



Annual Report

2012-2013

Youth Forensic Psychiatric Services

An adolescent forensic mental health organization
accredited by the Council of Accreditation.



Ministry of
Children and Family
Development

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1.0 Director's Remarks

Looking back at this fiscal year, 2012-13, it feels like this was the beginning of a new era. Our previous annual report indicated that we had met all of our three year plan goals. We had also identified new ones for a similar period of time. Several of the activities reported in the following pages are naturally related to those new goals and strategies. In addition, separate reviews of our most specialized programs were completed, which will certainly impact future directions in how we deliver those treatment services. It is important to note that our Service is gearing up for the last stretch before the COA peer review visit, which will mark the completion of our Accreditation for the third time.

This report has been organized to describe activities on three different levels. The first section relates to initiatives and projects that are of a provincial, or organization-wide nature. This includes an overview of expenditures, and a breakdown of our referral numbers. The second part goes into regional activities and priorities, which are introduced by the Regional Managers and the Regional Clinical Directors. The third section gives a summary of the various Standing Committees and their respective input into the clinical and administrative aspects of our Service. In the appendices, we have attached more detailed descriptions of activities and feedback relating to training, client satisfaction surveys, strategic goals, and Performance and Quality Improvement (PQI).

Hopefully, the content of this report serves as evidence to demonstrate that Youth Forensic Psychiatric Services, as a solid organization, continues to be a leader in the field when it comes to providing specialized mental health services to youth in the criminal justice system.

Regards,



André Picard, Director

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

Clinical Director's Remarks

The 2012-2013 fiscal year was quite exciting as far as clinical services were concerned. Reviews of major programs, i.e., the Violent Offence Treatment Program (VOTP) and the Youth Sexual Offence Treatment Program (YSOTP) were completed, and the majority of the recommendations were found to be relevant and appropriate.

The VOTP review was conducted by the YFPS Program Evaluation and Research Team. A comprehensive report was released in 2012, which amongst other recommendations, recommended a revision of the treatment approach that we use with youths who have committed a violent offence. This required further discussion amongst senior leaders and stakeholders to strategize an action plan and its implementation.

The YSOTP review was conducted by a panel of three external experts. Key recommendations focused on updating policies and procedures, clarifying standards and practice guidelines, and continuing the implementation of the YFPS Social Intervention Project, which was already in progress. Emphasis was placed on providing regular training and professional development to support the service delivery of the YSOTP. Subcommittees were set up and implementation of the recommendations commenced.

The Functional Family Therapy (FFT) component of the Social and Family Intervention Project was introduced to select clinicians for training purposes. A schedule was designed for the next year, with plans for the creators of FFT to train clinicians phase by phase. The rest of the social and family intervention project is up and running throughout the Service. In order to enhance and enrich the project, a memo was distributed to the whole Service indicating that recommendations during the assessment phase should address the domains of biological, psychological and social issues in a discreet manner.

Ethical approval was granted for the Viewing Time project by the Behavioural Research Ethics Board of The University of British Columbia (UBC). The next phase of the project was initiated by acquiring the necessary hardware and software. The Core Competency Project is also underway. Focus groups were identified, and worked to educate staff on the core competencies that every YFPS clinician has to be competent in. The next phase – determining how these competencies can be best achieved on an ongoing basis – is in progress.

As part of our ongoing strategy to create clinical excellence in our Service, we held our annual education event in March 2013, under the heading of the YFPS Forum on Youth Violence. Various relevant topics were presented and discussed in order to complement existing skills in assessing and managing youth with violent histories.



Dr. Kulwant Riar, M.B.B.S., FRCP(C)
Clinical Director

2.0 Mission

Utilizing a multidisciplinary approach, the mission of 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 Youth Criminal Justice Act*
- *Young persons found unfit to stand trial or not criminally responsible due to the account of mental disorder (NCRMD)*

Values

- *We 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.*
- *We respect the rights and responsibilities of parents and legal guardians, and 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 or use aversive stimuli to promote behaviour change.*
- *We 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.*

3.0 Overview of Youth Forensic Psychiatric Services

Youth Forensic Psychiatric Services (YFPS) is one of several provincial programs of the Ministry of Children and Family Development, operating within the Youth Justice and Forensic Services branch. YFPS has been providing assessment and treatment services for over twenty-five years, in addition to maintaining a vibrant research program. Its target population is adolescents between the ages of 12-17 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.

4.0 Five Strategic YFPS Goals for FY12/13 to FY14/15:

1. Enhance standardized assessment protocol using a biopsychosocial model in YFPS assessments.
2. Promote internal and external communication and enhance information quality.
3. Conduct ongoing review and development of evidenced based/best practices assessment and treatment services to meet the individualized needs of our target populations.
4. Strengthen professional development of clinical expertise.
5. Strengthen and improve quality assurance processes to ensure fidelity to YFPS clinical standards.

Please refer to the YFPS Strategic Plan for details and the overall action plan for future outcomes (Appendix A).

5.0 Organization Structure

YFPS provides services throughout the province in five macro-regions. Each region operates one or more outpatient clinics that provide General Mental Health Treatment as well as specialized treatment programs, including the Violent Offence Treatment Program (VOTP) and Sexual Offence Treatment Program (SOTP). The Northern, Vancouver Island and South Burnaby Regions also provide mental health services to youth residing at Youth Custody Services located in Prince George, Victoria and Burnaby respectively.

In addition to the five regions, the Inpatient Assessment Unit, Program Evaluation and Research, and Program Support and Administration are the three provincial services of YFPS.

5.1 Provincial Services

5.1.1 Inpatient Assessment Unit

The Inpatient Assessment Unit (IAU), located in Burnaby, has dual designation as a mental health facility and as a place of temporary custody. This secured five-bed facility provides court-ordered inpatient assessment for youth in conflict with the law, and temporary hospitalization for those who are found NCRMD and Unfit to Stand Trial, requiring a short period of treatment stabilization. The IAU provides mental health services to Burnaby Youth Custody Services, as well as consultation services to all five regions.

5.1.2 Program Support and Administration

Program Support and Administration (PSA) is the headquarters of YFPS. The office is located in South Burnaby. Under the Director's leadership, the Assistant Director and the Clinical Director, the PSA team provides integrated provincial support services to the five regions, as well as the IAU.

Areas of responsibility of Program Support and Administration (PSA) include:

1. Administration and Clinical Leadership
2. YFPS Strategic Plan
3. Financial Management
4. Policy and Procedures, Standards and Guidelines
5. Client Information System (CIS)
6. Social and Family Intervention Project (FFT)
7. Performance and Quality Improvement (PQI)
8. Professional Training and Development
9. Special Provincial Projects
10. Program Evaluation and Research (PER)

5.1.3 Program Evaluation and Research Team

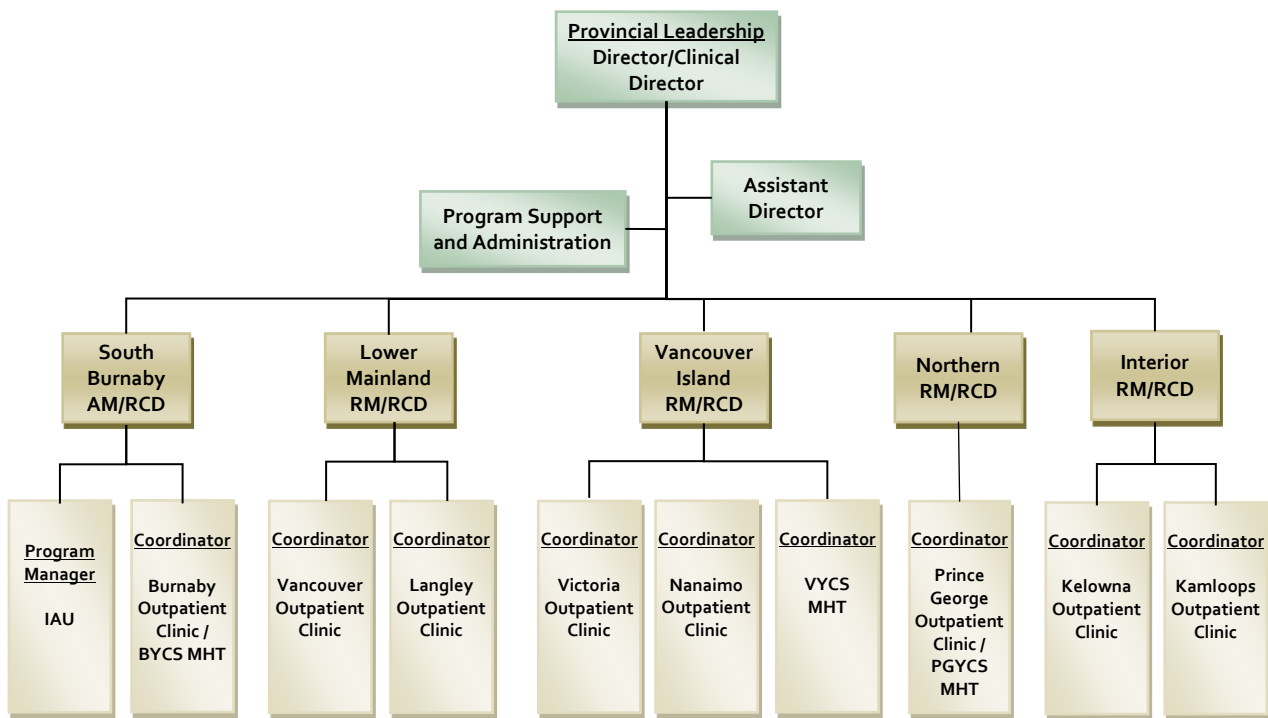
The Program Evaluation and Research (PER) Team is part of PSA and operates under the direction of the Provincial and Clinical Directors. The PER Team contributes to the goals and objectives of YFPS by proposing, designing, conducting, and overseeing program evaluations and clinical research consistent with the goals and objectives of YFPS. The PER Team also provides ongoing support to PSA and the process of accreditation. During FY12/13, the PER Team undertook a comprehensive internal review of past projects, activities, and publications, and – with the assistance of the PER Committee – reviewed and updated the YFPS Research Application Form.

With respect to research projects, during FY12/13 the PER Team completed a long-term evaluation of the Violent Offence Treatment Program (VOTP) and presented the findings to the Executive Committee of YFPS, the Provincial Youth Justice Forum, and the 14th Biennial Violence and Aggression Symposium in Saskatoon, Saskatchewan. This evaluation was completed with the assistance of federal funding through the Intensive Rehabilitative Custody and Supervision (IRCS) program. The PER Team consulted with the YFPS Multicultural Advisory Committee and, in accordance with a research application submitted to the Office of Research Ethics at Simon Fraser University, created a list of potential consultants on Aboriginal issues in order to promote research at YFPS that meets the Tri-Council Policy.

Two other research projects were initiated during FY12/13. A study of sexual interest testing was reviewed and approved by The University of British Columbia's Behavioural Research Ethics Board. This study will examine the utility of non-invasive sexual interest testing for Sexual Offence Treatment Program clients. The second study – reviewed and approved by the Office of Research Ethics at Simon Fraser University – is aimed at creating psychological test norms for clients who are seen at the IAU.

Other tasks undertaken in FY12/13 included: serving on the Planning Committee and the Scientific Subcommittee for the 9th Annual Pacific Forensic Psychiatry Conference and the YFPS Forum on Youth Violence; participating in the service-wide re-accreditation process; and other ongoing PQI activities, such as providing regional and provincial statistical summaries of feedback from quarterly client satisfaction surveys, client progress reviews, and statistical summaries of provincial personnel surveys.

5.2 Structural Organizational Chart of YFPS



Legend:

AM: Area Manager

RM: Regional Manager

RCD: Regional Clinical Director

IAU: Inpatient Assessment Unit

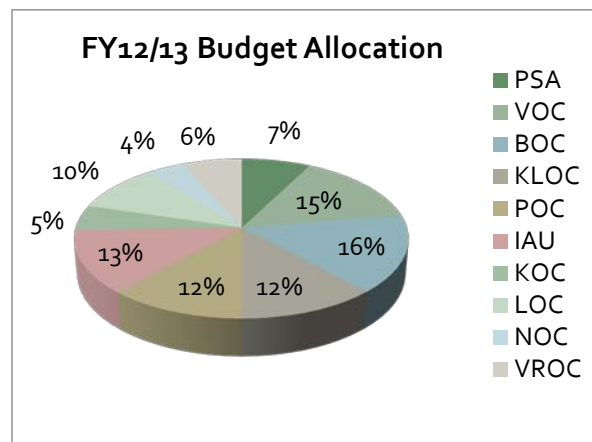
BYCS MHT: Burnaby Youth Custody Services Mental Health Team

5.3 Finance and Expenditures Overview

YFPS had an allocated fiscal 2012/13 budget of \$12,034,000; with an actual expenditure of \$11,853,311.

Consistent with the principles of organizational governance (maintaining transparency and accountability to expenditures), the Director, Assistant Director and Regional Managers reviewed the monthly forecasts and implemented financial management strategies to ensure that expenditures were aligned to the allocated fiscal budget.

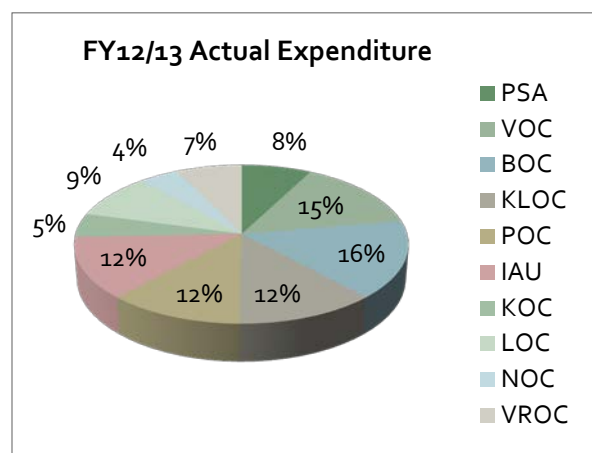
FY 2012-2013 Allocated Budget



Clinics and Service Areas

PSA	Program Support & Admin.	\$913,000
IAU	Inpatient Assessment Unit	\$1,554,000
VOC	Victoria Outpatient Clinic	\$1,774,000
BOC	Burnaby Outpatient Clinic	\$1,901,000
KLOC	Kelowna Outpatient Clinic	\$1,432,000
POC	Prince George Outpatient Clin.	\$1,398,000
LOC	Langley Outpatient Clinic	\$1,158,000
NOC	Nanaimo Outpatient Clinic	\$504,000
KOC	Kamloops Outpatient Clinic	\$613,000
VROC	Vancouver Outpatient Clinic	\$787,000
Totals		\$12,034,000

FY 2012-2013 Actual Expenditures



Clinics and Service Areas

PSA	Program Support & Admin.	\$904,030
IAU	Inpatient Assessment Unit	\$1,511,076
VOC	Victoria Outpatient Clinic	\$1,737,538
BOC	Burnaby Outpatient Clinic	\$1,874,298
KLOC	Kelowna Outpatient Clinic	\$1,423,203
POC	Prince George Outpatient Clin.	\$1,368,672
LOC	Langley Outpatient Clinic	\$1,090,126
NOC	Nanaimo Outpatient Clinic	\$518,330
KOC	Kamloops Outpatient Clinic	\$577,657
VROC	Vancouver Outpatient Clinic	\$848,381
Totals		\$11,853,311

6.0 Referrals to Clinical Services

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

Clinical Services fall into two broad categories. Court-ordered and court-related assessments make up approximately 42% of our service. Treatment services, which account for approximately 58% of YFPS services, may take the form of General Mental Health Treatment or one of our specialized treatment programs for sexual offences or violent offences. The clinical services are described below.

6.1 Court-Ordered and Court-Related Assessments

Court-ordered assessments, provided under Section 34 of the Youth Criminal Justice Act (YCJA) continue to be a significant core clinical service for the Inpatient Assessment Unit and the outpatient clinics throughout all regions.

6.2 Mental Health Treatment Services

6.2.1 General Mental Health Treatment

YFPS provides individualized mental health treatment to eligible youth residing both in the community and in Youth Custody Services 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 Services 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).

6.2.2 Specialized Treatment: Sexual Offence Treatment Program

YFPS provides comprehensive treatment of youth who have committed sexual offences. The objective of the Sexual Offence Treatment Program (SOTP) is to improve the biopsychosocial and adaptive functioning of the youth. The SOTP has been an important component of YFPS services for many years. The program is available on an outpatient basis at all clinics and is delivered in an individual format, with a group component available at some clinics.

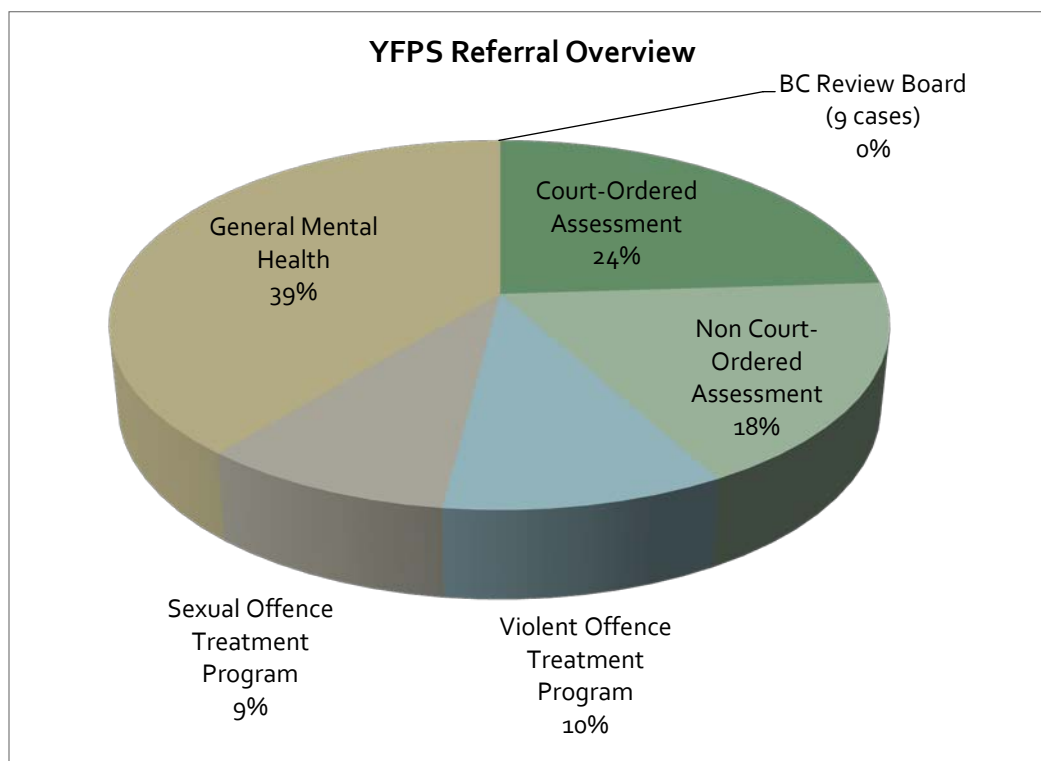
Clinicians work closely with the youth's caregivers, probation officer, social worker and others in the youth's social network. Where appropriate, clinicians also assist with the youth's re-integration back into the family.

6.2.3 Specialized Treatment: Violent Offence Treatment Program

The Violent Offence Treatment Program (VOTP) 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 the risk and needs that are associated with violent offending. The program is offered at all YFPS outpatient clinics, through designated contract service providers, and also at Youth Custody Services centres.

6.3 Total Assessment and Treatment Cases

The following chart depicts the percentages of new and already open case to YFPS' Inpatient Assessment Unit and outpatient clinics, including contract providers from communities throughout the five YFPS service regions (South Burnaby, Lower Mainland, Vancouver Island, Interior, and the North). The South Burnaby, Vancouver Island and Northern regions also provide mental health services to Burnaby, Victoria and Prince George Youth Custody Services centres, respectively. Admissions from these centres are included in the chart.



A summary of intake statistics from April 1st, 2012 to March 31st, 2013 is provided under Appendix C.

7.0 Performance and Quality Improvement

YFPS is one of four organizations in the Provincial Programs of the Ministry of Children and Family Development to have been accredited with the Council on Accreditation (COA). The process of seeking and maintaining accreditation status has added to the on-going Quality Assurance activities that have always been an important part of non-clinical activities at YFPS. In August 2005 and 2009, YFPS was successfully accredited by the COA. The next round of re-accreditation will take place in June 2013.

The table below illustrates the activities, outcome indicators, responsibility and status of each of the previous goals.

Goal Statement	Activity	Evidence / Outcome Indicator	Responsibility	Status
1. Strengthen and implement quality assurance processes that are meaningful and relevant to clinical practice.	a. Regional qualitative team review of clinical work with provincial discussion & learning, integrated with current Quality Assurance processes.	Identified below (e.g., clinical rounds): Identify quality indicators both at the program and individual file level and add to file review process. Feed into Education Committee.	Regional Clinical Directors; File review teams; Regional PQI chairs; Education Committee.	Completed quarterly and ongoing.
2. Educate community partners to the roles & responsibilities of YFPS.	a. Public presentations; continue presentations every 2 years (i.e., schools, universities, probation, Child & Youth Mental Health).	Conferences; PQI to track presentations, etc. at quarterly meetings; PER reports.	Regions; Regional/ Provincial PQI.	Completed.
3. Conduct a networking opportunity/stakeholder survey/needs assessment. Review annually for 5 years.	a. Send out stakeholder surveys & report. Track suggestions and how implemented.	Spreadsheet extended to combine stakeholder feedback from first survey with second survey. Regional PQI Committees to track at quarterly meetings.	Accreditation Project Manager; Provincial PQI.	Completed; reviewed quarterly.
	b. Host annual "Open House."	Regions to track ICMs and other meetings held at clinics. Report through Regional PQI committee.	RCDs and RMs.	Completed quarterly and ongoing.

4. Enhance and expand treatment approaches that address the whole person in the context of their environment.	a. Train & develop staff in Biopsychosocial Model.	Ongoing education included in quality indicators; included in treatment goals & reviewed in performance evaluations.	Education Committee in concert with RMs and RCDs.	Completed quarterly and ongoing.
	b. Develop a family intervention model.	Phase 1 complete Phase 2 complete Begin Phase 3	Clinical Director and Family Intervention Specialist.	Engaged in Phase 3; delivered advance social & family intervention training.
5. Ensure that all clinicians in the service provide treatment that addresses underlying psychopathology.	Set up a process whereby senior clinicians engage in formal clinical review of treatment cases for the purposes of education and treatment refinement.	Regional clinical rounds & program meetings at least quarterly. Included in PQI tracking.	Regional PQI Chair.	Implemented and ongoing.

In addition to the above table, please refer to the comprehensive report on the Organizational Performance and Quality Improvement Plan (under Appendix B). The report highlights activities that were undertaken to support the general PQI principles and process.

8.0 Regional Progress and Outcomes

South Burnaby Regional Report

At the beginning of the year, the YFPS Executive determined the next cycle of Strategic Goals, and from there we established our South Burnaby Regional Strategic Goals for 2012 to 2016. Our regional goals focussed on the following:

- Enhance the quality of assessments by strengthening the skills of staff
- Strengthen role definition with various stakeholders
- Improve assessment and treatment outcomes based on best practices
- Develop ethical leadership and clinical training
- Focus on PQI practices by adhering to YFPS policies and procedures, and program standards

COA re-accreditation was also looming a year-plus down the road, so re-accreditation training early this year allowed us to focus on weaving PQI culture into everyone's everyday practice. This took some education and reminders for folks at BOC and the IAU, but we wanted to improve our overall PQI understanding and practice to best prepare for re-accreditation site visits in Summer 2013.

Of note, we focussed on improving both administrative staff and clinician/contractor training (i.e., electronic file management, using CARIS consistently in areas around Case Record Reviews, charting and documentation sessions for IAU staff, Progress Evaluations and Medication and Doctors Orders training for BOC staff). Furthermore, we concentrated on improving the qualitative reviews of client records. Throughout the year, regional PQI recommendations were incorporated, which related to risk management, clinical and administrative quality improvements, follow-up and evaluation of goals, file management and documentation practices.

Quarterly Educational Rounds were also enriched, and these included in-service presentations as well as guest speakers. In preparation for our long-awaited Functional Family Therapy (FFT) training, we also supported quarterly Social Intervention Case Reviews led by our provincial FFT Lead.

Despite the Managed Staffing Strategy and its resulting limitations on hiring and backfilling positions, we maintained daily operations at BOC and the IAU. Improvements were made to practices at the IAU, which included updating a variety of IAU-specific forms and protocols. At BOC, Program Coordinators and Managers met with Probation Team Leaders to discuss issues relating to referral processes, waitlists/ timelines, and general communication improvements.

These communication enrichments were also reflected in our Burnaby Youth Custody Services Mental Health Team (BYCS MHT). Regular meetings were established, as was a communications log to facilitate communication and flow of information between our staff and BYCS healthcare staff. Consultations and education/training sessions increased as BYCS embraced their new Trauma Informed initiative. We expect this to continue as they plan to move towards a significant shift in their practice.

This year, a visit from the Ombudsperson Office to both IAU and BOC was fruitful as the representatives had many general questions and found the IAU and BOC tour informative and interesting. They had not had a site visit for quite some time and needed clarification about YFPS in general, and our relationships with Youth Justice, the Maples and CYMH.

Finally, our endeavours to support students continued as we had almost a dozen short- and long-term medical and practicum students working with us this past year.

Andrea Yee, MSW.
Area Manager

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

Lower Mainland Regional Report

The Lower Mainland region delivers services through two outpatient clinics, which are located in Langley and downtown Vancouver. The Langley clinic delivers service to the Fraser Valley area, which is comprised of Surrey, Delta, Abbotsford, Maple Ridge and all other communities east to Boston Bar. The Vancouver Clinic provides services to the cities of Vancouver, Richmond, North and West Vancouver, Sechelt, Powell River and north to Bella Bella and Bella Coola. The clinics provide specialized assessment and treatment of adolescents within 3 broad program areas, providing assessment and treatment to violent offenders, sexual offenders, and general mental health treatment – the latter encompassing the full spectrum of psychiatric disorders in youth.

As a region, we continue to be involved with a range of community stakeholders such as PLEA, and the Fraser Regional Mentally Disordered Offender Committee, a group of service providers that cover a range of services to both youth and adults. Additionally, staff from the region presented at the YFPS Youth Violence Forum, a part of the Annual Pacific Forensic Psychiatry Conference in Vancouver.

The region continues to actively pursue regional educational initiatives through our quarterly rounds presentations. Staff in the region are also taking advantage of a range of educational opportunities such as workshops and grand rounds at BCCH, as well as webinars made available through a range of organizations. The region has three clinicians currently involved in the Functional Family Therapy training initiative. The region also actively participated in the COA re-accreditation process, with COA reviewers visiting both of the region's clinics. Finally, the region was able to recruit a new Regional Clinical Director in the person of Dr. Ron Stevenson.

Specifically with respect to the Langley Clinic, personnel from the clinic continue to actively participate in the screening committees for Am'ut, Waypoint, and Daughters and Sisters. These are alcohol and drug, full-time attendance programs located in the Fraser Valley. These programs are an alternative to custody for youth from across the province. The clinic also provides assessments for youth referred to these programs who haven't previously been assessed, as well as follow-up psychiatric and counselling services to those youth assessed as requiring services the clinic offers. In the past year we have noticed a significant increase in youth from outside of the Lower Mainland area being referred to these alcohol and drug

programs, as well as youth moving to the Lower Mainland area to access a broad range of placements, resources, and support from extended family members. Many of these youth also require the support and services of the Langley clinic. The clinic continues to provide outreach clinical services to probation offices in Maple Ridge and Surrey. As well, clinic personnel are providing consultation to two probation offices in the Surrey area regarding requests for assessment and treatment. This work is an effort to help streamline and make more effective the overall services offered to Youth Justice involved youth.

This year two clinicians developed and ran a pilot project for parents and caregivers of youth diagnosed with ADHD. Clinicians met with this group to provide an orientation and information to parents and caregivers regarding the assessment, diagnosis, treatment, and management of youth with ADHD. The initiative was well received by the participants. There are now plans to offer this orientation in other venues. This initiative also facilitates contact with, and provides an opportunity to identify parents that may benefit from ongoing family work. As well, the clinic is actively involved in writing an orientation document for parents and caregivers of youth assessed and being treated for sexual offences. This document will hopefully replace an outdated document that Probation Officers have been providing to parents and caregivers. The Langley Clinic Coordinator has also been meeting with Crown Counsel, in conjunction with Youth Justice Consultants, in a number of locales to discuss Youth Justice issues. In terms of referrals, the Langley clinic has received more referrals for assessment and treatment than any previous year and as a result the clinic is very busy. In the past year the clinic briefly experienced a full complement of staff, before planned leaves have again left the clinic short staffed.

With respect to the Vancouver Clinic, we have experienced some staffing challenges as a result of leaves and retirement. The clinic continues to offer outreach clinical services to the Sunshine Coast, Squamish and the North Shore. Referrals for assessment and treatment have been steady. The clinic celebrated its tenth anniversary, marking this milestone with an open house. Further, the Vancouver clinic partnered with the PLEA Community Services Society of BC in a project that offered outreach mental health services to our clients. Funding for the project was time limited, and as a result the project is now concluded. The project did suggest that there could be positive gains achieved by clients. Further funding would be required to continue with the project and build in an evaluative component enabling client benefits to be measured in a meaningful way. Personnel from this clinic have been involved in a number of YFPS provincial initiatives and committees, such as the core competency working group, in the areas of planning, evaluation and assessment. It is through the Vancouver Clinic that this region has representation on the Multicultural Committee. As well, staff from this clinic have participated in the BC Youth Concurrent Disorders Network. This clinic has also participated in meetings with PLEA and Youth Justice Team Leaders regarding service provision.

Gary Kumka, MSW
Regional Manager

Dr. Ron Stevenson, MD, FRCP(C)
Regional Clinical Director

Northern Regional Report

The Northern region provides service to a large geographic region through the regional clinic in Prince George (POC) and contracted regional clinicians providing treatment services in sixteen different communities and at Prince George Youth Custody Services (PGYCS). We continue to make every attempt to use creative yet sound strategies to meet the challenges and realities of rural and remote service delivery. We have a talented, energetic team committed to service excellence in the North.

The Northern region has an active quality improvement approach which includes quarterly PQI meetings, file reviews, and local and regional goal setting. Clinical support and supervision is provided via weekly clinical rounds at POC, monthly programmatic meetings, and case conferencing routinely with contractors. Clinicians are asked to send a summary of client risk levels on a weekly basis to the Regional Clinical Director for review. Most importantly, our regional team holds a commitment at all levels to continually develop our service quality and clinical competence.

The Northern region prides itself in having strong and collaborative relationships with our key stakeholders, including: Youth Probation, Youth Custody, the Northern Health Authority and a variety of social service and Aboriginal service agencies. We continue to hold regular case conferencing of assessments, case planning meetings, ICM's and ongoing communication with our stakeholders, allowing for a strong partnership when working with mutual clients. We have regular meetings with stakeholders to discuss service changes and trends in the communities. This last year our clinical team provided training and workshops to staff teams within the Native Friendship Centre, Child and Youth Mental Health, the Northern Health Authority, and Youth Custody. The clinic provides a considerable amount of clinical services to the Prince George Youth Custody Services centre, including counselling and psychiatric services and participating as part of their case management team.

Further stakeholder feedback has been gathered this year through regional visits between the Regional Manager and probation officers throughout the region and the quarterly management and medical team at PGYCS, the Provincial Director of Community Youth Justice, and Axis Family Resources. We regularly invite other agencies to attend our team meetings, including ISSP Workers, CYSN Team Leaders, the MCFD Community Services Manager, and individuals from the Northern Health Authority.

This past year Northern YFPS personnel have provided training to others in various areas including: sessions on Working with Mandated Clients as part of Core Addictions Training in five different regional locations, training for custody staff, and clinicians have been present at several Aboriginal focused conferences, post-secondary classes at the UNBC and CNC, and the Youth Forensic Training Day.

The Prince George Outpatient Clinic set a priority this year to review and enhance our practices in the area of Occupational Safety and Health. All members of our Joint Occupational Safety and Health Committee attended various Public Service Agency training events and have been actively working with the Ministry's Regional OSH Consultant to ensure the health and safety of our team.

We continue to make use of funding dollars through IRCS and SFF funds to be creative and provide services for several of our high risk clients. This has allowed us to do additional family- and community-based work which would have been cost prohibitive otherwise.

Both distance and finances make developing and maintaining the competency of all clinicians throughout the region a considerable challenge. Our continued relationship with the UNBC Education Department was of great benefit in this area. The faculty welcomed our regional clinicians to their space, providing an exceptional venue, food, and expertise for two days of professional development for our regional conference during the fall. Our clinic welcomed students from UNBC's Northern Medical Program, and the Masters of Social Work program this year.

YFPS has a strong Northern team committed to their clients, each other, and the service standards. We proudly embrace the unique qualities of the North and work to reduce the limitations geography has on service delivery and client outcomes.

Dayna Long, M Ed
Regional Manger

Interior Regional Report

Kamloops and Kelowna clinics, along with The Branch Services, continued to provide services to youth within the Southern Interior region and East and West Kootenays. Both clinics have maintained quality assurance practices such as quarterly PQI reviews, as well as ongoing monthly case reviews, focussing on the highest risk youth, as well as providing case consultation/rounds and feedback to clinicians in attendance.

Opportunities to connect with community stakeholders in both probation and the Ministry of Children and Family Development throughout the region have continued by way of shared training and cross-agency meetings. There has been an ongoing effort to include CYMH and probation staff in Kelowna with a presentation by Dr. Grant Burt, as well as having joint staff meetings. Ongoing participation in MCFD Regional Services meetings ensures that Youth Forensic services and programs are considered in the overall improvement of integrated MCFD services from a larger regional services perspective. In Kamloops, we were fortunate to be allowed to share in a series of six videos concerning neurophysiological aspects of psychological functioning. Staff were also invited to attend an all day presentation by Dr. Kevin Miller regarding the neuropsychology of trauma.

Meetings with key stakeholders, such as Youth Justice and the MH and Boundaries Program, as well as attendance at CYSN and Kamloops Court Users meetings, also helped to augment the continuity of services for the youth and families we work with. As part of one of our strategic planning goals, we have continued to meet with local and regional Aboriginal Services team members to ensure we have the greatest linkage possible to aid us in better providing services to youth of Aboriginal heritage. These venues also provide an excellent opportunity to educate agencies and partners with respect to the work we do, and how to enhance services and linkages for youth transitioning through our system.

The region experienced the loss of long-time psychiatric services provided for over 20 years by Dr. Wes Friesen. We were fortunate to have Dr. Val Jones return to providing assistance in Kelowna as well as Dr. Emlene Murphy assisting us at both clinics when needed in the interim. Psychiatric resources in the region continue to be an issue that will be addressed via ongoing recruitment efforts. We were fortunate as well in finding a new clinic coordinator for the Kamloops Clinic, and welcomed Jennifer Broughton to the position.

The Parents with Youth on Probation group was run this past year in Kelowna, as well as a Youth Sex Offender group. We have continued the use of LiveMeeting between the clinics to assist in presentation of rounds and encourage co-clinic staff meetings to help ensure consistent practice and sharing of clinical expertise across the region. We were able to connect our staff in the West Kootenays for these presentations as well, which will help outlying staff and services feel more connected regionally.

We were fortunate as well in being able to have most staff attend the annual Forensic Conference at the end of March 2013. Family/Social Intervention project work continued through the year with several rounds of reviews/discussions with Sue Ward travelling to both clinics. We also continued to offer practicum opportunities for students, with two students being mentored in the Kelowna clinic this past year and one student in Kamloops.

We will continue to move forward with the above noted educational opportunities, as well as prepare for upcoming accreditation processes as we gear up for our June 2013 survey.

Robert Brooks, MSW
Regional Manager

Steve Sigmond, R. Psych.
Regional Clinical Director

Vancouver Island Regional Report

The Vancouver Island region continued to deliver service through outpatient clinics in Victoria and Nanaimo, as well as contracted service through the John Howard Society of North Island (JHSNI) in Courtenay and Campbell River. We remain committed to providing services whenever possible in the home communities of the youth through multidisciplinary traveling clinics. The Victoria clinic provides weekly service to Duncan, which continues to be an active part of the region. Weekly clinics were also provided to the West Shore and Saanich Peninsula over the past year. The Nanaimo clinic provides weekly service to Parksville and Port Alberni and frequent clinical and consultation services to Ahousat, a reserve on the west coast of Vancouver Island.

The region remains committed to supporting the development of regional expertise in the Family/Social Intervention Project. We have regular clinical supervision of clinical cases, as well as educational meetings with the Family Intervention Specialist, involving staff from both Victoria and Nanaimo clinics, as well as JHSNI contracted staff. Additionally, our clinics continue to offer expanded hours of service to accommodate the increased involvement of families in treatment.

As a region, we continue to remain actively involved with stakeholders, with participation in regional committees including the Vancouver Island Youth Justice committee, and advisory

committees for two regional Youth Justice full-time attendance programs. Close relationships are maintained with Youth Probation in all service delivery areas, as well as with Victoria Youth Custody Services (VYCS). The Victoria team has a Youth Custody Liaison Nurse on staff who provides services two days a week at the custody centre and facilitates clinical services and assessments. Most clinical staff in Victoria provide direct services to VYCS. In addition, the clinics in both Nanaimo and Victoria, as well as staff with JHSNI, provide consultation and information sessions to a wide range of service providers in their respective areas.

The region continues a strong commitment to the quality assurance process, with an active regional PQI committee, and quarterly qualitative reviews of clinical treatment files. All cases are reviewed monthly in General Mental Health, Violent Offence Treatment Program (VOTP), and Youth Sexual Offence Treatment Program (YSOTP) meetings. In addition, clinical staff participate in monthly Clinical Rounds (again including staff and contractors from all clinics), and Clinical Interest Groups. Vancouver Island staff also currently act as Chairs for both the Provincial VOTP Committee and the YSOTP Committee.

As with all regions of YFPS, all Vancouver Island staff actively participated in the strategic planning process, aligning regional goals with provincial YFPS goals, and with the Ministry Strategic Plan as a whole.

Gregg Badger, MSW, RSW (Clin.)
Regional Manager

Dr. Christine Schwartz, R. Psych.
Regional Clinical Director

9.0 Provincial Standing Committee Reports and Outcomes

Performance and Quality Improvement (PQI) Committee Report

The Provincial PQI Committee continued to be very active over the past year, meeting face to face four times centrally. The committee membership remains unchanged, consisting of the Assistant Director, representation from the Client Information System (CIS), Program Evaluation and Research (PER), as well as a member from each of the five YFPS Regional PQI committees and the Inpatient Assessment Unit (IAU).

The Executive Sponsor of this committee, on behalf of YFPS, continues to be a Team Leader for the Council on Accreditation (COA), and completed four Peer Reviews for COA in the past year. This continues to serve YFPS well in both re-accreditation, which is upcoming in June of 2013, as well as the ongoing PQI process.

A comprehensive PQI plan was developed by the committee over the past year, which identified and consolidated quality assurance activities of YFPS. Part of this process was directly related to the strategic planning initiative of the government as a whole, and that of the Ministry of Child and Family Development (MCFD), which YFPS falls under administratively. Each standing committee of YFPS was responsible for the development of specific goals, both short and long term, linking with both YFPS and MCFD overall strategic planning. The PQI plan has been shared with all staff and contractors of YFPS over the past few months through the development of a PowerPoint presentation. This presentation has been incorporated in the orientation process for new employees.

With the commitment to utilizing electronic case files as the primary clinical file, the Provincial PQI Committee made the recommendation to conduct case record reviews on electronic files only.

Preparation for the re-accreditation site visit in June of 2013 has led to increased focus on COA standards, and the commitment of YFPS to the process. One staff member has been given primary responsibility for the organization and preparation, assisted by both the Provincial and Regional PQI committees. Mock site visits were conducted successfully in all YFPS clinics provincially by three members of the Provincial PQI Committee. In addition, the chair of the Provincial Committee has undertaken to complete the Self-Study required by COA prior to the actual site visit, assisted by members of the various PQI committees, and other staff as required.

Moreen Tremblay, MSW, RSW (Clin.)
Chair

Gregg Badger, MSW, RSW (Clin.)
Executive Sponsor

Education Committee Report

For the past year, amongst a full range of activities related to education and learning needs, the key initiative of the Education Committee was to support the organization's learning goals and to provide advice to the Project Manager who is responsible for the development of the YFPS Clinical Competency Framework.

Similar to previous years, YFPS had an Annual Education Day. The event took place on March 20, 2013, and it was named the "YFPS Forum on Youth Violence." Over 100 clinicians and affiliated contractors attended the forum; invitations were also extended to community stakeholders who included crown counsel, judges, and personnel from the Maples Adolescent Treatment Centre, Youth Justice, Child and Youth Mental Health, and the Office of the Representative for Children and Youth. The plenary and breakout sessions of this forum were dedicated to enhancing clinical practice at YFPS, and aligned to support the objectives outlined in the YFPS Strategic Plan.

Presentation topics included:

1. Paradigm of Forensic Evaluation
2. Impact of Adversities on Human Behavior
3. Current State of the Art – Mental Health Treatment in Youth Custody Centres
4. Brief Family Focused Intervention for Violent Young Offenders
5. Trauma and the Development of Violent Offending
6. Perspectives on Desistance
7. Pharmacological Treatment of Trauma Related Mental Health Conditions

Following the YFPS Forum on Youth Violence, clinicians attended the 9th Annual Pacific Forensic Psychiatry Conference on March 21 and 22, 2013. Once again, YFPS joined in partnership with BC Mental Health and Addiction Services, The University of British Columbia, and Alberta Mental Health.

Feedback from the two professional learning events was extremely positive. We would like to acknowledge the efforts of André Picard, Director, and Alan Markwart, Provincial Director, for facilitating this significant offering. In addition, YFPS would like to acknowledge Justice Canada for the financial support to deliver the YFPS Forum on Youth Violence.

In addition to the large education events, YFPS continued to foster ongoing professional development that focuses on best practices in the clinical setting. In reference to YFPS' strategic goal #4 "Strengthen professional development of clinical expertise," YFPS is pleased to report that a total of 36 clinical rounds were hosted by the regions. Appendix D captures all the clinical rounds that were delivered at the regional level. Sincere thanks to the YFPS clinicians who dedicated their time to present at the clinical rounds, to share their expertise and experiences with their colleagues.

With respect to the YFPS Clinical Competency Framework, the Project Manager and members of the Education Committee have conducted Phase Two of the project, "Development of the Core Curriculum." Seven working groups, comprised of multidisciplinary members who have

expertise and experience in a particular competency, were tasked to develop curriculum for the following clinical competencies:

1. Acute Response and Stabilization
2. Assessment
3. Ethics and Professionalism
4. Evidence Based Models of Treatment
5. Intervention Planning and Evaluation
6. Legislation and Legal Issues
7. Specialized Nature of Forensic Mental Health Work

Due to the complexity of the project, the target date to complete the clinical competency curriculum was extended to December 2013.

Agnes Tao, MBA, BHS, ADPN, RPN
Assistant Director, Executive Sponsor

Youth Violent Offence Treatment Program Committee Report

In relation to this program, two significant elements transpired this fiscal year; the first one being the conclusion of the VOTP Evaluation. A team was assembled in order to study the recommendations from the evaluation, and ultimately design an action plan to implement the recommendations. The YFPS Forum on Youth Violence was the second element. It was held in March 2013. A number of relevant issues pertaining to assessment, treatment and management of youths with a violent history were presented and discussed.

Kulwant Riar, MBBS, FRCP(C)
Clinical Director, Executive Sponsor

Youth Sexual Offence Treatment Program Committee Report

A review of the YSOTP was completed by a panel of external experts. Again, an action plan team was put in place to study and implement the recommendations. Additionally, the Viewing Time project was approved by the Executive Committee, and ethical approval was given by the Behavioural Research Ethics Board of UBC. The next phase of the project was initiated by acquiring hardware and software for project.

Kulwant Riar, MBBS, FRCP(C)
Clinical Director

Multicultural Services Advisory Committee Report

The Provincial Multicultural Services Advisory Committee (PMSAC) continues to work toward various goals and action items identified within our strategic plan (February, 2012) primarily related to the following YFPS Strategic Plan components:

Enhancement of standardized YFPS assessment protocols using a biopsychosocial-cultural model

We have proposed the purposeful inclusion of culturally relevant psychosocial information and assessment tools in clinical reports, with emphasis on assessment recommendations for clients and their families. The PMSAC encourages specifically that the multigenerational impact of residential school trauma be an essential component in assessing present functioning in First Nations youth and their families referred to YFPS. As well, culturally-based aspects of treatment are encouraged where appropriate. These suggestions will be brought forward to the Executive Committee for consideration.

Enhancing information quality and promoting internal and external communication

Various Regional Multicultural Services Committees continue to engage in promoting connections with First Nations agencies and communities within their respective regions. Within the Northern region, the emergence of the Prince George Youth Custody Services centre as a First-Nations specific setting has resulted in several areas of program development in which YFPS clinicians from the region are able to contribute. Notably, clinicians from the Vancouver Island region have found cost-effective ways of providing basic services to remote community locations by collaborating with Youth Probation in planning travel. As well, NOC clinicians were recently invited to present at a Violence Prevention conference at Ahousaht.

Review and development of evidence-based/best practices assessment services to meet the individualized needs of our target population

PMSAC recently participated in consultation to the Provincial Program Evaluation and Research Committee (PER) as they are in the process of establishing a cultural review panel to address ethical requirements for research with participants identifying as Aboriginal, as indicated in the Tri-Council Policy.

Strengthening and developing clinical expertise

We will be proposing a collaborative effort with the Provincial Education Committee to provide opportunities for a clinical interest group to present “Cultural Rounds” on a provincial basis to discuss topics of relevance and interest to clinicians working with multicultural client populations. Regional Multicultural Committee members are encouraged to contribute to regional clinic rounds on topics of interest. For example, two clinicians from the Vancouver Island Regional Multicultural Services Committee will be providing presentations regarding information they were able to access through a series of workshops regarding cultural

approaches to mental health sponsored by the Vancouver Coastal Health Cross Cultural Mental Health Program.

Dr. Louise Clark, R. Psych.
Chair

Gregg Badger, MSW, RSW (Clin.)
Executive Sponsor

Program Evaluation and Research Committee Report

The Provincial Program Evaluation and Research (PER) Committee, through the promotion of research and the review of research proposals, strives to maintain consistency with the Youth Forensic Psychiatric Services (YFPS) mission statement, goals of the service, and education, assessment and intervention practices that support YFPS goals. As a mechanism within the YFPS framework of services, the PER Committee supports research that promotes high quality and accountable assessment and treatment practices.

During the previous year, the PER Committee – which is comprised of representatives from the five YFPS regions and the PER Team (see discussions concerning activities of the PER Team presented earlier in this document) – reviewed proposals for studies requesting access to data involving YFPS clients and programs, and reviewed results of studies that had been completed. The PER Committee meets quarterly and on an ad hoc basis to address issues related to study proposals.

During the past year, the PER Committee also encouraged all committee members to review the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, 2nd Edition* (TCPS2) and complete the associated online training program, with a view to ensuring that research activities conducted by or through YFPS meet the highest ethical standards. Of special interest is the section that speaks to research on Aboriginal subjects. Work in this area remains an ongoing area of concern.

Gary Kumka, MSW
Executive Sponsor

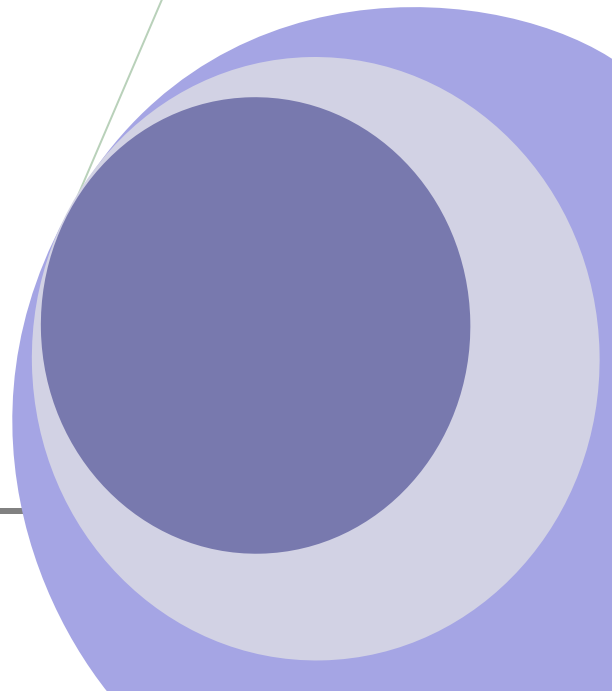
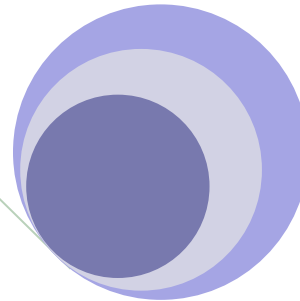
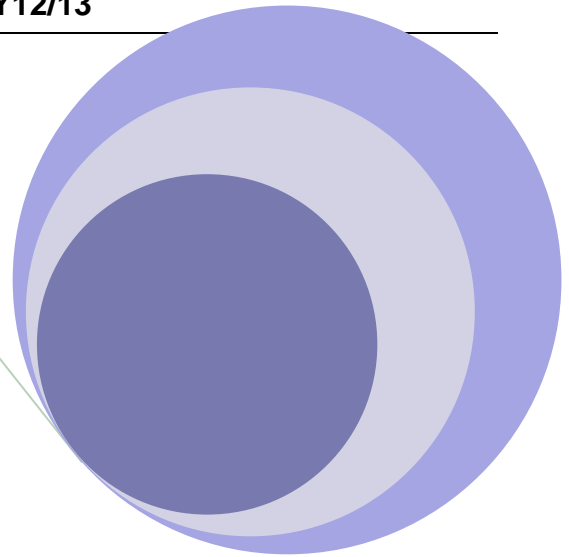
Appendix A

Strategic Service Plan FY 12/13 to FY 14/15

Youth Forensic Psychiatric Services

An adolescent forensic mental health organization
accredited by the Council on Accreditation

**Ministry of Children and Family Development
October 2012**



The Ministry Strategic Plan and Youth Forensic Psychiatric Services

Youth Forensic Psychiatric Services (YFPS) is a provincial program that operates under the Ministry of Children and Family Development, Youth Justice and Forensic Services Division. In February 2012, the Ministry released the 2012/13 – 2014/15 Service Plan, building on the three strategic themes and priorities:

- Achieve service excellence across MCFD's six service lines to increase value of services and supports;
- Achieve operational excellence to maximize available services and supports, and
- Pursue continuous learning and growth to improve services and supports based on an engaged, skilled and well-informed workforce across the sector.

With the above directions, YFPS has an important role to support the future success of achieving those goals. The Director of YFPS has dedicated time and resources for the senior leaders to review organization performances and the future plans of our services. The vision of YFPS is to continue to strive to achieve clinical excellence and professionalism throughout the organization. This document will provide an overview of the YFPS strategic planning process and the new goals.

Background of YFPS Executive Committee

The leadership team of YFPS, also known as the YFPS Executive Committee embraces a multidisciplinary team model. The team provides a diversity of clinical and administrative expertise from psychiatry, psychology, nursing, social work, and business administration. Under the direction of the Director (Chairperson) and Clinical Director, the Executive Committee meets quarterly to review, to plan and to implement ministry initiatives, policies and practices. All these actions are taken to align with the strategic goals and clinical practices of YFPS and the Ministry.

In addition to the Director and the Clinical Director, members of the YFPS Executive Committee also consist of the Assistant Director, all Regional Managers and Regional Clinical Directors. Members of the Executive Committee are appointed as Executive Sponsors to oversee the functions of the provincial standing committees. Every three to four years, the Executive Committee is tasked to conduct strategic planning for the Service. The last set of long-term goals was accomplished in FY10/11. New strategic goals and planning are due for the upcoming three fiscal years FY11/12 to FY14/15.

YFPS Strategic Planning Think Tank

In January 2012, the Assistant Director facilitated a two-day strategic planning session "YFPS Strategic Planning Think-Tank" with the Executive Committee. Members of the committee were tasked to examine the organizational performances for the past three years and to establish new strategic goals and action plans for the upcoming three years. The focus of the Strategic

Think Tank Session was “to anchor on previous success, to enhance on clinical expertise, and to embrace future changes.”

During the two days, all members of the Executive Committee actively participated in all discussions and breakout groups. Various leadership, strategic planning tools and business models were applied throughout the sessions. Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis were conducted on administrative and clinical program areas. One of the major challenges was preparing for change and uncertainty.

While the external environment is rapidly changing, leaders at YFPS are prepared to manage change effectively. The senior leaders discussed various external and internal stressors that might potentially impact resources and clinical practices at YFPS. Stressors such as: 1) ongoing transformation and changes in technology, 2) retiring workforce, 3) staffing strategies, 4) changes in social and demographic in client population, 5) legislation amendments and new policies, and 6) economic challenges were all relevant matters and discussed at the Think Tank session. With a positive mindset, managing effective changes can most likely create opportunities for YFPS to improve service delivery. The concept of Lean was also introduced to the Managers and Regional Clinical Directors. The leaders reviewed the priorities and core services of YFPS. As a result, five strategic goals were identified for the current and future needs of YFPS.

Five Strategic YFPS Goals for FY12/13 to FY14/15:

1. Enhance standardized assessment protocol using biopsychosocial model in YFPS assessments.
2. Promote internal and external communication and enhance information quality.
3. Conduct ongoing review and development of evidenced based / best practices assessment and treatment services to meet the individualized needs of our target populations.
4. Strengthen professional development of clinical expertise.
5. Strengthen and improve quality assurance processes to ensure fidelity to YFPS clinical standards.

What's next?

In order for YFPS to translate the newly established goals to the Service, it was essential to ensure all personnel had the opportunity to understand how the goals were established. In essence, the goals had to be meaningful for staff members and clinicians to appreciate and to support. Following the YFPS Strategic Think Tank Session, each Regional Manager and the Regional Clinical Director was tasked to lead a Regional Strategic Planning session at their respective regions. By fostering opportunities for dialogue, the Think Tank Sessions promoted open communications for clarifications, input and new ideas.

Communication and Feedback Loop

In March of 2012, the Executive Committee gathered to present the regional and program goals. According to the feedback that was received, each region had dedicated special meetings to review the new strategic goals. The regions and program areas developed goals and action items to support the various initiatives. Feedback was positive. Many staff members expressed a sense of involvement and ownership by helping the YFPS to shape its future. In general, the service-wide participation was a meaningful process which provided a feedback loop between senior management, clinicians and administrative support staff. Appendix A of this document presents the YFPS Strategic Planning Conceptual Model that was developed for the Think Tank Session.

Major Projects and Initiatives

In the coming year, YFPS will embark into another exciting time. In reference to the attached YFPS Strategic Goals and Action Plan (Appendix B), below highlights a few of the key projects and initiatives:

- Youth Sexual Offence Treatment Review and Action Plan
- Youth Violent Offence Treatment Program Evaluation and Action Plan
- Social and Family Intervention and Implementation Plan
- YFPS Core Clinical Competency and Implementation Plan
- Ongoing Professional Development and Training
- Program Evaluation and Research Projects
- Performance and Quality Improvement - Reaccreditation with Council on Accreditation

In summary, the 2-Day YFPS Strategic Think Tank session provided an excellent forum for the Executive Committee to work collaboratively and effectively as a high performance team. It was an invigorating process and the sessions successfully initiated momentum for the regional teams and program areas to pursue their professional attitude towards supporting the Ministry goals. YFPS is an organization that is committed to ensuring that the strategic planning process fosters open communications within the Service.

Sincere thanks to all the staff members and clinicians who have participated in this strategic planning process. I would like to invite you to review the YFPS Strategic Goals and Action Plan (Appendix B) of this YFPS Strategic Service Plan FY12/13 – FY14/15.

Regards,

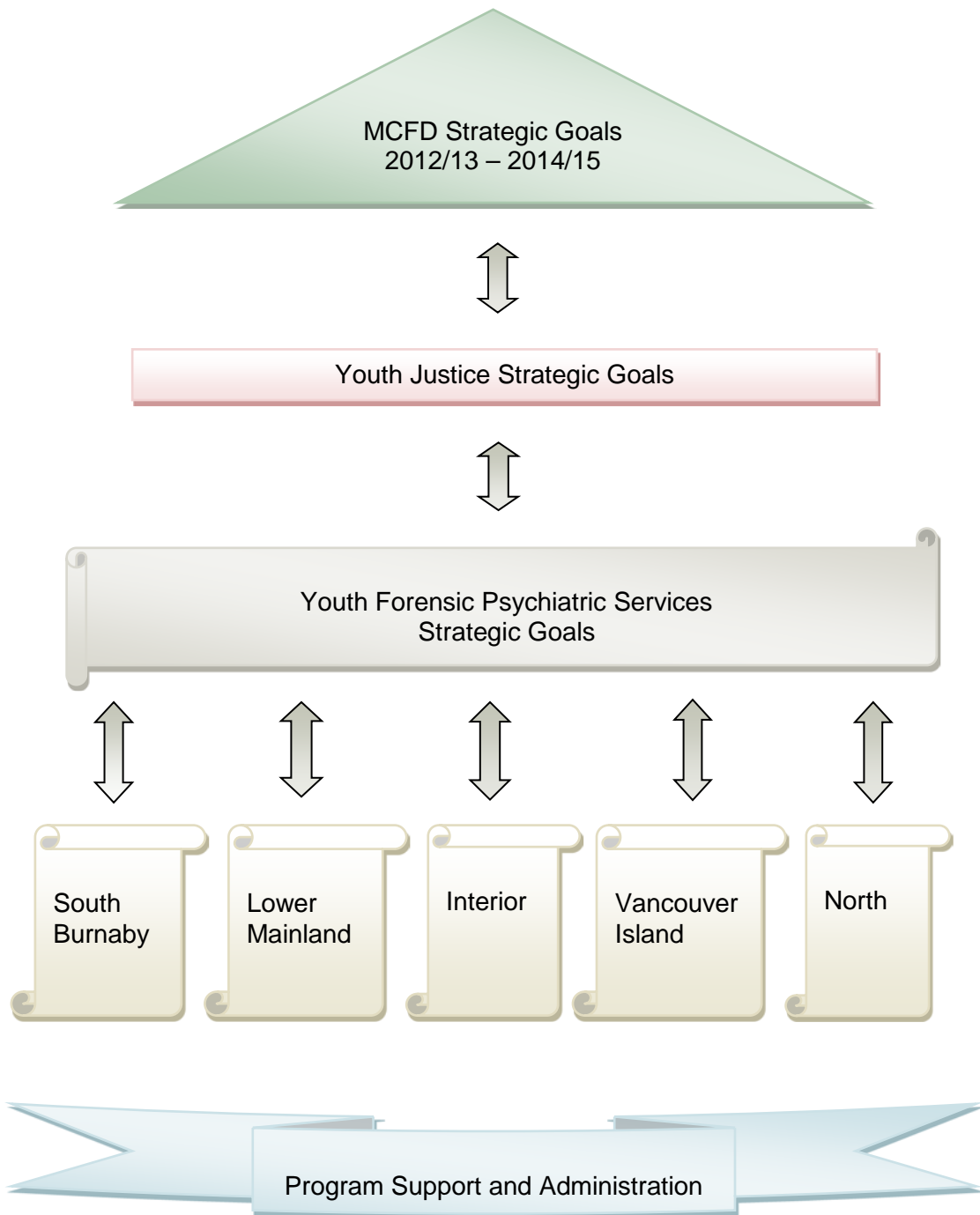


André Picard, Director

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

Appendix A:

Youth Forensic Psychiatric Services Strategic Planning Conceptual Model



Appendix B:

YOUTH FORENSIC PSYCHIATRIC SERVICES - Strategic Goals and Action Plan FY 12/13 to FY 14/15

MCFD 2012/13 – 2014/15 Service Plan (released Feb 2012)

Three Strategic Ministry Goals:

Goal 1: British Columbians receive quality services that contribute to achieving meaningful outcomes for children, youth and families

Goal 2: Achieve operational excellence to optimize the use of available resources to maximize services and supports to children, youth and families

Goal 3: Build strong community, sector and academic partnerships to improve and deliver quality services

The key to any successful social service organization is a continued focus on improving the value of services for clients. The ministry's strategy focuses on developing a quality service delivery culture across the six service lines. One of the service delivery lines is Youth Justice Services. Objective 1.6 of the 2012/13 -2014/15 Service Plan refers to the Youth Justice Services. The following section provides an overview of the Youth Justice Service Strategies and the linkages to the YFPS strategic goals. The YFPS action plan is developed to support the strategic goals for the next three years.

Objective 1.6: Youth Justice Services

Youth who are in conflict with the law will be supported, through an integrated, multi-disciplinary approach, to develop law-abiding and prosocial behaviour.

Youth Justice Service Strategies

- Improve gender-specific and gender-sensitive services for female young offenders.
- Improve programs and services for Aboriginal youth involved in youth justice services to better connect with their culture and community.
- Enhance programs and services to engage and involve families of youth involved with youth justice services.
- Incrementally develop and implement changes to service in response to federal amendments to the Youth Criminal Justice Act (YCJA).

YFPS Long Term Strategic Goals 2012/13 – 2014/15

1. Enhance standardized assessment protocols using biopsychosocial model in YFPS assessments.
2. Promote internal and external communication and enhance information quality.
3. Conduct ongoing review and development of evidenced based / best practice assessment and treatment services to meet the individualized needs of our target populations.
4. Strengthen professional development of clinical expertise.
5. Strengthen and improve quality assurance processes to ensure fidelity to YFPS clinical standards.

YFPS Strategic Goal # 1: Enhance standardized assessment protocols using biopsychosocial (BPS) model in YFPS assessments and reports.				
Objectives		Actions	Executive Sponsors and Responsible Teams	Target Date
1.1	Strengthen the use of BPS model in assessments and reports.	a) Establish standardized assessment procedures. b) Refine report templates for pre-disposition and post-disposition assessments. c) Implement protocol.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Regional Clinical Directors • YFPS Executive Committee → All regions & program areas	a) Jun 31, 2013 b) Jun 31, 2013 c) Jun 31, 2013
1.2	Establish clinical competencies framework and identify clinical enhancement curriculum for YFPS clinicians.	a) Complete YFPS Clinical Competency Framework. b) Implement training needs; provide learning resources to all regions. c) All regions to conduct at least four clinical quarterly rounds to support learning needs.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • PSA Training and Development • Education Committee • YFPS Executive Committee → All regions & program areas	a) May 31, 2013 b) Mar 31, 2014 c) Mar 31, 2013, and annually

1.3	Enhance family assessment, with an aim to incorporate into treatment goals.	a) Implement Social and Family Intervention protocol in all treatment cases. b) Provide clinical training and supervision resources to all regions. c) Conduct regular review of assessment and treatment goals, with regular supervision of family cases.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Social and Family Intervention Specialist • PSA Training and Development • Education Committee • Executive Committee • Regional Clinical Review Teams • PQI → All regions & program areas	a) Mar 31, 2013 b) Annually c) Annually
YFPS Strategic Goal # 2: Promote internal and external communication and enhance information quality.				
Objectives		Actions	Executive Sponsors and Responsible Teams	Target Date
2.1	Strengthen role definition with probation, courts, custody services, community resources & stakeholders.	a) Arrange YFPS presentation at the Annual Judiciary/Crown meetings. b) Connect with Court User Groups (representative from Judiciary, Crown Counsel, Courts and Probation) c) Conduct annual stakeholder meetings. d) Regular meetings with custody services.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • YFPS Executive Committee → All regions & program areas	a) Mar 31, 2014 and annually b) Annually c) Annually d) Annually
2.2	Increase communication with external stakeholders.	a) Clarify and implement provincial policy and procedures on Release of Information. b) Promote educational initiatives in conjunction with stakeholder to clarify statutory and policy guidelines to sharing of information. c) Establish joint training initiatives with community stakeholders and universities.	<ul style="list-style-type: none"> • Director & Clinical Directors (Executive Sponsors) • YFPS Executive Committee • PSA – Policy, Client Information • ROI working group • Education Committee → All regions & program areas	a) Mar 31, 2013 b) Mar 31, 2014 c) Annually

2.3	Promote a transparent and inclusive process amongst regional teams and Program Support and Administration (PSA).	<ul style="list-style-type: none"> a) Utilize regional team meetings as a means for sharing information (input and feedback loop) between regions and PSA. e.g. updates on provincial initiatives; ministry plans and external influences. b) PSA and all regions to provide strategic plans, implementation and progress. c) PSA to establish communication tools on latest updates, i.e. initiatives, policies, greetings and message from the Director. 	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) → PSA and all regions → Executive Committee & all regions 	<ul style="list-style-type: none"> a) Quarterly b) Annually c) Mar 31, 2013
2.4	Explore utility of various information technologies for information sharing platform.	<ul style="list-style-type: none"> a) Obtain all necessary resources to enable utilization of Live Meeting in all regions. b) Implement Telehealth pilot project. c) Update YFPS internet and intranet. d) YFPS to become one of the MCFD videoconferencing sites. 	<ul style="list-style-type: none"> • Director & Assistant Director (Executive Sponsors) → PSA 	<ul style="list-style-type: none"> a) Mar 31, 2013 b) Mar 31, 2013 c) Mar 31, 2013 d) Mar 31, 2015
2.5	Policy Revisions	<ul style="list-style-type: none"> a) Establish working groups to assist with subject areas. b) Complete all policy revisions. c) Communicate, implement and maintain consistency. 	<ul style="list-style-type: none"> • Director & Assistant Director (Executive Sponsors) • Executive Committee • PSA and ad hoc working groups → all regions and program areas 	<ul style="list-style-type: none"> a) Mar 31, 2013 b) Mar 31, 2014 c) Quarterly

YFPS Strategic Goal # 3: Ongoing review and development of evidenced based / best practices assessment and treatment services to meet individualized needs of our target population.

Objectives		Actions	Executive Sponsors and Responsible Teams	Target Date
3.1	Incorporate Social and Family Intervention work in all assessment and treatment cases.	<ul style="list-style-type: none"> a) Implementation of clinical practice. b) Ongoing review and clinical supervision of selected family cases. c) Provide core training to all clinicians and contractors. d) Provide advanced functional family therapy training to selected clinicians in the regions. 	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Social and Family Intervention Specialist & FFT Trainer • Training and Development • Client Information System • Executive Committee and all regions • PQI <p>→ All regions and program areas</p>	<ul style="list-style-type: none"> a) Mar 31, 2013 b) Mar 31, 2013 c) Mar 31, 2013 d) Mar 31, 2015
3.2	Enhance cultural awareness and competency when working with youth, families and communities.	<ul style="list-style-type: none"> a) Conduct education rounds, clinical discussion to assist staff on gaining better understanding of multicultural factors. b) Work collaboratively with Aboriginal service providers to meet the needs of clients. 	<p>Director and Clinical Director (Executive Sponsors)</p> <ul style="list-style-type: none"> • Education Committee • Multicultural Services Provincial Advisory Committee • PER Team and Committee <p>→ All regions & program areas</p>	<ul style="list-style-type: none"> a) Mar 31, 2013 and annually b) Mar 31, 2013 and annually

3.3	Continue improvements to treatment programs through ongoing reviews.	<ul style="list-style-type: none"> a) YSOTP Review – complete review by external experts. b) YSOTP Review - implement recommendations to enhance policy and practice. c) YVOTP Evaluation - complete review. d) YVOTP Evaluation - implement recommendations. e) Obtain ethical review approval to pilot Viewing Time. 	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Executive Committee • YVOTP Action Plan Working Group & Provincial Committee • YSOTP Action Plan Working Group & Provincial Committee • PSA – policies • PER Team 	<ul style="list-style-type: none"> a) Mar 31, 2013 b) Mar 31, 2014 c) Mar 31, 2013 d) Mar 31, 2015 e) Mar 31, 2013
3.4	Clinical Case Reviews – a qualitative approach.	<ul style="list-style-type: none"> a) Conduct monthly clinical case reviews and rounds to ensure evidence based/best practice approach to assessment and treatment cases. b) Establish guidelines and reporting templates on clinical case review. 	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Regional Clinical Directors • Regional Managers • Provincial and Regional PQI • PSA – policies → All regions and program areas 	<ul style="list-style-type: none"> a) Mar 31, 2013 and monthly b) May 31, 2014
3.5	Research / Evaluations	<ul style="list-style-type: none"> a) All research complies with Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. b) Conduct research and evaluations that are relevant to YFPS practices. c) Disseminate relevant information to YFPS clinicians. 	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • PER Team and PER Committee → All regions and program areas 	<ul style="list-style-type: none"> a) Mar 31, 2013 b) Mar 31, 2014 c) Mar 31, 2015

YFPS Strategic Goal # 4: Strengthen professional development of clinical expertise.				
Objectives		Actions	Executive Sponsors and Responsible Teams	Target Date
4.1	Increase internal training opportunities.	<ul style="list-style-type: none"> a) Enhance ethical leadership & clinical mentorship by shadowing. b) Organize provincial and regional training events. c) Educate and implement YFPS clinical competency framework (core and advance clinical competencies in assessment, treatment, YVOTP, YSOTP, IAU training, orientation, etc.) d) Conduct quarterly regional education rounds. e) Utilize clinical rounds / supervision to strengthen clinical expertise. f) Provide administrative support training resources. 	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Executive Committee and all regions • Training and Development • Education Committee • PER Team <p>→ All regions & program areas</p>	<ul style="list-style-type: none"> a) Mar 31, 2013 b) Mar 31, 2013 and annually c) Mar 31, 2014 d) Quarterly and ongoing e) Quarterly and ongoing f) Quarterly and ongoing

YFPS Strategic Goal # 5: Strengthen and improve QA processes to ensure fidelity to YFPS clinical standards.				
Objectives		Actions	Executive Sponsors and Responsible Teams	Target Date
5.1	Staff and clinicians are adhering to YFPS policy and procedures, and program standards.	a) Complete quantitative and qualitative clinical case reviews of assessment reports and treatment files. b) Complete update of Policy and Procedure Manual. c) Implement policy and procedures to achieve consistency within service between regions and within programs.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Executive Committee and all regions • Training and Development • Education Committee • PER Team • PQI Committee • All provincial working groups. → All regions	a) Quarterly, ongoing b) Oct 31, 2013 c) Annually
5.2	Performance and Quality Improvement.	a) Conduct quarterly PQI process. b) Complete and distribute PQI Plan. c) Complete and distribute Risk Management Plan. d) COA Training for Re-accreditation. e) Self Study, Site Visit. f) Be ready for Re-accreditation.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Provincial and Regional PQI committees • Executive Committee → All regions, working groups, admin support, clinicians.	a) Quarterly b) Jan 31, 2013 c) Feb 28, 2013 d) May 31, 2013 e) June 2013 f) June 2013

Appendix B

Performance and Quality Improvement Plan

Youth Forensic Psychiatric Services

An adolescent forensic mental health organization
accredited by the Council on Accreditation

**Ministry of Children and Family Development
10/31/2012**

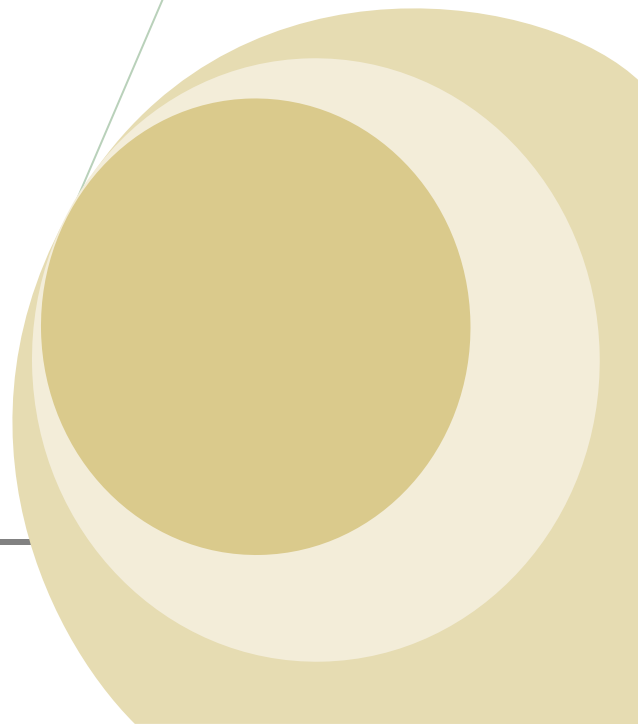
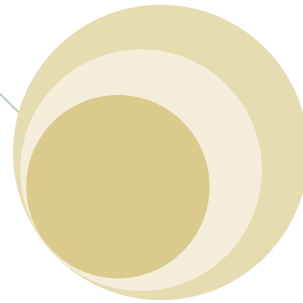
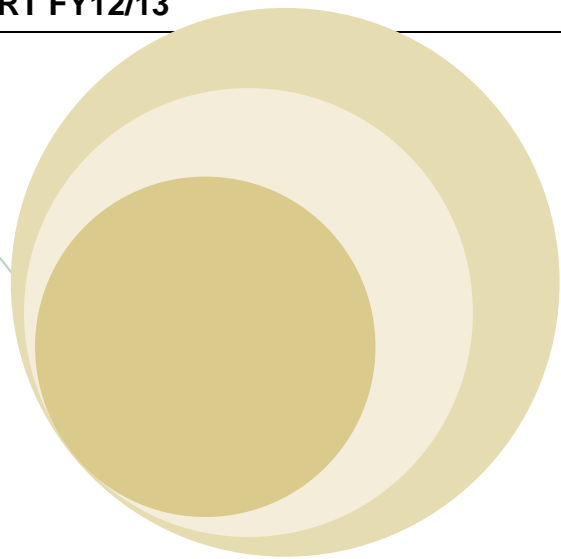


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Section 1: Introduction and Overview

Youth Forensic Psychiatric Services (YFPS) is one of two organizations within the Youth Justice and Forensic Division of the Ministry of Children and Family Development accredited by COA. While each of the organizations is accredited separately, there is a large degree of coordination and cooperation between them. A number of services are centralized, such as Human Resources (HR), Finance, and Information Technology (IT).

This document is a summary and description of performance and quality improvement as a process which all personnel within YFPS of the Ministry of Children and Family Development commit to practising. The procedures outlined here detail the manner in which YFPS staff and contracted service providers partner with clients to gather information regarding services offered from a variety of sources. A feedback mechanism is structured throughout the various regions and committees within the Service, which allows for the continuous improvement of quality in all aspects of operations.

The core value of Performance and Quality Improvement (PQI) is a commitment to continually assess and improve practice so that the YFPS mission – the delivery of quality assessment and treatment services to youth offenders, and the youth courts – is fulfilled. While quality improvement is everyone's responsibility, it is the particular responsibility of members of the Provincial and Regional Quality Improvement Teams to gather and review information on a systematic basis, so that concerns or issues can be anticipated and addressed and quality improvement is an ongoing process.

Agency Philosophy of PQI

The foundation of performance and quality improvement rests on the following six principles.

1. **Inclusive** – PQI involves staff, contractors, clients, families, stakeholders and other service providers. Everyone has a say in how we make the service better. Those accountable for the delivery of services have a responsibility to contribute to the improvement of the [Service](#).
2. **Focused on collective performance** – PQI does not examine or evaluate the performance of individual personnel; rather, it looks at the overall mission, values, standards, systems, policies and procedures of YFPS. It addresses agency performance and program and client outcomes.
3. **Solution-focused** – PQI does not seek to assign fault; the emphasis is on action to address concerns and improve services.
4. **Promotion of excellence** – Improvements and changes are determined and directed by those involved, supporting the overarching goal of providing quality services to our clients and stakeholders by all personnel within the Service.

5. **Continual** – PQI is not a one-time exercise; it is an on-going process that fosters and supports improvements to client services continually.
6. **Complete** – These values are incorporated into the short and long term planning for services in all program areas, in establishing the systems that monitor performance, and in supporting the decisions and action to improve services.

Components of PQI

The components of Performance and Quality Improvement involve but are not limited to the following:

- YFPS develops short term and long term plans based on the mission, values and goals for the Service. These are also based on the mission, values, short and long term goals of the Youth Justice and Forensic Division and those of the Ministry of Children and Family Development.
- Client Case Record reviews are completed quarterly in each region, by peers who are familiar with the service area, to monitor compliance with relevant policies and procedures as well as best practice standards, and to provide feedback around areas for quality improvement.
- Case supervision/consultation occurs on a regular basis in all regions. The process involves the Regional Clinical Director and all professions within the multidisciplinary team to ensure quality care of all active cases.
- YFPS has established systems to ensure that effective internal quality monitoring is conducted on a continuing basis. It is a systematic collection and analysis of data related to accidents, incident reports, Occupational Safety and Health (OSH) activities, as well as client or staff complaints and grievances.
- YFPS measures clients' satisfaction with our services through monitoring complaints, adhering to Ministry guidelines, and through the ongoing administration of client satisfaction surveys for both assessment and counselling services. Additionally, there is a Ministry and YFPS complaint procedure that is made available to clients and their families/guardians.
- Quality improvement activities involve reviews of YFPS services by external agencies on a regular and as-needed basis; for example, accreditation reviews or reports arising from investigations. Internal reviews are also conducted by our Program Evaluation and Research Department, which has for example, over the last few years, reviewed the Mental Health Services to Youth Custody Services and the Youth Violent Offence Treatment Program.

Section 2: PQI Structure

All YFPS Personnel

All personnel are oriented and trained in the quality improvement process, and are aware of and encouraged to participate in their Regional PQI Teams. Personnel are encouraged to offer concerns or suggestions related to quality improvement directly to the Regional PQI Team before any quarterly meeting. PQI is a standing item at all clinic/staff meetings, and the results of the case record reviews, as well as reports from the Provincial PQI meetings, are presented at those meetings.

Each region has a Regional PQI Team that meets quarterly. For PQI purposes, the Inpatient Assessment Unit is considered to be a separate region. Each Regional PQI Team has multidisciplinary representation from all clinics and contracted services that operate in that region. Data are summarized and reported to the Regional Team where it is analyzed and regional recommendations are generated. Recommendations are forwarded to both the Regional Manager and the Provincial PQI Team.

Regional PQI Teams

Members of the Regional PQI Teams are drawn from various disciplines and sit on the Team for a minimum of one to two years. The Regional Manager in each region is an ex-officio member of the Regional PQI team. Meetings are held quarterly prior to the Provincial PQI meeting. Regional PQI Teams have an important role to play in educating personnel about the quality improvement process. It is important for all personnel to know that the quality improvement process is distinct and separate from any supervision activities.

Regional PQI Teams arrange for data gathering through the Regional and Clinic Management structure. A crucial venue for data gathering is client record reviews, and the Regional Team may solicit the support of other personnel from the region to review client records. The group that reviews client records will include representation from professional disciplines and administrative support staff, all of whom are involved in the provision of the service.

The YFPS Provincial PQI Team

The YFPS Provincial PQI Team meets at minimum quarterly, with representation from each of the five regions, the Inpatient Assessment Unit (IAU), and Program Support and Administration (PSA), including the Assistant Director, Program Evaluation and Research (PER), and Client Information Services. The Committee is chaired by the Project Manager tasked with the responsibility for both Training and Development and PQI. The Executive Sponsor for Provincial PQI is a Regional Manager, a Council on Accreditation Peer Reviewer, and a Team Leader.

The Provincial PQI Team is responsible for coordinating provincial activities and reviewing recommendations from each region. In turn, they generate recommendations that are presented to the YFPS Executive Committee. The Provincial PQI Team also identifies, plans, and carries out quality improvement projects on an ongoing basis. This Team is responsible for anticipating, identifying and making recommendations to correct and/or ameliorate concerns that may impede the Service's ability to fulfil its mission.

The YFPS Executive Committee

The YFPS Executive Committee is comprised of the Director, Provincial Clinical Director, Assistant Director, Regional Managers, and Regional Clinical Directors. The leadership team receives the reviews and recommendations of the Provincial PQI Team. The Executive Committee is responsible for ratifying all changes to the Policy and Procedures Manual, and Standards and Practice Guidelines.

A flowchart of the YFPS PQI process and linkage to various committees is presented in **Appendix A**.

Section 3: Stakeholder Involvement

YFPS considers a) the Youth Court, Youth Probation and Youth Custody Services, b) Youth clients and their families/caregivers, c) Employees and contractors, and d) the Ministry of Children and Family Development to be the key stakeholders. As such, all are asked to provide input into the quality improvement activities of YFPS in the following ways:

a) Youth Court, Youth Probation and Youth Custody Services

Youth Court Judges, and Crown and Defense Counsel are surveyed by YFPS every four years to provide feedback regarding the quality and usefulness of the court-ordered assessment services provided. Intake personnel from each clinic have regular dialogue with Youth Courts and Legal Counsel in the communities they serve. Community Youth Probation and YFPS clinicians work closely with mutual clients, and participate in client conferencing, team meetings, and regional inter-agency committees. Ongoing dialogue between Youth Custody Services and YFPS Clinics occurs through regularly scheduled meetings and individual case conferences/discussions. In addition, Probation Officers and Custody Staff are formally surveyed for feedback every four years.

b) Youth Clients and Families/Caregivers Served

Clients are educated as to the reason they have been referred to YFPS by the first clinician that the youth encounters. They are advised of their rights and the complaint policy during the initial provision of services. Clients are invited to provide both written and verbal feedback during case conferences, clinical sessions and by way of client feedback forms offered during the assessment and treatment phases of YFPS service delivery.

While family participation in YFPS services is entirely voluntary, they are invited to participate in the assessment and treatment process, attend case conferences, and are made aware of the client complaint process and invited to complete client feedback forms. While court-ordered assessments are completed for the purpose of sentencing and thus are the property of the Court, families are entitled to a copy of the report should they request it from the Court, and are able to address concerns they may have regarding the content or the recommendations with the assessment team.

c) Employees and Contractors

All new personnel are oriented to the PQI process. Personnel are encouraged to become involved in PQI regional committees and case record review teams. Contract management and personnel performance processes ask for feedback on the organization, their roles, and service delivery. There is a Workplace Environment Survey (WES) that all employees within the BC Public Service are invited to participate in every two to three years. That information is provided to the Executive of each ministry and program area. In addition, YFPS initiates a personnel survey for all employees and contractors every two years. Employees and contractors are involved in team and regional meetings and invited to participate in annual training days where open dialogue sessions are available for learning and development. Feedback is gathered from those sessions and ideas solicited for future session topics.

d) Ministry for Children and Family Development

Program Support and Administration (PSA) at YFPS is involved with the MCFD provincially in various intra-ministry committees with other program areas such as Child and Youth Mental Health, Guardianship, Youth Justice and Child Protection, where feedback is solicited around our services.

The regions and the outpatient clinics are also involved in various intra-ministry youth serving committees, which provide additional opportunities for collaboration, problem solving and program feedback and development.

Section 4: Long Term and Short Term Strategic Planning

Every three to four years, YFPS senior management engages in a long term strategic planning process. This review involves the Executive Committee, comprised of the Director, Assistant Director, Clinical Director, the Regional Managers, and the Regional Clinical Directors.

YFPS has recently completed the strategic planning process for 2012–2015, following a three year cycle, consistent with the Ministry of Children and Family Development process. In January 2012, a two-day strategic planning session, titled “YFPS Strategic Planning Think-Tank” was facilitated by the Assistant Director. The strategic goals were then conveyed to each of the regions and a strategic planning session was held within each region. Furthermore, strategic planning was undertaken by each of the Provincial Standing Committees, including the Youth Sexual Offence Treatment Program

Committee, and the Youth Violent Offence Treatment Program Committee. This multi-level strategic planning process provided staff and contractors with opportunities to share the goals and values of the organization, while also providing a communication feedback loop within the Service.

Each year, the management team conducts a review of short term goals for each program, service or facility, as appropriate. Short term planning includes an examination of internal processes, including service delivery and human resource issues. The short term plans also respond to feedback from PQI activities.

Risk Management concerns are addressed in a number of ways, as outlined in the Risk Prevention and Management Plan. Risk Management is ongoing, and reviewed quarterly by the Provincial PQI Committee. This information is summarized in the Annual Report.

Section 5: Data Gathered Quarterly

As mentioned in the above section, the Regional and Provincial PQI teams gather information on a quarterly basis to identify trends and patterns. The seven key components of PQI data are:

- a) Client Case Record Review
- b) Outcome Measurement
- c) Qualitative Outcomes Data
- d) Critical Incident and Accident Reports
- e) Client and Staff Complaints or Grievances
- f) Client, Staff and Stakeholder Satisfaction
- g) Clinical and Program Rounds/Meetings

a) Client Case Records Review

A random sample of client records is reviewed in each region quarterly. Regions ensure that each clinic and contracted service is included in these reviews.

Objective

The general purpose of the client record review is two-fold: first, it provides a mechanism, distinct from supervision, to ensure that clients are served according to policy standards. Second, it encourages all personnel to take responsibility to ensure that the quality of their work is consistent with YFPS policies, procedures and practices. Because it is distinct from supervision, and because care is taken to ensure the confidentiality of individual files that are reviewed, the focus of the client record review is on improvement in the quality of the services offered and records kept.

Composition of the Review Teams

The size and number of the review teams varies as required. At least two members must be present at each on-site review, and they must be multidisciplinary. It is acceptable to join an on-site review by phone if necessary. While it is preferable to exclude a staff member from review of a case with which they are familiar, this may not be possible in all cases, particularly in smaller locations. Where necessary, it is acceptable for a reviewer to take part in the review of a case they are familiar with, as long as the reviewer is working as part of a team. Administrative support staff is sometimes a part of the review team as well.

Selection of Files to be Reviewed

Each quarter a random sample of open and closed client records is drawn using standard sampling techniques. Due to the nature of the mandated population that we serve, all YFPS cases are designated high-risk. At least 25 files per quarter are reviewed in each region, for a total of 500 cases per year service-wide. In some regions, where electronic records are complete, these reviews are completed on the Client Information System, CARIS. In other regions, there is a combination of electronic and paper file reviews. The process of conversion to an electronic review in all areas of the service is ongoing.

b) Outcome Measurement

Outcome measures are recorded via treatment goals that are set between the client and the clinician, generally within the first three sessions of treatment. Quarterly Progress Evaluations then address progress towards those goals, as well as attendance and participation by the client. Progress Evaluations are reviewed by a supervisor or program manager/senior clinician and approved by that person on the electronic file system (CARIS). These Progress Evaluations form a part of the client record, and outcome data are summarized in each region by administrative or research staff. Summarized data is forwarded to the Regional PQI Team, which reviews and reports on it, together with any recommendations, to the Provincial PQI Team.

c) Qualitative Outcomes Data

Reviewers base their review on a standard list of criteria that is summarized on the PQI data collection form. This form lists all documents that are required to be part of the records. It is reviewed regularly and modified as appropriate. Reviewers also check for evidence of quarterly supervision and all relevant consents and signatures.

Documentation of clinical case reviews is done individually by a supervisor/manager/RCD or done in a clinical case rounds meeting.

Elements included are:

- Review of the recommendations from the assessment.
- Review of the treatment goals and their alignment with the assessment recommendations. If they do not align, documentation of the new recommendations and goals.
- Review of goals to ensure that they are clear and measurable.
- Review of Progress Evaluations – are goals still relevant, progress on those goals, and whether some goals are completed or new goals needed.
- Documentation of ICMs – discussion, decisions and influence on the intervention plan.
- Documentation of the youth's participation in the ICM process (and family/guardian, if possible).
- Evidence of supervision/clinical case reviews – notation on the case record and discussion at program and team meetings.
- Evidence of stakeholder and client/family feedback.
- Transfer or Discharge Summary as appropriate.

The appropriateness of client service is determined based on criteria established in each program. All services provided by YFPS or obtained through referral to another service provider are noted and compared with the assessment and treatment plan. In the case of closed files, reviewers examine discharge reports for the quality of aftercare planning.

Results are summarized and reported to the Regional PQI Team at quarterly meetings. Resulting recommendations are forwarded to the Provincial PQI Team and to the Regional Manager.

d) Critical Incidents and Accidents

Incidents and accidents are reported and filed in the client record (as appropriate), reported to WCB (as appropriate), reported within the Ministry as per policy, and filed centrally in each clinic. A member of each Regional PQI Team is responsible for gathering and summarizing data from each incident and accident report. Summarized data are reported to the Regional PQI Team. Any resulting recommendations are forwarded to the Provincial PQI Team and to the Regional Manager.

e) Client and Staff Complaints and Grievances

Client complaints are filed in the client record system, Community and Residential Information System (CARIS), as well as in an electronic record within the Ministry. Data are summarized and reported to the Regional PQI Team.

The Regional PQI Team is responsible each quarter for soliciting information from the Regional Manager regarding non-identifying staff grievances or other labour relations/management concerns.

Any recommendations resulting from review of complaints or grievances are forwarded from the Regional PQI Team to the Provincial PQI Team.

f) Client, Staff, and other Stakeholder Satisfaction

Client satisfaction data are gathered quarterly through the ongoing administration of formal satisfaction surveys. The surveys are standardized, ensure the anonymity of the respondent, and include basic demographic information. Completed surveys are returned to the Program Evaluation and Research (PER) Team where they are summarized. Summary data are forwarded from PER to the Regional PQI Teams as a feedback loop.

A personnel satisfaction survey is distributed every two years. The same process is followed for other stakeholder groups, such as probation officers, crown counsel and defence counsel, as well as judges, and is distributed every four years. Feedback provided is discussed and recommendations from the surveys are shared with the Provincial PQI Committee, and the Executive Committee.

g) Clinical Program Rounds and Meetings

Regional PQI committees report quarterly on all clinical program meetings and clinical rounds. This information is brought to the provincial committee and recorded. Clinical programs consist of the Youth Sexual Offence Treatment Program, the Youth Violent Offence Treatment Program, General Mental Health Treatment, and Youth Custody Treatment Services. Rounds and clinical meetings provide both a form of supervision and case consultation.

Section 6: Operations and Management Data

The Executive Committee is comprised of the Director, the Provincial Clinical Director, the Assistant Director, the Regional Clinical Directors, and the Regional Managers. This committee plans and reviews essential management and service delivery processes consistent with the mandate and priorities of YFPS. The Executive Committee assigns responsibility for the implementation and coordination of all PQI activities. This includes provision for an assessment of the PQI process, including any barriers to, and supports for implementation.

The Executive Committee monitors the actual versus desired functioning of operations that influence YFPS' capacity to deliver services. These include budget allocation, forecasting and monitoring, personnel allocation, and staff satisfaction and retention. The overall responsibility for the financial management and human resources operations is external to YFPS. YFPS is allocated an annual budget, and the Executive Committee works with that allocation.

Corporate Human Resources services are provided by the BC Public Service Agency. Since each program area may have unique hiring needs and organizational cultures, the interviewing and selection of suitable candidates is conducted by YFPS hiring managers and supervisors. All hiring processes conducted by YFPS are in compliance with Ministry

policies, and YFPS follows the Ministry policies and procedures, as well as legislations such as the Public Service and Labour Relation Act.

In terms of contracted services, Regional Managers are responsible for the management of contracted client-related services within the regions. YFPS follows the Ministry's Core Policy and Procedures Manual, and its related statutes. Funding to contracted services is part of the YFPS fiscal budget.

Section 7: Internal and External Reviews

The Program Evaluation and Research Department conducts evaluative reviews of YFPS services. Most recently, reviews of Mental Health Services to Youth Custody Services and the Youth Violent Offence Treatment Program were conducted.

Recommendations from internal reviews are presented to the Executive Committee. It is the responsibility of that committee to look at recommended changes to clinical practice that arise from these reviews. The Provincial PQI committee monitors this process. External Reviews can result from internal requests or external requests from bodies such as the Ombudsman and the Representative for Children and Youth.

Most recently, YFPS requested an external review of the Youth Sexual Offence Treatment Program (YSOTP). The YSOTP review was initiated after there was an external complaint raised by an advocacy group regarding the use of a specific assessment tool used by the treatment program. The resulting investigation by the Representative for Children and Youth's Office advised the cessation of use of this assessment tool, which has since occurred.

As with internal reviews, it is the responsibility of the Executive Committee to review all reports and make necessary changes to the service.

Section 8: Review of the Performance and Quality Improvement Process

The quality improvement process is continuously reviewed by the Provincial PQI Team, and may include:

- a review of the Performance and Quality Improvement processes and projects;
- a review of all feedback and the methods of summarizing them;
- a review of the method for reviewing client records;
- a review of the composition and number of Performance and Quality Improvement Teams;
- a review of the organizational goals and achievements; and/or
- a review of the terms of reference for the Regional and Provincial PQI committees.

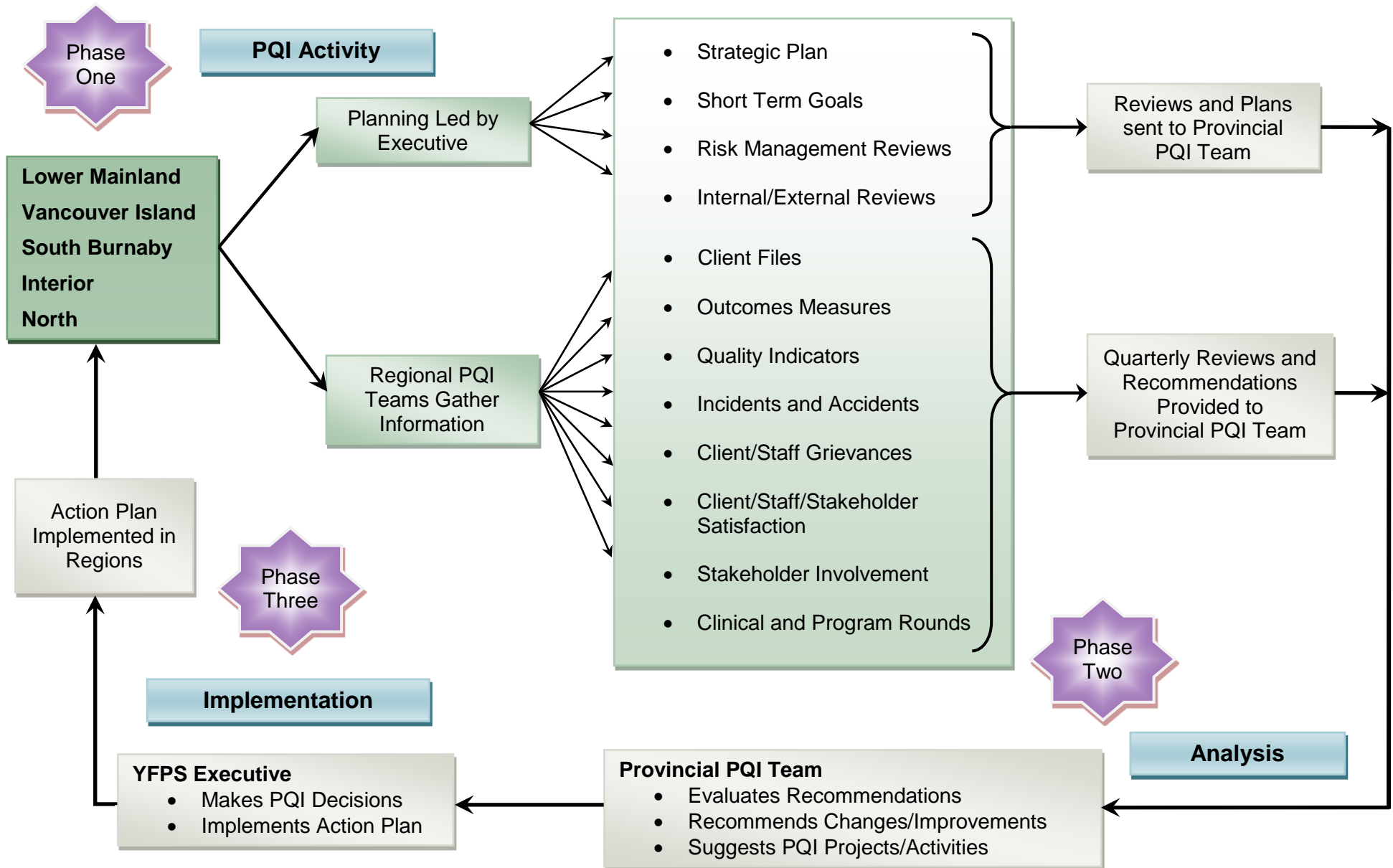
Section 9: Feedback Mechanisms/Communicating Results

The findings of the PQI teams are continuously shared with all personnel, through Provincial and Regional PQI minutes, as a standing item on Executive, Regional and Clinic meeting agendas, and regular e-mail communication.

Information is shared with external stakeholders, such as youth probation officers, through publication of an Annual Report, as well as inter-agency meetings, joint trainings and presentations. In addition, findings are submitted to Division Management and to the Senior Executive of the Ministry.

Findings that result in significant modifications to programs/service delivery as the result of internal and external reviews are shared with key stakeholders in a timely and appropriate manner.

Appendix A: PQI Process at YFPS – A Continuous Feedback Loop

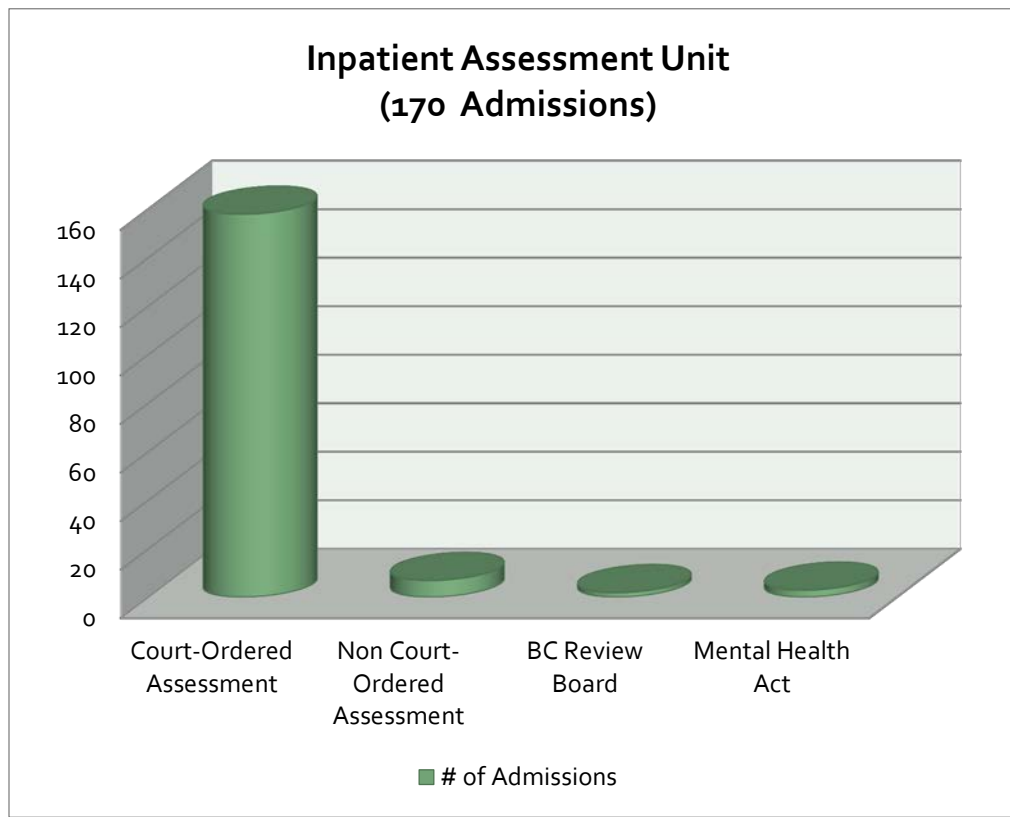


Appendix C: Summary of Intake Statistics for FY 2012/13

I. Total Inpatient Assessment Unit Admissions

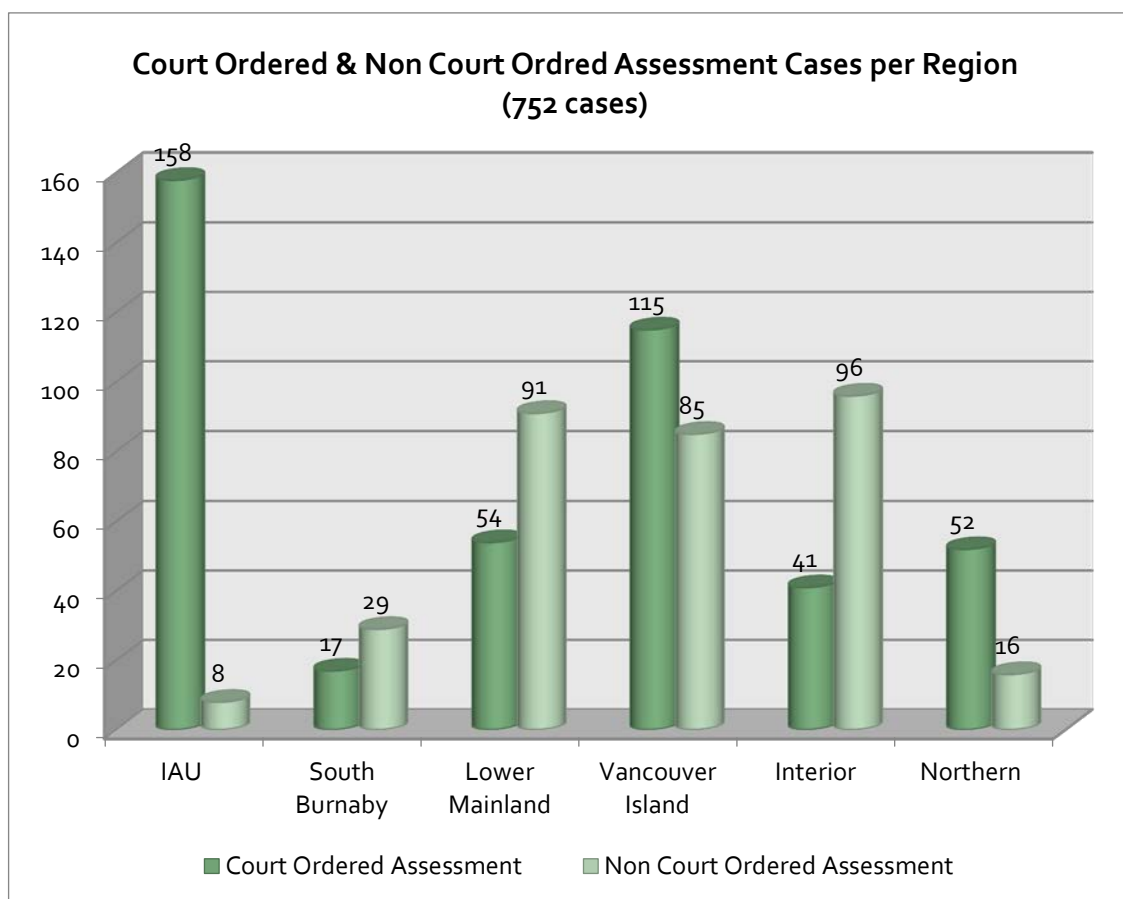
The following chart depicts the total number of new and already open admissions to the Inpatient Assessment Unit during the fiscal year of 2012-13.

Although the IAU is 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 Services centres; admission to IAU certified under the Mental Health Act; as well as to youth found Not Criminally Responsible on account of Mental Disorder (NCRMD) or Unfit to Stand Trial.



II. Court-Ordered and Non-Court-Ordered Assessments at YFPS

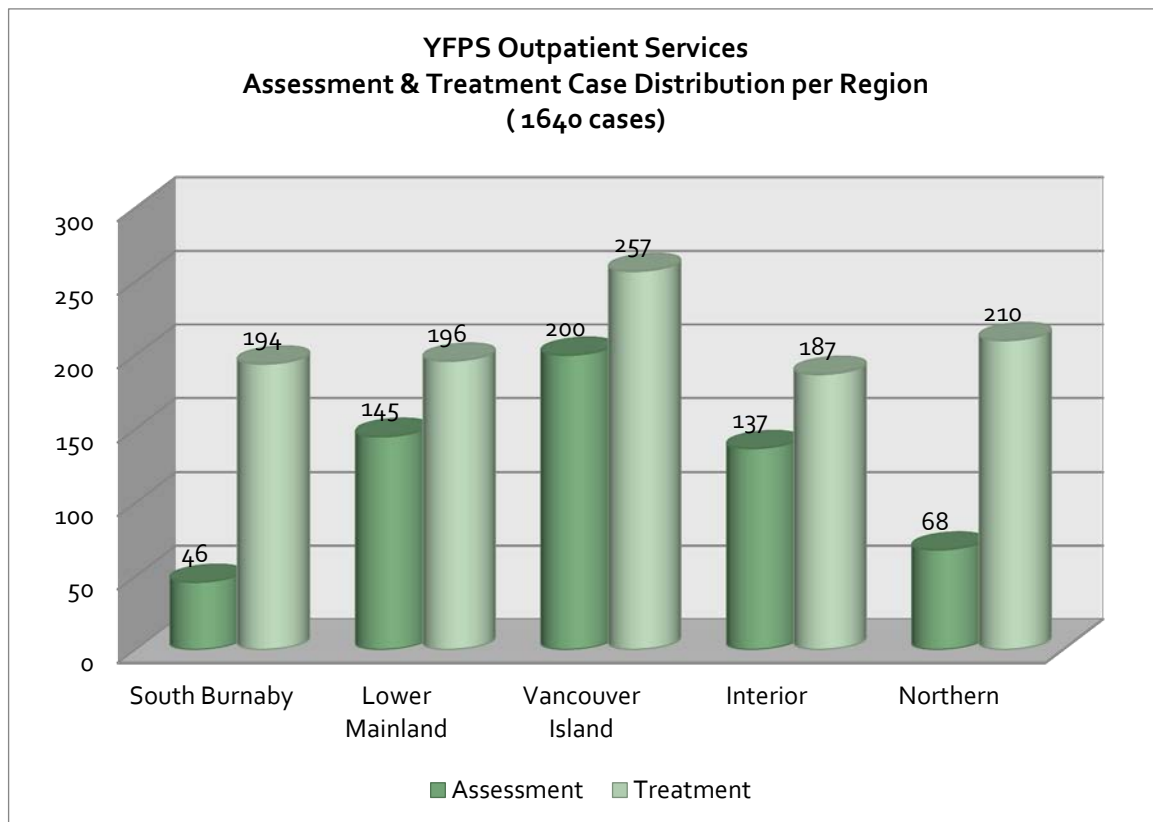
The following chart depicts the total number of new and already open assessments at the Inpatient Assessment Unit and all eight regional clinics during the fiscal year of 2012-13. Referrals to YFPS were primarily received from Provincial Youth Courts, Youth Justice Probation Services and Youth Custody Services. A total of 752 assessment cases were completed through inpatient and outpatient services.



South Burnaby Region – Burnaby Outpatient Clinic & Community Contractors
 Lower Mainland Region – Langley and Vancouver Outpatient Clinics & Community Contractors
 Vancouver Island Region – Victoria and Nanaimo Outpatient Clinics & Community Contractors
 Interior Region – Kelowna and Kamloops Outpatient Clinics & Community Contractors
 Northern Region – Prince George Outpatient Clinic & Community Contractors

III. Total Assessment and Treatment Cases through Outpatient Services

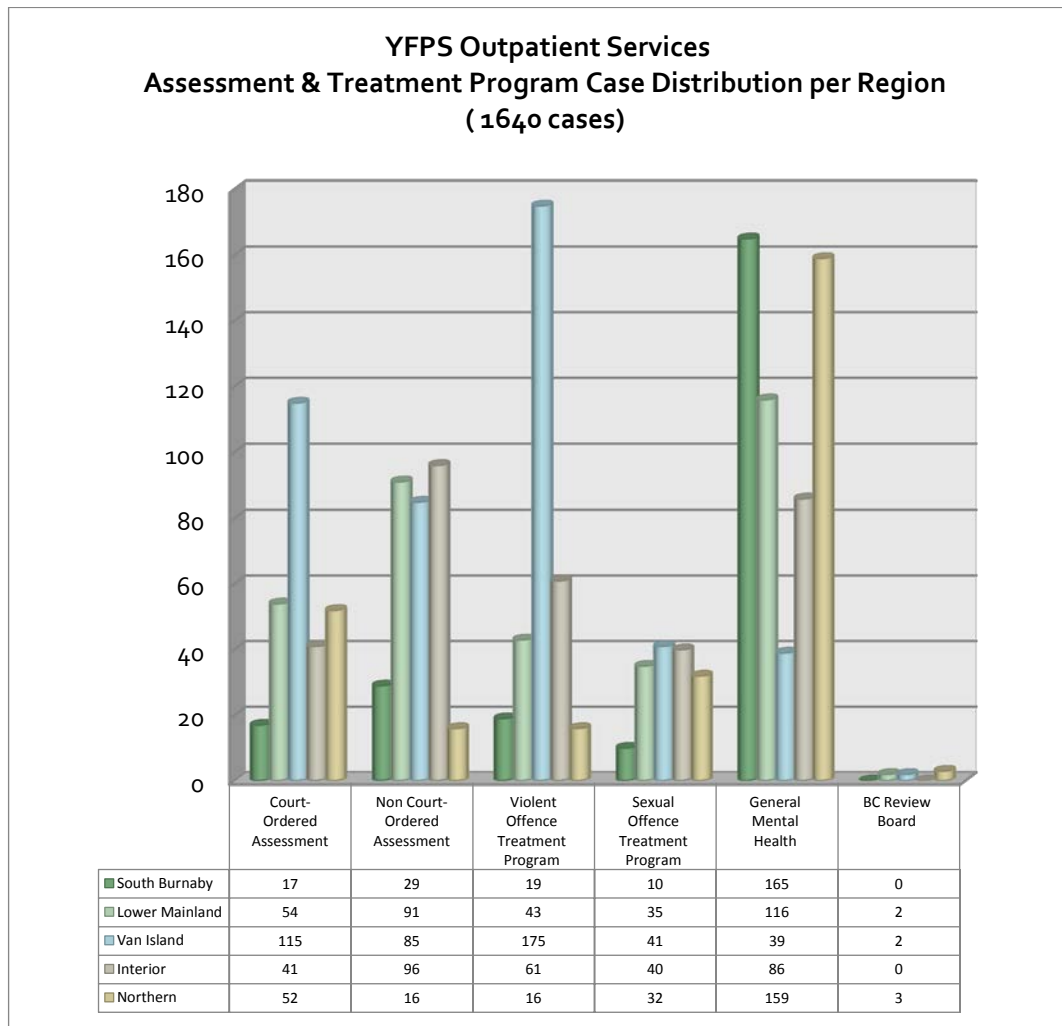
The following chart depicts the total number of new and already open assessment and treatment cases at all eight regional clinics during the fiscal year of 2012-13. Referrals to YFPS were primarily received from Provincial Youth Courts, Youth Justice Probation Services and Youth Custody Services. A total of 1640 cases were facilitated through outpatient services.



South Burnaby Region – Burnaby Outpatient Clinic & Community Contractors
 Lower Mainland Region – Langley and Vancouver Outpatient Clinics & Community Contractors
 Vancouver Island Region – Victoria and Nanaimo Outpatient Clinics & Community Contractors
 Interior Region – Kelowna and Kamloops Outpatient Clinics & Community Contractors
 Northern Region – Prince George Outpatient Clinic & Community Contractors

IV. Outpatient Assessment and Treatment Program Case Distribution per Region

The following chart depicts the total number of new and already open assessment and treatment cases at all eight regional clinics during the fiscal year of 2012-13. Referrals to YFPS were primarily received from Provincial Youth Courts, Youth Justice Probation Services and Youth Custody Services. A total of 1640 cases were facilitated through outpatient services.



Note: The South Burnaby Region is also responsible for all Court-Ordered Assessments at the Inpatient Assessment Unit. Details of IAU admissions are reflected in Appendix C, Section I.

Appendix D: Training and Professional Development

YFPS Clinical Rounds' Topics April 2012- March 2013

Northern Region	Employees	Contractors
CARIS Clinical User Training	9	1
ABAS Administration Orientation	6	5
DBT Intervention Strategies	7	6
Domestic Violence Unit Youth Response	7	6
YSOTP Treatment	4	8
Assessment to Treatment Planning	6	6
Orientation to Release of Information	9	
FASD in the Justice System	5	
Trauma Practice - from PTSD to DTD	8	8

Interior Region	Employees	Contractors
Aboriginal Services, Issues and Resources	4	3
Attachment and Trauma Theory and Practice	3	1
Progress Evaluation Content Goal Achievement	7	4
Assessment and Treatment Differences	5	2
Brain that changes itself & Changing your Mind (MH training)	2	2
Forensic Assessment and Treatment considerations	5	2
Working with Resistant Clients (Shared training with MH)	3	1
CARIS and FOI Presentation	6	3

Lower Mainland Region	Employees	Contractors
ERASOR	6	
Writing Progress Notes	9	3
Autism Spectrum Disorder	11	2
MOSAIC-Working with Multicultural Families	7	2
Surrey WRAP Anti-Gang Program	8	

Vancouver Island Region	Employees	Contractors
Four Case Presentations	10	2
Eating Disorders Program	9	2
Treating Eating Disorders with CBT	8	2
Psychotropic medication	10	1
Note Taking	11	3

South Burnaby Region	Employees	Contractors
Duty to Warn	9	3
Managing Difficult Youth in BC	3	1
Perspectives on Desistance	12	2
ADHD and Substance Use	8	4
PQI Orientation	11	2
Progress Evaluation and Clinician Information Flow	6	2
SAVRY Training	9	2
IAU-Behavior Management	7	
IAU-Orientation to Psychological Testing	10	
IAU-Trauma Informed Care	7	

A total of 36 educational clinical rounds were delivered in the regions.

Appendix E: Client Satisfaction with Assessment Services

Youth Forensic Psychiatric Services (YFPS) Youth Assessment Questionnaire PROVINCIAL SUMMARY – YEAR END: April 2012 – March 2013

A total of 161 satisfaction surveys for assessment services were submitted this fiscal year.

1. Fiscal Year		Quarter 2 – 2012 to Quarter 1 – 2013
2. Number of youth who submitted questionnaires:	South Burnaby Region	80
	<i>Inpatient Assessment Unit</i>	63
	<i>Burnaby Outpatient Clinic</i>	17
	Lower Mainland Region	41
	<i>Langley Outpatient Clinic</i>	27
	<i>Vancouver Outpatient Clinic</i>	14
	Interior Region	26
	<i>Kelowna Outpatient Clinic</i>	17
	<i>Kamloops Outpatient Clinic</i>	5
	<i>Kootenays region – Branch Services</i>	4
	North Region	6
	<i>Prince George Outpatient Clinic</i>	6
	Island Region	8
	<i>Victoria Outpatient Clinic</i>	1
	<i>Nanaimo Outpatient Clinic</i>	0
	<i>North Island region – John Howard</i>	7
	TOTAL	161
Note: Includes 8 questionnaires that were submitted blank – Youth refused to complete; The staff section was left incomplete for 50 questionnaires (31% of all questionnaires submitted), resulting in missing information.		

1.	Number of times assessed at Youth Forensic Psychiatric Services	Once	103 youths
		Twice	25 youths
		Three or more times	5 youths
		<i>Missing</i>	28
2.	Average age in years		16.1 (range 13 - 26)
3.	Gender	Male	69 youths
		Female	80 youths
		<i>Missing</i>	12
4.	Languages spoken	English	115 youths
		English & First Nations language	2 youths
		English & American Sign Language	2 youths
		English & European language [Spanish (9), French (4), Italian (1), Serbian (1), Dutch (1), Romanian (1), and Czech (1)]	18 youths
		English & West/South Asian language [Punjabi (3), Arabic (1), Kurdish (1), and Nuer (1)]	6 youths
		English & East/South-East Asian language [Cantonese (2), and Korean (2)]	4 youths
		English + 2 or more other languages [English, French & Spanish (1), English, Cantonese & Mandarin (1), English, Hindi & Urdu (1), and English, French & First Nations language (2)]	5 youths
		<i>Missing</i>	9
5.	Languages spoken at home	English	126 youths
		First Nations language only	1 youth
		English & First Nations language	3 youths
		American Sign Language only	2 youths
		English & European language [French (1), Spanish (5), and Romanian (1)]	7 youths
		English & Punjabi	1 youths
		Other language only [Kurdish (1), Punjabi (1), Arabic (1), Serbian (1), Cantonese (3), Nuer (1), Korean (1), and Hindi (1)]	10 youths
		<i>Missing</i>	11

6.	Belongs the following cultural / racial / ethnic group	Caucasian	78 youths
		First Nations	21 youths
		First Nations & Caucasian [Includes Métis (1), Métis & Caucasian (1)]	21 youths
		East/South-East Asian [Includes East/South-East Asian & Caucasian (2), and East/South-East Asian & Jamaican (1)]	10 youths
		West/South Asian	6 youths
		Other [Canadian (1), Spanish (1), Hispanic (1), Jamaican (1), Caucasian & Jamaican (1), Mexican (2), Colombian (1), Sudanese (1), Spanish & Chinese (1), Caucasian, First Nations, Chinese, Colombian & Persian (1), "Mixed" (1), and Unknown/ Unspecified (3)]	15 youths
		<i>Missing</i>	10

			Yes	No	Not sure
		N	FREQUENCIES		
1.	I knew the reason for my assessment.	153	80%	6%	14%
2.	I was told that anything I said to YFPS staff might be in the report.	151	88%	6%	6%
3.	They told me who would get the report.	153	85%	10%	5%
4.	I believe that the YFPS report will be important for me.	152	58%	15%	27%
5.	The staff treated me well.	152	93%	4.5%	2.5%
6.	They answered my questions.	150	92%	4%	4%
7.	They listened to my side of the story	153	82%	9%	9%
8.	The building and office where I was tested was clean.	152	96%	3%	1%
9.	The building and office where I was tested felt safe.	152	94%	2%	4%
Mean Total score: 8.04/9 (89.3% range 2.0 – 9.0) -- Total scores prorated, "not sure" counted as half a point.					

Appendix F: Client Satisfaction with Treatment Services

Youth Forensic Psychiatric Services (YFPS) Youth Counselling Questionnaire PROVINCIAL SUMMARY – YEAR END: April 2012 – March 2013

A total of 161 satisfaction surveys for treatment services were submitted this fiscal year.

1. Fiscal Year		Quarter 2-2012 – Quarter 1-2013
2. Number of youth who submitted questionnaires:	South Burnaby Region	35
	<i>Burnaby Outpatient Clinic</i>	18
	<i>Burnaby Youth Custody Services</i>	17
	Lower Mainland Region	38
	<i>Langley Outpatient Clinic</i>	32
	<i>Vancouver Outpatient Clinic</i>	6
	Interior Region	43
	<i>Kelowna Outpatient Clinic</i>	16
	<i>Kamloops Outpatient Clinic</i>	19
	<i>Kootenays region – Branch Services</i>	8
	Island Region	19
	<i>Victoria Outpatient Clinic</i>	10
	<i>Nanaimo Outpatient Clinic</i>	4
	<i>North Island region – John Howard</i>	5
	Northern Region	26
	<i>Prince George Outpatient Clinic</i>	20
	<i>Prince George Youth Custody Services</i>	6
	TOTAL	161
Note: The staff section was incomplete for 28 questionnaires, and 6 questionnaires were submitted completely blank, resulting in some missing information.		

Type of treatment-number of youths treated:	YSOTP	47 youths
	YVOTP	31 youths
	Mental Health Services	43 youths
	YVOTP & Other: Family Counselling	1 youth
	YVOTP & Other: Addictions and Family	1 youth
	YSOTP & Other: Family Counselling	3 youths
	YSOTP & Other: Family, Emotional Ed.	1 youth
	Other: Addictions & Mental Health Services	2 youths
	Other: Unspecified	2 youths
	<i>Missing</i>	30
The above treatment was delivered:	Individually	112 youths
	Both (Group and 1:1)	5 youths
	<i>Missing</i>	44

1.	Average age in years		16.8 (range 13 - 21)
2.	Gender	Male	137 youths
		Female	22 youths
		<i>Missing</i>	2
3.	Languages spoken	English	127 youths
		English & First Nations language	6 youths
		English & one other language [Includes Hindi (1), Farsi (1), Spanish (7), French (6), Russian (1), Thai (1), and American Sign Language (1)]	18 youths
		English + 2 or more languages [Includes Mandarin & French (1), French & German (1), Hindi & French (1), and Mandarin & Cantonese (1)]	4 youths
		English, Punjabi, "Chinese," Spanish, French, & "Arab"	1 youth
		<i>Missing</i>	5
4.	Languages spoken at home	English	136 youths
		English & First Nations language	5 youths
		English & 1 other language [Includes Spanish (2), Hindi (1), "Arab" (1), and Russian (1)]	5 youths
		Other language only [Includes First Nations language (1), Farsi (1), Hindi (1), Spanish (3), Mandarin (1), Cantonese (1), and American Sign Language (1)]	9 youths
		<i>Missing</i>	6
5.	Belongs to the following racial / ethnic group	Caucasian	86 youths
		First Nations	37 youths
		First Nations & Caucasian [Includes Métis (1)]	11 youths
		East/South-East Asian	3 youths
		Other [Includes African (1), Fijian (2), Cuban (2), "West Indies" (1), Iranian (1), Caucasian & East/South-East Asian (1), Caucasian, First Nations & East/South-East Asian (1), Central & South American (1), African-American (1), First Nations & Mexican (1), and Unspecified (2)]	14 youths
		<i>Missing</i>	10

			Yes	No	Not sure
		N	FREQUENCIES		
1.	The staff treated me well.	155	98%	0	2%
2.	They explained what information would be shared with others.	155	95.5%	2.5%	2%
3.	They listened to my concerns.	154	97%	1%	2%
4.	They helped me with my problems.	154	95.5%	0.5%	4%
5.	They taught me new ways of dealing with problems.	153	92%	3%	5%
6.	They invited me to meetings to discuss counselling progress.	152	67%	15%	18%
7.	The counselling sessions helped me feel better.	149	85%	7.5%	7.5%
8.	I did less crime after counselling.	137	85%	3%	12%
9.	Counselling was better than I expected.	149	83%	7%	10%
10.	I would rather have spent time in jail than in counselling at YFPS.	150	11%	88%	1%
11.	The goals of counselling were clear.	153	93.5%	4%	2.5%
12.	I could understand the counselling information.	153	95%	2%	3%
13.	The building and office at YFPS was clean.	153	96%	1%	3%
14.	The building and office at YFPS felt safe.	153	98%	1%	1%
Average total score 13.06/14 (93.3% range 2.5 – 14.0) -- Total scores prorated, item 10 reversed, "not sure" counted as half a point.					

Appendix G: YFPS Strategic Goals Status Report

YFPS Strategic Goal # 1: Enhance standardized assessment protocols using biopsychosocial (BPS) model in YFPS assessments and reports.					
Objectives		Actions	Executive Sponsors and Responsible Teams	Status	Target Dates
1.1	Strengthen the use of BPS model in assessments and reports.	a) Establish standardized assessment procedures. b) Refine report templates for pre-disposition and post-disposition assessments. c) Implement protocol.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Regional Clinical Directors • YFPS Executive Committee → All regions & program areas	In progress In progress In progress	June 2013 June 2013 June 2013
1.2	Establish clinical competencies framework and identify clinical enhancement curriculum for YFPS clinicians.	a) Complete YFPS Clinical Competency Framework. b) Implement training needs; provide learning resources to all regions. c) All regions to conduct at least four clinical quarterly rounds to support learning needs.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • PSA Training and Development • Education Committee • YFPS Executive Committee → All regions & program areas	Ongoing Ongoing Implemented	Dec 2013 May 2014 May 2013
1.3	Enhance family assessment, with an aim to incorporate into treatment goals.	a) Implement Social and Family Intervention protocol in all treatment cases. b) Provide clinical training and supervision resources to all regions. c) Conduct regular review of assessment and treatment goals, with regular supervision of family cases.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Social and Family Intervention Specialist • PSA Training and Development • Education Committee • Executive Committee • Regional Clinical Review Teams • PQI → All regions & program areas	Training will begin in Fall 2013. Training will begin in Fall 2013 Begin in Fall 2013	Mar 2013 Annually Annually

YFPS Strategic Goal # 2: Promote internal and external communication and enhance information quality.

Objectives		Actions	Executive Sponsors and Responsible Teams	Status	Target Dates
2.1	Strengthen role definition with probation, courts, custody services, community resources & stakeholders.	a) Arrange YFPS presentation at the Annual Judiciary/Crown meetings. b) Connect with Court User Groups (representative from Judiciary, Crown Counsel, Courts and Probation) c) Conduct annual stakeholder meetings. d) Regular meetings with custody services.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • YFPS Executive Committee → All regions & program areas	Outstanding Complete & Ongoing Completed & ongoing by regions. Completed & ongoing	Mar 2014 & annually Annually Annually Annually
2.2	Increase communication with external stakeholders.	a) Clarify and implement provincial policy and procedures on Release of Information. b) Promote educational initiatives in conjunction with stakeholder to clarify statutory and policy guidelines to sharing of information. c) Establish joint training initiatives with community stakeholders and universities.	<ul style="list-style-type: none"> • Director & Clinical Directors (Executive Sponsors) • YFPS Executive Committee • PSA – Policy, Client Information • ROI working group • Education Committee → All regions & program areas	Completed & ongoing In progress Completed & ongoing	Mar 2013 Mar 2014 Annually

2.3	Promote a transparent and inclusive process amongst regional teams and Program Support and Administration (PSA).	a) Utilize regional team meetings as a means for sharing information (input and feedback loop) between regions and PSA. e.g. updates on provincial initiatives; ministry plans and external influences.	<ul style="list-style-type: none"> Director & Clinical Director (Executive Sponsors) → PSA and all regions → Executive Committee & all regions 	Completed	Quarterly
		b) PSA and all regions to provide strategic plans, implementation and progress.		Completed	Annually
		c) PSA to establish communication tools on latest updates, i.e. initiatives, policies, greetings and message from the Director.		Ongoing	Mar 2013
2.4	Explore utility of various information technologies for information sharing platform.	a) Obtain all necessary resources to enable utilization of Live Meeting in all regions.	<ul style="list-style-type: none"> Director & Assistant Director (Executive Sponsors) → PSA 	Completed	Mar 2013
		b) Implement Telehealth pilot project.		In progress	Mar 2013
		c) Update YFPS internet and intranet.		Ongoing	Mar 2013
		d) YFPS to become one of the MCFD videoconferencing sites.		In progress	Mar 2015
2.5	Policy Revisions	a) Establish working groups to assist with subject areas.	<ul style="list-style-type: none"> Director & Assistant Director (Executive Sponsors) Executive Committee PSA and ad hoc working groups → all regions and program areas 	Completed	Mar 2013
		b) Complete all policy revisions. c) Communicate, implement and maintain consistency.		In progress Ongoing & quarterly	Mar 2014 Quarterly

YFPS Strategic Goal # 3: Ongoing review and development of evidenced based / best practices assessment and treatment services to meet individualized needs of our target population.

Objectives		Actions	Executive Sponsors and Responsible Teams	Status	Target Dates
3.1	Incorporate Social and Family Intervention work in all assessment and treatment cases.	a) Implementation of clinical practice. b) Ongoing review and clinical supervision of selected family cases. c) Provide core training to all clinicians and contractors. d) Provide advanced functional family therapy training to selected clinicians in the regions.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Social and Family Intervention Specialist & FFT Trainer • Training and Development • Client Information System • Executive Committee and all regions • PQI <p>→ All regions and program areas</p>	To begin in Fall 2013 To begin in Fall 2013 To begin in Fall 2013 To begin in Fall 2013	Mar 2013 Mar 2013 Mar 2013 Mar 2015
3.2	Enhance cultural awareness and competency when working with youth, families and communities.	a) Conduct education rounds, clinical discussion to assist staff on gaining better understanding of multicultural factors. b) Work collaboratively with Aboriginal service providers to meet the needs of clients.	Director and Clinical Director (Executive Sponsors) <ul style="list-style-type: none"> • Education Committee • Multicultural Services Provincial Advisory Committee • PER Team and Committee <p>→ All regions & program areas</p>	Complete & ongoing In progress	Mar 2013 & Annually Mar 2013 & annually

3.3	Continue improvements to treatment programs through ongoing reviews.	a) YSOTP Review – complete review by external experts.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Executive Committee • YVOTP Action Plan Working Group & Provincial Committee • YSOTP Action Plan Working Group & Provincial Committee • PSA – policies • PER Team 	Completed	Mar 2013
		b) YSOTP Review - implement recommendations to enhance policy and practice.		In progress	Mar 2014
		c) YVOTP Evaluation - complete review.		In progress	Mar 2013
		d) YVOTP Evaluation - implement recommendations.		Completed	Mar 2015
		e) Obtain ethical review approval to pilot Viewing Time.		In Progress	Mar 2013
3.4	Clinical Case Reviews – a qualitative approach.	a) Conduct monthly clinical case reviews and rounds to ensure evidence based/best practice approach to assessment and treatment cases.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • Regional Clinical Directors • Regional Managers • Provincial and Regional PQI • PSA – policies → All regions and program areas	Completed and ongoing by the regions	Mar 2013 & Monthly
		b) Establish guidelines and reporting templates on clinical case review.		In progress	Mar 2014
3.5	Research / Evaluations	a) All research complies with Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.	<ul style="list-style-type: none"> • Director & Clinical Director (Executive Sponsors) • PER Team and PER Committee → All regions and program areas	Completed	Mar 2013
		b) Conduct research and evaluations that are relevant to YFPS practices.		Ongoing	Mar 2014
		c) Disseminate relevant information to YFPS clinicians.		In progress	Mar 2015

YFPS Strategic Goal # 4: Strengthen professional development of clinical expertise.					
Objectives		Actions	Executive Sponsors and Responsible Teams	Status	Target Dates
4.1	Increase internal training opportunities.	a) Enhance ethical leadership & clinical mentorship by shadowing.	<ul style="list-style-type: none"> Director & Clinical Director (Executive Sponsors) 	Completed and ongoing	Mar 2013
		b) Organize provincial and regional training events.	<ul style="list-style-type: none"> Executive Committee and all regions 	Completed	Mar 2013
		c) Educate and implement YFPS clinical competency framework (core and advance clinical competencies in assessment, treatment, YVOTP, YSOTP, IAU training, orientation, etc.)	<ul style="list-style-type: none"> Training and Development Education Committee PER Team 	In Progress	Mar 2014
		d) Conduct quarterly regional education rounds.	→ All regions & program areas	Completed and quarterly	Quarterly & ongoing
		e) Utilize clinical rounds / supervision to strengthen clinical expertise.		Completed and ongoing	Quarterly & ongoing
		f) Provide administrative support training resources.		Completed and ongoing	Quarterly & ongoing

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