BRITISH COLUMBIA

Ministry of Children and Family Development

Annual Report 2014-2015

Youth Forensic Psychiatric Services

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

Ministry of Children and Family Development

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1.0 Director's Remarks

Preparing an annual report for an organization like Youth Forensic Psychiatric Services (YFPS) may feel like a challenge for those who prepare it. By the time it is being completed and published, so many events and activities have taken place, and reporting on the previous year may feel out of date. However, when one looks at previous annual reports, one may see progression and evolution in the organization's existence. This 2014-2015 annual report is yet another example of that evolutionary movement.

In January 2015, the Forensic Restructuring Advisory Committee (FRAC) – a working group charged by senior management with reviewing the Standing Committees for various treatment programs – introduced a model to the Executive Director and YFPS Executive members that would redefine treatment services. While recognizing that our traditional approach to delivering highly specialized treatment services in a programmatic manner had come a long way, the model proposed a different way to deliver treatment services. This proposed "new" way of reframing our treatment services now needs to get our clinicians' input, as this is one good way to find out whether it will significantly improve the quality of our work.

After many debates and discussions over recent years, the YFPS leadership group made the decision to fully embark on a "paperless" era. Specifically, CARIS is now the official client/medical information system that will capture all of our records. Simply put, it means the end of our paper charts and binders. However, our technological advancement into the future will require adaptation. Working notes and files, as well as some psychological testing materials, will continue to leave traces in our 'carbon foot print' for the next while.

Finally, 2014-2015 marked the end of our last three year strategic goal period. What was significant about this last round of strategic planning was that we set a fair number of goals to work on, five to be precise, and we accomplished most of them fairly well. What was also interesting this time around was that the senior leadership team took the time to rate how well those goals were addressed. Overall, the Executive rated our performance at 74%. I am confident that we can beat this score on our next round of strategic goals.

Our organization may not have experienced growth in 2014/15 in terms of the number of youths served, but it has definitely continued to evolve and mature.

Regards,

André Picard, Director

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

2.0 Clinical Director's Remarks

Youth Forensic Psychiatric Services: A Specialized Resource

Youth Forensic Psychiatric Services brings specialized expertise to the comprehensive mental health assessment and treatment of young persons involved with Youth Justice or the British Columbia Review Board.

Our expertise arises from subspecialty training emphasizing the development of knowledge and skills regarding the interplay between clinical and criminal domains, and the interaction between our professional responsibilities to the court, the public, and the young person.

The Youth Criminal Justice Act (YCJA) Declaration of Principles mandates the provision of programs that address the circumstances underlying youths' offending behaviour and promote the rehabilitation of young people. This is concordant with the four core principles of the BC Review Board, viz., (1) safety of the public, (2) treatment of the patient's mental illness, (3) rehabilitation/reintegration of the patient, and (4) other treatment needs of the patient.

To fulfill our clinical obligations in these two realms, YFPS offers individualized treatment based on the mental health needs and risks of each young person, as determined by a comprehensive biopsychosocial assessment, all with a view to the application of this information to legal issues.

In summary, YFPS is specialized by virtue of:

- Professional training;
- Applying knowledge of clinical issues to the legal arena; and
- The particular clinical complexity that often characterizes young people involved with the legal system.

Dr. Kulwant Riar, M.B.B.S., F.R.C.P. (C)
Clinical Director

3.0 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 YCJA; and*
- *Young persons found unfit to stand trial or not criminally responsible on account of mental disorder (NCRMD).*

Values

- *We offer service that is child-centred and respects the integrity, dignity, and 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 services. Our assessment and treatment services are delivered in a way that respects their language, customs, social views, spiritual beliefs, culture, and identity.*

4.0 Overview of 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 division. YFPS has been providing assessment and treatment services for over thirty years, in addition to maintaining a vibrant research program. Its target population is adolescents between the ages of 12 and 17 years who:

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

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

1. Enhance standardized assessment protocols using a biopsychosocial model in YFPS assessments.

2. Promote internal and external communication and enhance information quality.
3. The 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.

6.0 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 services for youth who commit sexual and/or violent offences. The Northern, Vancouver Island, and South Burnaby Regions also provide mental health services to youth residing in Youth Custody Services centres located in Prince George, Victoria, and Burnaby, respectively.

The Inpatient Assessment Unit and Program Support and Administration (including Program Evaluation and Research) are the two provincial services of YFPS, which service all five macro-regions.

6.1 Provincial Services

6.1.1 Inpatient Assessment Unit

The Inpatient Assessment Unit (IAU), located in Burnaby, has a dual designation as a mental health facility and 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/or 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.

6.1.2 Program Support and Administration

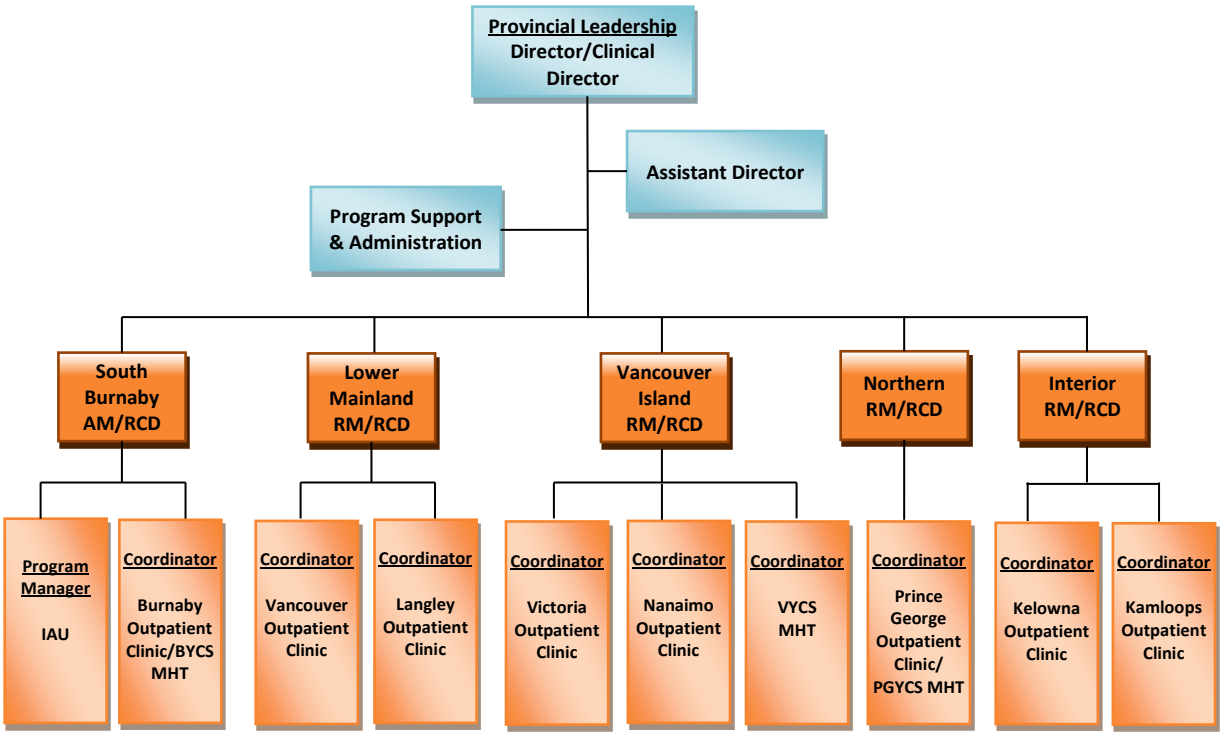
Program Support and Administration (PSA) is the headquarters of YFPS. The office is located in South Burnaby. Under the Director's leadership, the Assistant Director, the Clinical Director, and the PSA team provide integrated provincial support services to the five regions, as well as the IAU.

Areas under the responsibility of PSA include:

1. Administration and Clinical Leadership.
2. YFPS Strategic Planning.
3. Financial Management.
4. Policy and Procedures, Standards and Guidelines.

5. Client Information System (CIS).
6. Social and Family Intervention.
7. Performance and Quality Improvement (PQI).
8. Professional Training and Development.
9. Program Evaluation and Research (PER).
10. Special Provincial Projects.

6.2 Structural Organizational Chart of YFPS



Legend:

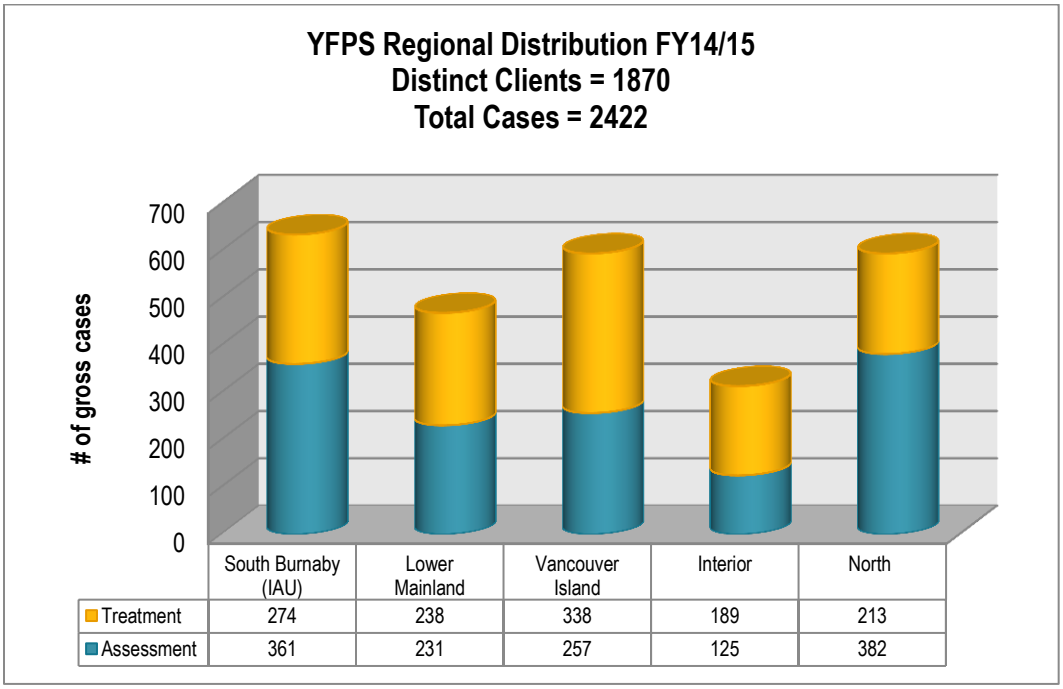
AM: Area Manager
RM: Regional Manager
RCD: Regional Clinical Director
IAU: Inpatient Assessment Unit
BYCS MHT: Burnaby Youth Custody Services Mental Health Team
VYCS MHT: Victoria Youth Custody Services Mental Health Team
PGYCS MHT: Prince George Youth Custody Services Mental Health Team

7.0 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 (i.e., psychiatrists, psychologists, social workers, nurses, and health care workers).

Clinical services fall into two broad categories: assessment and treatment. Court-ordered and court-related assessments make up approximately 44% of our services. Treatment services, which account for approximately 56% 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. Our clinical services are described below.

The following chart depicts the new and existing assessment and treatment cases distributed amongst the province's geographic regions.



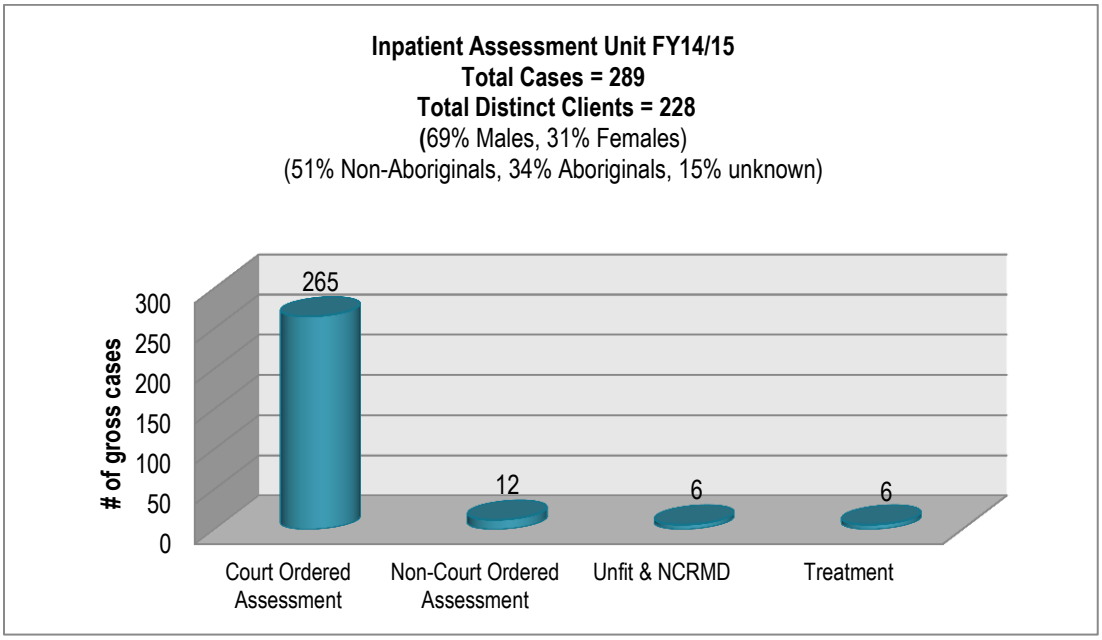
	South Burnaby (IAU)	Lower Mainland	Vancouver Island	Interior	North
Treatment	274	238	338	189	213
Assessment	361	231	257	125	382

Sources from CARIS

7.1 Court-Ordered and Court-Related Assessments

Court-ordered assessments, provided under Section 34 of the YCJA, continue to be a significant core clinical service for the IAU, and the outpatient clinics throughout all regions.

The chart below depicts the total number of new and existing admissions to the IAU during the fiscal year of 2014-2015.



Sources from CARIS

During the 2014-2015 fiscal year, 119 IAU assessment cases were reviewed. The five most common mental disorder diagnoses for males were: conduct disorder (57.0%); substance use/abuse (38.7%); cannabis use/abuse (17.2%); attention-deficit/ hyperactivity disorder (16.1%); and schizophrenia (8.6%). The five most common diagnoses for females were: substance use/abuse (73.1%); conduct disorder (42.3%); parent-child relational problems (15.4%); borderline personality disorder (11.5%); and oppositional defiant disorder (11.5%).

The only statistically significant differences between males and females were for borderline personality disorder diagnoses (0% vs 11.5%, respectively), and substance use/abuse diagnoses (38.7% vs. 73.1%, respectively), with females receiving more diagnoses in both areas. Males and females did not significantly differ from each other in terms of the average number of mental disorder diagnoses they received (i.e., 2.2 and 2.5, respectively), or in terms of their age at discharge from the IAU (i.e., 16.5 years and 16.2 years, respectively).

DSM-IV Diagnoses, Inpatient Assessment Unit, 2014-2015

	Females	Males
Attention-deficit/hyperactivity disorder	7.7%	16.1%
Alcohol-related disorders	7.7%	3.2%
Anxiety disorders	7.7%	5.4%
Attachment disorders	0.0%	1.1%
Bipolar disorder and mood disorders not otherwise specified	3.8%	3.2%
Borderline personality disorder	11.5%	0.0%
Cannabis-related disorders	3.8%	17.2%
Child or adolescent antisocial behavior	3.8%	4.3%
Conduct disorder	42.3%	57.0%
Depressive disorders	7.7%	2.2%
Disruptive disorders (e.g., intermittent explosive disorder, impulse control disorder not otherwise specified)	7.7%	1.1%
Eating disorders	3.8%	0.0%
Neurodevelopmental disorders (e.g., intellectual development disorder)	0.0%	6.5%
Oppositional defiant disorder	11.5%	3.2%
Paraphilias	0.0%	2.2%
Parent-child relational problems	15.4%	4.3%
Posttraumatic stress disorder	7.7%	1.1%
Schizophrenia-related disorders	3.8%	8.6%
Substance-related disorders (excluding alcohol and cannabis use/abuse)	73.1%	38.7%
Tic disorders	3.8%	1.1%
No diagnoses	0.0%	6.5%

Sources from CARIS and YFPS Program Evaluation & Research

7.2 Mental Health Treatment Services

7.2.1 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 the terms of the Mental Health Act, and to those youth who are deemed Unfit to Stand Trial or NCRMD.

7.2.2 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 their family.

7.2.3 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 risks and needs that are associated with violent offending. The program is offered at all YFPS outpatient clinics, through designated contract service providers, and at Youth Custody Services centres.

7.2.4 Social and Family Intervention

A key recommendation of the Social and Family Intervention Project was to provide advanced clinical training to a select group of clinicians across the province in evidence-based models of adolescent focused family therapy. YFPS gratefully acknowledges the generous funding of Justice Canada, which covered the costs of staff training and supported clinician travel. These clinicians met with client families through travelling clinics (Duncan, Ahousat, Quesnel, and Merritt), and within all of our outpatient clinics and Youth Custody Services centres.

In 2013, YFPS contracted FFT Associates, Dr. Thomas Sexton and Ms. Astrid Van Dam, to undertake a three year training protocol that would lead toward YFPS becoming a certified Functional Family Therapy (FFT) agency. FFT is recognized internationally as a "best practice" family therapy for youth with externalizing mental health disorders. Phase One began in June 2013 and was expected to finish in October 2014. By October 2014, 92 families had been referred to the project, with 22 being of Aboriginal or Metis heritage. Seventy-two families were seen for multiple sessions.

In Phase Two, FFT Associates will train two internal clinical supervisors to take over the weekly video-based case supervision meetings. By year three, YFPS will become self-sufficient in providing FFT to families, and we will be eligible to apply for certification of our team. Nine therapists, representing all five YFPS service regions, will continue on to Phase Two. The trainee group is comprised of some of our most experienced clinicians, representing all professional disciplines within YFPS.

Feedback from clinicians about the training project has been positive, and adoption of the model has been enthusiastic. Support for the incorporation of social intervention practices, and specifically FFT, by YFPS Regional Clinical Directors, Regional Managers, and Clinic Coordinators has ensured the success of the project. YFPS has demonstrated its long-term commitment to treating youth in the context of their environment by investing in a comprehensive training protocol. YFPS is hopeful that future funding applications may support a second cohort of clinicians to be trained in FFT.

The goal of the FFT Project at YFPS is to expand Social and Family Intervention throughout the organization by training select therapists in an evidence-based model of family therapy. From April 2014 to March 2015 Phase One of clinical training – which included training 11 therapists – was completed, and YFPS entered Phase Two, which is the next step toward YFPS becoming an agency with a certified FFT team. There were Advanced Clinical Training workshops in Burnaby, BC on June 15th & 26th and October 29th & 30th, which focused on the Behaviour Change and Generalization Phases of FFT.

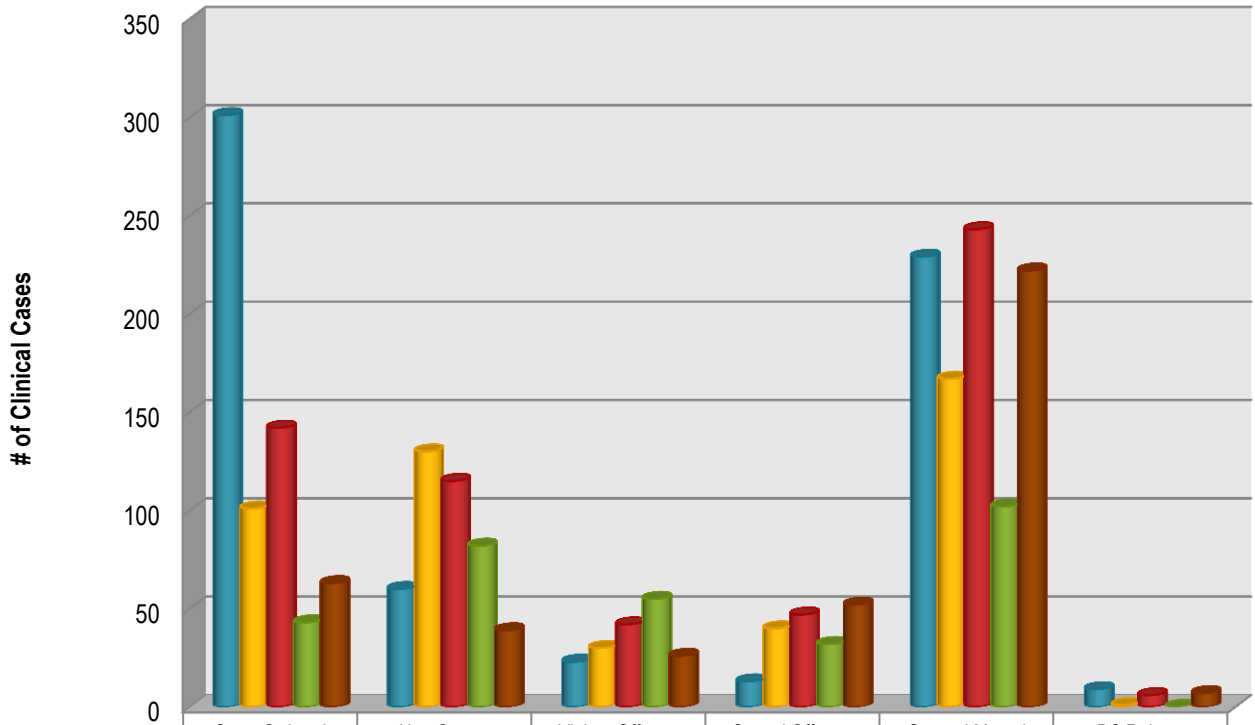
Weekly video-based case supervision continued throughout the year, as did monitoring of counselling sessions via the quality assurance Computer Measurement Feedback System (CFS). In October 2014, trainers provided feedback and goal setting sessions for each therapist. Phase One training was extended for six months, at no extra cost, due to a lower than expected number of family cases referred. Phase Two began on January 22nd & 23rd, 2015, with two therapists from YFPS attending Clinical Supervisor Training in the USA. Weekly case consultation and coaching continues, now facilitated by YFPS Site Supervisors (FFT Clinical Supervisors in training), and monitored by the Senior Clinical Supervisor from FFT Associates on a monthly basis, with feedback to the Junior Clinical Supervisors twice per month.

In 2014, additional funding to support FFT therapists to travel to outlying communities – where no YFPS clinic is located, but where Youth Justice clients reside – was underutilized, due to low case numbers. Having this funding available for future years is essential to facilitating involvement of our highest priority clients – families of young offenders with barriers to receiving treatment (poverty, isolation), and Aboriginal clients living in more remote areas. Over the past year, therapists conducted sessions in Ahousat, Duncan, Barrier, Merritt, and Quesnel, BC. The next Advanced Clinical Training session is planned for Sept/Oct 2015, and all deliverables are expected to be complete by fiscal year end, 2016, as planned.

7.3 Clinical Assessment and Treatment Cases

The following chart depicts the total number of assessment and treatment cases completed at YFPS during the 2014-2015 fiscal year. YFPS is structured by five geographic service areas in BC: South Burnaby; Lower Mainland; Vancouver Island; Interior; and the North. The South Burnaby, Vancouver Island, and Northern regions also provided mental health services to the Burnaby, Victoria, and Prince George Youth Custody Services centres, respectively. Admissions from these centres are included in the chart.

YFPS Assessment & Treatment Services FY14/15
Total Cases = 2422
Total Distinct Clients = 1840
(79% Males, 21% Females)
(45% Non-Aborginals, 31% Aborginals, 24% unknown)



	Court-Ordered Assessment	Non Court-Ordered Assessment	Violent Offence Treatment Program	Sexual Offence Treatment Program	General Mental Health	BC Reivew Board/Mental Health Act
South Burnaby	301	60	23	13	229	9
Lower Mainland	101	130	30	40	167	1
Vancouver Island	142	115	42	47	243	6
Interior	43	82	55	32	102	0
North	63	39	26	52	222	7

Sources from CARIS

IAU: Inpatient Assessment Unit
South Burnaby: Burnaby Outpatient Clinic & Community Contractors
Lower Mainland: Langley and Vancouver Outpatient Clinics & Community Contractors
Vancouver Island: Victoria and Nanaimo Outpatient Clinics & Community Contractors
Interior: Kelowna and Kamloops Clinics & Community Contractors
Northern: Prince George Clinic & Community Contractors

8.0 Program Evaluation and Research Team

The Program Evaluation and Research (PER) team is part of Program Support and Administration, and operates under the direction of the Provincial and Clinical Directors. The PER team was involved with three main sets of activities this year: consulting and providing support to the Program Support and Administration group regarding matters of clinical, administrative, and provincial relevance; assisting with accreditation activities; and conducting research.

The first set of activities varied considerably. For example, the PER team reviewed and edited the YFPS Annual Report for the previous year; helped draft and modify the "Electronic Psychology Folder (Secured Access) Policy," after soliciting and incorporating input from psychologists and psychology assistants from across the province; consulted with the Family Therapy Specialist and Clinical Director on approaches to evaluating the efficacy of the Family Therapy program; liaised with provincial partners within the Ministry of Children and Family Development to discuss the implementation of web-based scoring for psychological tests; compiled a list of assessment measures administered across the province for the Inpatient Assessment Unit and YFPS outpatient clinics; compiled and distributed results for a Violence in the Workplace Survey; and so forth.

The second main set of activities that PER was involved with concerned accreditation. The PER team has had a member on the Performance and Quality Improvement (PQI) Committee since its inception. PER compiles, enters data, and summarizes results across the Assessment Questionnaire for Youth and the Counselling Questionnaire for Youth for the province—which all youths within our service are to complete—and prepares regional and provincial reports regarding these activities. This fiscal year, the chair of the PQI Committee asked the PER team to review the outcome measures that YFPS uses, evaluate a range of alternative measures, and advise on future directions concerning the evaluation of clinical outcomes. The PER team met with stakeholder groups within YFPS (e.g., clinicians, the PQI Committee, PER Committee members, Regional Clinical Directors, administrative and clerical staff), and prepared documents and presentations based on comments, feedback, and critical examination of the issues. The most widely used progress monitoring measures administered in clinical practice were reviewed and discussed. The PER Team Leader is working with the Clinical Director, Director, and Regional Clinical Directors to consider the feedback that was received and determine future directions concerning outcome measures.

The third main set of activities that PER was involved with concerned research. In recent years, there has been a shift within PER to having volunteer research assistants doing the bulk of day-to-day file and data coding. The PER team trained and supervised more than 20 university-level volunteers, a Directed Studies student from the Department of Psychology at The University of British Columbia, and a full-time criminology practicum student from the Department of Criminology at Simon Fraser University. Four research projects were renewed by Research Ethics Boards from Simon Fraser University and The University of British Columbia. PER obtained external funding from the Department of Justice, Government of Canada, to conduct a systematic literature review regarding the use of standard risk assessment instruments to assess risk for future violence

among Aboriginal youths. The goal of this project is to promote culturally valid assessments of Aboriginal youth who come into conflict with the law. PER researchers submitted abstracts to present four posters at the Annual General Meeting of the Canadian Psychiatric Association for the following year. Two members from the PER team also went to Prince George to present information on the implementation of a clinical protocol to evaluate sexual interest, which will include measures to be piloted by clinical staff.

In addition to these three main sets of activities, PER updated its website (http://www.mcf.gov.bc.ca/yfps/evaluation.htm). The simplified design provides links to important documents, and summarizes key PER-related research findings and conclusions. The website also serves to connect individuals with volunteer opportunities at YFPS. PER provides educational supports for YFPS, and this fiscal year, PER team members did presentations for educational rounds at the Burnaby Outpatient Clinic and at the Northern Regional YFPS Meeting.

Historically, PER team members sat on a provincial PER Committee, along with YFPS regional representatives. The PER Committee was put on hold this year after the Forensic Restructuring Advisory Committee reviewed all YFPS Standing Committees, and provided service-wide direction regarding YFPS organizational structures and Committees. The PER Committee was one of the longest standing committees at YFPS. The PER team thanks PER Committee members for their considerable dedication and hard work, including some who have been involved with PER since its inception.

Dr. James Hemphill, R. Psych.
PER Team Leader

9.0 Performance and Quality Improvement Committee Report

The PQI Committee continued to be active over the past year, meeting four times centrally, while each of the five regional committees also met four times. The structure of the Provincial Committee has been changed this year, as have the Terms of Reference. We have, up to this point, had Regional Managers chair each of the regional committees, and represent the regions on the Provincial Committee.

In order to have wider and greater representation from front line staff, we now have clinicians from each region chairing the regional committees, with multidisciplinary backgrounds. We continue to have representation from PSA on the Provincial Committee, as well as one Regional Manager representative, who according to the new Terms of Reference, cannot act as Chair. The meeting structure will change as well, with only one of the meetings being face to face, and the other three via video or audio link.

The Council on Accreditation (COA) revised their PQI standards significantly, and provided training online and in person, which some employees of YFPS were able to take. Materials were shared with Provincial Committee members, who in turn shared them with regional staff. As a result of these changes, the Provincial Committee has also begun a process of revising the PQI plan, which will be completed in the next fiscal year. This will follow the development of Strategic Planning on the part of YFPS, and the Ministry as a whole.

Case Record Reviews, including qualitative clinical indicators, continue to be done quarterly and reviewed by the Provincial Committee. All reviews are done electronically. Information continues to be gathered regarding health and safety, risk management, and incidents and accidents. All information is reviewed by the Provincial Committee. All recommendations for change are forwarded to the Executive Committee for action.

Program Outcomes continue to be reviewed to ensure that meaningful evaluation of clinical services is done within the service, with the assistance of the research team of PSA. The Regional Clinical Directors have been given the responsibility of finding a valid and clinically appropriate outcome evaluation tool, which will be introduced in the upcoming year.

Client satisfaction surveys continue to be distributed to youth in the form of Youth Counselling and Youth Assessment Questionnaires. A total of 133 counselling and 247 assessment questionnaires were completed. Responses were in large part favorable, with no significant corrective action required. Other Youth Justice programs, including the Maples Adolescent Treatment Center and Youth Custody Services in Burnaby and Prince George, were accredited this year. A member of the Provincial Committee assisted both programs by participating in Mock Site Visits with all programs. All were successfully re-accredited. The former chair of the Provincial Committee continues to volunteer for COA, and completed six Peer Reviews as Team Leader over the past year.

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

10.0 Regional Progress and Outcomes

South Burnaby Regional Report

As the 2014-2015 fiscal year came to a close, we used this as an opportunity to review our regional and strategic goals. Although some areas are still in progress, a few highlights are noted. First, we improved assessment procedures by focussing on the quality, clarity, and timeliness of reports. Further, assessment and treatment protocols were refined to meet individualized client needs, while ensuring evidence-based and best practices were adhered to. All of these developments were also noted in the quality assurance loop. The progressive quality improvements made over the past several years have been significant at all levels, including administrative support, clinical, and supervisory. We also strengthened communications and relationships with key stakeholders by increasing our presence at Probation offices, and building on our relationships with the Courts and Crown offices. Finally, our clinical expertise has been highlighted by the array of multifaceted assessment and treatment cases coming through the IAU, Burnaby Youth Custody Services (BYCS), and Burnaby Outpatient Clinic (BOC) program areas.

Two cases that we wish to highlight, with the identity of the clients disguised:

> *"Jimmy," age 15, became psychotically depressed and attacked a family he knew. He was initially remanded to IAU and started an antipsychotic medication. He was found Not Criminally Responsible by the court and ordered to YFPS for outpatient treatment and supervision at BOC. He had therapy and medications for three years and had Review Board hearings annually before being given a full discharge. He was taken off medications in the last year at BOC and had no recurrence. Jimmy has been working for two years, is asymptomatic, and is about to start university, where he plans to connect with student health.*
>
> *14 year-old "Sally" was referred for a sexual offence on a female child she was babysitting. She completed the sex offence program at BOC, including modules about consent, healthy relationships and sexual behaviours, cognitive distortions, assertiveness, and victim empathy. These were offered in a strengths-based context. Another therapist also met with Sally's mother for family therapy and support. Regular feedback was provided to her Probation Officer. Sally drew up a realistic relapse prevention plan and was discharged at one year with an excellent prognosis.*

This past year also saw the resurrection of providing on-site services to the Tri-Cities Probation team. This service had ceased over the past few years due to low referrals, partly due to the location of the Tri-Cities Probation office and the difficulty youth had in getting there. After securing office space and working out the logistics at an MCFD office in Coquitlam, we were able to provide true community-based services for this area. This endeavor rounded out the on-site YFPS services to all three local referring Probation offices (Burnaby and New Westminster being the others). Feedback from the local Probation Officers has been overwhelmingly positive – the youth reports to one office, but sees both a Probation Officer and a YFPS psychologist back to back.

IAU was increasingly busy over the last quarter, with waitlists in the double digits at times. IAU was at full capacity on a number of occasions, and we also saw an increase in the number of exceptionally complex, psychiatrically ill, and certifiable youth. The 24-hour IAU staff put their skills to work dealing with a variety of psychotic, suicidal, and extremely aggressive/violent youth. Their teamwork and experience has provided consistent care, while also maintaining safety and security.

The BYCS Mental Health Team (MHT) has been involved with several high risk/high profile youth, which has necessitated strong communication and consultation meetings with BYCS and other stakeholders from a number of areas/levels. Overall, BYCS numbers fluctuated from the mid-30s to the 50s. The average number of active treatment cases was in the mid-20s. The complexity of the issues raised by youth in Custody has been escalating and, as a result, closer collaboration at all levels has been required.

Staff from our BYCS MHT have continued to take part in educational presentations for students. These included a presentation to the University of Fraser Valley *Mental Health and Crime* class, and being on a panel for psychiatric nursing preceptorship students at Douglas College. Providing *Mental Health Component* training for new recruits at the Burnaby Youth Custody Services centre has also become a regular occurrence. Key BYCS MHT clinicians are involved in Custody's Trauma Informed Practices (TIP) Action Committee, and the Teach, Reach, and Inspire (TRI) initiative. Our clinicians assist in providing a mental health informed perspective for Custody as they develop strategies and programs.

The South Burnaby site continues to be a prime training venue for a variety of students. Various clinicians supervised nine local and international students, including a master's counselling student, a nursing preceptorship student, and a variety of two and four week medical student interns.

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 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 comprehensive forensic mental health assessment and individualized treatment to adolescents involved in the Youth Justice system.

Regionally, we continue to be involved with a range of stakeholders, such as PLEA's Daughters and Sisters and Waypoint programs, and Elizabeth Fry's Am'ut Program, which are Full Time Attendance Alcohol and Drug programs (FTAPs). Our region provides assistance to these FTAPs through participation in the screening process, as well as assessment and treatment of youth requiring this service. We are seeing a large number of First Nations youth, particularly girls, through both Am'ut and Daughters and Sisters. We have also met with Crown Counsel in both the Fraser area, and the Vancouver area, to discuss ways in which we can enhance our working relationships and provide better service to youth. The region continues its outreach initiatives in the Maple Ridge area, the Sunshine Coast/Sechelt area, the Squamish area, the North Vancouver area, and Richmond. In Squamish we are working collaboratively with Child and Youth Mental Health (CYMH) in providing services to youth. The region has also been exploring tele-health initiatives in an effort to better service youth from more remote and hard to service communities.

Currently, with our partners in Youth Probation, we are planning a discussion forum that will facilitate an open dialogue between our service and Youth Probation Officers to address a broad range of topics common to both YFPS and Probation.

With respect to staff development and education, our region has implemented a more structured approach to Clinical Case Reviews, bringing greater focus to the regular clinical review of all of our treatment cases. We are also engaged in regular journal rounds, bringing both clinics together via video-link. The region continues with quarterly regional education rounds, and we are currently planning to implement annual regional education days, with a focus on special clinical themes, such as the treatment of violent offenders, sex offenders, and family therapy.

Gary Kumka, MSW
Regional Manager

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

Northern Regional Report

Despite the considerable challenges that come with the large geographical area that the Northern region of YFPS serves, we have continued to provide quality services to the area between 100 Mile House and the Yukon border, and from Alberta to Haida Gwaii. Prince George serves as a regional hub, with contracted clinicians based in Williams Lake, Vanderhoof, Burns Lake, Smithers, Hazelton, Terrace, Prince Rupert, and Fort St John. This past year we saw a high volume of requests for assessments from the Courts throughout the region.

At the beginning of this fiscal year, David Morgan, our forensic psychiatrist, assumed the role of Regional Clinical Director. We welcome the skills and experience he brings to this role.

The Northern region takes pride in investing in collaborative practice, and has continued to engage in regular communication and more formal meetings with a variety of

stakeholders. We have developed and maintained active partnerships with many other Youth Justice and youth serving programs, including residential programs (i.e., HAWK, Stride, Pawsitive Horizons Animal Assisted Intervention, Camp Trapping, and Eagle Nest Community and Aboriginal Services), and have continued to engage in clinical planning with both CYMH and the Northern Health Authority. Our clinic staff members have continued to play an active role within the Prince George Youth Custody Services centre, where they have provided counselling, psychiatric services, and consultation. They also facilitated training and participated in weekly Case Management meetings.

The significant efforts made by the Northern region to develop close relationships with our MCFD partners have continued to pay dividends. Regular face to face meetings with stakeholders throughout the three service delivery areas in our region, quarterly meetings with Community Services Managers and Northern Team Leaders, and the opportunity to share information have allowed these relationships to strengthen further.

The Northern Region continued to provide as much training geared towards the professional development needs of its staff as possible, in spite of the limits imposed by geography and budget. Clinicians continued to utilise an evidence-based bio-psycho-social approach in their professional practice. Learning opportunities for clinicians were provided via webinars, collaborative training opportunities with stakeholders, mentoring, and in person in-service training. All staff members, employees, and contractors attended this year's Regional Conference in Prince George. Basic and reliability training using the SAVRY (used to assess risk of violence in youth), and up to date disclosure practices were just two of the highlights. Additionally, Regional contractors were offered the opportunity to attend the Provincial Youth Justice Forum in Richmond in February, which provided an array of learning and networking opportunities.

The legacy of colonization and residential schools remains, with the effects of multi-generational trauma impacting the daily lives of many of the youths we serve. Clinicians across the Northern Region have continued to utilise and further develop their cultural awareness and competencies. They have thus been able to focus on the specific effects of multi-generational trauma and the relevance of traditional healing practices as they relate to the Aboriginal youth we serve; such awareness applies to both the assessment and treatment phases of our service. Over the last year, staff have enhanced their professional development by attending educational events and networking opportunities provided by Aboriginal agencies. Staff have also made considerable efforts to connect youth with cultural specific programming, participated as part of the Elder's council at the Prince George Youth Custody Services centre, and have invited an elder to assist in planning and providing culturally appropriate treatment approaches. In one case, significant work was undertaken in planning and delivering a specific Intensive Rehabilitative Custody and Supervision (IRCS) plan, with a treatment plan focused on cultural approaches. This included access to protected time with an elder, accommodation provided at a resource with onsite cultural programming, and regular access to a cultural work camp. Since the youth began participating in the treatment plan, the early signs are very promising indeed.

Technological advances, such as videoconferencing, have facilitated our administrative, supervision, and training practices across the Northern Region, such that our service is as efficient and effective as possible. We have made significant strides towards a solely electronic clinical record process, have developed an online referral process, and have

utilised videoconferencing and webinars for training, meetings, and clinical services. Significant time has been, and is, allocated to the consideration of the quality and effectiveness of the clinical care provided across the Northern Region of YFPS. An active local quality improvement approach includes quarterly PQI meetings, qualitative and quantitative file reviews, and both local and regional goal setting. Clinical support and supervision is provided via weekly clinical rounds at the Prince George Outpatient Clinic, monthly case reviews, and routine case conferencing with regional contractors.

The members of the team that make up the Northern Region of YFPS are committed to their clients, to each other, and to upholding the high standards that our service and the public expect. We proudly embrace the unique qualities that Northern BC offers, and continue to find and develop effective ways to work within the geography on service delivery and client outcomes. Over the last year, the staff of the Northern region have shown exceptional commitment, flexibility, and teamwork at a time when the number of referrals and significant personal events have stretched the ability of the team to keep up with the workload demanded of them. We extend our deepest gratitude to each and every one of them, and look forward to continuing to work alongside them to help the youth we serve.

Dayna Long, M. Ed.
Regional Manager

David W Morgan MD, FRCP(C)
Regional Clinical Director

Interior Regional Report

The Kamloops and Kelowna clinics continued to provide high quality clinical services to youth within the Southern Interior Region, with staff seeing clients at both clinics, as well as providing travelling clinics to Merrit, Vernon, and Penticton. There was a need to address the departure of one of our clinicians from Cranbrook in August 2014, with clinicians from the West Kootenays assisting to provide coverage every two weeks, and as needed, to complete court ordered reports. The search continues for a clinician in Cranbrook. We continue to provide Functional Family Therapy in the region via two identified staff who are now in the final year of the three year certification program. In Kamloops, Dialectical Behaviour Therapy is being used in individual and group family sessions to assist youth with significant emotional regulation problems. In Kelowna, the Parenting Kids on Probation group was also well received by parents who took advantage of the sessions.

We were fortunate to be able to acquire the services of a longstanding child psychiatrist in Kamloops to help alleviate youths' need for local access to psychiatric follow-up, as opposed to having to fly a doctor in from Vancouver. The fact that this psychiatrist is also on the Collaborative Local Action team, which is a Ministry Strategic Priority activity, helps ensure that youth in the Forensic system are not forgotten in terms of wrap around or follow-up services with other stakeholders.

As part of our strategic planning goals, we continue to participate in Collaborative Action Teams in both Kamloops and Kelowna. This entails working with all other key agency staff members and managers to develop processes and practices that will enhance

service delivery to youth along the entire continuum of care, as well as working to improve the transition of youth to the adult system. Current projects that we are involved in with this group include the ewayKamloops.ca website of local services in Kamloops; attending the recent CYMH Visioning days to garner feedback from multiple agencies and stakeholders regarding improvements to community-wide youth services; an "Access and Flow" committee; and other youth engagement-focussed activities.

A feedback process regarding service delivery is in place at both clinics. Feedback related to provincial standards and practices – as part of our PQI process – resulted in some practices being reviewed to ensure the that most efficient service delivery was in use, along with the best use of limited budgetary resources. This included the recent full implementation of using electronic files in CARIS. This has substantially reduced duplication of work for clinicians and administrative staff. We are continuing this work as part of a provincial initiative to reduce the use of paper as much as possible, and ensure good flow and access to information across the province. Recent budget impacts have made this and other efficiency projects a priority.

We were fortunate to provide training for two students, one in Kelowna and one in Kamloops (from the Yorkville MA Counselling program and the UBC-O MSW program). Both students provided feedback that their experience with us was very valuable in helping them to develop their skills in working with our clientele.

As per one of our own regional strategic goals, we have initiated our first face to face bi-clinic meeting in Kelowna (i.e., a meeting with both Kamloops and Kelowna staff present), and have agreed to have at least one such meeting in person per year. We were able to participate in a learning session with the UBC-O Forensic Psychology team, and a day-long session with our FFT supervisor in training. Feedback was very positive on both presentations.

Our two identified staff in the region have continued to attend FFT training, and have both provided updates to staff regarding the program and philosophy of practice. These updates may have beneficial effects for all of our staff, in terms of sharing this knowledge, and applying it to our clinical work. Several staff this year were also able to attend the Youth Justice Forum in February 2015 as part of our strategic goal to strengthen professional development of clinical expertise. Also supporting this goal was the DSM-5 training for all psychiatrists and psychologists in our region.

Finally, we learned with great pleasure that a collaborative project involving a staff member from Kelowna – teaming up with CYMH, Penticton RCMP, the school district, the city of Penticton, and local agencies – was nominated for both Regional and Provincial Premier's Awards, and is one of three finalists. The collaborative project involved piloting a youth group called "The Outsiders," which aimed to assist youth in developing skills and knowledge via multiple types of opportunities, and reduce their likelihood of ending up in the criminal justice system.

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 travelling clinics. The Victoria clinic provides weekly service to Duncan and the West Shore, both very active areas in the region. The Nanaimo clinic provides weekly service to Parksville and Port Alberni, and frequent clinical and consultation services to areas on the West Coast of Vancouver Island, including Ahousat. With the closure of Victoria Youth Custody Services, we no longer provide direct services to youth in custody.

Despite limits to financial resources, the region continues to work hard to meet the professional development needs of our clinicians. We have three clinicians from the region participating in FFT training, with regular clinical supervision of cases that have a family focus, which includes staff from the Victoria and Nanaimo clinics, as well as contracted staff from JHSNI. In addition, our clinics continue to offer extended hours of service to accommodate the increased involvement of families in treatment.

Staff continue to utilize online opportunities for training where available. Most staff have completed LEAN training online, and a number of staff completed occupational health and safety courses. We are committed to utilizing internal resources, and have ongoing clinical interest groups monthly, for the most part provided by our staff, as well as clinical rounds monthly, with participation from all parts of the region. On occasion there are presentations by local colleagues, both within and outside Youth Justice Services. A number of staff have taken the Indigenous Culture Competency course, offered online by the Provincial Health Services Authority (PHSA).

As a region we remain committed to active involvement with stakeholders, with participation in regional committees, including the Vancouver Island Youth Justice Committee, and the Vancouver Island Child and Youth Mental Health and Substance Abuse Local Action Team. Staff sit on the screening and advisory committees of three regional Youth Justice funded residential programs. These include the Headstart/Oasis programs, and the Youth Sexual Offence Treatment beds, run by John Howard Society in Courtenay and Campbell River, as well as the Edge program run by the Boys and Girls Club in Victoria.

The region remains committed to multicultural competence. We have maintained a Regional Multicultural Committee, which has been very active, and has raised issues related to the provision of mental health services for First Nations youth at both regional and provincial levels. Additionally, staff from the Nanaimo clinic have consulted with agencies on the Ahousat reserve, and have been able to provide some clinical services through the FFT program to First Nations families living on the west coast of Vancouver Island. A psychologist in Nanaimo has developed the My Life Balance Wheel, a psychological tool for use with First Nations youth. Youth Forensic Psychiatric Services has received specific federal funding to support this research. Our Duncan travelling clinic maintains active collaboration with First Nations through the Ministry's Aboriginal

Services. JHSNI maintains an active Elders Advisory Committee, which provides direct consultation and liaison to all programs, including our YFPS contractors.

The region continues to have a strong commitment to the Quality Assurance process, with an active Regional PQI Committee and qualitative reviews of clinical treatment files. We review all clinical cases monthly through three separate meetings, which focus on General Mental Health cases, Violent Offence Treatment cases, and Sexual Offence Treatment cases, respectively. In addition, all clinical staff participate in monthly clinical rounds. We are accredited through the Council on Accreditation (COA), and one staff member continues to do volunteer work as a Team Leader, supported by YFPS, and completed a number of reviews over the past year.

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

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

Appendix A

Strategic Service Goals Progress Report FY12/13 to FY14/15

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

Ministry of Children and Family Development

YFPS Long Term Strategic Goals 2012/13 – 2014/15 (3 year plan)

1. Enhance standardized assessment protocols 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 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.

The YFPS Long Term Strategic Goals 2012/13 – 2014/15 (three year plan) were announced and distributed in October 2012. Due to the complexity in executing multi-layered objectives and action plans within the following five months of the fiscal year 2012/13, some of the original targeted timelines were shifted to fiscal year 2013/14. This current status report is intended to capture the overall progress for the fiscal years 2012/13 and 2013/14. The status comments provided in the tables below highlight the key deliverables for each of the long term goals. Details of regional and standing committee reports, performance, and outcomes are presented in the YFPS FY12/13 and FY13/14 Annual Reports.

YFPS Strategic Goals Progress Status for FY12/13 to FY14/15

Strategic Goal # 1: Enhance standardized assessment protocols using a biopsychosocial model in YFPS assessments.				
Objectives		**Actions**	**Progress**	**Status Comments**
1.1	Strengthen the use of BPS model in assessments and reports.	a) Establish standardized assessment procedures.	Completed	Action items for the Regional Clinical Directors and the Clinical Directors.
		b) Refine report templates for pre-disposition and post-disposition assessments.	Some	Ongoing living document. Revised as needed.
		c) Implement protocol.	Completed	Revised as needed.

1.2	Establish clinical competencies framework and identify clinical enhancement curriculum for YFPS clinicians.	a) Complete YFPS Clinical Competency Framework.	Completed	Each competency working group completed its preliminary clinical content for the curriculum.
		b) Implement training needs; provide learning resources to all regions.	Completed	Each region to deliver local education rounds that align with YFPS clinical practices. Program Support & Administration (PSA) delivered the YFPS Forum on Sexual Violence and Concurrent Disorders Training.
		c) All regions to conduct at least four clinical quarterly rounds to support learning needs.	Completed	All regions participated in hosting clinical education rounds on a quarterly basis. To continue as ongoing practice.
1.3	Enhance family assessment, with an aim to incorporating into treatment goals.	a) Implement Social and Family Intervention protocol in all treatment cases.	Completed	The Functional Family Therapy (FFT) training was fully implemented by PSA and all regions.
		b) Provide clinical training and supervision resources to all regions.	Completed	Regular clinical training provided by the FFT trainers to all YFPS FFT clinicians.
		c) Conduct regular review of assessment and treatment goals, with regular supervision of family cases.	Completed	Provided regular supervision of family cases by the YFPS Family Intervention Specialist.

Strategic Goal #2: Promote internal and external communication and enhance information quality.				
Objectives		**Actions**	**Status**	**Status Comments**
2.1	Strengthen role definition with Probation, Courts, Custody Services, community resources & stakeholders.	a) Arrange YFPS presentation at the Annual Judiciary/Crown meetings.	Completed	A letter was sent to the Administrative Crown office.
		b) Connect with Court user groups (representatives from Judiciary, Crown Counsel, Courts and Probation).	Completed	A Judge and Crown Counsel attended the YFPS Forum on Youth Violence 2013, and the YFPS Forum on Sexual Violence 2014. Youth Justice personnel also attended the two forums.
		c) Conduct annual stakeholder meetings.	Completed	The YFPS Forums and other regional education rounds included stakeholder meetings.
		d) Regular meetings with custody services.	Completed	YFPS regional teams met with custody services (Burnaby, Victoria, Prince George) on regular bases.
2.2	Increase communication with external stakeholders.	a) Clarify and implement provincial policy and procedures on Release of Information (ROI).	Completed	ROI Policies, Procedures, Standards, & Guidelines were reviewed and endorsed at the Executive meeting, and implemented at the local level. Will continue to update these, and the YFPS Policy and Procedures Manual as a living document.
		b) Promote educational initiatives in conjunction with stakeholders to clarify statutory and policy guidelines for sharing of information.	Some	This phase will begin following the ROI policy revision process and implementation.
		c) Establish joint training initiatives with community stakeholders and universities.	Completed	YFPS Program Evaluation and Research (PER) Team have ongoing research partnerships with Simon Fraser University and other universities. PSA and the regional clinics continue to provide clinical and research experience for undergraduate and post-graduate students in completing their academic requirements.

2.3	Promote a transparent and inclusive process amongst regional teams and 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).	Completed	Regional Managers and Regional Clinical Directors continued to meet with local teams regularly to promote communication and feedback loop.
		b) PSA and all regions to provide strategic plans, implementation, and progress.	Completed	YFPS Performance & Quality Improvement (PQI) Plans and Annual Reports were prepared by the PSA team for FY12/13, FY13/14, and FY14/15.
		c) PSA to establish communication tools for latest updates – i.e., initiatives, policies, greetings, and message from the Director.	Completed	Communiqués were distributed on the Social and Family Intervention project, and the YFPS Clinical Competency Framework project. Emails and memos on various policy and practice updates were distributed by the Senior Leadership – i.e., Director, Clinical Director, and Assistant Director – to Executive Committee Members, in order to implement and clarify policies and practices as needed in the regions. Greeting letters from the Director were sent to all new hires.
2.4	Explore utility of various information technologies for information sharing platforms.	a) Obtain all necessary resources to enable utilization of Live Meeting in all regions.	Completed	The MCFD computer upgrade to Lync was completed across all regions. Each clinic has headsets and related equipment to participate in the Lync system (replaced LiveMeeting).
		b) Implement Telehealth pilot project.	Some	A joint business case was completed with Child and Youth Mental Health (CYMH). YFPS participated in preparing Telemental Health Practice Guidelines with Health Authorities, the Ministry of Health, the Provincial Health Services Authority, and CYMH.
		c) Update YFPS internet and intranet.	Completed	PSA completed the Ministry Update Website project.

		d) YFPS to become one of the MCFD videoconferencing sites.	Some	This phase will begin once the organization is given MCFD approval and the supportive resources to set up the site. Project will extend to the next fiscal year and will be implemented with the MCFD policy shop and other MCFD designated program areas.
2.5	Policy Revisions	a) Establish working groups to assist with subject areas.	Completed	Various tasks were delegated to working groups (Regional Clinical Directors, Regional Mangers, standing committees, and program areas) to provide advice and assist in drafting policy updates.
		b) Complete all policy revisions.	Significant	Completed majority of the policy and procedures. Recognized some policies will remain as living documents and will revise as needed.
		c) Communicate, implement, and maintain consistency.	Completed	The Executive Committee reviewed and endorsed all policy revisions and provided clinical and administrative expertise in the policy revision. The Regional Managers and the Regional Clinical Director continued to provide leadership to ensure policies are implemented in a consistent manner.

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	Status	Status Comments
3.1	Incorporate Social and Family Intervention work in all assessment and treatment cases.	a) Implementation of clinical practice.	Completed	Implemented across all regions.
		b) Ongoing review and clinical supervision of selected family cases.	Completed	Implemented FY13/14. Regular review and supervision sessions were provided by the FFT trainers.
		c) Provide core training to all clinicians and contractors.	Completed	Integrated into clinical education rounds and the conference event. Engage further core training after the FFT training project is completed.

		d) Provide advanced Functional Family Therapy training to selected clinicians in the regions.	Significant	Implemented in the summer of 2013. In-person training and online training was provided to a selected group of YFPS clinicians. Completed Phase One and Phase Two of the three-year training project.
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.	Completed	Integrated in all clinical practices throughout YFPS.
		b) Work collaboratively with Aboriginal service providers to meet the needs of clients.	Completed	Regional teams and PER continue to work collaboratively with Aboriginal service providers in local areas through educational rounds, research projects, assessment, and treatment with youth and families.
3.3	Continue improvements to treatment programs through ongoing reviews.	a) YSOTP Review – complete review by external experts.	Completed	Completed by the external reviewers in FY12/13.
		b) YSOTP Review – implement recommendations to enhance policy and practice.	Completed	In FY13/14, an SOTP working group was tasked with reviewing the current policies; updating policies, procedures, standards & guidelines; and implementing the changes. Work in progress – to finalize updates on SOTP policies and related manuals.
		c) YVOTP Evaluation – complete review.	Completed	Conducted by PER in FY12/13.
		d) YVOTP Evaluation – implement recommendations.	Completed	Refer to FRAC recommendations.
		e) Obtain ethical approval to pilot Viewing Time.	Completed	Approval obtained from UBC FY13/14. Prince George Outpatient Clinic to implement pilot of Viewing Time.

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.	Completed	Implemented by all regions in all program areas.
		b) Establish guidelines and reporting templates for clinical case reviews.	Significant	Discussed at the Provincial PQI Committee. Each region has its own template for conducting clinical case reviews. PQI reviewed its utility and consistency in all regions. Being finalized at the Executive Committee.
3.5	Research / Evaluations	a) All research complies with Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.	Completed	Completed by PER. Will apply to all future research projects involving humans.
		b) Conduct research and evaluations that are relevant to YFPS practices.	Steady	Refer to details and activities summarized in the Annual Report.
		c) Disseminate relevant information to YFPS clinicians.	Completed	Refer to details and activities summarized in the Annual Report.
Strategic Goal #4: Strengthen professional development of clinical expertise.				
Objectives		**Actions**	**Status**	**Status Comments**
4.1	Increase internal training opportunities.	a) Enhance ethical leadership & clinical mentorship by shadowing.	Completed	Implemented in some regions, based on resources and demands.
		b) Organize provincial and regional training events.	Significant	Implemented in FY12/13 & FY13/14. Topics and attendance rollup can be found in the Annual Reports.

		c) Educate and implement YFPS Clinical Competency Framework (core and advanced clinical competencies in assessment, treatment, YVOTP, YSOTP, IAU training, orientation, etc.)	Significant	Completed Phase One (planning) and Phase Two (development) of the project. Pending approval from the Learning and Development branch in FY15/16, will engage in the final phase – completing the final report and implementing the YFPS core competencies. Advanced competencies on VOTP and SOTP were presented at the previous two YFPS Forums.
		d) Conduct quarterly regional education rounds.	Completed	An IAU specific education event has been provided as part of the clinical education rounds, and will be delivered on an annual basis.
		e) Utilize clinical rounds/supervision to strengthen clinical expertise.	Completed	Implemented and recorded by all regions.
		f) Provide administrative support for training resources.	Completed	Delivered by PSA on CARIS and through other training sessions provided by BC Public Service Agencies.

YFPS Strategic Goal #5: Strengthen and improve QA processes to ensure fidelity to YFPS clinical standards.

Objectives		Actions	Status	Status Comments
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.	Completed	All regions conducted case record reviews and qualitative clinical case reviews. Quantitative reports were presented to the Provincial PQI Committee. The PER Team and the Executive Committee worked collaboratively to determine how qualitative clinical case reviews should be administered and recorded.
		b) Complete update of Policy and Procedure Manual.	Steady	The administrative policies, and the majority of the clinically related policy and practices, were presented to the Executive Committee for endorsement.

		c) Implement policies and procedures to achieve consistency within service between regions and within programs.	Completed	Examples of implemented policies/ practice guidelines are: ▪ Electronic folder on the S:Drive; ▪ Assessment policy – revision of Sec 75 of the YCJA; ▪ Transferring clients within YFPS and program areas; ▪ Non-court ordered short-term assessments at the IAU; ▪ ROI report summary for external (non-referring) agencies; ▪ Audiovisual policy for FFT; and ▪ Complaint policy & other ministry wide policies and new practices.
5.2	Performance and Quality Improvement.	a) Conduct quarterly PQI process.	Completed	Each region has a PQI Committee. All PQI committees submitted quarterly reports to the Provincial PQI Committee.
		b) Complete and distribute PQI Plan.	Completed	PSA completed and distributed the plan for the June 2013 COA re-accreditation.
		c) Complete and distribute Risk Management Plan.	Completed	Business Continuity Plan/OSH-related manuals were completed and implemented at all worksites.
		d) COA training for re-accreditation.	Completed	Completed at the regional level.
		e) Self-study; site visit.	Completed	Self-study completed in FY12/13. Site visit completed in FY13/14.
		f) Be ready for re-accreditation.	Completed	Received re-accreditation by COA until August 2017.

Appendix B: Training and Professional Development

The following tables capture the Regional Clinical and Education Rounds and learning events that took place in the five regions.

YFPS Clinical and Education Rounds
April 2014 - March 2015

Northern Region	Employees	Contractors/ Students
DSM-5 & Use of the Diagnosis	5	1
Collaborative Problem Solving	6	–
Ethics in Forensic Work	5	1
Disclosure	7	7
Drugs of Abuse	7	6
Risk Assessment	7	6
Sexual Homicide	6	8
Viewing Time	6	8
CARIS Update & Paperless	5	7

Interior Region	Employees	Contractors/ Students
Impact of Trauma on Neurodevelopment	3	–
CARIS Training	11	1
Collaborative Learning	2	2
DSM-5	1	1
High Risk Youth Presentation	5	2
Impact of Trauma on Neurodevelopment	1	1
Ethics, the use of Secondaries	7	3
Ethical Issues in Therapeutic Relationships	3	1
Integration and Collaboration	4	3
Team Day	7	2
Team Day Part 2	7	2
CYMH Visioning Day	3	–
Violence Forum	4	3
WHMIS	2	–
Youth Suicide	1	1

Lower Mainland Region	Employees	Contractors/ Students
The Effects of Internet Pornography Use in Adolescents: Recent Research & Clinical Implications	10	–
Developmental Disabilities, Mental Health	15	–
Don't Let Them Pull the Wool Over Your Eyes – Being Thoughtful in the Age of Pseudoscience	3	1

South Burnaby Region	Employees	Contractors/ Students
CARIS Paperless Training	16	–
FRAC Overview	12	–
Trends in Psychiatric Meds for YFPS	12	4
Adolescents Who Commit Sexual Homicides	11	3

Vancouver Island Region	Employees	Contractors/ Students
Suicide and Bullying	10	2
Cases that went well, cases that went not so well	10	2
Building your Brain	10	2
Blazing Glory	10	2
Trauma Informed Practice	10	2
You are so Immature	10	2
When is an Assault an Assault: Assessing for Sexual Intention and Risk in a Complex Case	10	2
Follow-up of Adult offenders	10	2
Highlights from the 9th Annual Pacific Pharmacology Conference	10	2
You are so Immature	10	2

NB: For the fiscal year of 14/15, a total of 31 educational clinical rounds and learning events were delivered to YFPS personnel.

Appendix C: Client Satisfaction with Assessment Services

A total of 247 satisfaction surveys for assessment services were submitted this fiscal year. Responses were received from around the province, including: South Burnaby – 112; Lower Mainland – 107; Interior – 9; North – 0; and Vancouver Island – 19. Amongst the 247 responses, there were 150 males, 81 females, and 16 were missing data to identify gender.

Youth Forensic Psychiatric Services (YFPS) Youth Assessment Questionnaire
PROVINCIAL SUMMARY – YEAR END: April 2014 – March 2015

1. Fiscal Year		**14/15**
2. Number of youths who submitted questionnaires:	**South Burnaby Region**	**112**
	Inpatient Assessment Unit	*86*
	Burnaby Outpatient Clinic	*26*
	Lower Mainland Region	**107**
	Langley Outpatient Clinic	*74*
	Vancouver Outpatient Clinic	*33*
	Interior Region	**9**
	Kelowna Outpatient Clinic	*6*
	Kamloops Outpatient Clinic	*3*
	Kootenays Region – Branch Services	*0*
	North Region*	**0**
	Prince George Outpatient Clinic	*0*
	**No questionnaires submitted*	
	Island Region	**19**
	Victoria Outpatient Clinic	*0*
	Nanaimo Outpatient Clinic	*10*
	North Island Region – John Howard	*9*
	TOTAL	**247**
***Note:** The staff section was incomplete for 31 questionnaires, and 11 questionnaires were submitted blank (youth refused to complete), resulting in some missing information.*		

3. Number of Questionnaires Submitted Each Quarter	Q2 (Apr - Jun 14)	Q3 (Jul - Sept 14)	Q4 (Oct - Dec 14)	Q1 (Jan - Mar 15)
South Burnaby Region	**29**	**29**	**29**	**25**
Inpatient Assessment Unit	*25*	*23*	*21*	*17*
Burnaby Outpatient Clinic	*4*	*6*	*8*	*8*
Lower Mainland Region	**24**	**24**	**30**	**29**
Langley Outpatient Clinic	*18*	*17*	*19*	*20*
Vancouver Outpatient Clinic	*6*	*7*	*11*	*9*
Interior Region	**0**	**2**	**3**	**4**
Kelowna Outpatient Clinic	*0*	*2*	*2*	*2*
Kamloops Outpatient Clinic	*0*	*0*	*1*	*2*
Kootenays Region (Branch Services)	*0*	*0*	*0*	*0*
North Region*	***0***	***0***	***0***	***0***
Prince George Outpatient Clinic	*0*	*0*	*0*	*0*
** No questionnaires submitted*				
Island Region	**5**	**3**	**7**	**4**
Victoria Outpatient Clinic	*0*	*0*	*0*	*0*
Nanaimo Outpatient Clinic	*0*	*3*	*4*	*3*
North Island (John Howard Society)	*5*	*0*	*3*	*1*
Total	**58**	**58**	**69**	**62**

1.	**Number of times assessed at Youth Forensic Psychiatric Services**	Once	176 youths
		Twice	23 youths
		Three or more times	12 youths
		Missing	*36*
2.	**Average age in years**		16.4 (range 12-22)
3.	**Gender**	Male	150 youths
		Female	81 youths
		Missing	*16*

4.	**Languages spoken**	English	165 youths
		English & a First Nations language	4 youths
		English & European language [Spanish (8), French (9), Russian (1), German (2), Portuguese (2), and Hungarian (1)]	23 youths
		English & West/South Asian language [Includes: Punjabi (8), Hindi (2), Arabic (2), Pashto (2), and Nuer (2)]	16 youths
		English & East/South-East Asian language [Includes: Japanese (1), Korean (2), Mandarin (1), Tagalog (2), and Vietnamese (1)]	7 youths
		English + 2 or more other languages [Includes: French & Spanish (1), Hindi & Punjabi (1), French & Arabic (2), Azeri & Farsi (1), German & French (1), Chinese & French (1), Korean & Japanese (1), Persian, Japanese, & Spanish (1), Punjabi & Polish (1), French & Greek (2), Farsi, Hindi, Punjabi, & Urdu (1), and Punjabi & French (1)]	14 youths
		"Canadian"	1 youth
		Missing	*17*
5.	**Languages spoken at home**	English	194 youths
		English & a First Nations language	2 youths
		English & European language [Includes: Spanish (3) and German (1)]	4 youths
		English & East/South-East Asian language [Includes: "Chinese" (1), Mandarin (1), and Tagalog (1)]	3 youths
		English & West/South Asian language [Includes: Hindi (2), Punjabi (5), Farsi (1), Arabic (3), and Pashto (2)]	13 youths
		Other language only [Punjabi (2), Spanish (1), Nuer (1), Korean (1), Azeri (1), Bosnian (1), Persian (1), and Tagalog (1)]	9 youths
		English + 2 or more other languages [French, & Greek (1)]	1 youth
		Missing	*21*
6.	**Belongs to the following cultural / racial / ethnic group**	Caucasian	88 youths
		First Nations [Includes Métis (1)]	48 youths
		First Nations & Caucasian	25 youths
		East/South-East Asian	12 youths

		West/South Asian	16 youths
		Other [Includes: Canadian (2), Filipino (1), Spanish (1), First Nations & East/South East Asian (1), Unknown (2), East/South East Asian & Caucasian (3), Fijian (1), Hispanic (2), Mixed non-specific (2), African (2), Caucasian & Hispanic (1), "Mullato" (1), Sudanese (1), Persian (1), Hawaiian, Fijian, "Native," "Black," & Australian (1), Polish (2), North African (1), First Nations, Croatian, & Scottish (1), Caucasian, First Nations, & East/South East Asian (1), Muslim (1), South American (1), Caucasian & "Black" (1), Caucasian & Somalian (1), Columbian & El Salvadorian (1), East African (1), East/South-East Asian & West/South Asian (1), First Nations & West/South Asian (1), Pakistani (1), Greek (1), Honduran (1), and West/South Asian & Canadian (1)]	39 youths
		Missing	*19*

Overall Responses to Assessment Questionnaires

	Questions		**Yes**	**No**	**Not sure**
		N	FREQUENCIES		
1.	I knew the reason for my assessment.	236	**84%**	6%	10%
2.	I was told that anything I said to YFPS staff might be in the report.	236	**92%**	4%	4%
3.	They told me who would get the report.	236	**86%**	9%	5%
4.	I believe that the YFPS report will be important for me.	234	**69%**	10%	21%
5.	The staff treated me well.	234	**95%**	1%	4%
6.	They answered my questions.	235	**93%**	3%	4%
7.	They listened to my side of the story.	234	**82%**	6%	12%
8.	The building and office where I was tested was clean.	235	**96%**	1%	3%
9.	The building and office where I was tested felt safe.	235	**95%**	1%	4%
Mean total score: **8.3/9 (91.9%** range 4 – 9.0) *-- Total scores prorated; "not sure" counted as half a point.*					

Appendix D: Client Satisfaction with Treatment Services

Youth Forensic Psychiatric Services (YFPS) Youth Counselling Questionnaire
PROVINCIAL SUMMARY – YEAR END: April 2014 – March 2015

A total of 133 satisfaction surveys for treatment services were submitted this fiscal year. Responses were received from around the province, including: South Burnaby – 69; Lower Mainland – 19; Interior – 12; Vancouver Island – 14; and Northern Region – 19. Amongst the 133 responses, there were 96 males, 29 females, and 8 were missing data to identify gender.

1. Fiscal Year		**14/15**
2. Number of youths who submitted questionnaires:	**South Burnaby Region**	**69**
	Burnaby Outpatient Clinic	*36*
	Burnaby Youth Custody Services	*33*
	Lower Mainland	**19**
	Langley Outpatient Clinic	*16*
	Vancouver Outpatient Clinic	*3*
	Interior region	**12**
	Kelowna Outpatient Clinic	*3*
	Kamloops Outpatient Clinic	*9*
	Kootenays Region – Branch Services	*0*
	Island Region	**14**
	Victoria Outpatient Clinic	*2*
	Nanaimo Outpatient Clinic	*3*
	Upper Island – John Howard Society	*9*
	Northern Region	**19**
	Prince George Outpatient Clinic	*17*
	Prince George Youth Custody	*1*
	Northern Society for Domestic Peace	*1*
	TOTAL	**133**
Please note: The staff section was incomplete for 16 questionnaires, and 5 questionnaires were submitted blank (youth refused to complete), resulting in some missing information.		

3. Number of Questionnaires Submitted Each Quarter	Q2 (Apr - Jun 14)	Q3 (Jul - Sept 14)	Q4 (Oct - Dec 14)	Q1 (Jan - Mar 15)
South Burnaby Region	**12**	**26**	**18**	**13**
Burnaby Outpatient Clinic	*6*	*15*	*11*	*4*
Burnaby Youth Custody Services	*6*	*11*	*7*	*9*
Lower Mainland Region	**3**	**2**	**6**	**8**
Langley Outpatient Clinic	*2*	*1*	*5*	*8*
Vancouver Outpatient Clinic	*1*	*1*	*1*	*0*
Interior Region	**4**	**0**	**2**	**6**
Kelowna Outpatient Clinic	*2*	*0*	*2*	*1*
Kamloops Outpatient Clinic	*2*	*0*	*0*	*5*
Kootenays Region – Branch Services	*0*	*0*	*0*	*0*
Island Region	**7**	**3**	**2**	**2**
Victoria Outpatient Clinic	*0*	*1*	*1*	*0*
Nanaimo Outpatient Clinic	*1*	*0*	*1*	*1*
Upper Island Region – John Howard	*6*	*2*	*0*	*1*
Northern Region	**13**	**3**	**3**	**0**
Prince George Outpatient Clinic	*11*	*3*	*3*	*0*
Prince George Youth Custody Services	*1*	*0*	*0*	*0*
Northern Society for Domestic Peace	*1*	*0*	*0*	*0*
Total	**39**	**34**	**31**	**29**

Type of treatment—number of youths treated:	YSOTP	31 youths
	YVOTP	20 youths
	Mental Health Services	60 youths
	Other [Includes: Addictions (1), Family Counselling/FFT (1), Mental Health Services & Family Counselling (1), YSOTP & Mental Health Services (1), and Unspecified (1)]	5 youths
	Missing	*17*
The above treatment was delivered:	Individually	97 youths
	In a group	1 youth
	Both (Group and 1:1)	6 youths
	Missing	*29*

1.	**Average age in years**		16.9 (range 13 - 20)
2.	**Gender**	Male	96 youths
		Female	29 youths
		Missing	*8*
3.	**Languages spoken**	English	104 youths
		English & one other language [Includes: a First Nations Language (1), Spanish (4), Punjabi (4), French (1), Farsi (1), Cantonese (1), Krio (1), Nuer (2), Italian (1), and Amharic (2)]	18 youths
		English + 2 or more other languages [Includes: French, & German (1), and Punjabi & Hindi (1)]	2 youths
		American Sign Language only	1 youth
		Missing	*8*
4.	**Languages spoken at home**	English	104 youths
		English & one other language [Includes: Punjabi (2), Hindi (1), Italian (1), Amharic (2), Cantonese (1), Hungarian (1), Nuer (2), and Tagalog (1)]	11 youths
		Other language only [Includes: Spanish (1), American Sign Language (1), and Dutch (1)]	3 youths
		Missing	*15*
5.	**Belongs to the following racial / ethnic group**	Caucasian	64 youths
		First Nations [Includes Métis (1)]	24 youths
		First Nations & Caucasian	8 youths
		East/South-East Asian	2 youths
		West/South Asian	6 youths
		Other [Includes: African (4), Hispanic (1), Caucasian, First Nations, & East/South-East Asian (1), African American (2), Caucasian & East/South-East Asian (4), Caucasian & Filipino (1), First Nations & West/South Asian (3), Ethiopian (2), Latin American (1), Caucasian, First Nations, & Dominican (1), and “Other” (2)]	22 youths
		Missing	*7*

Overall Responses to Treatment Questionnaires

	Questions		Yes	No	Not sure
		N	FREQUENCIES		
1.	The staff treated me well.	128	**99%**	0%	1%
2.	They explained what information would be shared with others.	128	**98%**	2%	0%
3.	They listened to my concerns.	127	**97%**	0%	3%
4.	They helped me with my problems.	127	**92%**	1%	7%
5.	They taught me new ways of dealing with problems.	125	**90%**	3%	7%
6.	They invited me to meetings to discuss counselling progress.	112	**83%**	10%	7%
7.	The counselling sessions helped me feel better.	125	**81%**	2%	17%
8.	I did less crime after counselling.	104	**81%**	9.5%	9.5%
9.	Counselling was better than I expected.	124	**82%**	4%	14%
10.	I would rather have spent time in jail than in counselling at YFPS.	120	5%	**91%**	4%
11.	The goals of counselling were clear.	125	**94%**	2%	4%
12.	I could understand the counselling information.	127	**98%**	0%	2%
13.	The building and office at YFPS were clean.	126	**100%**	0%	0%
14.	The building and office at YFPS felt safe.	127	**100%**	0%	0%

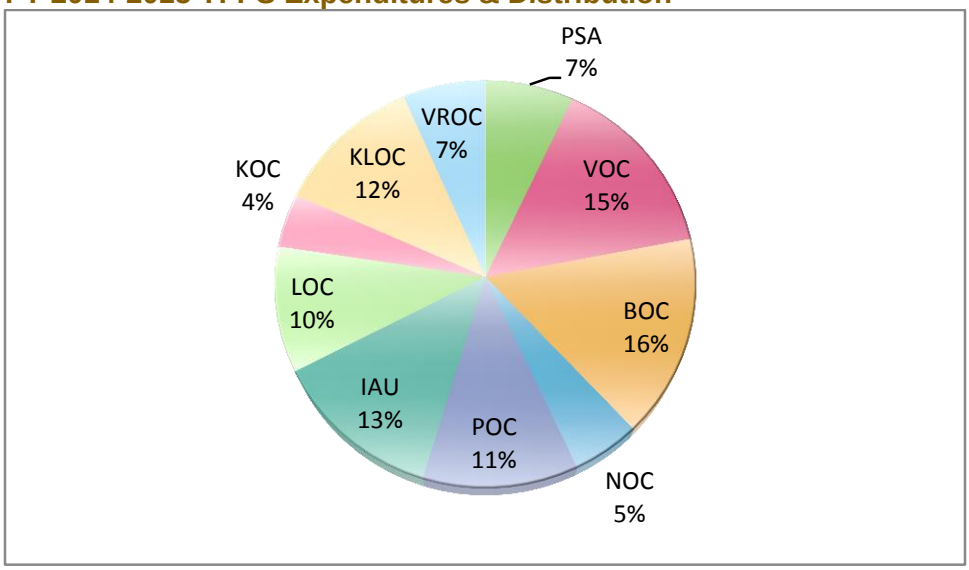
Average total score **13.2/14 (94.5%,** range 8.5 – 14.0)
-- Total scores prorated; item 10 reversed; "not sure" counted as half a point.

Appendix E: Finance and Expenditures Overview

YFPS had an allocated fiscal 2014-2015 budget of $11,481,000, with an actual expenditure of $11,336,720.

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

FY 2014-2015 YFPS Expenditures & Distribution



Sources from MARS

RESPONSIBILITY CENTRES	ALLOCATED BUDGET	ACTUAL EXPENDITURES
Burnaby Outpatient Clinic (BOC)	1,738,750	1,668,554
Inpatient Assessment Unit (IAU)	1,557,000	1,721,034
Kamloops Outpatient Clinic (KOC)	484,000	457,452
Kelowna Outpatient Clinic (KLOC)	1,413,750	1,346,478
Langley Outpatient Clinic (LOC)	1,127,000	1,152,847
Nanaimo Outpatient Clinic (NOC)	483,750	477,096
Prince George Outpatient Clinic (POC)	1,328,000	1,206,512
Program Support & Administration (PSA)	783,000	698,636
Vancouver Outpatient Clinic (VROC)	843,500	900,337
Victoria Outpatient Clinic (VOC)	1,722,250	1,707,774
YFPS Roll Up	**$11,481,000**	**$11,336,720**

Contact Information

YFPS PROVINICAL HEADQUARTERS
Program Support and Administration (PSA)
7900 Fraser Park Drive
Burnaby, BC V5J 5H1
778-452-2200 Website: http://www.mcf.gov.bc.ca/yfps/contact.htm

Inpatient Assessment Unit (IAU)
7900 Fraser Park Drive
Burnaby, BC V5J 5H1
778-452-2235

OUTPATIENT CLINICS

South Burnaby Region

Burnaby Outpatient Clinic (Reg. HQ)
7900 Fraser Park Drive
Burnaby, BC V5J 5H1
778-452-2200

Lower Mainland Region

Langley Outpatient Clinic (Reg. HQ)
5714 Glover Road
Langley, BC V3A 4H8
604 532-4966

Vancouver Outpatient Clinic
3rd Floor – 550 Cambie Street
Vancouver, BC V6V 2N7
604-660-5237

Vancouver Island Region

Victoria Outpatient Clinic (Reg. HQ)
1515 Quadra Street
Victoria, BC V8V 3P4
250-387-2830

Nanaimo Outpatient Clinic
#1 – 1925 Bowen Road
Nanaimo, BC V9S 1H1
250-760-0409

Interior Region

Kelowna Outpatient Clinic (Reg. HQ)
100 – 537 Leon Avenue
Kelowna, BC V1Y 6J5
250-861-7601

Kamloops Outpatient Clinic
#8 Tudor Village, 1315 Summit Drive
Kamloops, BC V2C 5R9
250-828-4940

Northern Region

Prince George Outpatient Clinic (Reg. HQ)
1594 – 7th Avenue
Prince George, BC V2L 3P4
250-565-7115