relationship in responding to emergency mental health situations in Delta, Fraser Health and Delta Police formalized outreach service to enhance support through a dedicated police officer and designated mental health staff. Mental Health designated staff work with the Delta Police Officer to:
 - Assist with outreach regarding mental health related calls received by Delta Police.
 - Participate in response planning for mental health situations the Delta Police encounter.
 - Formalize liaison with other related services (i.e., substance abuse counselling service and others so that identified clients can be referred for further supportive services and follow-up).
 - Provide enhanced training on mental health conditions.

- **Community Mental Health and RCMP/Police Partnerships:** Modelled after the Delta partnership, a number of other Fraser Health Community Mental Health and Substance Use (MHSU) Services have joined forces (to varying degrees) with local RCMP/Police in formal partnerships to strengthen consultation between their services and improve outreach support and urgent response for individuals struggling with mental health or substance use issues/crises. Among the objectives and intended outcomes of the partnerships:
 - Enhance the relationship between the MHSU Services and the RCMP/Police for the purpose of improving the effectiveness and efficiency of their respective services
 - Improve urgent response services by MHSU and RCMP/Police to clients in the community
 - Identify and monitor clients in the community who, as a result of their mental health conditions, are potential threats to themselves and/or the community
 - Reduce the risk of harm to those suffering from a mental health crisis
 - Offer support and resources to the mental health client and their families
 - Reduce repeat interactions with the same persons and subsequently reduce amounts of resources each agency must deploy to provide effective service
 - Redirect clients away from the ER to other suitable services, when appropriate.

Partnerships to Date

- Abbotsford Mental Health and Substance Use and Abbotsford Police – implemented February 1, 2011
- Chilliwack Mental Health and Substance Use and Chilliwack RCMP – implemented June 20, 2011
- Maple Ridge/Pitt Meadows Mental Health and Substance Use and Ridge Meadows RCMP – implemented May 2012
- Langley Mental Health and Substance Use and Langley RCMP – implemented 2012
- Burnaby Mental Health and Substance Use and Burnaby RCMP – implemented 2012
- New Westminster Mental Health and Substance Use and New Westminster Police – implemented June 2013
- Tri-Cities Mental Health and Substance Use and Coquitlam/Port Coquitlam RCMP – implemented March 2014



Residential Care

Subsidized Residential Care

We provide subsidized residential care for adults who can no longer live safely or independently at home due to complex health care needs. This includes funding 7,664 residential care beds across the region. These subsidized beds are part of 15 sites we own and operate, along with 64 facilities we hold contracts with.

The above numbers do not include the significant investment announced in October 2013 to build 403 new Residential Complex Care beds for the Tri-Cities and Surrey, and White Rock. These communities were identified as those with a particular need of new capacity due to rapid growth, especially of seniors. Upon construction completion in 2015/16, our subsidized residential care bed total will increase to 8,067 beds.

Residents of Harrison Hot Springs can access residential care in Hope, Chilliwack or Agassiz. Chilliwack, Agassiz and Hope currently have three Fraser Health owned and operated facilities and six contracted facilities. These facilities provide 585 residential care beds in the community.

Note: Residential Complex Care bed numbers include respite beds, but excludes convalescent, end of life/hospice, mental health, acquired brain injury, assisted living, family care homes and group homes.

How to access: Subsidized residential care beds can be accessed by calling the Home Health Service Line at 1-855-412-2121. The home health team will start the assessment process, assign a case manager and then conduct an assessment of the person's care needs to see if they are eligible for residential care. If a person already has a case manager and is receiving care at home, they can speak directly with their case manager about their desire for residential care.

Private Residential Care Facilities Licensed by Fraser Health

All residential care facilities in BC must provide care that meets established standards. Our Community Care Facilities Licensing Office ensures these standards are met. Fraser Health currently licenses 61 privately owned care facilities, which provide an additional 5,935 beds in the region.

How to access: A person can call the private care facility directly to discuss their options as this would not go through Fraser Health.

Home and Community Care

Our Home Health community offices offer a variety of at-home and community services to people with acute, chronic, palliative or rehabilitative health care needs.

Home is Best Philosophy

We support a philosophy that home, with appropriate supports, is the best place to continue to recover from illness and injury, manage chronic conditions and live final days.

We have 14 community Home Health offices throughout the region and in 2013/14 provided 46,742 different routine services to 32,371 clients. Harrison Hot Springs residents receive services through our Hope Home Health Office, which currently has 414 clients and provides 614 routine services.

Home Health Services include:

- [Acquired Brain Injury Services](#): Support for people who have suffered a brain injury due to a trauma, stroke, brain tumor, aneurysm or other issues.
- [Community Respiratory Services](#): At-home support for people with chronic obstructive pulmonary disease (COPD).
- [Adult Day Programs](#): Supportive community group programs for seniors and adults with disabilities
- [Health Services for Community Living](#): Support and help for adults with developmental disabilities requiring access to health services.
- [BreatheWELL at Home with COPD](#): Services to help you gain more control over your chronic obstructive pulmonary disease (COPD) condition and its symptoms. Open to clients in Burnaby, New Westminster, Langley, Chilliwack and North Surrey (Gateway/Newton)
- [Home Care Nursing](#): Supports health for people to enable them to live at home as independently as possible.
- [Caregiver Support/Respite Care](#): Support for caregivers given the emotional and physical demands of caring for a loved one.
- [Home Health Clinics](#): Provides a range of nursing care and other professional health services in communities.
- [Case Management](#): Supports the development of a care plan and helps arrange for health care services.
- [Home Oxygen Program](#): Manages home delivery of oxygen to breathing-compromised clients
- [Choice of Supports for Independent Living \(CSIL\)](#): Funding for eligible home support clients wishing for more flexibility by managing their own services.
- [Home Support Services](#): Support with activities of daily living, including bathing dressing, medication administration and more.
- [Community Intravenous Therapy](#): Ongoing intravenous antibiotics for those that do not require hospitalization.
- [Medical Equipment and Supplies](#): Offers additional supportive medical equipment and/or supplies to enable a safe and comfortable recovery.
- [Community Nutrition](#): Nutritional counseling for a wide variety of health concerns.
- [Occupation and Physical Therapy](#): Provides clients and their families with support to improve the client's functional and physical abilities. Occupational and Physical therapists can also help set-up a client's home to make it safer and easier to get around.



How to Access: Home Health services can be accessed by calling the Home Health Service Line at 1-855-412-2121. The home health team will start the assessment process, assign a case manager and then conduct an assessment of the person's care needs to determine what home health services are required. Some clients may access home health services through a Home Health Liaison when they have been admitted at a hospital and cannot return home without support.



Hospital Network

We have 12 hospitals and one outpatient centre. Our hospitals provide a range of care services that help people in emergency situations, conduct diagnostic tests and support them in their recuperation as they return home and to their community.

While no number could adequately sum up all the work that physicians and staff do, some from 2014 include:

- 139,133 patients admitted to our hospitals
- 646,198 patients visited our Emergencies
- 158,103 surgeries performed
- 170,635 CT scans performed
- 15,182 babies born

Each hospital is designed to deal with the population needs of the community it serves, along with playing an important role in the larger network of hospitals in the region. Resources are distributed across sites depending on the level of care the hospital provides its patients.

A full list of services provided at each hospital can be found on the directory page for each hospital on our [website](#).

Patient Education and Discharge Planning

We are committed to providing patients with standardized and consistent education and discharge information to support them in returning home safely and with their care needs met.

There are 42 acute care **professional and program specific care standards** that have been developed and are in the process of being implemented. Care planning and discharge planning are important components of these care standards.

48/6 Model of Care is a pro-active, integrated approach designed to prevent functional decline and in-hospital comorbidity, helping patients return home sooner at the level of independence they had prior to admission. Three components of the 48/6: the Pre-admission Screening Questionnaire; the Core Tools Assessment Algorithm and the Inter-professional Care and Discharge Plan together provide care teams with valuable information that help to guide care and discharge planning. The Ministry of Health has set compliance deliverables for 48/6 to be 100% by September 2015.

Community with patients and their families is an important part of the care we provide. To help facilitate this communication **whiteboards** have or are in the process of being installed at all hospital sites. Whiteboards are a tool to help initiate conversations with patients and families regarding goals of care that are important to the patient. The whiteboard also provides the opportunity to discuss the Expected Date of Discharge (EDD) and consequently what equipment and other support or services that will need to be in place in order to enable the patient to have a smooth transition to their home or next place of care.

Emergency Department Discharge Instructions

In collaboration with Professional Practice the Emergency Department Discharge Instructions, which includes printed educational material for patients, have been standardized, updated by Emergency Department Registered Nurses and/or physicians, reviewed by a plain language specialist and collated into the FH Patient



Education website. Prior to discharge, the staff member gathers and prints any relevant instructions from the catalogue and review with patient prior to leaving the Emergency Department.

Seniors' Clinics

Our Seniors' clinics provide a copy of a standardized Health Improvement Plan after the client's initial physician consultation and follow-up. Different education materials are provided in order to best meet the needs of the client and their family.

Post-operative Surgical Education and Discharge Plans

There is a wide range of education materials and instruction for post-operative surgical patients as part of the specific care pathway related to their surgery.



Complaints and Feedback

While we strive to provide quality care to every patient, client and resident, we understand that from time-to-time a person may want to provide us with feedback or share their experience with us when we did not meet expectations. This is an opportunity to learn and improve the care or services we provide.

We encourage people to first speak with the person who provided the service, or the manager of the area in the hopes that this conversation can foster quick answers and results. Concerns are best addressed and resolved at the time and place they occur. If someone is uncomfortable talking to the staff or manager, or it remains unresolved after discussing the issue with the service area, we encourage people to share them with our Patient Care Quality Office.

Patient Care Quality Office

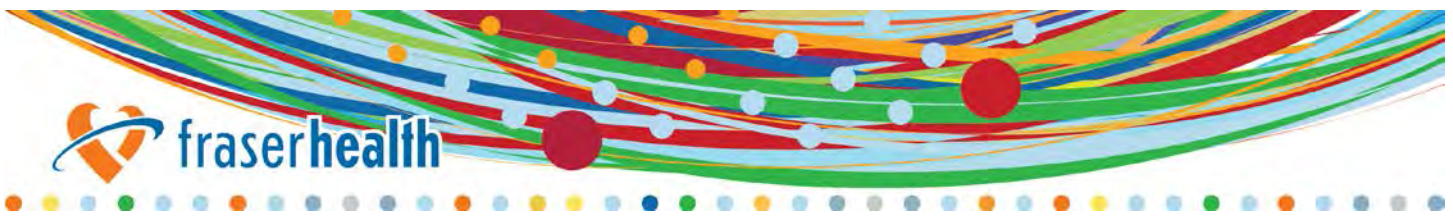
With each concern, our Patient Care Quality Office team will formally register the complaint, work with the constituent to resolve and respond within 40 business days to explain our actions and decisions.

How to access: Constituents can contact the Patient Care Quality Office by:

- Calling: 1-877-880-8823
- Faxing: 604-463-1888
- Mailing: 11762 Laity Street, 4th Floor, Maple Ridge, B.C. V2X 5A3
- Visiting: Between 8:30 a.m. and 4:30 p.m. Monday - Friday (except statutory holidays)
- Emailing: pcqoffice@fraserhealth.ca

Feedback@fraserhealth.ca

We also welcome feedback on any of our services by contacting feedback@fraserhealth.ca. Feedback@fraserhealth.ca receives comments on our services, questions about accessing or sharing challenges about navigating the health care system.



Your Community

The following profiles share about the health of your community and the mental health and substance use services available in your community:

- [Community Health Profile](#): Created in partnership with the Provincial Health Services Authority, the community health profiles provide local data to support collaborative community health planning.
- [Healthy Aging Community Profile](#): Created by Fraser Health to share a snapshot of information on the aging population in the communities we serve.
- Mental Health and Substance Use Community Services Profile: Created by our Mental Health and Substance Use team to provide valuable information on services in your community and how to access them.

When we think of “health” we often think of health conditions like diabetes or cancer, visits to the doctor’s office, or wait times for medical services. But evidence shows that, long before illness, health starts in our homes, schools and jobs. Our health is affected by access to clean water and healthy food, affordable recreational activities, and education and employment opportunities.

Health starts here – where we live, work, learn, and play.

The provincial government and health authorities are primarily responsible for health by providing health services and promoting healthy living. Local and First Nations governments and community organizations can also play a role in creating the conditions for citizens to make healthier choices and working with partners to promote community well-being. Together we can build healthy and vibrant communities that empower citizens to achieve their best physical and mental health.

The purpose of the *BC Community Health Profiles* is to provide data that facilitates dialogue about community health.

What's inside:

- Demographics and health statistics
- Factors that influence community health and well-being
- Provincial comparisons



The first section of the profile reflects data for your community, as shown in the map above, unless otherwise stated.

Health authorities can support your healthy communities agenda by providing advice and expertise on health and health data, acting as a resource in the development of healthy public policy, and partnering with you on joint healthy living actions.

You might already have relationships with your health authority. If not, the contact below is a good place to start:

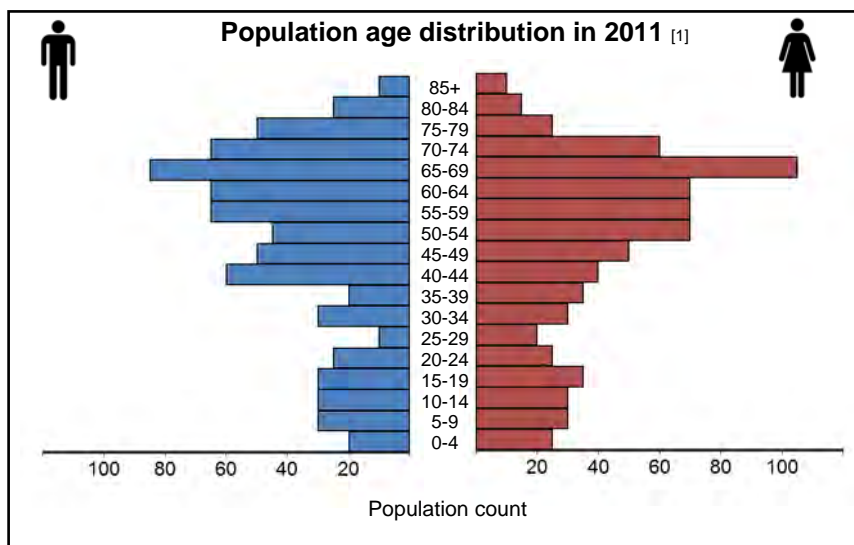
Diana Grill
populationhealthobservatory@fraserhealth.ca
(604)-930-5404 ext.767346

http://www.fraserhealth.ca/about_us/reports/

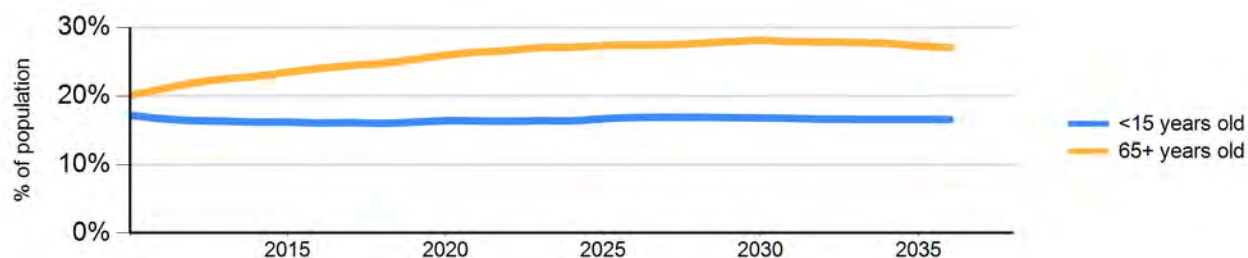
Who lives here?

The **age distribution** of your community impacts the supports and services needed in your community. For example, older adults and young families benefit from age-friendly public spaces, like well-maintained sidewalks and rest areas.

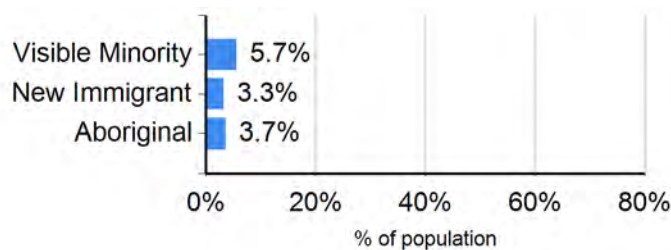
Knowing how your population is expected to change in the upcoming years can help you plan ahead to meet the changing needs of your community.



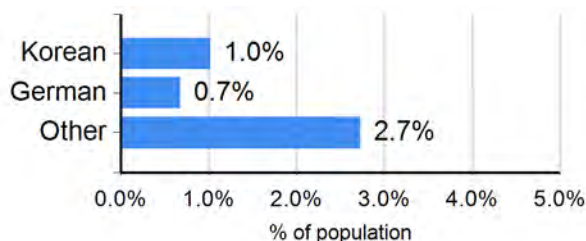
Current and projected youth and seniors populations (2010 to 2036) for your Local Health Area [2]



Population demographics in 2011 [3]



Non-official languages spoken at home in 2011 [1]



A **diverse community** is a vibrant community. Different population groups often have different opportunities and challenges in maintaining or improving their health. For example, Aboriginal people and new immigrants often face barriers to good health and access to health services.

Understanding the unique needs of various cultural groups and people who speak other languages is important for improving the overall health in your community.

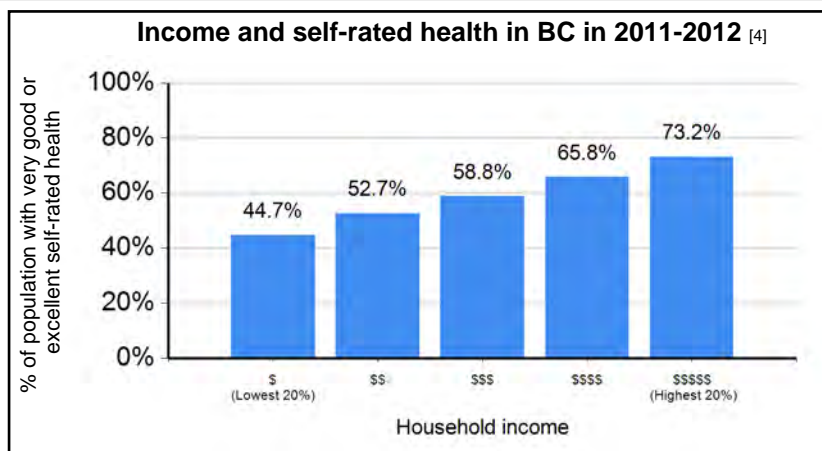
What determines our health?

The following section describes some of the factors that influence the health and well-being of our communities. It is important to note that, although these factors impact health in their own right, they are interrelated and work together to contribute towards the health of our communities.

Income greatly impacts health by affecting our living conditions (e.g., adequate housing and transportation options), access to healthy choices (e.g., healthy food options and recreational activities), and stress levels.

Those with the lowest levels of income experience the poorest health and with each step up in income, health improves. This means all segments of the population experience the effect of income on health, not just those living in poverty.

Considering a range of incomes when designing community programs and services can improve access for all.



Average family income after-tax in 2010 [3]

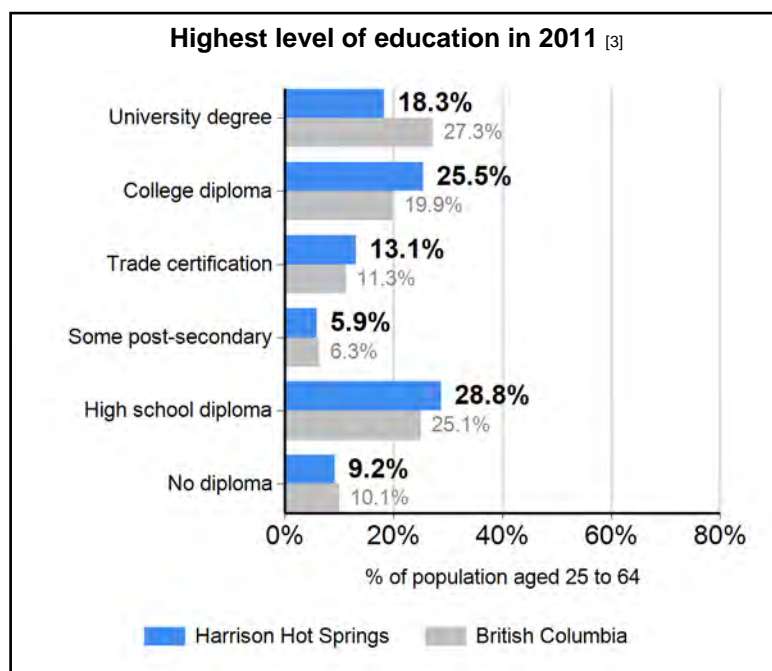
Harrison Hot Springs: \$67,590

BC average: \$78,580

Individuals that are low-income after-tax in 2010 [3]

Harrison Hot Springs: 11.0%

BC average: 16.4%



People with higher levels of **education** tend to be healthier than those with less formal education. Education impacts our job opportunities, working conditions, and income level. In addition, education equips us to better understand our health options and make informed choices about our health.

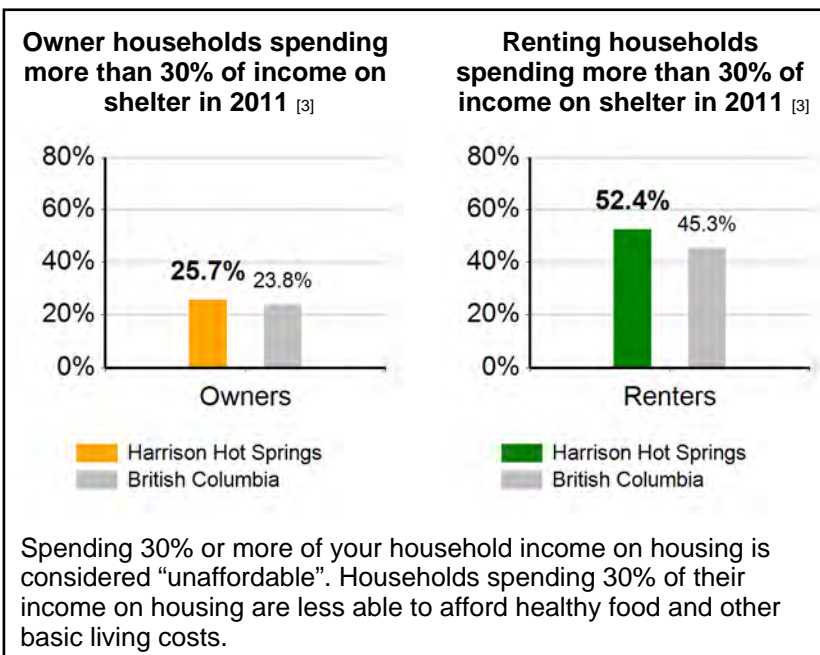
Offering or partnering with other organizations to deliver informal education, such as skill-building workshops (e.g., literacy training), can contribute towards improved individual and community health.

What determines our health?

Employment provides income and a sense of security for individuals. Underemployment or unemployment can lead to poorer physical and mental well-being due to reduced income, lack of employment benefits and elevated stress levels. Employment conditions such as workplace safety and hours of work can also impact our health.

Unemployment rate in 2011 ^[3]
Harrison Hot Springs: 7.8%
 BC average: 7.8%

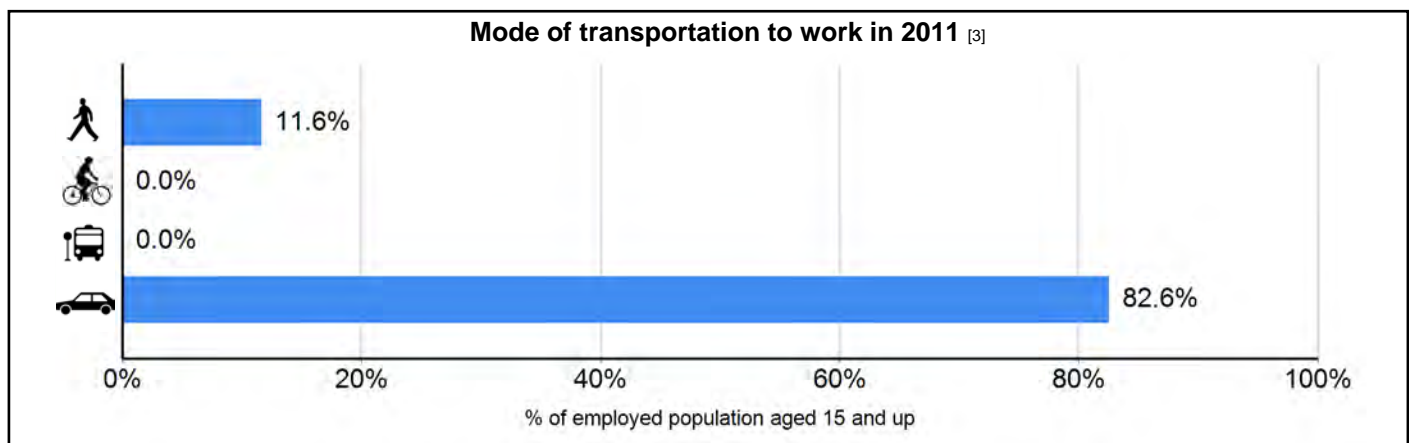
Offering fair compensation and safe working conditions and asking your contractors to do so as well can improve health in your community.



Physical environments can promote healthy behaviours by increasing access to healthy food outlets, affordable housing, walking or biking paths, and smoke-free environments.

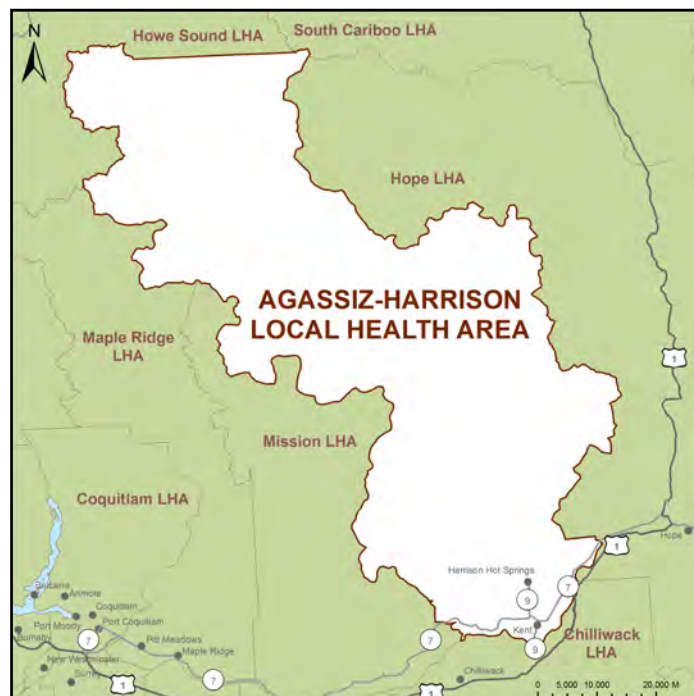
How we plan and build our communities can make healthy options, like active transportation, more available, affordable, and accessible for everyone.

By keeping health and physical accessibility in mind when drafting policy and designing physical spaces, communities can help create healthier environments for citizens.



What determines our health?

The remainder of this profile reflects regional-level data (local health area [LHA]), unless stated otherwise. This is the most detailed information available for these topics.



Available health practitioners in 2009-2010^[5]

Physicians per capita: 33 per 100,000
BC average: 110 per 100,000

Specialists per capita: Not reportable
BC average: 94 per 100,000

**Supplementary practitioners
per capita: 44 per 100,000**
BC average: 133 per 100,000

Access to **health services** is essential for maintaining and improving your health. Health authorities and the Ministry of Health are responsible for providing quality services that meet the health needs of communities by preventing, diagnosing, and treating illnesses.

Local and First Nations governments, community organizations, and health authorities can work in partnership to help ensure that their communities' health needs are addressed.

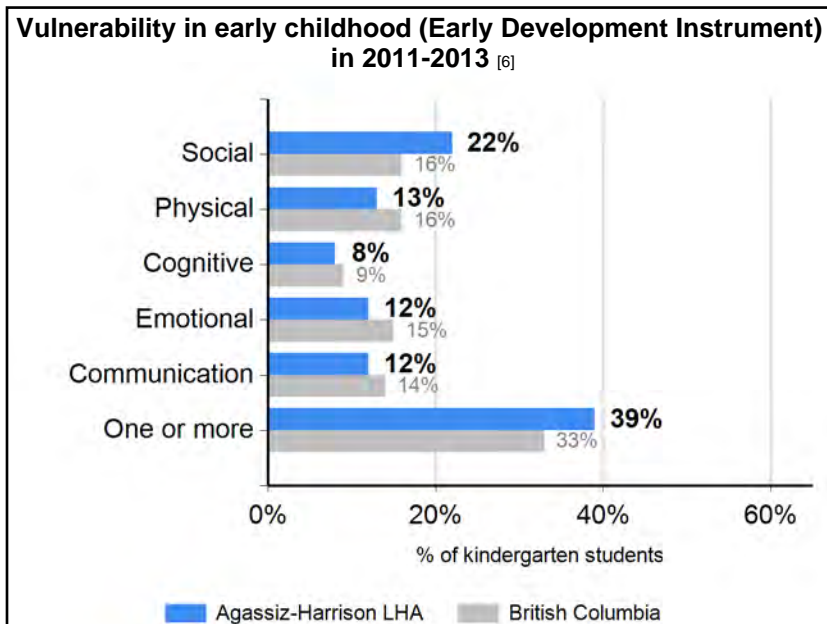
Health practitioners are one part of a larger health system that includes many people, facilities, and services that aim to improve health in your community through health care services and health promotion.

What determines our health?

Social support from family, friends and communities is associated with better health. Having someone to turn to during times of financial or emotional hardship can help to alleviate stress, and caring relationships can protect against health problems. Beyond our immediate social support network, our health is also affected by our sense of community support and connectedness. Community connectedness reflects our commitment to shared resources and systems – for example, our community centres and programs, transportation system, and social safety net.

Through support and provision of social programming, local and First Nations governments, community organizations, and health authorities can increase social support and connectedness in their communities.

In 2011-2012, 68.3% of British Columbians (aged 12 and up) reported a somewhat strong or very strong sense of belonging to their local community. [4]



The Early Development Instrument (EDI) is one method of healthy childhood development, which measures children in kindergarten in five core areas that are known to be good predictors of adult health, education, and social outcomes: social competence; physical health and well-being; language and cognitive development; emotional maturity; communication skills and general knowledge. The EDI highlights the percentage of children in kindergarten who may be considered vulnerable in one or more of these core areas.

Early childhood development has a profound impact on emotional and physical health in later years. Early experiences help children to develop skills in emotional control, relationship building, self-esteem, and health practices that last throughout their lives.

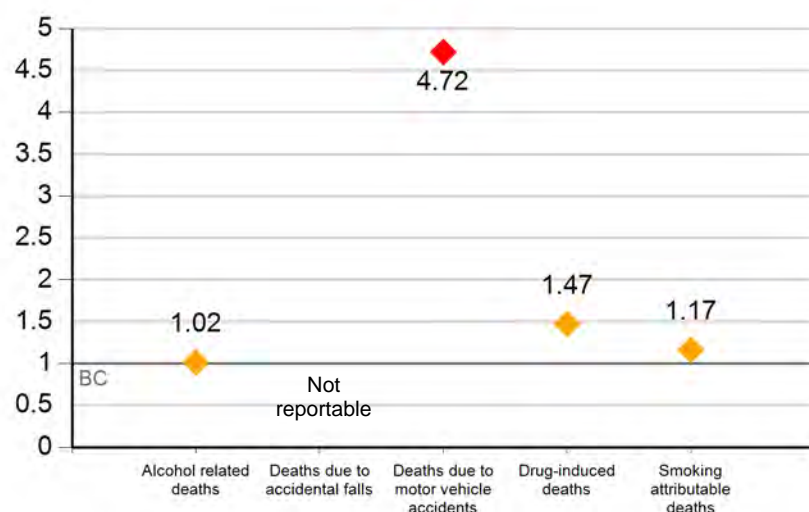
Offering accessible and affordable programs and services for a diverse spectrum of children and families can help support healthy childhood development in your community.

What determines our health?

Personal health practices such as what we eat, how much we drink, how physically active we are, and whether or not we smoke are factors that impact our health. For example, alcohol consumption has been linked to diseases like cancer and kidney disease, and smoking is still a leading cause of death in BC. Health practices are highly influenced by our knowledge of and ability to afford or adopt healthier options.

Supportive social and physical environments can improve everyone's personal health practices. Communities offer programs and services that increase awareness, build skills, and positively influence personal health practices. Local governments have also had success in improving community health by implementing bylaw and zoning restrictions, such as for tobacco.

Potential Years Life Lost (PYLL) Index (2007-2011 average) [7]



The Potential Years of Life Lost (PYLL) Index estimates the number of years of life 'lost' to early deaths (i.e., deaths before age 75). The PYLL Index shows early deaths in your LHA that can be attributed to various health practices, compared to the BC average. For example, a PYLL Index of 1.20 indicates that your LHA average is 20% higher than the BC average.

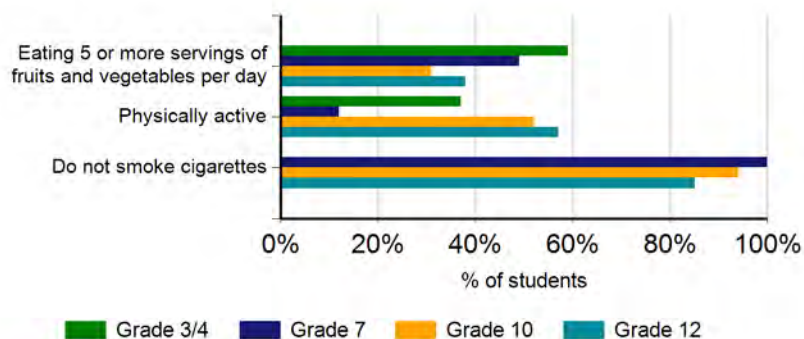
- ◆ Significantly higher than BC
- ◆ Higher than BC
- ◆ Lower than BC
- ◆ Significantly lower than BC

Consumption of standard alcoholic drinks per capita in your LHA in 2011: [8]

1.7/day

BC average: 1.3/day

Student health practices in 2010-2011 [9]

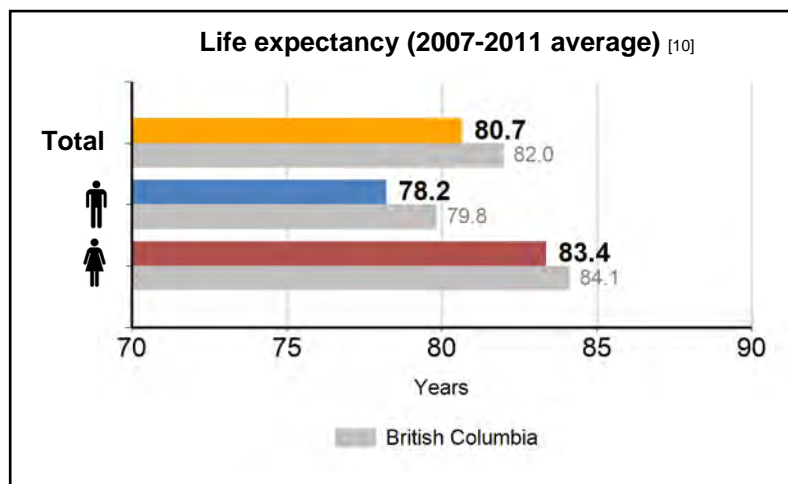


Health practices that start early in life are likely to continue into adulthood. The above graph shows health practices for students in your LHA.

How healthy are we?

We have mentioned some of the factors that contribute to health and well-being in our communities, but how healthy are we? One of the biggest challenges to achieving healthy communities is preventing and managing chronic conditions that develop over time, such as respiratory illnesses, high blood pressure, and heart disease. Chronic conditions result from a complex combination of our genetics, health practices, and environments. Understanding community health concerns can help local governments and community organizations, in partnership with health authorities, set priorities for better community health.

Life expectancy at birth is the average number of years a newborn can be expected to live, and is a reliable indicator of overall health for populations. Life expectancy can approximate length of life, but does not account for quality of life, which is influenced by health and well-being.



In 2011-2012, 68.7% of British Columbians (aged 12 and up) reported very good or excellent mental health. ^[4]

Positive mental health and well-being is a resource for everyday living, just like our physical health. Having good mental health allows us to stay balanced, enjoy life, cope with stress, and bounce back from major setbacks.

Mental illness refers to diagnosable conditions such as depression, anxiety, and bipolar disorder. People with mental illness can thrive with access to appropriate services and support.

Number of people newly diagnosed with depression or anxiety in your LHA in one year (2012-2013): 88 ^[11]

The information available on mental health shows the number of people who have been diagnosed for the first time with depression or anxiety, which only captures one aspect of mental health in your community. Because these figures are based on diagnosis, they do not capture those individuals who have not sought medical help.

How healthy are we?***Respiratory illness***

Asthma often occurs in those with a genetic predisposition to the illness and can be caused by allergens in the environment, tobacco smoke, chemical exposure in the workplace, or air pollution. Chronic obstructive pulmonary disease (COPD) is a long-term lung disease (including chronic bronchitis and emphysema) that is often caused by smoking.

Heart and circulatory illness

Cardiovascular disease is the leading cause of death among Canadian adults, and includes heart attacks, strokes, heart failure, and heart disease. High blood pressure, also called hypertension, contributes to increased risk of cardiovascular diseases as well as chronic kidney disease. High blood pressure can be caused by an unhealthy diet, harmful amounts of alcohol, physical inactivity, or stress.

Diabetes

Type 2 diabetes is the most common type of diabetes (90% of all cases) and usually occurs in adults although rates among children are rising. Some people are at higher risk of developing type 2 diabetes, including those who are overweight and those who are Aboriginal, Hispanic, Asian, South Asian or African.

Cancer

Cancer is one of the leading causes of death in Canada. Over half of all cancers may be prevented through personal health practices such as healthy eating, physical activity, non-smoking, and reduced sun exposure.

In one year (2012-2013), the number of people in your LHA newly diagnosed with: ^[11]

Asthma: 24

COPD: 46

High blood pressure: 113

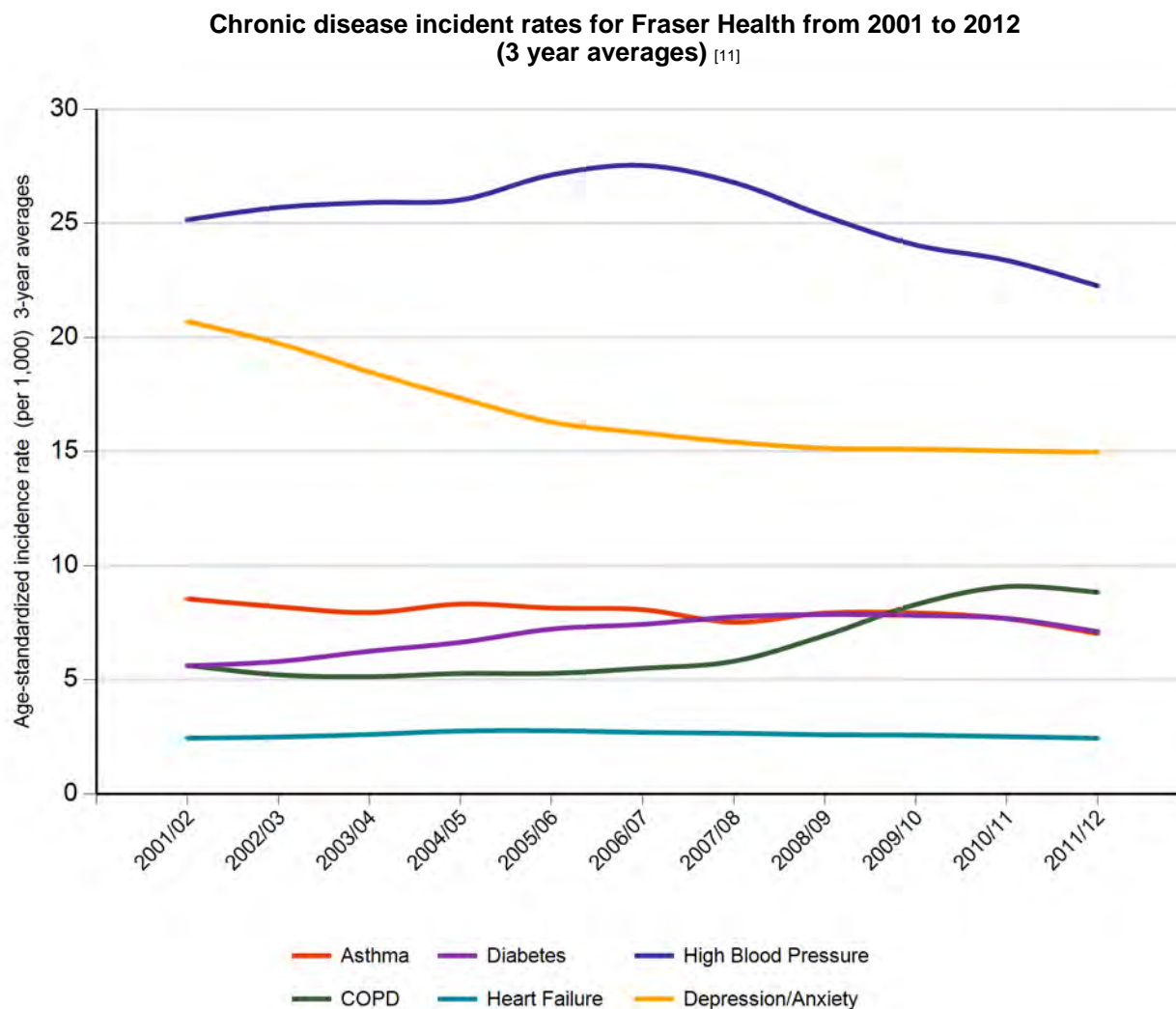
Heart failure: 48

Diabetes (type 1 or 2): 82

Number of people newly diagnosed with cancer in BC in 2011: 23,829 ^[12]

How healthy are we?

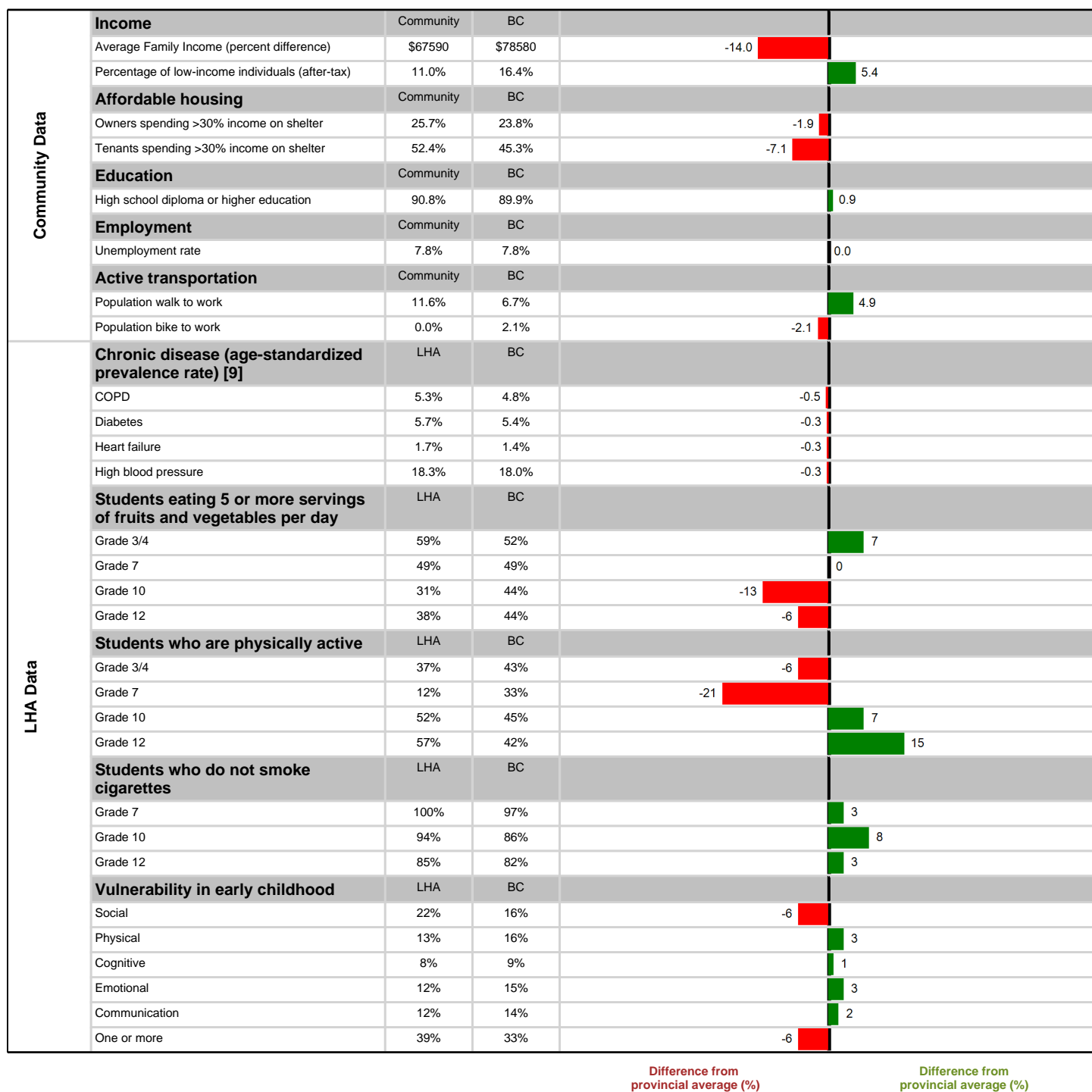
The number of people newly diagnosed with a disease each year is called the *incidence*. Incidence is often presented as a rate - the number of people who get sick per 1,000 people in the community. The following graph displays how the incidence rates of various chronic conditions have changed over time in your health authority.



As a population ages, the incidence rate of chronic diseases is expected to rise. Age-standardized rates allow you to compare chronic disease rates over time, regardless of an aging population.

How do we compare to the province?

The summary below highlights how your community is doing compared to the provincial average. The graph displays the BC average as a black line and your community's data as a coloured bar on either side.



Glossary

Aboriginal:

'Aboriginal' includes persons who reported being an Aboriginal person - that is, First Nations (North American Indian), Métis or Inuk (Inuit), and/or those who reported Registered or Treaty Indian status registered under the *Indian Act* of Canada, and/or those who reported membership in a First Nation or Indian band.

Age-standardization:

Age-standardized rate are rates that would have existed if the population had the same age distribution as the selected reference population. The BC Community Health Profiles use the 1991 Census of Canada estimates as the reference population, and chronic disease incidence and prevalence rates have been age-standardized using the direct standardization method with five-year age groups.

Alcohol-related deaths:

Alcohol-related deaths include deaths where alcohol was a contributing factor (indirectly related) as well as those due to alcohol (directly related).

Chinese, n.o.s:

The Census of Canada reports eight different Chinese languages. If respondents do not specify which Chinese language they speak, the language is recorded as 'Chinese, n.o.s.' (not otherwise specified).

Chronic disease:

Chronic diseases, also known as non-communicable diseases, are diseases that are persistent and generally slow in progression, which can be treated but not cured. Chronic diseases often have common risk factors, such as tobacco use, unhealthy diet, and physical inactivity. Societal, economic, and physical conditions influence and shape these behaviours and affect chronic disease rates in communities.

Drug-induced deaths:

Deaths due to drug-induced causes. This category of deaths excludes unintentional injuries, homicides, and other causes that could be indirectly related to drug use. Deaths directly due to alcohol are also excluded.

Incidence:

The number of people newly diagnosed with a disease in a population during a specific time period is called the incidence. Incidence is often presented as a rate – the number of people who get sick per 1,000 people.

Low-income after-tax:

Low-income after-tax is a relative measure based on household after-tax income. There are no regional variations to account for prices or cost of living differences: all applicable households in Canada face the same line adjusted for household size. This line is set at half the median of adjusted household after-tax income. To account for potential economies of scale, the income of households with more than one member is divided by the square root of the size of the household. All household members are considered to share the household income and are attributed the same income status.

New Immigrant:

'Immigrant' refers to a person who is or has ever been a landed immigrant or permanent resident in Canada. In the BC Community Health Profiles 'new immigrants' are individuals who, at the time of the National Household Survey (2011), had immigrated to Canada within the past five years (2006 to 2011).

Not reportable:

Data is not reported when the release of the information could be used to identify respondents. This occurs most often in geographic areas with small populations. In addition, data is not released if the quality of the data is considered unsatisfactory. A low response rate is the most common concern that may affect the quality of the data.

Physically active:

The School Satisfaction Survey reports physical activity differently for younger students than older students to reflect the different requirements outlined in the Ministry of Education's Daily Physical Activity initiative. Students in grades 3/4 and 7 are physically active if they exercised or participated in physical activity in school for at least 30 minutes every day for the last five school days. Students in grade 10 and 12 are physically active if they exercised or participated in physical activity for more than 120 minutes in the past seven days.

Prevalence:

The total number of people with a disease in a population during a specific time period is called the prevalence. Prevalence differs from incidence in that it includes people who have been living with the disease for many years. (Incidence only includes people newly diagnosed with a disease in a given time period.) Prevalence is often presented as a rate – the number of people living with a disease per 1,000 people.

Smoking-attributable deaths:

Since death certifications lack complete and reliable data on smoking, estimation techniques are used to approximate the extent of smoking-attributable deaths. Smoking-attributable deaths are derived by multiplying a smoking-attributable mortality percentage by the number of deaths aged 35+ in specified cause of death categories. These categories are comprised of selected malignant neoplasms, circulatory system diseases, and respiratory system diseases.

Standard alcoholic drink:

A standard drink is a unit that is used to measure alcohol intake. In Canada, a standard drink is any drink that contains 13.6 grams of pure alcohol or the equivalent of 0.6 ounces of 100% alcohol. (E.g., one 12-ounce can of beer, containing 5% alcohol; one 5-ounce glass of wine, containing 12% alcohol; one and a half-ounce liquor or spirits, containing 40% alcohol.)

Supplementary practitioners:

Practitioners who provide services insured through the MSP Supplementary Benefits program or the Midwifery program and who are approved for licensure by their respective Colleges/Associations.

Visible minority:

Visible minority refers to whether a person belongs to a visible minority group as defined by the *Employment Equity Act*. The *Employment Equity Act* defines visible minorities as 'persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.'

References

- [1] Statistics Canada. (2013). *2011 Census of Population*.
- [2] BC Stats. (2013). *2013-2036 Sub-Provincial Population Projections – P.E.O.P.L.E.*
- [3] Statistics Canada. (2013). *2011 National Household Survey*.
- [4] Statistics Canada. (2013). *Canadian Community Health Survey: 2011-2012 cycle*.
- [5] Ministry of Health. (2011). *BC health - population, practitioners, services and expenditures by Local Health Area, from MSP: 2009-2010 fiscal year*.
- [6] Human Early Learning Partnership. (2013). *Early Development Instrument: 2011/12 - 2012/13*.
- [7] Vital Statistics. (2011). *Annual Report 2011*.
- [8] Centre for Addictions Research of BC. (2014). *BC Alcohol and Other Drug (AOD) Monitoring Project: Alcohol consumption*.
- [9] Provincial Health Services Authority. (2013). *BC Community Health Atlas*.
- [10] BC Stats. (2014). *Life expectancy: 2007-2011 average*.
- [11] Ministry of Health. (2014). *Chronic Disease Registry*.
- [12] BC Cancer Registry. (2013). *New cancer diagnoses for 2011*.

Acknowledgements

BC Community Health Profiles were developed by the Provincial Health Services Authority in support of Healthy Families BC in partnership with the Ministry of Health, regional health authorities, the Union of BC Municipalities, and PlanH. These profiles will help inform local government and community organizations on the health and well-being of their communities. Healthy Families BC is the Ministry's primary health prevention initiative and recognizes the importance of local interests in supporting the creation of environments that promote healthy living.



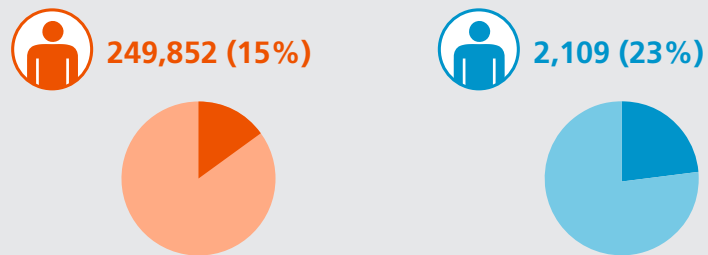
For additional BC Community Health Profiles, please visit www.phsa.ca/populationhealth

AGGASIZ-HARRISON* SENIOR COMMUNITY PROFILE

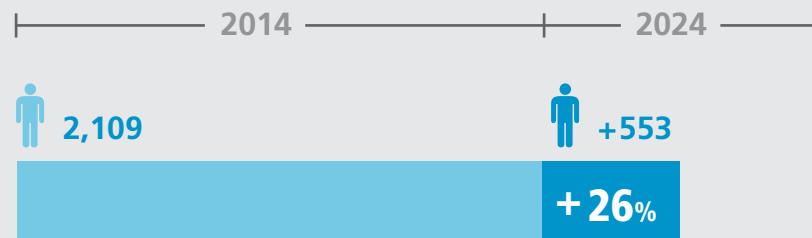


POPULATION STATISTICS¹

SENIOR POPULATION, 2014



INCREASE IN SENIOR POPULATION, 2014 TO 2024



*Agassiz/Harrison includes Kent
NA = Not Available

Data Sources

1. BC Stats, BC Ministry of Labour and Citizens' Services, P.E.O.P.L.E. 2013 projections
2. Statistics Canada Census, 2011
3. Statistics Canada National Household Survey, 2011, Low Income Measure-After Tax (LIM-AT)
4. Statistics Canada National Household Survey, Aboriginal Population Profile, 2011
5. Statistics Canada, Census 2011

NOTE: Seniors defined as those 65 and older

HOUSING & AFFORDABILITY



SENIORS LIVING ALONE, 2011²

23% **22%**

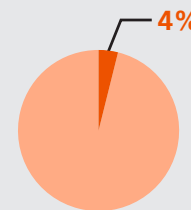


LOW INCOME SENIORS, 2011³

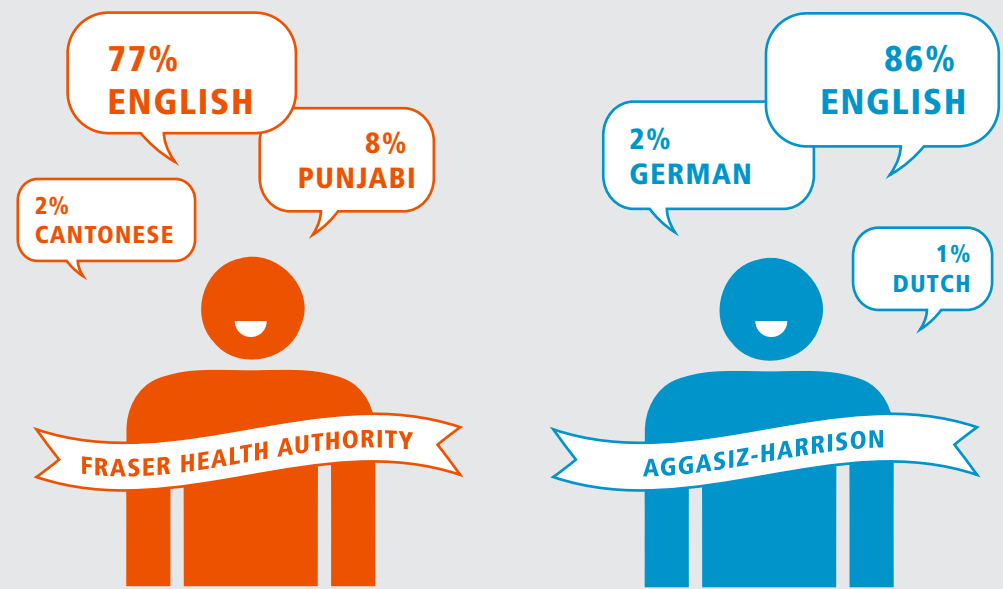
14% **13%**

MULTICULTURALISM STATISTICS

PROPORTION OF ABORIGINAL POPULATION 65 YEARS AND OLDER, 2011⁴



MOST COMMON LANGUAGES SPOKEN BY SENIORS, 2011⁵



AGGASIZ-HARRISON* SENIOR COMMUNITY PROFILE



HEALTHCARE UTILIZATION & MORTALITY



SENIOR HOSPITALIZATION RATES
PER 1,000 PERSONS, FY 2011-12⁶



232



194



SENIOR CANCER MORTALITY RATES
PER 10,000 PERSONS, 2007-2011⁷



95



98



SENIOR EMERGENCY ROOM (ER)
UTILIZATION RATES PER
1,000 PERSONS, FY 2012-13⁸



570

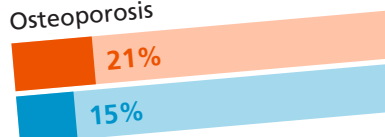


543

People may repeatedly visit an ER more than once a year.
This may result in ER utilization rates greater than 1,000.

CHRONIC DISEASE PREVALENCE, FY 2011-12⁹

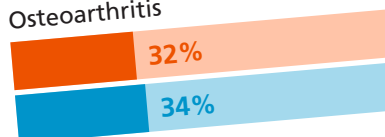
Osteoporosis



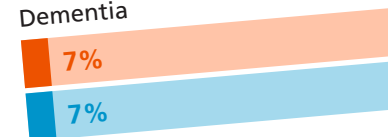
History of Stroke Hospitalization



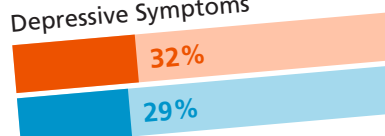
Osteoarthritis



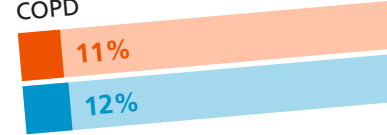
Dementia



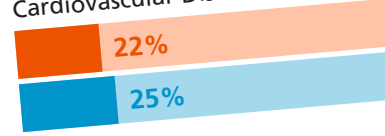
Depressive Symptoms



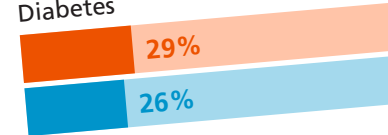
COPD



Cardiovascular Disease



Diabetes



FY = Fiscal Year

* Aggasiz/Harrison includes Kent

Data Sources

6. CIHI Discharge Abstract Database, FY 2011-12. Includes patients hospitalized in non-Fraser Health hospitals

7. BC Cancer Agency 2011 Regional Cancer Report, 2007-2011

8. Fraser Health, Meditech, FY 2012-13. P.E.O.P.L.E 2012 projections. Includes patients seen in non-Fraser Health hospitals

9. 2013 Ministry of Health Chronic Disease registries, FY 2011-12

NOTE: Seniors defined as those 65 and older

January 2015

Hope /Agassiz / Harrison / Boston Bar Mental Health and Substance Use Services

Fraser Health provides a range of mental health and substance use services that stretch across the life span and care continuums from prevention and health promotion to specialized, intensive in-patient care. The services include in-patient and outpatient, community and residential services and are organized in **seven client service streams**:

- Child, Youth and Young Adult; Adult; Community Residential Emergency Short Stay and Treatment; Geriatrics; Substance Use; Tertiary (most intensive services) and Housing.

Services located in the Hope/Agassiz/Harrison/Boston Bar communities include:

- Psychiatric Liaison Nurse in the Fraser Canyon Hospital emergency department (5 days/week)
- Community Mental Health Centre
 - Central Intake and Referral Service/Adult Short-term Assessment and Treatment Team
 - Adult Case Management Team (serious and enduring mental illness) including assertive case management service and rehabilitation services
 - Community Geriatric Mental Health Services
- Community Rehabilitation Services: Occupational Therapy, Peer Support Worker Program, Therapeutic Volunteer Program, Rehabilitation Fund
- Nurse Practitioner Service for Agassiz, Hope, Anderson Creek (Boston Bar) and Fraser Canyon
- Adult Psychiatry Clinic on a bi-weekly basis for Hope and Agassiz
- Geriatric Psychiatry Clinic on a weekly basis for Hope and Agassiz
- Contracted substance use outpatient counselling/prevention program serving adults and youth (includes Youth Outreach Workers and School and Community-based Prevention Program)
- Aboriginal Mental Health Nurse Liaison provides mental health outreach services to First Nation communities in Agassiz, Hope, Boston Bar, and in the Fraser Canyon corridor.

Regional services available to individuals in Hope/Agassiz/Harrison include:

Substance Use Services

- Riverstone Home/Mobile Detox/Daytox service for Fraser East communities
- Creekside Withdrawal Management Service (adult detox and dedicated youth detox/30 day stabilization beds)
- Creekside Daytox Program (medically monitored day program)
- Maple Ridge Treatment Centre (intensive residential treatment program for men)
- Kinghaven Treatment Centre (intensive residential treatment program for men)
- Peardonville House (intensive residential treatment program for women – can accommodate pre-school age children)
- Contracted supportive recovery facilities for men and women called STLRs (Stabilization and Transitional Living Residences)
- Second stage supportive housing
- Intensive day treatment program for adults (TEAM – co-ed; WELL - Women's intensive; MELL – Men's intensive)
- The Crossing, a co-ed long-term youth residential treatment centre in Keremeos

Mental Health

- Early Psychosis Intervention Program for 13 to 30 year olds
- Psychosis Treatment Optimization Program (PTOP) provides additional supports for individuals living with psychosis who have not responded well to previous treatments
- Gaining Ground, a teen and young adult mental health literacy and early intervention initiative includes mindcheck.ca, a teen and young adult-focused website (a provincial resource), and [Speak Up](#), which encompasses targeted education, a youth peer network and a dedicated online space, [Speak Up @ mindcheck.ca](#)
- Youth Concurrent Disorders Program
- Developmental Disabilities Mental Health Services for adolescents and adults with both developmental disabilities (IQ of 70 or less) and complex mental health needs.
- Psychiatric High Acuity Unit at Abbotsford Regional Hospital and Cancer Centre
- Fraser Health Outpatient Eating Disorders Services at Chilliwack Mental Health
- Fraser Health Child and Youth Neuropsychiatry Clinic and Child and Youth Psychiatry General Teaching Clinic on Surrey Memorial Hospital (SMH) grounds
- In-patient Adolescent Psychiatric Unit at SMH
- Adolescent Day Treatment Program at Abbotsford Regional Hospital and Cancer Centre
- Child and Youth Crisis Response Program
- Reproductive Psychiatric Clinic at Royal Columbian Hospital and Jim Pattison Outpatient Care and Surgery Centre
- Community Residential Emergency Short Stay Treatment (CRESST) located in Abbotsford
- Neuropsychiatry Outreach Clinic, located at Delta Hospital, provides specialized assessments and consultation for individuals with mental illness and brain injury
- Ministry of Social Development Program (liaison/integration service between Mental Health and Substance Use and Probation Services)
- Regional Tertiary (intensive and highly specialized) Mental Health Services:
 - Arbutus Place, 42-bed Older Adult Rehabilitation and Behavioural Stabilization Program in Langley
 - Clayton Heights, a 29-bed Older Adult Rehabilitation and Behavioural Stabilization Program in Surrey
 - Connolly Lodge, a 20-bed adult specialized residential facility on Riverview grounds
 - Cottonwood Lodge, a 24-bed adult specialized residential facility on Riverview grounds
 - Cypress Lodge, a 20-bed mental health rehabilitation facility on Riverview grounds
 - Memorial Cottage, a 25-bed mental health rehabilitation facility in Langley
 - Cedar Ridge, a 20-bed Adult Mental Health Rehabilitation Unit in Chilliwack
 - Oceanside, a 24-bed Acute Older Adult Unit in White Rock
 - Timber Creek: 17-bed Intensive Tertiary Rehabilitation Unit; 12-bed Psychiatric Intensive Care Unit (6 beds allocated to Vancouver Coastal Health), two 15-bed Acute Assessment and Treatment Units
 - Neuropsychiatry In-patient Program for adults with complex brain disorders/injuries and mental illness (FH has 10 beds in a Vancouver facility)
- Family Support, Education and Respite Program
- Mental Health Advocacy Services

Emergency Services:

Centralized Fraser Health Crisis Line provides 24/7 telephone support, crisis intervention, suicide prevention and community resource information for people of all ages.

604.951.8855 for callers residing west of Aldergrove

1.877.820.7444 toll-free for callers residing east of Aldergrove

For information about these services please contact:

Hope Mental Health Centre: 604-860-7733 | 1275A 7th Avenue

Or visit: www.fraserhealth.ca/your_care/mental_health_and_substance_use
Province-wide Alcohol and Drug Information Referral: 604-660-9382 or 1-800-663-1441

