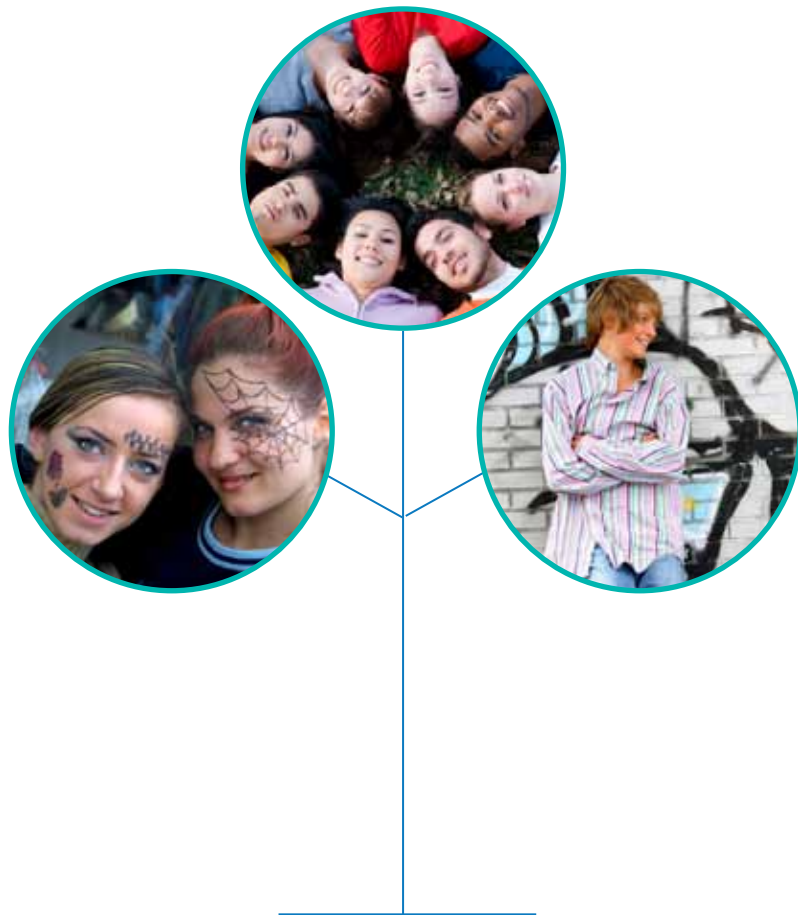




YOUTH FORENSIC PSYCHIATRIC SERVICES



ANNUAL REPORT 2008-2009

YOUTH FORENSIC
PSYCHIATRIC SERVICES
7900 FRASER PARK DRIVE
BURNABY, BC V5J 5H1
PHONE: 778 452 2235
FAX: 778 452 2220

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FOREWORD 1.0 INTRODUCTION:

DIRECTOR'S REPORT

This Annual Report represents the last one in a series of four towards the completion of our second Accreditation process. While I concluded in last year's annual report that I looked forward to "fresh challenges and unique opportunities," I obviously had no idea as to the extent of that meaning in relation to the economic crisis. While the best of those challenges to our Service may yet have to materialize in the near future, I can report that this past fiscal year was nevertheless filled with significant accomplishments.

Consistent with our mandate under the Forensic Psychiatry Act, we have maintained our contribution to research and education in the field. We were fortunate to be able to participate in the 5th annual conference on "Mental Health and the Justice System Across the Lifespan." Several of our clinicians either posted or presented papers and workshops during the three day conference. In addition, a paper entitled "Service Development for High Risk/High Harm Adolescents" was presented at the International Association of Forensic Mental Health Services, July 14-16, 2008, in Vienna, Austria.

In September 2008, the BC Representative for Children and Youth completed an issue report on Medical Assessments in B.C.'s Youth Justice System. Specifically relevant to Youth Forensic Psychiatric Services, the Representative reviewed the practices involving physical examinations for the purpose of court-ordered assessments. In her findings, she concludes that "providing physical examinations of youth undergoing court-ordered assessments are an important aspect of health care." Three of her four recommendations concerned practices and policies at the Inpatient Assessment Unit, all of which have been fully implemented within a matter of weeks.

With the critical endorsement of the Assistant Deputy Minister, our Service was successful in obtaining significant funding from the Federal Department of Justice to enhance and review existing treatment programmes for youth who have committed violent offences. Under various parts of the Provincial/Federal agreement, relating to the Intensive Rehabilitative Custody and Supervision (IRCS) program, four projects were approved. Those related to: one, outcome evaluation of the Violence Offence Treatment Program; two, looking at enhancing practice that will be more culturally relevant and responsive to distinct client groups, including Aboriginal and female youth; three, the development of a youth treatment needs assessment tool: The Dynamic Assessment of Criminogenic Change (DACC); and four, the establishment of a Family Intervention Specialist position. Unquestionably, those initiatives will continue to support the development of our expertise when it comes to the assessment and treatment services to those youth who commit violent offences.

Finally, our senior managers and clinical directors engaged in a strategic planning exercise in November 2008. Throughout that session, members of our internal executive group were able to review current mandate, identify key values to our Service, and establish long-term goals. Activities associated with those goals are scheduled to commence in the fall.

As we wrap up our second round of Accreditation, I remain confident that the outcome will be consistent with the excellent performance we demonstrated four years ago. Such a success cannot be obtained without the dedication and commitment of professionals invested in the highest quality of services to the population we serve.

André Picard, Director

Web site: www.mcf.gov.bc.ca/yfps/index.htm

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CLINICAL DIRECTOR'S REPORT

Last year was quite a busy on a variety of fronts.

First of all, the investigation into a third-party complaint initiated by an independent advocacy group was concluded with a reasonably positive outcome. This led the Service to review and improve some of the agency's policies and procedures, so as to accommodate the recommended practice changes at IAU.

The installation of a Family Intervention Specialist was also completed and subsequently a plan put in place to work on creating a family intervention model in the future. Gerry Nelson, Assistant Director, collaborated with personnel at the Maples Adolescent Treatment Centre in completing a joint review of services for youth under Review Board jurisdiction.

On the staff education and development front, the task of presenting cognitive behaviour therapy was completed by Dr. Louis Sutker and Dr. Noa Swartz. Thanks to both of them.

I attended regional conferences in the North, Interior and on the Island, and found them very relevant and practical at addressing the topics and local issues. These conferences were very well attended. A presentation of Duty to Warn was discussed by me in the Interior and then at the Vancouver Island Regional Conference. I also did a presentation in Cape Town, South Africa on the topic of Ethical Dilemmas in Treating Juvenile Sex Offenders with Dr. Emlene Murphy, as well as another session on the Neurobiology of Pain in Seattle, Washington. I attended the Mental Health Round Table discussion in Ottawa on March 2, 2009. The Mental Health Needs of Youths Involved in the Juvenile Justice System were explored. A follow-up report will be forthcoming.

There were various research initiatives undertaken with Intensive Rehabilitative Custody and Supervision (IRCS) specific funding and work on these projects remains in progress.

This year too, our Service remained quite attractive and popular for medical and psychiatric students from UBC and other international medical schools. Dr. Shah completed her youth curriculum as a Fellow with us, but still attends to follow her cases and provide visiting clinics to the Regions.

Kulwant Riar, MBBS, FRCP(C)
Clinical Director

2.0 OVERVIEW OF YOUTH FORENSIC PSYCHIATRIC SERVICES

Youth Forensic Psychiatric Services (YFPS) is one of several branch programs operating within the Provincial Services Division of the Ministry of Children and Family Development. YFPS has been providing clinical and educational services for over twenty-six years, in addition to maintaining a very important research program. The branch's target population is adolescents aged between 12 and 17 years who:

- Have been charged and/or convicted of an offence pursuant to the Youth Criminal Justice Act;
- Are legally mandated by the Youth Courts for assessment and treatment; and
- Are in need of services for mental health and/or behaviour problems.

The Mission and Philosophy of YFPS are included at Appendix A of this document.

3.0 STRUCTURE OF THE ORGANIZATION

YFPS provides services throughout the province in five regions. Each region operates one or more outpatient clinics that provide General Mental Health Treatment as well as specialized treatment programs and a psycho-educational group as detailed below. The Northern, Vancouver Island and South Burnaby Regions also provide mental health services to Youth Custody Services located in Prince George, Victoria and Burnaby, respectively.

In addition to the five regions, there are three sections that offer services to the entire Province. These are the Inpatient Assessment Unit, Program Evaluation and Research, and Program Support and Administration.

The Long Term Goals for YFPS are attached at Appendix A. Appendix B includes Regional Reports outlining regional progress towards the Short Term Goals as well as the report from the Inpatient Assessment Unit. Reports from the YFPS Standing Committees are at Appendix C. An organizational chart is included at Appendix D.

3.1 PROVINCIAL SERVICES

3.1.1 Inpatient Assessment Unit

The Inpatient Assessment Unit (IAU) located in Burnaby, is a residential facility that provides court ordered assessment services to youth from anywhere in the province. It is designated as both a Mental Health Facility and a Hospital, and is staffed by nurses, health care workers, psychiatrists and a general practitioner. Psychological and social work services are provided through the South Burnaby Clinic.

3.1.2 Program Evaluation and Research

Program Evaluation and Research (PER) team members continued to be actively engaged in the design and implementation of youth forensic clinical research. To this end, the PER continued to review clinical programs offered through Youth Forensic Psychiatric Services (YFPS), including completion of data collection and an internal presentation to the YFPS Executive of findings of an examination of mental health services for youth in custody centers across British Columbia.

With the availability of federal funding available through the Intensive Rehabilitative Custody and Supervision (IRCS) program, PER has set up the methodology for an updated review of the Provincial Violent Offence Treatment program (VOTP). The scope of this research will include data on youth served between the years

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2001-2008. This project includes a survey of clinicians' services provided in the VOTP. Additionally, utilizing the IRCS funding, PER participated in the initiation of a project examining potential enhancements of VOTP programming for aboriginal youth. The enhancement project will continue under YFPS funding.

PER also continued progress on the evaluation of the Sexual Offence Treatment Program (SOTP) to include data collection from the Island Region. Additionally, PER continued the investigation of the validity of risk assessment instruments for adolescent sexual offenders. PER has contributed to the broader field of forensic research by the publication of a study on the assessment of sexual deviance through the use of the penile plethysmograph (PPG). Members of the PER team have presented research findings at both national conferences, such as the 5th Annual Forensic Psychiatry Conference, as well as a variety of YFPS Regional training events.

PER has continued to review research proposals submitted to YFPS by staff and external researchers, including review and facilitation of research projects; one through the University of British Columbia, lead by Dr. M. Woodworth, examining factors related to homicides by adolescents; and another Simon Fraser University project, lead by Dr. J. Viljoen, examining the mental health needs of youth justice involved youth in the community. Further, PER members continued liaising with university faculty and students and forging links between YFPS and the academic community. Currently, YFPS is working with Dr. M. Moretti at securing a grant under the Canadian Institute for Health Research (CIHR) to fund further research examining health issues related to our male clients. Finally, PER participated in accreditation and PQI activities on an ongoing basis through providing statistical summaries of quarterly file reviews in the Lower Mainland Regions, client satisfaction surveys, stakeholder surveys and personnel satisfaction questionnaires.

Gary Kumka, MSW, Regional Manager
Executive Sponsor

Heather Gretton, PhD, R.Psych
Team Leader, Program Evaluation and Research

More information about specific research projects can be found in the YFPS website at <http://www.mcf.gov.bc.ca/yfps/index.htm>

3.1.3 Program Support and Administration

Under the leadership of the Director, a centrally located team provides integrated support services to the Regions and to the IAU. Examples of the services offered by PSA include clinical administration, policy analysis, financial management, and client information management.

3.2 Overview of Spending

Summary charts of the overall budget and actual expenditures for the fiscal 2008-2009 year may be found in Appendix E.

4.0 CLINICAL SERVICES

Referrals to clinical services are accepted from Youth Justice Courts, Youth Probation Officers and the Youth Custody Services Centres. All clinical services are provided by mental health professionals, including psychiatrists, psychologists, social workers, nurses and allied health care workers.

Clinical Services fall into three broad categories. Court Ordered and Court Related Assessments make up approximately 30% of our service. Treatment services, which account for about 70% of YFPS services, may take

the form of General Mental Health Treatment or one of our Specialized Treatment Programs for either sexual offences or for violent offences. Finally, we offer psycho educational groups for youth with substance abuse problems in the Lower Mainland Region only. Approximately 100 referrals a year are made to this program. Each of these types of clinical services is described below.

4.1 Court-ordered and Court-related Assessments

Court-ordered assessments, provided under Section 34 of the Youth Criminal Justice Act (YCJA) continue to be significant core clinical services for both the Inpatient Assessment Unit in Burnaby and the eight Outpatient Clinics located throughout the regions. Since the implementation of the YCJA, there has also been an increasing demand for bail assessments and for court-related assessments such as for Extra Judicial Sanctions, under Section 10 of the YCJA. Standards for all the assessment types were revised in 2004.

4.2 Mental Health Treatment

4.2.1 General Mental Health Treatment

YFPS provides individualized mental health treatment to eligible youth residing both in the community and in Youth Custody Centres through its outpatient clinics and a network of contracted service providers. The IAU continues to provide short-term stabilization of youth admitted from Youth Custody Centres under terms of the Mental Health Act and to those youth who are deemed Unfit to Stand Trial or Not Criminally Responsible on Account of Mental Disorder (NCRMD). The IAU also provides mental health services to youth at the Burnaby Youth Custody Services Centre.

With the implementation of the Youth Criminal Justice Act, YFPS has expanded its eligibility for treatment to include youths referred as a condition of an Extra Judicial Sanctions agreement and also under a condition of a Recognizance Order (Section 14(2) YCJA).

4.2.2 Specialized Treatment: Youth Sexual Offence Treatment Program

The Youth Sexual Offence Treatment Program (YSOTP) has been an important component of YFPS services for many years. Taking a standardized approach to the assessment and treatment of youths charged and/or convicted of sexual or sexually related offences, the program is available on an outpatient basis only, at all clinics.

Treatment is highly structured, with emphasis on group and individual modalities. Clinicians work closely with the youth's caregivers, Probation Officer, social worker and others in the youth's social network. Where appropriate, clinicians also assist with the youth's re-integration back into the family.

4.2.3 Specialized Treatment: Youth Violent Offence Treatment Program

The Youth Violent Offence Treatment Program (YVOTP) is aimed at adjudicated youth who are assessed to be at medium to high risk for further violent behaviour. Utilizing a cognitive behavioural approach, the program attempts to address both the young person's risk factors and those unmet needs that are associated with violent offending. The program is offered at all YFPS Outpatient Clinics, through designated contract service providers and also at the Provincial Youth Custody Services Centres.

4.3 Psycho-educational Programs

4.3.1 YSAM

The Youth Substance Abuse Management (YSAM) program is offered on an outpatient basis in the Lower Mainland region only. It consists of structured modules that are normally offered in a group format although these same modules may be provided on an individual basis. The youth must finish each module in order to successfully complete the program. Where individual counselling is deemed necessary by the group leader, a referral is made to one of the YFPS treatment programs. Longer-term YSAM follow-up is a component that has recently been added for those youth who request it.

4.4 Summary Intake Statistics

A summary of intake statistics from April 1st, 2008 to March 14th, 2009 is provided in Appendix F. Final figures will be available at the end of the fiscal year on March 31st.

5.0 NON-CLINICAL ACTIVITIES

5.1 On-Going Quality Assurance

The position of Assistant Director was established in November 2004. One of the roles of the Assistant Director is to direct Quality Assurance activities throughout the organization. YFPS is one of three branch organizations within the Provincial Services Division of the Ministry of Children and Family Development that have been accredited with the Council on Accreditation (COA). The work of seeking and maintaining accreditation status has added to the on-going Performance and Quality Improvement (PQI) activities that have always been an important part of the non-clinical activities at YFPS. A report is contained in Appendix C.

5.2 Program Support and Administration

The Program Support and Administration (PSA) department is located in Burnaby. It provides administrative support to all regions and departments of YFPS. In the past year, particular attention has been paid to policy revision and development and to the continued implementation, support and refinement of CARIS, a new client information system.

5.2.1 Policy Initiatives

In the past six years, YFPS has undergone two major revisions of the Policies and Procedure Manual: the first in response to the introduction of the Federal Youth Criminal Justice Act (YCJA) and the second as a result of the successful Accreditation initiative in 2005. The work is ongoing, resulting from changes in the law and in response to quality improvement initiatives. The Policy and Procedure manual is available online for all YFPS staff.

5.2.2 Community and Residential Information Systems (CARIS)

The Client Information System (CARIS) continues to be developed for clinical and administrative use with the ultimate goal of having fully electronic files. CARIS is a web-based application that can be used by our community contractors who have been granted secure systems access. Clinical use of the system has continued to grow as

clinicians become more comfortable and fluent in its use. Increased functionality continues to be added with each new release.

APPENDICES

APPENDIX A

Mission

Utilizing a multidisciplinary approach, the mission of the YFPS is to provide quality court ordered and court-related assessment and treatment services to:

- Young persons in conflict with the law pursuant to the YCJA
- Young persons found unfit to stand trial or not criminally responsible on account of mental disorder (NCRMD)

Philosophy

Our philosophy is:

- To offer service that is child-centred and respects the integrity, dignity, and the rights of the adolescent. We promote as our primary objective the opportunity for optimal development of social skills and emotional stability.
- To respect the rights and responsibilities of parents and legal guardians and to acknowledge the importance of the family or caregiver as the key resource and support in providing a consistent, structured and caring environment. Our treatment services do not promote, support nor use corporal punishment and/or aversive stimuli to promote behaviour change.
- To recognize and acknowledge the racial and cultural diversity of the youth to whom we provide service. Our assessment and treatment services are delivered in a way that respects their language, customs, social views, spiritual beliefs, culture and identity.

Long Term Goals for YFPS

(The regional implementation of these goals in the short-term, is outlined in the regional reports)

1. Enhance community based practice by developing a more flexible service delivery model.
2. Enhance partnerships with other relevant agencies, including Youth Custody Services, Community Youth Justice, Maples Adolescent Treatment Centre and Child and Youth Mental Health
3. Maintain and enhance forensic specific training to staff
4. Develop leadership in the field of forensic training and research
5. Improve program enhancement, development and evaluation
6. Enhance clinical practice

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APPENDIX B: REGIONAL PROGRESS TOWARDS SHORT TERM GOALS

LOWER MAINLAND REGIONAL REPORT

Since the last annual report, the Lower Mainland Region has made a successful adjustment to the realignment of the region. The Lower Mainland Region continues to deliver service to the Fraser Valley and a portion of the Vancouver area comprised of the central Vancouver, the North Shore, Sechelt, Powell River and north to Bella Bella and Bella Coola.

More specifically, the Lower Mainland Region continues to meet goals by actively planning to deliver service more effectively to North Vancouver and Powell River. To this end, the Lower Mainland Region, through its Vancouver Clinic has signed an MOU with Child & Youth Mental Health (CYMH) in Powell River to deliver forensic assessment and treatment services in that area. Additionally, the renovation of the Vancouver Clinic has now been completed and this has resulted in a more adequate space for the Vancouver Clinic. This development is facilitating the delivery of clinical services to clients in that clinic's catchment area. Further, the Vancouver Clinic continues to provide service, in partnership with CYMH in Squamish through an MOU, that facilitates the use of a YFPS clinician to assist in the development of a Dialectical Behaviour Therapy based team and the provision of services to CYMH clients.

The Langley Clinic continues to deliver service to a wide variety of locales in the Upper Fraser area. In partnership with our Youth Justice colleagues, the Langley Clinic is examining the potential of a service delivery model that would amalgamate referrals from the Abbotsford, Chilliwack and Mission areas. The Regional Manager and Clinic Coordinator have been attending meetings with stakeholders from the Upper Fraser Valley area to discuss more specifically, the strategies that may be put in place to support service delivery. Service to the South Surrey and Whalley area has been enhanced through additional resources and we will be working with our Youth Justice partners in the coming year to further develop a service delivery model that meets the needs of our clients and stakeholders. The Langley Clinic has developed an ongoing, working relationship with the Fraser Region's regional Youth Justice Consultant to assist in this process. The Langley Clinic is also pursuing opportunities for partnerships with CYMH in the Fraser Region. Specifically, YFPS is seeking a seat at a regional CYMH planning table. A proposal to identify a Youth Forensic liaison within each CYMH team has generated some interest amongst our community partners. The Langley Clinic also continues to develop a more integrated approach with Daughters and Sisters and Waypoint, Alcohol & Drug Residential Treatment programs for youth justice involved youth. We have also taken significant steps in developing a relationship with Am'ut, a First Nations Alcohol & Drug, full-time Attendance Program, dedicated to youth justice involved First Nations Youth. We are meeting regularly with the senior administrator and staff of this program. Currently, the Regional Manager and Langley Clinic Coordinator attend the Am'ut screening committee meetings to more immediately address issues of service to this client group. Consequently we are assisting Am'ut in the screening of their referrals and do consult in developing treatment and management plans for their youth. More generally, as a region we continue to be involved in the Fraser Regional Mentally Disordered Offender (MDO) Committee, a group of service providers that covers the range of services to both youth and adults.

More generally, in recognizing the high rates of co-morbidity for substance use and dependence and criminal activity amongst our clients, the Regional Clinical Director and the Regional Manager, in conjunction with some key regional staff, have been examining the potential to enhance and improve our regional capacity to deliver Alcohol & Drug services to our clients.

Gary Kumka, M.S.W.
Regional Manager

Emlene Murphy, MD, FRCP (C)
Regional Clinical Director

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VANCOUVER ISLAND REGIONAL REPORT

Youth Forensic Psychiatric Services on Vancouver Island continue to be delivered primarily through dedicated out-patient clinics in Victoria and Nanaimo. Services to the North Island are provided by contract with John Howard Society, North Island, with a dedicated clinical staff working out of Campbell River and Courtenay, as well as providing a travelling clinic to Port Hardy. The Victoria clinic provides service to the Capital Regional District out to the west coast and up as far as the Cowichan Valley. Travelling clinics are provided from Victoria to Duncan, the West Shore, and the Saanich Peninsula. The Nanaimo clinic covers a large geographic region from Ladysmith in the south to Parksville in the north, as well as Port Alberni in the west and out to the west coast, on occasion.

Victoria Youth Forensic Psychiatric Services provides a full range of out-patient services, consultation and some training to the Victoria Youth Custody Services. The clinic provides a dedicated part-time forensic liaison nurse who works collaboratively with custody services staff. Victoria Youth Forensic Psychiatric Services has also worked with a number of Intensive Rehabilitative Custody and Supervision (IRCS) cases over the past year. This has required intensive clinical involvement, close collaboration with Youth Custody Services and community partners, and extensive planning and management. This has led to the innovative services provided at the Custody Centre, including First Nations work, as well as intensive partnership with community services including First Nations groups in Duncan. IRCS services, as well as travelling clinics, have led to a very flexible service delivery model, with a focus on the local communities.

YFPS Vancouver Island staff have also been active in reporting research projects, both internal and external. IRCS funding has led to a study of enhancement of the Violent Offender Treatment Program to better serve First Nations youth. This research project has been spear-headed by staff on Vancouver Island. YFPS staff will be making a presentation regarding this project at the up-coming meeting of the International Association of Forensic Mental Health in Edinburgh, Scotland in June of 2009.

A poster presentation was accepted and presented by YFPS staff, including representation from both the North and Vancouver Island regional staff at the Forensic Conference in Vancouver in the spring of 2008. External research is also supported, and a former contractor of Victoria Youth Forensic Psychiatric Services has worked with YFPS data on a project titled Psycho-Social Characteristics of Aboriginal Young Offenders on Vancouver Island, BC. Staff and contractors from all areas of Youth Forensic Psychiatric Services on Vancouver Island attended a Regional Conference in November of 2008, with presentations from a number of staff, including the Clinical Director of YFPS and a panel presentation presented by the Regional Multicultural Services Committee of Vancouver Island YFPS. Despite emergent restrictions on travel and sponsorship for conferences, workshops and seminars, the Vancouver Island team continues to support internal training and education through use of: clinical interest groups, regular case reviews in all programmatic areas and of occupation specific meetings.

All staff and contractors on Vancouver Island continue to use individual, group, and family therapy, providing services where possible on an outreach basis. Youth Forensic Psychiatric Services continues to value, support and build community partnerships with both government and non-government agencies through consultation, participation in local and regional committees and clinically through integrated case management meetings.

As indicated, clinical staff in all areas have continued to develop and enhance relationships and partnerships with First Nations communities. Through the Regional Committee, with membership from all areas of Vancouver Island, we continue to work with issues relevant to First Nations Youth, and take leadership in the Provincial Multicultural Services Advisory Committee.

Gregg Badger MSW, RSW Clinical,
Regional Manager

John Crawford, MD, FRCP (C),
Psychiatrist, Regional Clinical Director

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NORTHERN REGIONAL REPORT

All clinicians within the region continue to search for ways to engage youth and to develop flexible ways of delivering service. These have included engagement in youth workshops, continuing to meet youth outside the clinic/office and to engage in activities that are of interest to the youth and where they are more amenable to therapeutic intervention. In these settings, skills can be practised in a more natural environment.

There have been many changes in our community contractors during the past year and while we are sorry to see familiar faces leave, we welcome our new partners. Changes have occurred in Kitimat, Hazelton, Smithers, Burns Lake, Fort St. John/Dawson Creek, Williams Lake and Quesnel.

We have continued to provide a high level of service to Prince George Youth Custody Services. The number of youth at the Custody Centre has increased recently, resulting in a higher workload for our clinicians. Staff have participated in regular Integrated Case Management (ICM) meetings with youth in custody and in the community so that comprehensive and integrated services can be offered.

We have taken part in multi-service initiatives such as the Youth Services Committee; a committee addressing problems of gang recruitment and violence; initial meetings for developing a "Communities that Care" program for Prince George and participating in community workshops on a range of topics effecting youth.

Specific training in forensic mental health has been ongoing with the recruitment of new staff and contractors. This has included core training in risk assessment, writing reports, treatment and assessment factors concerning sexual and violent offenders, as well as suicide assessment.

The provincial training event held in April provided an excellent opportunity to increase knowledge and skills in the field. The regional conference held in September provided another opportunity for all clinicians in the region to meet and share knowledge. Sessions on cognitive-behaviour therapy and understanding issues concerning penile plethysmography were informative and well received as was a session on enhancing multicultural practice in mental health professionals delivered by Tina Fraser from the University of Northern B.C.

Program enhancement has continued as we adjust programs to meet individual's needs and in response to research outcomes. A particular focus continues to be on enhancing culturally relevant material to individuals and to group programs. In order to increase clinical skills in this area, several staff members have engaged in opportunities that have arisen locally, such as Circles of Courage training and enrolling in a certificate program on working with Aboriginal Trauma delivered by the Justice Institute of BC.

We are looking forward to the completion of several research projects currently underway by our Program Evaluation and Research Department and to discussing the clinical implications arising from the studies once they are complete.

Staff continue to fill out risk estimate sheets for all clients as a way of continually tracking changes in risk for self-harm, harm to others and recidivism.

Judith Hayes M.Sc, RCSW
Regional Manager

Louis Sutker, Phd, R.Psych
Regional Clinical Director

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INTERIOR REGIONAL REPORT

The Interior Region has experienced steady increase in demand for service particularly in the Thompson, Okanagan, and in serving rural communities.

Flexible Service Delivery

YFPS Interior Region has done the best job possible to serve the highest need areas of the region with contracted services and with travelling clinics to Vernon, Penticton, Salmon Arm and other areas as sufficient need arises.

Youth Justice has provided toolbox funding to assist youth to travel from remote communities to access assessment and treatment services in the Kootenays, Thompson and the Okanagan.

Trends around client need include: ongoing sexual offences, increasing need for Violent Offense assessment and treatment for high risk youth, as well as an increased referral of youth with concurrent disorders related to drug abuse and mental illness. There has also been a noticeable increase in arsonists requiring our clinical attention and community networking efforts.

Community practice has been enhanced by increased involvement in community practice and youth services committees both regionally and in the various local areas.

Service partnerships continue with positive communication and a stronger and more integrated working relationship with Youth Justice and with MCFD Interior Region. The Boundaries full-time Attendance Program, unique to our region, and provided under a contract with ARC Programs, is a model of collaborative care and service partnership between the contracted agency, YFPS and Youth Justice with participation by MCFD regionally.

Forensic specific training has been maintained and enhanced by holding regular clinical rounds and team supervision in all areas of the region. Employee Performance and Development Plans (EPDPs) are completed and reviewed regularly. The region has presented at the provincial training event. Our regional meeting/training event was well attended and received by staff and contractors.

The Kelowna Clinic has developed a relationship with the Psychology and Social Work Departments at UBC Okanagan. An MSW student completed a practicum at Kelowna Clinic. Kamloops Clinic is affiliated with the schools of social work and nursing at Thompson Rivers University.

Moreen Tremblay, MSW, RCSW,
Regional Manager

Steve Sigmond, R. Psych
Regional Clinical Director

SOUTH BURNABY REGIONAL REPORT

The newly established South Burnaby Region has now reached the first year milestone. The transformation process of the new region has involved the implementation of an integrated service delivery model through effective utilization of resources and clinical expertise from inpatient and outpatient services. This region is also responsible for the administration and operation of the Inpatient Assessment Unit, a Provincial program.

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In reviewing the short-term goals of South Burnaby, one of the fundamental tasks of the new region was to provide flexible service delivery to youths in the communities. The region has successfully formulated new professional alliances with our Youth Justice partners in the Burnaby, Tri-Cities and New Westminster areas. A team comprised of the Regional Manager, Regional Clinical Director and Liaison Clinicians was struck to meet with the Team Leaders, Youth Probation Officers and Social Workers at their respective integrated offices. The outcome of the meetings was positive. We generated cross-agency dialogues and identified new opportunities to promote quality services for the topic youths and their families. Since then, the region has dedicated forensic community liaison clinical teams to provide consultation and direct treatment services at the integrated youth offices. Short-term results have been achieved through receiving positive feedback from our youth clients and youth justice partners. The region is anticipating that there will be a steady increase of referrals from the various communities and the necessary multidisciplinary resources will be dedicated to support the growing demands.

The Inpatient Assessment Unit continues to remain as a provincial program providing court-ordered inpatient assessments to youths from anywhere in BC and occasionally, the Yukon. In addition to the regular assessments, IAU also had several youths who were supervised under the BC Review Board or certified under the Mental Health Act. Specialized psychiatric, psychological, medical and nursing care was provided to these youths who were suffering from acute to chronic psychiatric or psychological illnesses.

The specialized YFPS Mental Health and Violent Offender Treatment Program Teams continued to provide services at Burnaby Youth Custody Services (BYCS). Multidisciplinary resources are drawn from both inpatient and outpatient services to provide a range of clinical expertise and service to the youths residing within the BYCS. The two organizations have been engaged in a series of discussions on clarifying the respective organizational roles and functions in providing services at the custody centre. The ultimate goal is to maintain an ongoing professional partnership and quality services to our mutual clients.

We continued to promote professional development through education, training and learning events, including clinical topics on working with violent and sexual offenders, Aboriginal youths and communities. Last year, seven clinicians attended the VOTP training event; and two senior clinicians attended the National Forum on Working with Female Youths in the Criminal Justice System. These educational activities were essential to informing our clinical practices and will assist us to gain a better understanding on the emerging trends, and to support YFPS program development. Each year, the region has practicum students in psychiatry, psychology, social work, and nursing and these have added value to our recruitment and staffing strategy. In the coming year, the region will present the 1st Annual South Burnaby Regional Conference to promote clinical excellence and professional development for the Inpatient Assessment Unit and the Burnaby Outpatient Team.

Agnes Tao, MBA, BHS, RPN
Regional Manager

Paul Janke, MD, FRCP (C)
Regional Clinical Director

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APPENDIX C: STANDING COMMITTEE REPORTS

PERFORMANCE AND QUALITY IMPROVEMENT (PQI) COMMITTEE REPORT

Since the last annual report of the PQI committee in March of 2008, the committee is able to report the following:

- The Provincial PQI committee has continued to meet quarterly. Membership of the committee consists of representatives from each of the five regions, as well as representatives from the PSA. The committee reviews reports from regional PQI committees regarding case record reviews; client satisfaction surveys; outcome measures; complaints and grievances; incident and accident reports; progress evaluations; as well as regional recommendations, with specific attention to any corrective action that is necessary.
- The Provincial PQI committee reports all quality related activities to the Provincial Executive Committee of YFPS in an annual written report. Verbal reports are provided to the Executive Committee on a quarterly basis.
- A mid-term report was sent by the Provincial PQI committee to the Council on Accreditation (COA) reporting all PQI activity, as well as changes made in the area of quality assurance and risk management.
- Feedback from the PQI report has continued to lead to changes in the case record review forms, as well as treatment plan/progress evaluations. The adoption of CARIS, a new provincial information system, has led to the capacity to conduct case record reviews on-line. We continue, however, to maintain full case records in hard copy.
- PQI committee has been instrumental in sustaining the distribution of a staff satisfaction survey. The results of which are summarized below.
- PQI committee was also responsible for distributing stakeholder surveys to a wide range of collaborative services. Results indicated generally broad satisfaction with services.
- The chair person of the Provincial PQI committee completed Team Leader training for COA, and has in the past year completed three peer reviews as Team Leader.
- Preparation for re-accreditation has dominated much of the activity in the past year. We continue to maintain dedicated staff including a Regional Manager, Clinic Coordinator, as well as Program Support and Administration participation. The COA site visit is scheduled for June of 2009, while the self-study will be completed by the end of March, 2009.
- In preparation for the COA site visit, the agency has committed both staff time and travel for mock site visits to all clinics within the province, prioritizing these needs despite on-going provincial non-clinical travel restrictions. As a result, mock site visits have been conducted by members of the Provincial PQI committee to all clinics provincially.

Gregg Badger, MSW, RSW (clinical), Regional Manager,
Chair – Provincial PQI Committee
Executive Sponsor

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YOUTH FORENSIC PSYCHIATRIC SERVICES EMPLOYEE SURVEY 2009

Summarized below are the main findings from the Employee Survey. A copy of the full report is available.

YFPS EMPLOYEE SURVEY 2009 - EXECUTIVE SUMMARY

The 2009 YFPS Employee Survey was distributed (online) in February 2009 to employees across the Province. Access to the survey was available from February 18 to March 13, 2009. The following is a summary of the responses received.

1. RETURN RATES

71 surveys were completed (76 individuals responded, but 5 did not complete individual item questions):

- 63 regular employees responded
- 10 contractors responded
- 3 auxiliary employees responded

Regional Breakdown

- 22 from Lower Mainland
- 16 from South Burnaby
- 7 from Interior region
- 8 from Northern
- 18 from Vancouver Island

2. PROVINCIAL FINDINGS

Respondents indicated agreement with each item on a 5 point scale (1 – strongly disagree, 3 – neutral, 5 – strongly agree)

The average satisfaction score was 3.94 (neutral-somewhat agree; range 1.3 – 4.9, SD = .70).

Across the Province, responses indicating the greatest satisfaction (80% or higher in agreement) were regarding:

- Management is approachable
- Feeling safe in work area
- Agreeing that the organization tries to maintain a safe work area
- Feeling that colleagues treat each with respect
- Understanding how their job contributes to the organisations goals
- Agreeing that e-mail is an effective way to receive information
- That individuals have the opportunity to contribute to work decisions
- Agreeing that job responsibilities provide sufficient challenge
- That skills and abilities are fully utilized by job duties
- Feeling that work gives them a feeling of personal accomplishment
- Indicating that they are overall, satisfied with their jobs

Across the Province, responses indicating the greatest disagreement (20% - 35% in disagreement) were regarding:

- That teams communicate effectively with one another
- That enough training is received to effectively perform job duties
- There are opportunities for learning and professional development
- Disagreement that management applies policies and procedures regarding staff fairly
- There are ample resources for people to properly perform their job

STAKEHOLDER SURVEYS

STAKEHOLDER TREATMENT QUESTIONNAIRES

1) Survey Participants

Eighty-two people responded to the Stakeholder Treatment Survey. The majority of respondents were probation officers (40), followed by Youth Custody employees (20), social workers (8) non profit/private agency staff (8) and other (6). Most participants (86%) have had previous involvement with an YFPS contracted clinician or agency in the community. Additionally, most had attended Integrated Case Management Meetings with YFPS (85%), and read YFPS assessments (89%). Respondents indicated that, on average, they have been sharing clients with YFPS for 8.78 years (range 0.25 – 22. 00 years; SD = 6.5) and are involved with 1.7 clinics (range 0 – 6; SD = 1.1). Table 1 shows percentage of respondents who indicated involvement with each clinic.

TABLE 1 – Percentage of respondents involved at YFPS Clinics

Inpatient Assessment	47.6%	Nanaimo Outpatient	8.5%
Burnaby Outpatient	23.2%	Kelowna Outpatient	7.3%
Vancouver Outpatient	13.4%	Kamloops Outpatient	13.4%
Langley Outpatient	17.1%	Prince George Outpatient	25.6%
Victoria Outpatient	15.9%		

2) Survey Responses

TABLE 2 – Frequency of responses to survey questions

Question	N	Disagree or Strongly Disagree	Neither Agree or Disagree	Agree or Strongly Agree
1. Treatment Services offered by YFPS are easy to access for youth with a court order	77	16.9%	14.3%	68.8%
2. YFPS helped me understand my client better.	75	14.7%	14.7%	70.7%
3. YFPS staff are qualified and competent in their jobs.	77	5.2%	11%	83.1%
4. YFPS contractors are qualified and competent in their jobs	73	5.5%	20.5%	74.0%
5. YFPS provides culturally diverse services.	70	14.3%	38.6%	47.1%
6. YFPS provides a safe environment for those services.	75	5.3%	17.3%	77.3%
7. YFPS provided me with the information I needed to help my client(s).	76	14.5%	14.5%	71.1%

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8. YFPS provided me with information in a timely manner.	76	17.1%	17.1%	65.8%
9. YFPS reports are written in language that is easy to understand.	70	5.7%	7.1%	87.1%
10. YFPS assisted in community planning for my client.	74	13.5%	13.5%	73.0%
11. Treatment services were provided in a timely manner	76	18.4%	21.1%	60.5%
12. I am satisfied with treatment services provided by YFPS.	76	18.4%	18.4	63.2%

STAKEHOLDER ASSESSMENT QUESTIONNAIRES

1) Survey Participants

Seventeen people responded to the Stakeholder Assessment Survey. Respondents indicated that they were either Judges (7) or Crown Counsel (8). Respondents (66.7%) indicated that they were not involved with YFPS contracted agency or individual clinicians in the community. The majority of participants (89%) have read YFPS assessment reports. Most had read 16 or more reports (57%), while 36% had read 6 – 15 reports and 7% had read less than 5 reports. Pre – sentence reports (70.6%) were more common than post-sentence reports (29.4%). Other reports normally received from YFPS were for the purpose of bail hearings, and adult sentencing/ transfer to adult court. Most participants thought the length of YFPS assessments was adequate (86.7%), while some (13.3%) thought it was too long. Respondents indicated that, on average, they have been reading YFPS assessments for 6.98 years (range 0.25 – 17. 00 years; SD = 5.9) and are involved with 1.8 clinics (range 0 – 4; SD = 1.1). Table 1 shows percentage of respondents who indicated involvement with each clinic.

Table 3 – Percentage of respondents involved at YFPS Clinics

Inpatient Assessment Unit	76.5%		Nanaimo Outpatient	0
Burnaby Outpatient	23.5%		Kelowna Outpatient	5.9%
Vancouver Outpatient	23.5%		Kamloops Outpatient	11.8%
Langley Outpatient	11.8%		Prince George Outpatient	29.4%
Victoria Outpatient	5.9%			

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2. Survey Responses

Table 2: Frequency of responses to survey questions

Questions	N	Disagree or Strongly Disagree	Neither Agree or Disagree	Agree or Strongly Agree
1. Assessment Services offered by YFPS are easy to access.	11	9.4%	36.4%	54.5%
2. Pre-sentence assessment reports from YFPS are received in enough time to adequately read and absorb the content.	13	53.8%	0	46.2%
3. YFPS assessment reports are well-organized.	13	0	23.1%	76.9%
4. YFPS assessment reports contain confusing technical jargon.	13	69.2%	15.4%	15.4%
5. YFPS authors clearly identify key issues in assessment reports.	13	0	15.4%	84.6%
6. YFPS authors consider all available sources of information	13	15.4%	23.1%	61.5%
7. YFPS assessment reports are objective.	13	15.4%	0	84.6%
8. YFPS authors present information that logically supports their conclusions.	13	0	15.4%	84.6%
9. Recommendations from YFPS assessment reports flow logically from their conclusions.	13	0	7.7%	92.6%
10. Recommendations from YFPS assessment reports address immediate needs.	13	0	0	100%
11. Recommendations from YFPS assessment reports address future planning.	13	7.7%	0	92.3%
12. Reading entire assessment reports from YFPS is worthwhile.	13	0	7.7%	92.3%
13. YFPS reports help me make decisions concerning youth who are assessed.	13	0	0	100%
14. I am satisfied with assessment services provided by YFPS.	12	0	16.7%	83.3%
15. In the future I intend to refer cases to YFPS for assessment.	13	0	7,7%	92.3%
16. Post-disposition and other assessment reports are received in a timely fashion.	11	27.3%	36.4%	36.4%

CLIENT SATISFACTION SURVEYS(ASSESSMENT AND COUNSELLING QUESTIONNAIRES)

Youth satisfaction surveys for the whole year are presented in Appendix G : Youth Counseling Questionnaire at the end of this report.

MULTICULTURAL SERVICES PROVINCIAL ADVISORY COMMITTEE REPORT

The Youth Forensic Psychiatric Services Multicultural Services Advisory Committee has been active in a number of areas in the past year. These include:

Clinical Program Development Initiatives

- Regions have incorporated cultural practices in individual and group treatment programs to enhance the relevance and youth self esteem for aboriginal youth, particularly in the North and Vancouver Island regions on an out-patient and in-custody basis. These include the use of elder advisors, sweat lodge programs and a young warriors program.
- Many regions, to varying degrees, are making use of the Youth Forensic Psychiatric Services/University of Victoria developed assessment tool, My Life Balance Wheel, particularly with aboriginal youth clients.
- All regions, during the course of therapy, ask youth to share their culture where appropriate; in art, crafts, writing, etc.

Research Initiatives

- Justice Canada Funding, through the IRCS initiative, was approved, received and implemented towards the study of enhancement of the Violent Offence Treatment Program to better serve aboriginal youth. This project is in process. Staff from our region will be presenting this research initiative at the up-coming meeting of the International Associations of Forensic Mental Health Services, in Edinburgh, Scotland in June of 2009.
- Vancouver Island Regional Multicultural Services Committee presented a panel at the Vancouver Island Regional Conference regarding the applications of culturally appropriate assessment and treatment strategies for aboriginal youth and their families.
- Various staff members in the North region have individually begun researching specific international cultures relevant to their client populations. This is being done in a number of other regions as well.
- The Youth Forensic Psychiatric Services/University of Victoria developed assessment tool, My Life Balance Wheel, is being submitted for peer review publication.

Staff Training Initiatives

- Vancouver Island Multicultural Services Committee participated in a workshop provided by White Crow Camp, a program designed to assist children, youth, and their families with FASD.
- A number of staff members in the North, Lower Mainland, and Vancouver Island participated in Circle of Courage Training and a number of staff from the North region have attended the Aboriginal Trauma Certificate Program delivered by the Justice Institute. Northern region staff also participated in the Cultural Sensitivity for Mental Health Professionals workshop at the Regional Conference.

Community Collaboration Initiatives

- Vancouver Island provided a two day workshop regarding life balance for community holistic center practitioners working with on-reserve youth (Ahousat, Flores Island, Vancouver Island Region)
- The North and Vancouver Island regions in particular extend community contact with aboriginal agencies and bands to identify supports for youth within those communities. They also encourage and support

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aboriginal youth participation and youth community resources, including cultural camps, talking circles, pipe ceremonies, and sweat lodges.

- The Lower Mainland region deals with a large and diverse multicultural community and has identified the need to learn about respective community multicultural groups and services to better meet the needs of referred youth. This includes co-operation with both delegated and non-delegated agencies such as Métis Youth and Family Services, and Vancouver Aboriginal Child and Family Services, among others.
- The Lower Mainland Region, specifically the Langley Clinic, has developed strong co-operation with Am'ut full-time Attendance Program, a substance abuse treatment program for aboriginal youth.
- A Graduate student of University of Victoria is currently completing research funded by the Michael Smith foundation and at NEARBC in collaboration with YFPS.
- Development of University affiliations and connections for research and clinical development from a cultural perspective are being encouraged in all regions (Simon Fraser University, University of Victoria, University of Northern BC, and University of British Columbia Okanagan).
- Vancouver Island staff participated as community volunteers for the 2008 North American Indigenous Games held in August in Cowichan Territory, Duncan.

Gregg Badger, MSW, RSW (Clinical)
Regional Manager

Louise Clark, Ph.D., Chair
Multicultural Services Advisory Committee

EDUCATION COMMITTEE REPORT

Since our last Annual Report, the Education Committee is able to report that the group's Terms of Reference (TOR) have been amended to reflect the committee's now five, multidisciplinary, regional representatives and subsequently, to reflect the group's quarterly meeting frequency. The membership of this group has evolved and now includes: Dr. K. Riar, Clinical Director; Dr. P. Janke, South Burnaby Region; Dr. E. Murphy, Lower Mainland Region; G. Badger, Vancouver Island Region; M. Tremblay, Interior Region; Dr. L. Sutker, Northern Region; and G. Nelson, Chair.

The committee has been successful in facilitating delivery of clinical education initiatives for YFPS clinicians in the form of: a Provincial Violent Offences Treatment Program (VOTP) Forum, held in October of 2008; developing and delivering CBT presentations at both the North and Vancouver Island 2008 Regional Conferences; and presenting YSOTP updates at the 2008 Interior, North and Vancouver Island Regional Conferences.

Sponsorship of Social Workers seeking clinical registration has been ongoing in the form of paid leaves to attend preparation classes and tuition and leave to obtain formal DSM-IV-TR training. Two additional YFPS Psychiatric Social Workers have been successful in obtaining their RSW (Clinical) credentials during this period.

The Clinical Education Service priorities for 2008-2009 included: Dialectical Behavioural Therapy; Family Interventions; Conducting the Current Mental Status Evaluation; Brief Therapies; and Refresher opportunities for Court Related Assessments - Types and Requirements (E.g. Bail, Probation, Fitness, NCRMD, IRCS, etc.).

The Provincial Services' Staff Training fund enabled the service to sponsor individual clinicians' training with respect to attending: CBT, DSM-IV-TR, Multicultural and Concurrent Disorders training as well as to facilitate staff attendance at the 2008 Association for the Treatment of Sexual Abusers (ATSA) Conference. Fiscal restrictions were introduced in November of 2008, and these have limited staff attendance at all but the most urgent, client-centered educational and training offerings. YFPS is unfortunately unable to participate in the 6th Annual Forensic Psychiatry Conference set for April 1 - 3, 2008, in Vancouver, where we had planned a CBT and DBT skills development sessions for staff.

There has been modest progress to report on with respect to the Committees goal of delivering orientation and skill development offerings to all clinicians. In light of recent fiscal restrictions a working group is exploring on-line training options and potential opportunities with the Justice Institute of BC.

[Gerry Nelson](#)

Executive Sponsor

YOUTH SEXUAL OFFENCE TREATMENT PROGRAM REPORT

The Sexual Offense Treatment Program Committee has continued to meet quarterly by telephone conference call. Issues of importance to the Committee members and treatment staff are discussed. The Chair of the Committee is changed yearly depending on the availability of staff.

Continuing debate is occurring regarding the utility of the Penile Plethysmograph (PPG) procedure for assessing sexual arousal in our youth. There is disagreement as to whether the results from the Program Evaluation and Research Committee showing good prediction of sexual offense recidivism from exit PPGs warrants the general use of this technique.

Current policy is for the PPG to be administered to all youth in the program, with their written permission and that of their parents or guardian when appropriate, unless there is a clinical reason to not do so. Policy statements regarding this were changed and made consistent. No youth is refused entry to the SOTP for refusing to have a PPG. Education and discussion is continuing in this area.

A representative of the Committee was sponsored to attend the annual meeting of the Association for the Treatment of Sexual Abusers in Atlanta, Georgia, USA and I also attended. The representative is rotated through the various regions.

Discussion of new trends in the treatments of adolescents who sexually offend is ongoing. Recognition of the low overall re-offense rates for sexual offending and the relatively higher rates for other types of offences in our youth suggest a more general approach to preventing re-offence.

[Louis W. Sutker, Ph.D., R. Psych. CPBC #255](#)

Executive Sponsor

YOUTH VIOLENT OFFENCE TREATMENT PROGRAM REPORT

Provincially, the Violence Offence Treatment Program continues to move forward. Of the five regions in Youth Forensic Psychiatric Services, three have custody centres where VOTP is provided, both in custody and in the community. In those regions where there is no custody centre, the program is facilitated on an outpatient basis only.

Provincially, numbers for violence offence assessment appear to generally be on the rise, but there is a sense that the treatment referral numbers do not appear to correspond in some areas. This is an area which is to be explored in the upcoming year to determine why this is occurring and to address the problem.

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Provincially, the Violence Offence Treatment Program coordinators have been involved in a number of initiatives as a means to address issues such as training, service delivery, research and communication. Those initiatives are as follows.

- Presentations for the National Serious Violence Offender (SVO) Conference
- IRCS Program enhancement funding proposals and approved projects
- IRCS Review sub-committee, report and recommendations
- Inaugural Violence Offence Treatment Program Provincial Forum in New Westminster
- Input into drafting policy for IRCS and Violence Offence Treatment Program in general
- Updates to Violence Offence Treatment Program brochure and website
- Improving continuity of care across regions and between custody centres
- Improving internal network share drive use to allow for information sharing and access to Violence Offence Treatment Program coordinators' committee activities
- SAVRY training and re-training in various regions
- Education sessions regarding Youth Forensic Psychiatric Services and Violence Offence Treatment Program for new probation officers in various regions
- Focus on Aboriginal specific interventions in some areas
- Consultation with IRCS funded cultural program enhancement project
- Consultation with IRCS funded evaluation of individual family and community intervention model of Violence Offence Treatment Program
- GAF training in the North region

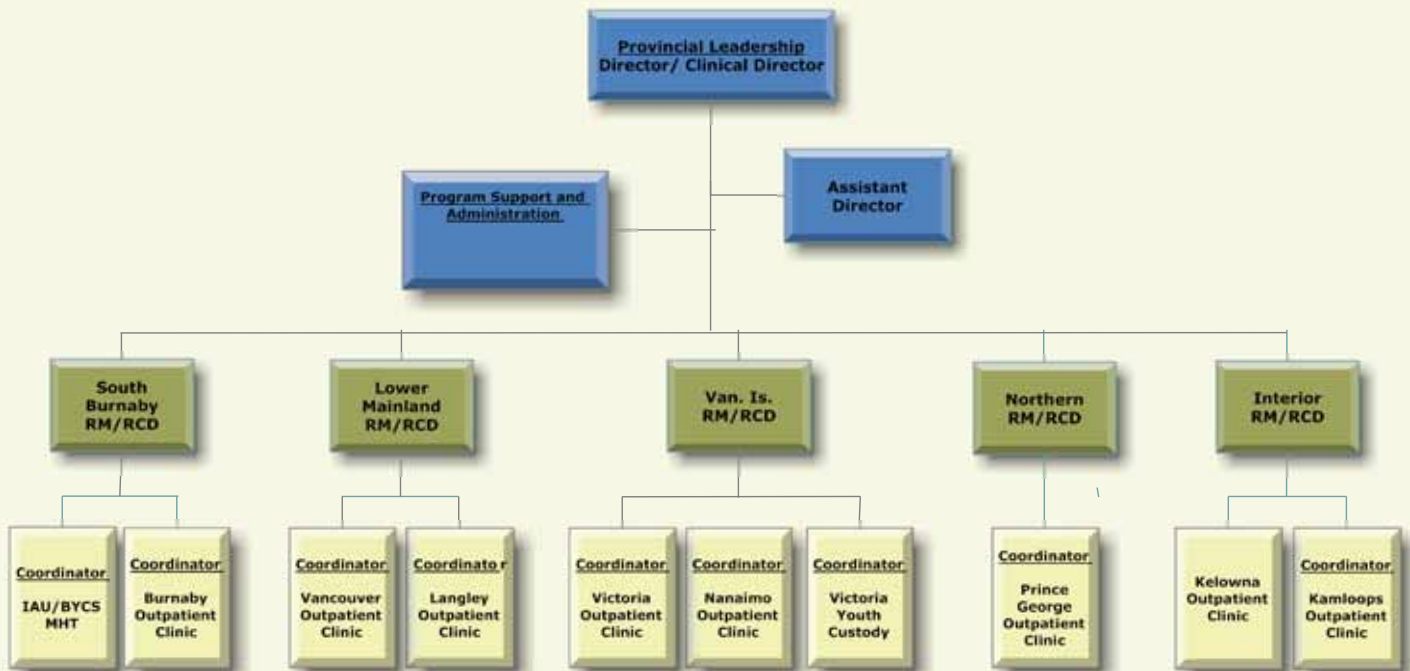
In addition, there have been a number of regional activities which have focused on the Violence Offence Treatment Program, as well as other program areas. The provincial Violence Offence Treatment Program coordinators meet annually in-person and quarterly via teleconference in addition to telephone and electronic contact on an as needed basis. The intent is to ensure that ongoing consultation, education and communication exists within the program. This is also a forum which allows for case specific dialogue and serves as a conduit of information between line staff and executive committee.

[Kulwant Riar, MBBS, FRCP\(C\)](#)

Executive Sponsor

APPENDIX D: STRUCTURAL ORGANIZATION CHART

YOUTH FORENSIC PSYCHIATRIC SERVICES



Legend:

RM: Regional Manager

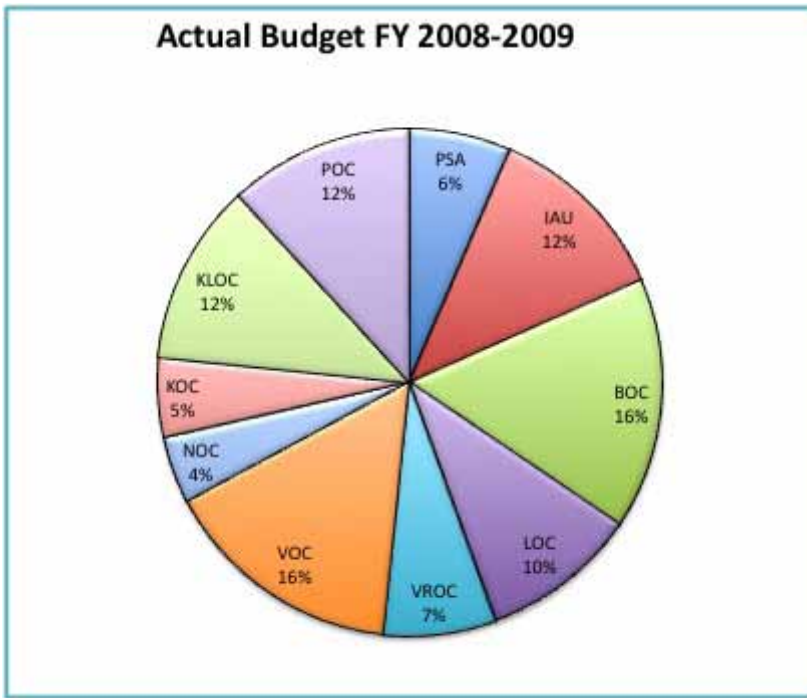
RCD: Regional Clinical Director

IAU: Inpatient Assessment Unit

BYCS MHT: Burnaby Youth Custody Services Mental Health Team

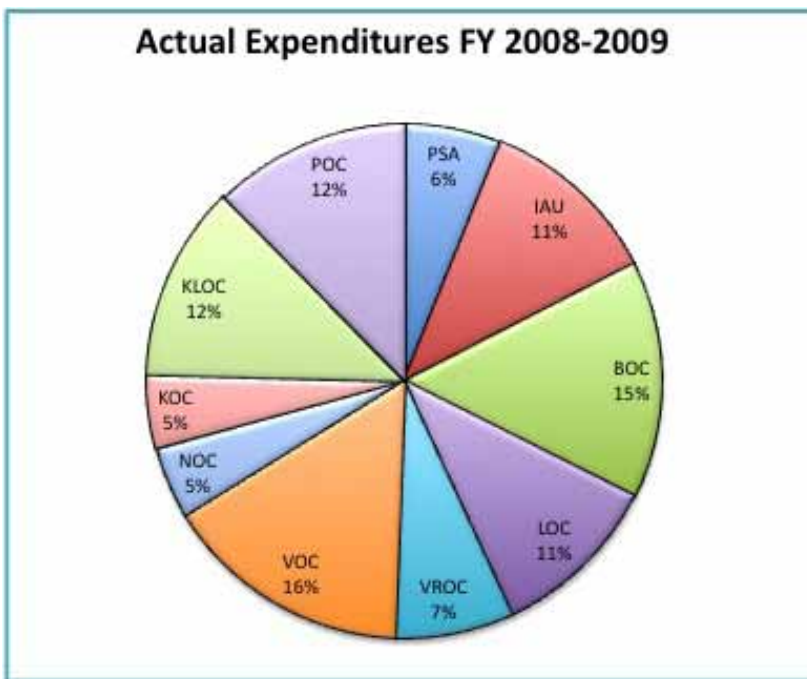
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APPENDIX E: OVERVIEW OF SPENDING



Clinic/ Service Area	Budget
PSA: Program Support & Administration	\$859,000
IAU: Inpatient Assessment Unit	\$1,577,000
BOC: Burnaby Outpatient Clinic	\$2,126,000
LOC: Langley Outpatient Clinic	\$1,321,000
VROC: Vancouver Outpatient Clinic	\$952,000
VOC: Victoria Outpatient Clinic	\$2,068,000
NOC: Nanaimo Outpatient Clinic	\$556,000
KOC: Kamloops Outpatient Clinic	\$675,000
KLOC: Kelowna Outpatient Clinic	\$1,532,000
POC: Prince George Outpatient Clinic	\$1,564,000
Totals	\$13,230,000

- YFPS Regions**
1. Program Support & Administration
 2. South Burnaby Region
 - Burnaby Outpatient Unit
 - Inpatient Assessment Unit
 3. Lower Mainland Region
 - Langley Outpatient Clinic
 - Vancouver Outpatient Clinic
 4. Vancouver Island Region
 - Victoria Outpatient Clinic
 - Nanaimo Outpatient Clinic
 5. Interior Region
 - Kamloops Outpatient Clinic
 - Kelowna Outpatient Clinic
 6. Northern Region
 - Prince George Outpatient Clinic



Clinic/ Service Area	Budget
PSA: Program Support & Administration	\$778,926
IAU: Inpatient Assessment Unit	\$1,457,762
BOC: Burnaby Outpatient Clinic	\$1,903,033
LOC: Langley Outpatient Clinic	\$1,375,174
VROC: Vancouver Outpatient Clinic	\$957,543
VOC: Victoria Outpatient Clinic	\$2,000,891
NOC: Nanaimo Outpatient Clinic	\$575,593
KOC: Kamloops Outpatient Clinic	\$594,544
KLOC: Kelowna Outpatient Clinic	\$1,563,742
POC: Prince George Outpatient Clinic	\$1,580,789
Totals	\$12,787,997

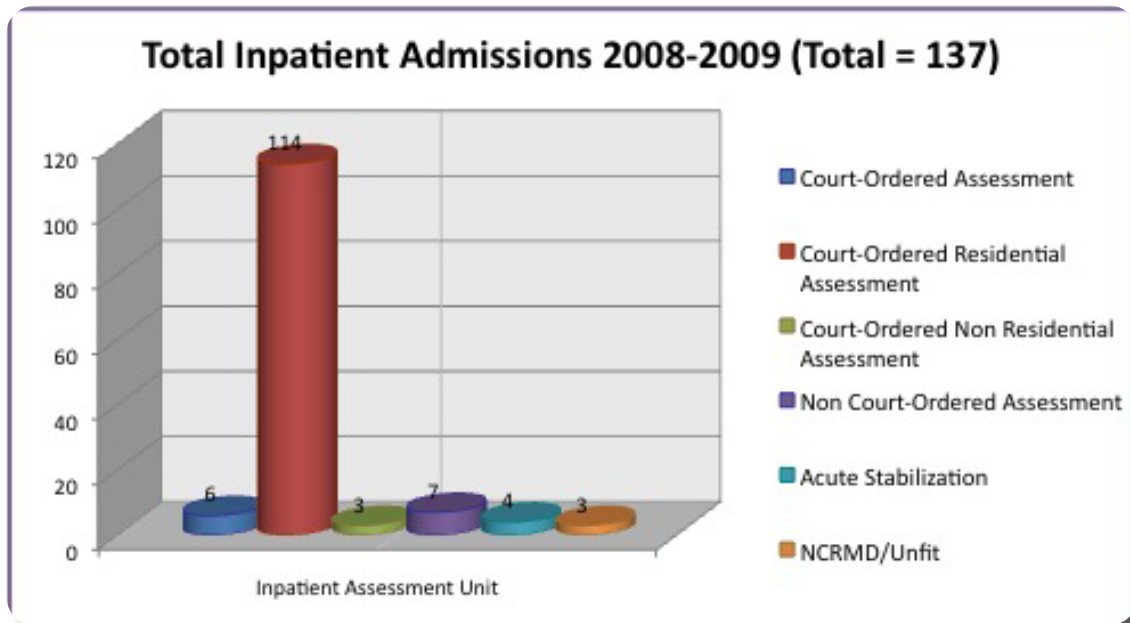
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Appendix F: Summary of Intake Statistics

I. TOTAL INPATIENT ADMISSIONS

The following chart depicts the total of new and already open admissions to the Inpatient Assessment Unit during the fiscal 2008 period (April 1, 2008 - March 31, 2009).

Although administratively reporting to the South Burnaby Region, the YFPS Inpatient Assessment Unit (IAU) provides inpatient assessment services to all YFPS service areas of the Province of BC. While primarily focussing on assessments, the IAU also provides short-term, acute stabilization to youths admitted from Youth Custody Centres as well as to youths found Not Criminally Responsible by reason of Mental Disorder (NCRMD) or Unfit to Stand Trial.

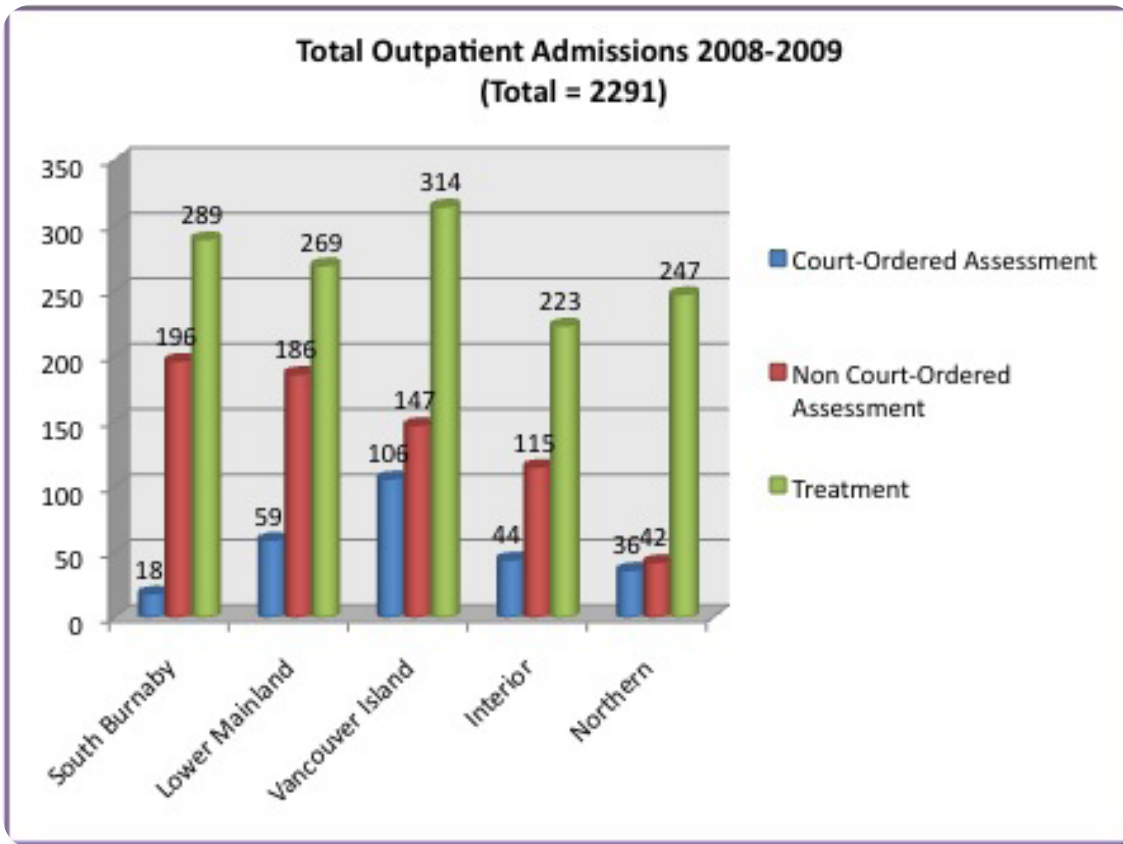


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II. TOTAL OUTPATIENT ADMISSIONS

The following chart depicts the new and already open admissions to YFPS Outpatient Clinics and contract providers from communities throughout the five macro YFPS service regions (South Burnaby, Lower Mainland, Vancouver Island, Interior, Northern).

The South Burnaby, Vancouver Island and Northern regions also provide mental health services to Burnaby, Victoria and Prince George Youth Justices Services Centres respectively. Admissions from these Centres are included in the chart.



Regional Outpatient Clinics

South Burnaby : Burnaby Outpatient Clinic

Lower Mainland: Langley Outpatient Clinic
Vancouver Outpatient Clinic

Vancouver Island: Victoria Outpatient Clinic
Nanaimo Outpatient Clinic

Interior: Kelowna Outpatient Clinic
Kamloops Outpatient Clinic

Northern: Prince George Outpatient Clinic

Outpatient Treatment Programs

- General Mental Health
- Youth Sexual Offence Treatment Program
- Violent Offence Treatment Program
- Addictions Treatment Program
- NCRMD (Not Criminally Responsible by Reason of Mental Disorder) / Unfit to Stand Trial

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APPENDIX G: YOUTH COUNSELLING QUESTIONNAIRE

PROVINCIAL SUMMARY YEAR END Q2-2008 - Q1-2009

1. Year		April 08 - March 09
2. Total Questionnaires received		171
3. Number of youth who submitted questionnaires:	Burnaby Outpatient Clinic	13
	Langley Outpatient Clinic	10
	Vancouver Outpatient Clinic	14
	Victoria Outpatient Clinic	9
	Nanaimo Outpatient Clinic	4
	Interior Region	77
	Kelowna Outpatient Clinic	25
	Kamloops Outpatient Clinic	41
	West Kootenays *	11
	Prince George Outpatient Clinic	31
	Contracted Agency (e.g. John Howard)	2
	Burnaby Youth Custody Services	10
	Prince George Custody Services	1

Number of Questionnaires Submitted Each Quarter	Q2 Apr-June 08	Q3 July-Sept 08	Q4 Oct-Dec08	Q1 Jan-Mar 09
Burnaby Outpatient Clinic	7	3	2	1
Langley Outpatient Clinic	2	2	2	4
Vancouver Outpatient Clinic	1	0	10	3
Victoria Outpatient Clinic	0	0	9	0
Nanaimo Outpatient Clinic	0	0	4	0
Interior Region	26	20	13	18
Kelowna Outpatient Clinic	7	6	4	8
Kamloops Outpatient Clinic	14	10	9	8
West Kootenays *	5	4	0	2
Prince George Outpatient Clinic	10	15	3	3
Contracted Agency (e.g. John Howard)	1	0	0	1
Burnaby Youth Custody Services	2	0	6	2
Prince George Custody Services	0	1	0	0
Total	49	41	49	32

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Type of treatment-number of Youths treated:	YSOTP	37 youths
	YVOTP	57 youths
	Mental Health Services	49 youths
	Other [Addictions (1), Family (4)]	5 youths
	Missing	23
The above treatment was delivered:	Individually	132 youths
	Both group and 1:1	14 youths
	Missing	25

1.	Average age in years		16.85 (range 13-60)
2.	Gender	Male	50 youths
		Female	7 youths
		Missing	2
3.	Languages spoken	English	152 youths
		English + South Asian Language [Punjabi (2), Farsi (3)]	5 youths
		English + European Language [Greek (1), Romanian (1), Croatian (1)]	3 youths
		English + Asian Language [Mandarin (1), Vietnamese (3)]	4 youths
		English + other language [First Nations language (1), Not specified (1)]	2 youths
		Missing	5
4.	Languages spoken at home	English	149 youths
		English + South Asian Language [Punjabi (2), Farsi (3)]	5 youths
		English + European Language [Greek (1), Romanian (1), Croatian (1), Hungarian (1)]	84 youths
		English + Asian Language [Mandarin (1), Vietnamese (3)]	4 youths
		English + other language [First Nations language (3), Not specified (1)]	4 youths
		Missing	5
5.	Belongs to the following racial / ethnic group	Caucasian	83 youths
		First Nations [First Nations/Caucasian (10), Métis (1)]	56 youths
		East/ South East Asian	7 youth
		West/ South Asian	6 youth
		Other [African (4), unknown (1), Romanian (1)]	6 youth
		Missing	13

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FAVOURABLE COMMENTS (VERBATIM)

- You have an amazing team working here [name omitted] is an amazing counselor and helped me throw [sic] a lot of anger issues he has changed my life in a positive way. Thanks.
- They were very cool keep doing a good job.
- It's nice a helpful (sic)
- Above satisfactory
- [Name omitted] has been an excellent counselor and I would highly recommend her to anybody in need of a caring counselor
- It was okay I was comfortable doing it. I had fun.
- Get smokes, coffee, juice, sandwich and better couches (sic)
- The counseling really helped me a lot, gave me more confidence and made me believe there are success and I made it and I am going to keep it roiling. [Name omitted] and the front desk ladies are very good to me whenever I came to my appointments, and when I was leaving :) I'm going to sure miss coming here, I can tell you that. Thank you [name omitted] for all your help on making me a better person, love you.
- [Name omitted] is a wicked VOTP counselor [sic].
- This is not the best part of the neighborhood to many crack heads (sic).
- The staff are nice and it felt welcoming.
- I will miss [name omitted] keep her here.
- [Name omitted] really help me in getting my life back together. His methods of counseling work well on me like finding my risk factors, helping me to see whom I should keep away from and hang out with. His help in setting goals and helping pushing me to achieve them(sic).
- Thank you!
- I feel that I was taught great coping skills after my VOTP sessions. (Name omitted) IS THE BEST. hope your retirement is everything you expect then some. PS. Thanks a lot (sic)
- Well I liked it at times, but I don't think I really needed counseling for anger but I guess I did learn some stuff yea all I need counseling for is alcohol (sic)
- Good work.
- The people at YFPS are very helpful people and they know how to do there job (sic)

FAVOURABLE COMMENTS (CONT'D)

- I enjoyed the VOTP program I think it will help me in the future.
- It helped me a lot with dealing with small things that I didn't know what to do with before.
- I think program was useful and helped me think from other people's point of view, this helped me reduce my stealing. Not to mention other bad habits.
- I have been going through counseling for several years now and I have never felt this comfortable speaking with anyone else and opening up with my life stories.
- This was a wonderful service, I felt awesome coming to session and I looked forward to coming into the sessions. I do not have any constructive criticism as nothing stuck out that I was not satisfied with.
- [Name omitted] is a good counselor.
- It helped me understanding how to cope with problems, it showed me different ways to cope with situations.
- I feel like when I go back home I will use info I have learned to stay safe and clean.
- It was fun and I learned a lot about other things besides stealing (sic)
- Turned my life around.
- This experience was very helpful in my recovery! And made it easier to move and change my ways (sic).
- So far my work with (name omitted) has been very satisfying and she makes me feel very comfortable.
- (Name Omitted) was a amazing counselor. His methods were meeting my expectations and then some. I've been introduced to journaling out my feelings which has been very useful for my progress here in PGYCC. I would recommend him to others for sure.
- I like (name omitted) because she is fun and silly.
- Since I've been attending here I've stolen less cars smoking less weed going to school full time and just being me (sic).
- The services were really good thanks to all.
- Very helpful and understanding.
- I just want to state that every thing the counselling does is extremely effective (sic).
- I'm really enjoying it.
- (Name deleted) is the bomb she make me feel safe & she wonderful to talk to (sic).

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- My counselor (name omitted) is very good with talking with me when I am having tough times getting through things and gives me advice on how to cope with my stress and me with family problems and my parents think she was a very wonderful person and very professional the way she helped us in our family meeting we had (sic).
- The counselor I had was very nice and polite to me treated me like an equal not a criminal and that was nice (sic).
- It helped me understand I need to work on my anger (sic).
- There great (sic).
- Thank you for helping me.
- (Name omitted) is awesome (sic).
- My husband and I were very impressed and satisfied with the counseling we received from (name omitted). She is very gentle, warm, understands our problem very well. We are going through a very tough time with our teenager and all the help that (she) is providing is priceless. Thank you (name omitted) for being here for us.
- (Name omitted) is really great counselor (sic).
- Top notch.

UNFAVOURABLE

- A Career program that's easier to get into.
- A ** talks too much.
- The Vancouver Clinic seemed rundown and dirty, needs improvements.
- There should be someone you can talk to (counselor like D & A) outside the program, for any reasons.
- This is gay.
- No comments (166).

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			Yes	No	Not sure
		n	FREQUENCIES		
1.	The staff treated me well.	164	100%	0	0
2.	They explained what information would be shared with others.	164	95%	3%	2%
3.	They listened to my concerns.	164	98%	0	2%
4.	They helped me with my problems	163	87%	1%	12%
5.	They taught me new ways of dealing with problems.	163	87%	5%	9%
6.	They invited me to meetings to discuss counselling progress.	158	71%	12%	17%
7.	The counselling sessions helped me feel better.	163	79%	10%	12%
8.	I did less crime after counselling.	151	76%	9%	15%
9.	Counselling was better than I expected.	162	81%	7%	12%
10.	I would rather have spent time in jail than in counselling at YFPS.	151	8%	89%	3%
11.	The goals of counselling were clear.	161	91%	3%	7%
12.	I could understand the counselling information.	161	98%	1%	2%
13.	The building and office at YFPS was clean.	157	98%	1%	1%
14.	The building and office at YFPS felt safe.	160	98%	0	2%
Average total score 12.92/14 (92.85% range 7 - 14) - Total prorated, item 10, "not sure" counts as half a point					