Youth Forensic Psychiatric Services

Annual Report FY15/16

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

BRITISH COLUMBIA | Ministry of Children and Family Development

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1.0 Director's Remarks

Clinicians who write court-ordered reports may, from time to time, wonder whether their opinions and recommendations are really helpful to those who read them. Preparing an annual report may generate a similar experience, as once it is published, we rarely, if at all, get to hear feedback. However, even with limited interest and curiosity in our rather narrow field of specialisation, one may observe demonstrable signs of steady growth, and remarkable organizational adaptation. This 2015/16 annual report adds to the evidence that Youth Forensic Psychiatric Services (YFPS) is a grounded maturing organization.

Perhaps the most significant activity for this fiscal year was creating our strategic goals for the next three years. With the exceptional assistance of some advisers from the Deputy Minister's office, our internal senior managers and clinical directors identified three areas to focus on, while also aligning with the Ministry's goals. First, we are to develop people and processes for continuous improvement. Second, we are to focus on our communication to enhance clinical leadership. And third, we are going to update our current documentation that guides clinical and operational practice, such as the Policy and Procedure Manual, for example. This past year, we have taken actions that clearly demonstrate we are well on our way to accomplishing these goals.

We also wrapped up the work on our treatment services model this year, which shifted practice from a programmatic to an individualized approach. The Forensic Restructuring Advisory Committee (FRAC) concluded its work after formal memoranda were sent out to the Ministry's senior management, staff, and various partners and stakeholders. We are now well into the implementation phase, which addresses pragmatic aspects, such as entering accurate and consistent information in CARIS, our electronic filing system. We also need to develop a framework conducive to carrying out prospective research studies in order to review measurable outcomes for this new treatment approach.

Over the past twelve months, I toured the regional clinics and met with staff to garner feedback and input. Of all the good comments I heard, the most salient one was the need to enhance our communication. This was a healthy reminder of a basic leadership function, too often poorly excused by other pressing matters.

I also received feedback related to our clinical services, and the need for a paradigm shift. Based on reactions to the newly introduced treatment model from the field, it could be postulated that this paradigm shift was not the result of a leadership team coming up with a novel idea. Rather, the proposed service-delivery model reflected and formulated a clinical practice that was already engaged in by our mental health professionals. In leadership terms, it suggested that the overall direction of this organization was generated from the ground up, and not from the top down. It also illustrated to me that

we have a shared responsibility when it comes to improving our overall performance and quality of services, and we take that responsibility seriously.

Regards,

André Picard, Director

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

2.0 Clinical Director's Remarks

In the summer of 2014, the Directors of Youth Forensic Psychiatric Services (YFPS) established the Forensic Restructuring Advisory Committee (FRAC). In essence, the FRAC was tasked with two mandates. The first was to review the roles, functions, and responsibilities of the six existing standing committees to ensure that the nature and purpose of each committee were relevant to current service-delivery practices. The second was to evaluate the utility of providing individually tailored treatment services based on mental health needs, instead of programmatic offence-based treatment. A brief overview of the FRAC's recommendations and the direction endorsed by the Executive Committee is provided below.

The six standing committees were the: Education Committee (EC), Multicultural Committee (MC), Program Evaluation and Research (PER) committee, Sexual Offence Treatment Program (SOTP) committee, Violence Offence Treatment Program (VOTP) committee, and Performance and Quality Improvement (PQI) committee. Following a review of the terms of reference, and the accomplishments of each of the standing committees, the FRAC recommended that the PQI committee remain as the only standing committee. The remaining committees (EC, MC, PER, SOTP, VOTP) were dissolved. It was recognized that these committees had made many valuable contributions that enabled the organization to reach the level of functioning originally intended, and therefore, ongoing standing committees were no longer essential to our operation. Moving forward, ad hoc committees will be struck arising from identified needs brought to, or identified by, the Executive Committee. All ad hoc committees will be provided with a clear mandate and timeline. The committees will be multidisciplinary and have regional representation, where feasible. The chair of each committee will be appointed by the Director(s), and each committee will report to the Director(s).

Existing treatment services will also be altered to better reflect current practice. Rather than youth entering one of the three separate treatment streams, youth will now receive individually tailored treatment(s) for their identified mental health concern(s), based on a comprehensive assessment, which may include specialized approaches such as violent offence treatment, sexual offence treatment, or functional family therapy. This recommendation was made, in part, due to the recognition of the clinically complex youth served by YFPS. For example, in addition to engaging in offending behaviours, most youths treated by YFPS clinicians have mental health issues that include emotional or behavioral dyscontrol, substance misuse, and major mental illnesses such as mood, anxiety, or psychotic disorders. Many have also experienced significant trauma, such as child maltreatment. Consequently, this model enables YFPS staff to more readily tailor treatment to address significant and complex mental health needs. The process for referring youth and assigning them to an assessment/treatment team remains the same.

Finally, in order to support the additional responsibilities of the Regional Clinical Directors (RCDs), the role description of the RCDs has been revamped to provide more involvement and accountability in leading clinical service delivery in the regions. Three Clinical Lead (CL) positions were established in the summer of 2015. The CLs will have recognized expertise in a particular clinical field, or treatment modality, and will serve as clinical ‘anchors’ in providing guidance, consultation, and advice on high-profile cases. In closing, I wish to express our sincere appreciation for the outstanding contribution that the FRAC members have brought to this initiative.

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 Youth Criminal Justice Act (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/or treatment; and
- Are in need of services for mental health and/or behaviour problems.

5.0 Three Strategic YFPS Goals for FY15/16 to FY17/18

1. Developing People and Processes: A workplace that understands the needs and values of administrative and clinical staff, fosters individual and professional development, and models continuous improvement.

2. Standardize and Improve Clinical Services: Provide clinical leadership, clear goals and objectives, and focused communication to successfully improve clinical services.
3. Update YFPS Policy and Procedures: Develop a consistent and practical process to guide the completion and implementation of policy and procedures.

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

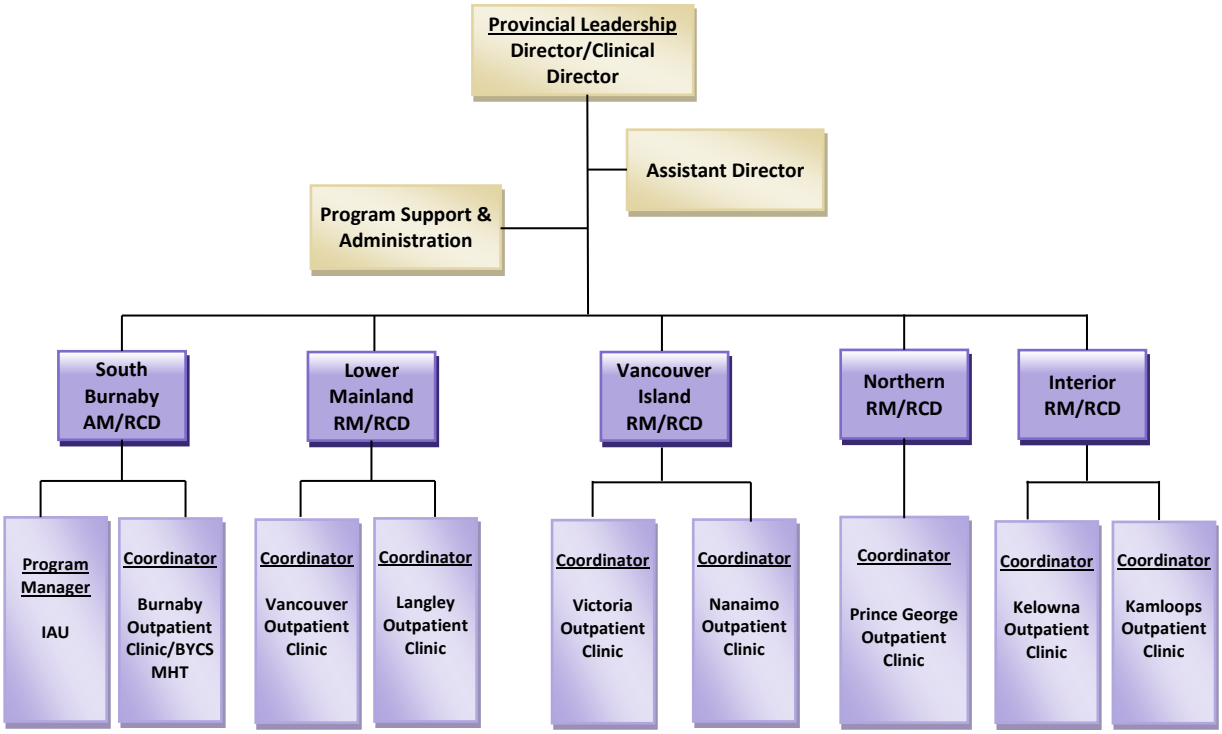
Program Support and Administration (PSA) is the headquarters of YFPS. The office is located in South Burnaby. Under the Director's leadership, the Assistant Director, the Clinical Director, and the PSA team provide integrated provincial support services to the five regions, as well as the IAU.

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 and Records Management
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 / Federal 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

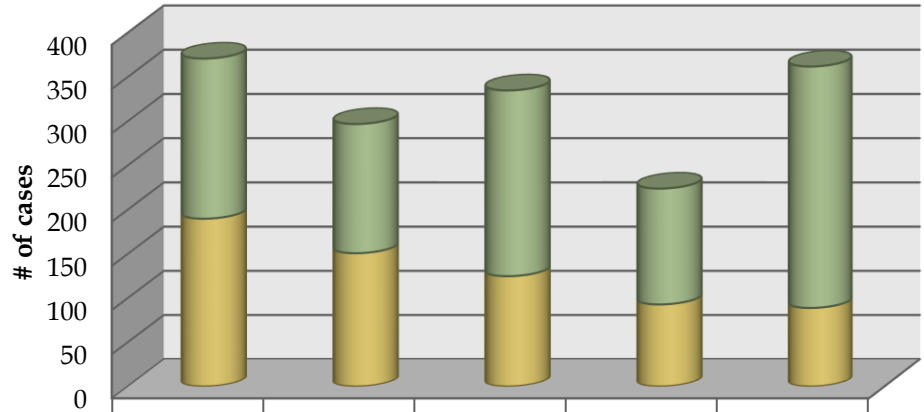
7.0 Referrals to Clinical Services

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 41% of our services. Treatment services, which account for approximately 59% 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. The South Burnaby caseload includes the IAU and mental health treatment cases at BYCS.

YFPS Regional Distribution FY15/16
Total Distinct Clients = 1105
Males 80% Females 20%
Aborignal 30% Non-aboriginal 47%
Unknown 23%
Total Cases = 1589



	South Burnaby (371 cases)	Lower Mainland (297 cases)	Vancouver Island (335 cases)	Interior (224 cases)	North (362 cases)
Treatment	181	146	210	131	273
Assessment	190	151	125	93	89

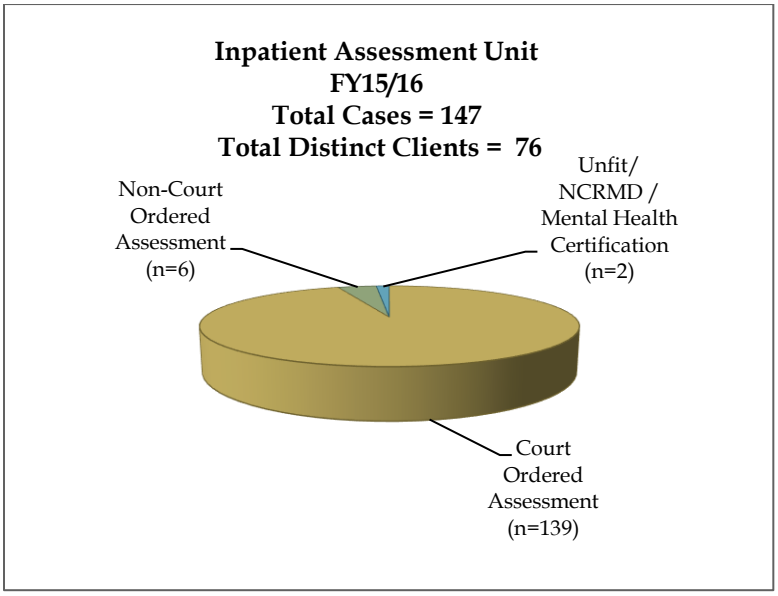
Sources from MARS data warehouse

7.1 Court-Ordered Admissions to the Inpatient Assessment Unit

Court-ordered assessments, provided under Section 34 of the YCJA, continue to be a significant core clinical service for the IAU, and all outpatient clinics throughout BC. The distribution of IAU admissions and court referrals are displayed below.

IAU Admissions for FY15/16

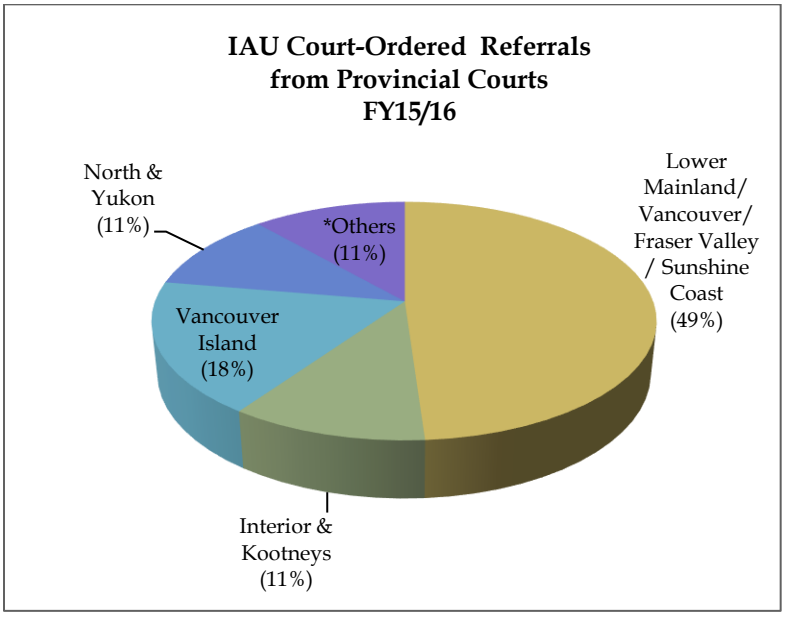
Demographic Information:
- 59 males; 17 females
- 41 non-Aboriginals; 31 Aboriginals
- 4 unknown



IAU Court-Ordered Assessments from Provincial Courts in BC.

The top 7 courts with the highest numbers of referrals were:

Vancouver
Surrey
Chilliwack
Victoria
Abbotsford
Kelowna
Prince George



*Others: missing information, incomplete data

7.1.1 DSM Diagnoses, Inpatient Assessment Unit, 2015-2016

For the 2015-2016 fiscal year, we reviewed 107 unique IAU assessment cases, which originated from courts throughout the province (Lower Mainland: 44%; Island: 18%; North: 16%; Interior: 14%; South Burnaby: 6%; courts in multiple regions: 3%). The five most common mental disorder diagnoses for males were: conduct disorder (63%); substance use/abuse (excluding alcohol and cannabis use/abuse; 42%); cannabis use/abuse (41%); alcohol use/abuse (25%), and attention-deficit/hyperactivity disorder (20%). The five most common diagnoses for females were: substance use/abuse (87%); conduct disorder (30%); alcohol use/abuse (22%); cannabis use/abuse (17%); and post-traumatic stress disorder (17%).

There were significant differences between males and females for four diagnostic categories: cannabis use/abuse, conduct disorder, posttraumatic stress disorder, and substance use/abuse. Males received more diagnoses than females for conduct disorder (63% vs 30%, respectively) and cannabis use/abuse (41% vs 17%, respectively), while males received fewer diagnoses than females for substance use/abuse (42% vs. 87%, respectively) and posttraumatic stress disorder (1% vs. 17%, respectively). Males and females did not significantly differ from each other in terms of the average number of mental disorder diagnoses they received (i.e., 2.7 and 2.5, respectively). However, they did differ significantly in terms of their age at discharge (males were 16.7 years on average, while females were 16.0 years on average).

DSM Diagnoses, Inpatient Assessment Unit, 2015-2016

	Males	Females
Adjustment-related disorders	2%	4%
Attention-deficit/hyperactivity disorder	20%	13%
Alcohol-related disorders	25%	22%
Anxiety disorders	11%	4%
Bipolar disorder and mood disorders not otherwise specified	5%	0%
Cannabis-related disorders	41%	17%
Conduct disorder	63%	30%
Depressive disorders	5%	4%
Intermittent explosive disorder	2%	4%
Neurodevelopmental disorders (e.g., intellectual development disorder)	10%	4%
Oppositional defiant disorder	4%	13%
Parent-child relational problems/Attachment disorders	7%	13%
Personality Disorders	5%	13%
Posttraumatic stress disorder	1%	17%

DSM Diagnoses, Inpatient Assessment Unit, 2015-2016 continued

	Males	Females
Schizophrenia-related disorders	7%	0%
Substance-related disorders (excluding alcohol and cannabis use/abuse)	42%	87%
Other diagnoses*	8%	4%
No diagnosis	2%	0%

*Other diagnoses included: antisocial behavioural traits (one youth), paraphilic disorder (one youth), tic disorder (one youth), unspecified communication disorder (one youth), impulse control not otherwise specified and trichotillomania (one youth), drug induced dystonia (one youth), borderline personality traits (one youth), and autism spectrum disorder (one youth).
Note: Sources from CARIS and Youth Forensic Support and 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

YFPS provides comprehensive treatment for youth who have committed sexual offences. The objective of sexual offence treatment is to improve the biopsychosocial and adaptive functioning of the youth. Sexual offence treatment has been an important component of YFPS' services for many years. The treatment 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

Violent offence treatment is designed for adjudicated youth who are assessed to be at medium to high risk for further violent behaviour. Utilizing a cognitive behavioural approach, the treatment 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 & Training Project Report

A key recommendation of the Social and Family Intervention Project was to provide advanced clinical training in evidence-based models of adolescent focused family therapy to a select group of clinicians across the province. 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 (in Duncan, Ahousat, Barriere, Merritt, and Penticton in 2015-2016), and within all of our outpatient clinics and Youth Custody Services centres.

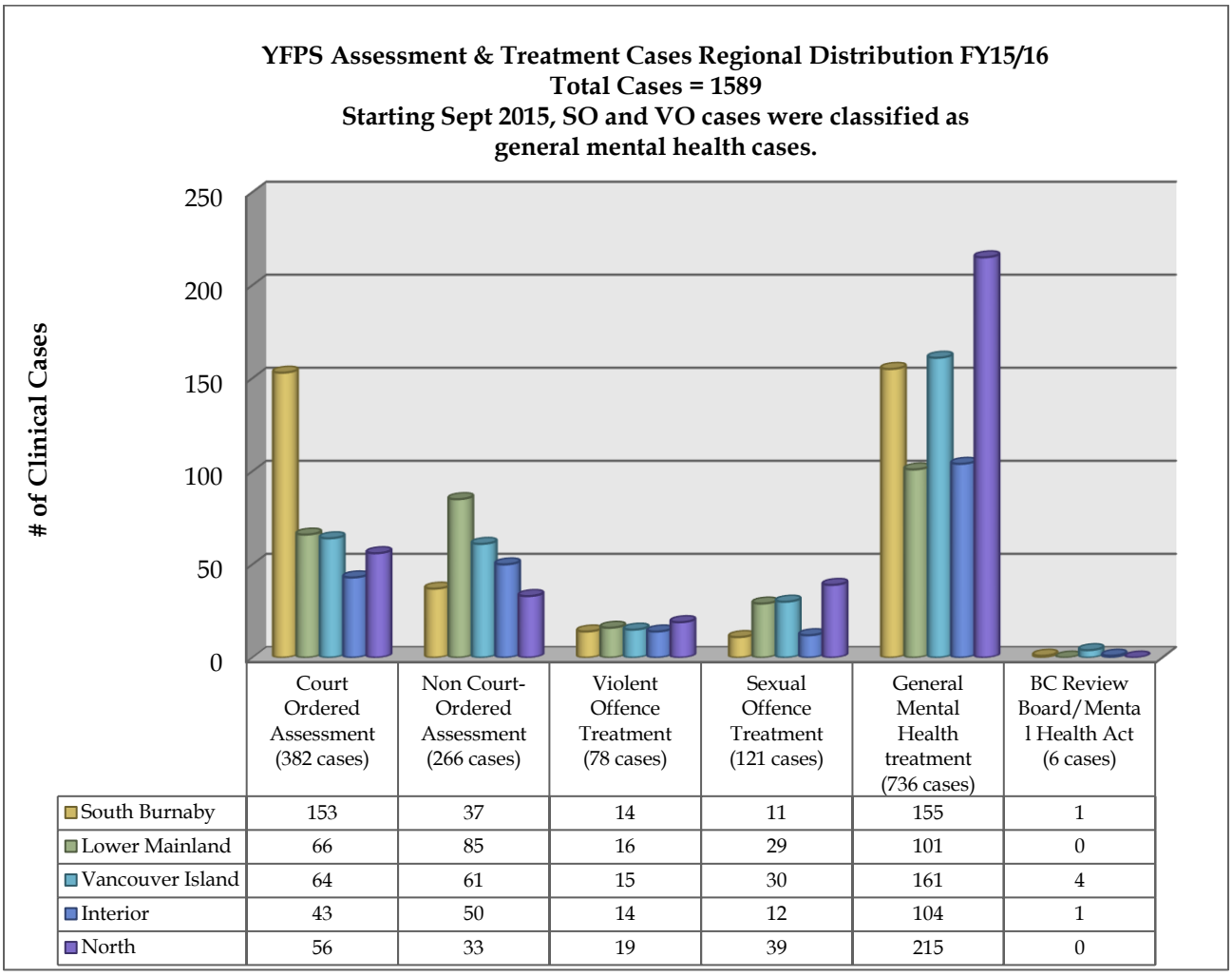
In 2013, YFPS contracted FFT Associates, Dr. Thomas Sexton and Ms. Astrid Van Dam, to undertake a three-year training protocol that would lead toward YFPS becoming a certified Functional Family Therapy (FFT) agency. FFT is recognized internationally as a “best practice” family therapy for youth with externalizing mental health disorders.

In 2015-2016, FFT Associates trained two internal clinical supervisors to take over the weekly video-based case consultation meetings at YFPS. By year three (2016), YFPS became self-sufficient in providing FFT to families, and had eight clinicians with Functional Family Therapist certification. A second cohort of five clinicians began Phase One training with FFT Associates. Weekly video-based case supervision continued throughout the 2015-16 year, with cohort 1 facilitated by YFPS Clinical Site Supervisors, and cohort 2 facilitated by FFT Associates Senior Clinical Supervisor.

Feedback from clinicians regarding 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.

7.3 Clinical Assessment and Treatment Cases across all regions

The following chart depicts the total number of assessment and treatment cases completed at YFPS during the 2015-2016 fiscal year. YFPS is structured by five geographic service areas in BC: South Burnaby and the Inpatient Assessment Unit; Lower Mainland; Vancouver Island; Interior; and the North. The South Burnaby and Northern regions also provided mental health services to the Burnaby and Prince George Youth Custody Services centres, respectively. Treatment cases from these custody centres are included in the chart.



	Court Ordered Assessment (382 cases)	Non Court-Ordered Assessment (266 cases)	Violent Offence Treatment (78 cases)	Sexual Offence Treatment (121 cases)	General Mental Health treatment (736 cases)	BC Review Board/Mental Health Act (6 cases)
South Burnaby	153	37	14	11	155	1
Lower Mainland	66	85	16	29	101	0
Vancouver Island	64	61	15	30	161	4
Interior	43	50	14	12	104	1
North	56	33	19	39	215	0

Sources from MARS data warehouse

South Burnaby: Inpatient Assessment Unit, 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 Report

Program Evaluation and Research (PER) provides province-wide support to the administrative and clinical functions of YFPS, in order to facilitate the provision of high quality clinical care and forensic assessments of youth under the *YCJA*.

The PER Team was involved with three main sets of activities during the 2015-2016 fiscal year: (1) consulting and providing support to the YFPS Provincial Director, Clinical Director, Assistant Director, Assistant to the Directors, and others, regarding matters of clinical, administrative, and provincial relevance; (2) assisting with accreditation activities; and (3) conducting research.

The first set of supportive activities varied considerably, and here we present a few representative examples. During the 2015-2016 fiscal year, the PER Team critically reviewed measures designed to evaluate suicidal ideation and attempted/completed suicides, and recommended a measure for screening purposes.

The second set of activities concerned accreditation. A PER member has been on the Performance and Quality Improvement (PQI) Committee since its inception. Youths who receive clinical services are given the *"Assessment Questionnaire for Youth"* and/or the *"Counselling Questionnaire for Youth"* to gauge their experiences at YFPS. For these two measures, PER compiled and entered data, summarized results, and prepared biannual and year-end regional and provincial reports.

The third set of activities involved research. The PER Team supervised more than 20 university-level volunteers, a Directed Studies student from the Department of Psychology at Simon Fraser University, and a full-time criminology practicum student from the Department of Criminology at Simon Fraser University. The Directed Studies student worked on a study involving abuse histories and impulsive sexual offending, and the criminology student worked on a project involving sexual interest testing in clinical practice. All projects were approved by the Office of Research Ethics 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 research project entitled *"Evaluation of clinical measures used among Aboriginal youths."* The primary goal of this research is to improve the quality of clinical assessments and treatments for Aboriginal youths who come into conflict with the law. Two posters were presented at the *65th Annual Conference of the Canadian Psychiatric Association* in Vancouver, British Columbia. The titles of these posters were *"Substance use disorders and crime among incarcerated youths,"* and *"Assessing the clinical utility of risk assessment measures with Aboriginal offenders: A meta-analysis."*

9.0 Performance and Quality Improvement Committee Report

The provincial PQI committee continued to be active over the past year. The committee met three times via teleconference, and one time in person. Each of the regional committees also met four times (in person). YFPS continues to have wide representation, including front line clinicians on the provincial committee, and clinicians, administrative staff, and contractors on the regional committees. We also continue to have representation from the PER team, and the Assistant Director also attends these meetings.

The YFPS Executive Committee engaged in a process of strategic planning in the past year, aligning the goals of YFPS for the upcoming three years with the larger Ministry of Children and Family Development (MCFD) goals. The provincial PQI committee maintains an active awareness of the strategic planning process, and continues to align data gathering with the strategic planning goals.

Case record reviews, including qualitative clinical indicators, continue to be done quarterly by the regional PQI committees, and as of the past year, are done electronically. Information continues to be gathered regarding health and safety, risk management, incidents and accidents, grievances and complaints, client satisfaction surveys, as well as other information. All information is relayed to the provincial committee, and any recommendations are reviewed. Any recommendations from the provincial committee are then forwarded to the Executive Committee for action.

Program outcomes continue to be reviewed to ensure that a meaningful evaluation of clinical services is done by YFPS, with the assistance of the PER team. In the past year, the Regional Clinical Directors have developed and recommended a tool, called the Clinical Treatment Rating Scale, which YFPS implemented in the past year. It will be administered to all clients pre- and post-treatment. This information will be aggregated and analyzed once an appropriate number have been completed. In addition, YFPS altered the clinical evaluation process. Historically, we have required quarterly progress evaluations on all open treatment cases. With input from clinicians, managers, and regional clinical directors, the YFPS executive committee established a clinical guideline that requires monthly evaluations of all open treatment cases.

YFPS continues to be accredited by the Council on Accreditation (COA). In the upcoming year, we will move to a broader Youth Justice Branch wide accreditation, which will include coordinated accreditation activities between YFPS, the Maples Adolescent Treatment Center, and Youth Justice Services. We are currently working towards a site visit in September of 2017. There is a working group with representatives from all three organizations, including a member of the YFPS provincial PQI committee, currently working on preparing the self-study for COA. One member of the provincial committee continues to volunteer as a team Leader and Peer Reviewer, and completed two site visits in 2016.

Appendix A: YFPS Strategic Goals for FY15/16 to FY17/18

Finalized in Nov 2015 at ECM

YFPS Strategic Goals:

- Developing People and Process: A workplace that understands the needs of administrative and clinical staff and their values, fosters individual and professional development, and models continuous improvement.
- Standardize and Improve Clinical Services: Provide clinical leadership, clear goals and objectives, and focused communication to successfully improve clinical services.
- Update YFPS Policy & Procedures: Develop a consistent and practical process to guide the completion and implementation of policy and procedures.

Goal 1: A workplace that understands the needs of administrative and clinical staff and their values, fosters individual and professional development, and models continuous improvement.		
Objective 1.1: YFPS will enhance professional development	**STRATEGIES** ➢ Completing and implementing core competency training curriculum ➢ Updating information on professional training needs ➢ Increasing and supporting access to training external to YFPS ➢ Implementing online professional development options	**FY15/16 PERFORMANCE OUTCOMES** 1. A project proposal was submitted to and approved by the federal government in FY15/16. The target to complete core competency training curriculum is by the end of FY16/17. 2. Ongoing professional training needs and learning priorities were discussed annually at the Executive Committee. All identified training needs for FY15/16 were delivered. 3. With regular communications and input provided to the learning branch, YFPS has increased access to external clinical training that was being offered to Child and Youth Mental Health and Youth Justice partners. The training included: Clinical Supervision, Cognitive Behavioural Therapy, Indigenous Cultural Competency, DSM-5, Applied Suicide Intervention Skills Training, Trauma Informed Practice, and Leadership 2020. 4. In FY15/16, Lync Videoconferences were utilized for all Rounds with Riar presentations and guest speakers. It was an effective tool for clinicians from different geographical regions to participate and to learn as a group. Not only did clinicians get to practice their presentation skills, but they

		also readily shared their expertise with colleagues, and the presentations stimulated great discussion and led to new presentation ideas. 5. Despite limits to financial resources and geographical constraints, all regions worked hard to meet the professional development needs of our clinicians. Clinicians continued to enhance their bio-psycho-social approach to their practice by accessing relevant learning opportunities through avenues such as webinars, collaborative training opportunities with stakeholders, mentoring, and in-person in-service training opportunities as they arose. 6. Each region encouraged all staff to take responsibility for facilitating learning by engaging in presentations, both internally and externally, during Clinical Interest Groups and Clinical Rounds. 7. In FY15/16, YFPS delivered 49 in-service clinical educational learning events, administered online or in-person. Attendance levels and discussions were tracked to ensure appropriate resources were dedicated to align with YFPS learning goals and expectations. 8. Regions held monthly, quarterly, and conjoint in-person educational rounds during which both clinical and research themes were explored in greater depth.
Objective 1.2: YFPS will develop people with clinical and leadership skills	**STRATEGIES** ➢ Supporting people to engage in new initiatives and special projects, especially at the frontline ➢ Providing opportunities for leadership development (successorship) ➢ Enhancing recruitment and retention ➢ Defining and promoting accountability at the	**FY15/16 PERFORMANCE OUTCOMES** 1. In November 2015, YFPS appointed three senior clinicians to be Clinical Lead for the three specialized treatment services. Their roles were to work closely with the Regional Clinical Directors (RCDs) and to promote an effective channel of communication for clinical matters. 2. A psychiatrist from the Northern Region was appointed Clinical Lead for Sexual Offence Treatment. A psychologist from the South Burnaby Region was appointed Clinical Lead for Violence Offence Treatment. And the Social & Family Intervention Specialist from PSA was appointed as the Clinical Lead. 3. Based on the recommendations from FRAC, the three Clinical Leads were also assigned to work with the Treatment Modalities Working Group to

	executive level	flesh out the new directions for individualized treatment and counselling approaches. Service wide presentations and implementation of new practices will be gradually introduced in next two fiscal years. 4. In FY15/16, a group of YFPS clinicians participated in the FFT training project, which included specialized and intensive training requiring a three-year commitment from each participant. Feedback from clinicians receiving the training, and from clients receiving the treatment, was positive. Clinicians received their FFT certification in 2015. 5. With the plan to support YFPS' long-term goals and to deliver a sustainable clinical service that focuses on Social and Family Intervention treatment, YFPS submitted a proposal for a second FFT training cohort. The application was approved by Justice Canada and the training began in Oct 2015. The second cohort is on target to be completed by FY17/18. 6. The Opportunity for Leadership 2020 program supported employees in supervisory roles to further develop their leadership skills, as well as foster leadership competencies and opportunities. Two employees completed the Opportunity Leadership 2020 program, and one employee completed the Supervisor Certificate program. These professional development programs supported staff retention and potential succession planning for the organization. 7. The IAU Program Manager and Clinic Coordinators from all regions actively took on managerial responsibilities through day to day delegation of responsibilities, and were tasked to act on behalf of senior regional personnel, both in administrative and clinical leadership roles. 8. Front-line clinicians were encouraged to represent the service in community stakeholder meetings, and shared lessons learned and experiences with the clinical team (e.g., clinicians on Vancouver Island organized The Vancouver Island Child Psychology Conference this past year, drawing participants from throughout the Island). 9. Sexual Interesting Testing (SIT) was implemented in the Lower Mainland Region. This pilot project was, and continues to be, supported by the YFPS Research Team.

Objective 1.3: YFPS will incorporate a process of improvement strategy	**STRATEGIES** ➢ Using a Lean approach in our administrative functions ➢ Broadening PQI activities outside of Accreditation ➢ Using technology to bridge gaps – knowledge exchange and clinical services via Lync ➢ Develop an outcome measure	**FY15/16 PERFORMANCE OUTCOMES** 1. YFPS has been reviewing the communication strategies, policies, and other administrative functions to streamline and simplify procedures, reduce duplication of resources, promote timely services to clients, and enhance efficiencies for internal administrative processes (i.e., a Lean approach). 2. In FY15/16, YFPS took on the Paperless Project Initiative and fully implemented it using network folders. The purpose was to develop a systematic electronic folder structure to store current administrative and training documents. CARIS was the official client records management system. The project re-examined the usage of paper files for clinical and administrative work and identified areas for improvement. 3. In order to support employees to move towards paperless practices, other ad-hoc working groups and projects were established to support the organizational performance and continuous improvement process. 4. A project titled "S: Drive Clean Up" was initiated to restructure the YFPS electronic network folders to save current and archived records in accordance with ministry policies. Ad hoc working groups had managers chairing the committee. Multidisciplinary teams and administrative support staff from all regions also participated to re-organize and streamline the folders. This extensive project provided opportunities for front-line clinical and administrative support staff to engage and to implement organizational changes. 5. Over the last several years, some YFPS staff have questioned whether CARIS meets the needs of YFPS. A suggestion was brought forward to objectively tackle the problem by having a feedback survey from internal stakeholders. This suggestion was endorsed by the Director and Clinical Director in Oct 2015, and the PER team was tasked to complete the CARIS survey in FY16/17. 6. FY15/16 was also a year for YFPS to adopt various technologies to support operational requirements. We were able to adjust our practice to make the best use of Lync videoconferencing and Instant Messaging

		(IM) for administrative meetings, training sessions, and supervision practices. From region to region, our clinics have also utilized Lync to support tele-mental health and delivered psychiatric treatment services and consultation sessions among the regional clinics and the IAU. 7. As a part of YFPS' effort to incorporate an improvement strategy process, our service sought to implement a tool to evaluate every youth's functioning at the beginning and termination of treatment services. After reviewing the research literature, it was determined that there was no existing measure that met our service's needs. Consequently, YFPS staff developed their own tool to assess the broad spectrum of mental health concerns facing the youth we serve, as well as their functioning across a wide variety of domains. 8. YFPS has now been an accredited agency with COA for 11 years and is approaching its fourth cycle. While the PQI process was initiated in response to accreditation, YFPS has made a concerted effort to integrate PQI into the daily functions of the service. YFPS is also committed to high standards of clinical practice and adherence to best practices. We continue to monitor a range of activities via the PQI process through regional PQI teams, which feed data and information to the Provincial Team and to the Executive Committee. Membership of the PQI committees consists of staff and contractors from clinical, administrative, and administrative support staff.
Goal 2: Provide clinical leadership, clear goals, and objectives and focused communication to successfully improve clinical services		
Objective 2.1: YFPS will implement the Treatment Framework	**STRATEGIES** ➢ Finalizing the treatment services model implementation ➢ Developing a therapeutic toolbox (create problem-based specific treatment	**FY 15/16 PERFORMANCE OUTCOMES** 1. In May 2015, the Forensic Restructuring Advisory Committee (FRAC) recommended a clinical model whereby all youth would receive individually tailored treatment(s) targeting mental health concerns, which may include specialized treatment (i.e., violent offence treatment, sexual offence treatment, or functional family therapy). 2. The communication strategy was delivered through various channels to

	guidelines) ➢ Communicating with stakeholders about the new treatment model (i.e., individualized services) Evaluating clinical priorities in the face of changing clientele (i.e., number and psychopathology) ➢ Ensuring distribution of resources to optimize delivery of services throughout the province	ensure messages were clear, consistent, and inclusive of all YFPS personnel. This strategy also engaged the change process. 3. The Director, Clinical Director, and members of the FRAC were champions of the initiative, and delivered presentations, and question and answer sessions in all the regions (either in-person or via videoconferencing). 4. Memos, communiques, schematic flow charts, and PowerPoint presentations were distributed to all staff members. 5. The Director and Clinical Director also met with Youth Justice Partners and sent letters to judges and crown counsel to notify them of the organizational change in clinical approach. 6. For internal operational changes, all treatment referrals were admitted as general treatment, rather than being admitted to the violent offence or sexual offence treatment programs. 7. The Treatment Modality Working Group met to discuss the vision, principles, and treatment modalities for our clients. It is expected that this group will finalize the implementation in the next fiscal year.
Objective 2.2: YFPS will pursue collaborative care (transitions & continuity of care)	**STRATEGIES** ➢ Coordinating services with agencies and organizations working with youths ➢ Striving for a seamless continuum of care between systems and agencies, such as MCFD and others	**FY15/16 PERFORMANCE OUTCOMES** 1. YFPS took pride in investing in collaborative practice, which included transitioning young people to services post treatment, as well as ensuring continuity of care. Through collaborative efforts with other MCFD partners, YFPS has also been informed of, and is working to utilize and put in practice, the Youth Mental Health Transition Protocol. This protocol represents an agreement with the health authority and MCFD that aims to best meet the needs of the young person and their mental health concerns, while limiting the systemic barriers such as age and mandate. 2. YFPS engaged in regular communication and more formal meetings with stakeholders, as well as internal clinical meetings, regarding the continuum of clinical care to youth and families. Each clinic held Monthly Case Reviews, during which every youth currently receiving treatment

		was reviewed in a structured manner to ensure all clinically relevant material was considered and peer feedback was solicited. 3. The new Clinical Rating Scale (which arose from the recent re-formulation of our service treatment model) will be administered in FY16/17 to all youth at least twice (at the beginning and end of treatment), as well as periodically (usually quarterly), as a benchmark of clinical status/progress. 4. Clinicians from various regions delivered presentations and facilitated informative discussions to community stakeholders, with the purpose of educating individual stakeholders, organizations, and agencies about the assessment, treatment, and consultation services we provide. Planning for wraparound care in the community, which may include admissions to hospital, custody, or other establishments, are not unusual in complex cases. Highlights of regional activities and various communication strategies to strive for seamless continuum of care are presented below: 1. **Northern Region:** The regional team had active partnerships with many other youth justice and youth serving programs, including residential programs (i.e., HAWK, Stride, Animal Assisted Intervention, and Camp Trapping). Our clinic staff played an active role within Prince George Youth Custody Services centre providing counselling, psychiatric services, consultation, facilitation of training, and participations in weekly Case Management meetings. The team dedicated its efforts to identifying ongoing treatment needs, making appropriate referrals for youths post-YFPS services, and writing psychiatric letters explaining continuity of care needs. The Northern team proudly embraced the unique qualities of the North, and found effective ways to work across large geographical distances. 2. **Vancouver Island (VI):** The VI regional staff maintained multiple close links with staff from a number of agencies including Community Living BC,

		Child and Youth Mental Health, Youth Custody Services, and FTAPs, on both a case by case basis, as well as on working committees. ICMs are held on virtually all youth in treatment. These meetings include relevant caregivers and service providers, to ensure continuity of care, and are particularly important for youth aging out of our Service. Clinic Coordinators maintain links with all referring agencies. The Regional Manager and Clinic Coordinators sit on numerous working committees, including FTAP advisory and screening committees, the Vancouver Island Youth Justice Committee, and the regional Child and Youth Mental Health Committee. 3. **Lower Mainland Region**: Regional Managers, Regional Clinical Directors, and Clinic Coordinators regularly attended consultation meetings with local probation officers, and offered advice and support in the care and management of clients involved with both YFPS and Youth Probation. Additionally, all assigned clinicians attended integrated case management meetings regarding clients who were in assessment and/or treatment with YFPS, as well as those clients who were considered for both IRCS and SFF special funding. Managers and clinicians also participated in screening committees for youth Alcohol and Addictions FTAP facilities, which include the PLEA programs, Daughters and Sisters, Waypoint, and the Elizabeth Fry facility for First Nations girls, Am'ut. 4. **Interior Region:** The Regional Clinical Director and Regional Manager travelled to meet with YFPS contractors in the East and West Kootenays, as well as with CYMH teams, Health Authorities, and other MCFD staff (including Youth Justice Probation Officers) at a larger team meeting to foster collaborative work practices across the system in that area. 5. **South Burnaby Region:** The South Burnaby region has progressively focussed on the increasingly complex needs of youth in custody. Our

		facility is located next to Burnaby Youth Custody Services (BYCS), a major stakeholder in our region. YFPS provided a multidisciplinary Mental Health Team to the male and female youths in BYCS. This clinical service involved short- and long-term support and counselling, psychotropic medications to treat a variety of mental illnesses, and participation in case planning to ensure care and follow-up plans occurred upon the youths' release into the community. 6. **Inpatient Assessment Unit (IAU):** As the IAU is located in the South Burnaby region, the IAU multidisciplinary team has also worked closely with BYCS to facilitate admissions and transfer for youth between IAU and BYCS for court-ordered assessments. IAU is also a designated hospital for youth under the purview of the BC Review Board (youth Unfit to Stand Trial and Not Criminally Responsible on Account of Mental Disorder), and there were a number of exceptionally complex mentally ill youth admitted to IAU who needed assessment and stabilization. These youth (some were repeat admissions) required immense communication with the rest of the large care teams in the community. Again, significant collaboration and planning with families, individuals, and organizations/agencies occurs with respect to transportation issues, risk management, and continuity of care.
Objective 2.3: YFPS will enhance clinical outcomes	**STRATEGIES** ➢ Using clinical outcome measures to monitor the new treatment model ➢ Ensuring individualized treatment plans are informed by current research	**FY 15/16 PERFORMANCE OUTCOMES** 1. To support the process of enhancing clinical outcomes by using individualized treatment plans, a clinical rating scale evaluating every youth's functioning at the start and end of treatment services was implemented. This process has enabled clinicians to systematically evaluate every client's mental health status over the course of treatment. The data generated from this process has supported clinicians' ability to enhance the services they provide by consistently reviewing each youth's progress over the course of treatment.

Goal 3: Develop a consistent and practical process to guide the completion and implementation of policy and procedures

Objective 3.1: YFPS will develop a process of updating our policy and procedures	**STRATEGIES** ➢ Mapping the steps in reviewing, consulting, and approving policy and procedures ➢ Establish timelines and review cycles ➢ Making policy and procedures a living and useful document for our frontline staff, and identifying who is accountable to ensure policies are reviewed ➢ Using existing expertise and tools (technology) to do the job ➢ Identifying provincial and regional responsibility to share and disseminate relevant information ➢ Developing measures to identify the utility and compliance of policy and procedures	**FY 15/16 PERFORMANCE OUTCOMES** 1. Pending available resources, a comprehensive policy review cycle will be done every three to five years to align with YFPS' strategic goals. The overall decision process will include consultation and endorsement from the YFPS Executive Committee, internal distribution of the finalized document, and official sign-off by the Executive Director. 2. Due to limited resources, four managers were assigned to take on additional responsibilities to work on the policy project. All administrative policies were updated to the new MCFD policy template with defined purpose statements, outcomes, standards, and procedures. 3. Clinical and operational policies will be reviewed and updated in FY16/17. This process will involve consulting with the Clinical Director, Regional Clinical Director and the Clinical Leads, and other key players. 4. Appropriate Adobe software was acquired for the policy project and a SharePoint site was set up to share documents with the Executive Director.
Objective 3.2: YFPS will update policy and procedures	**STRATEGIES** ➢ Completing the cycle of revising, approving, and implementing policy and procedures	**FY15/16 PERFORMANCE OUTCOMES** 1. The Policies & Procedures review project was conducted in FY15/16. The comprehensive review consisted of three major components: administrative, operational, and clinical. It is targeted to have all components completed in FY17/18.

	➢ Ensuring that every policy has a clear purpose identified in its section	2. With the new strategic direction, YFPS has shifted away from a program-based treatment model to an individualized treatment model targeting the unique treatment needs of each youth; the project revision on clinical standards and procedures was subsequently delayed. The target to complete the extensive clinical policies was deferred to the next fiscal year. 3. All updated policies have been formatted in the new MCFD policy template, with defined purpose, standards, and procedures.
Objective 3.3: YFPS will implement the updated policy & procedures	**STRATEGIES** ➢ Having content experts assisting in the implementation of policy and procedures ➢ Developing a communication plan to disseminate information and provide orientation to staff ➢ Ensuring that every policy has a clear purpose identified in its section ➢ Gathering feedback from clinicians in terms of success on implementation	**FY15/16 PERFORMANCE OUTCOMES** 1. All members of the YFPS Executive Committee were involved in reviewing the policy contents and provided feedback. 2. Regional Clinical Directors and Clinical Leads were consulted about policies related to assessment and treatment standards and procedures. Managers and front-line supervisors were consulted about operational policies. 3. Ad hoc working groups, which included clinicians or administrative support staff, were also involved in reviewing policies to ensure changes are practical and streamlined to achieve desirable outcomes. The revision project is extensive and will carry into the next fiscal year. 4. Communication strategies for policy implementation involved endorsement and support by Executive Committee members to champion the organizational changes. Written communications were disseminated to all Executive Committee members, and through direct email distribution to all YFPS personnel. All policies are kept on the network drive for staff and contractors to access. 5. Verbal communications were delivered via various staff meetings, PQI meetings, and videoconferencing. These strategies provided staff and contractors with opportunities for dialogue to clarify and provide constructive feedback to support the implementation process. 6. The South Burnaby region is unique in that it is responsible for the provincial IAU program as well as the Mental Health Team which delivers

		clinical services at BYCS. Both of these program areas have challenges and issues that are uncommon in other YFPS Outpatient Clinics, and procedures and practices are often developed and updated in consultation with the various Outpatient Clinics. Managers and supervisors were also involved in updating the IAU policies and procedures to ensure practices are up-to date. Revisions were completed and are pending final approval. 7. Adherence to clinical policy is frequently monitored through PQI case record reviews, and feedback regarding the utility and compliance with policy in many areas is documented, representing an effective communication loop.

Appendix B: Training and Professional Development

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

YFPS Clinical and Educational Rounds
April 2015 - March 2016

Northern Region	Employees	Contractors/ Students
Engaging Incarcerated Indigenous Youth	5	-
Motivational Interviewing – Building Congruence, Reliability & Trust	8	2
Reactive Aggression (Part 1) – Links to Mood & Anxiety & Practice Intervention Strategies	7	3
Reactive Aggression (Part 2) – Pharmacological & Psychiatric Considerations	8	2
Supporting Families of Children and Adolescents with Problematic Sexual Behaviour	4	-
Clinician's Toolkit	5	7
Individualized Treatment Planning	5	7
Risk Assessment using the ERASOR	7	8
Suicide Risk Assessment	7	8
Interventions with Victims	7	8
Rounds with Riar on DSM-5 & ROI	6	4
Sexual Offence Treatment	7	8
DSM-5 Online Training	7	1
Family Intervention Community of Practice	6	-
Family Reunification After Childhood	4	1

Interior Region	Employees	Contractors/ Students
Rounds with Riar on DSM-5 & ROI	2	1
FFT & Generalization in Treatment	5	3
High Risk Youth Case Presentation	5	3
Collaborative Learning Visioning Day 2	2	2
Celebrating the Adolescent Brain	4	3
Deception Cues in Facial Presentation	3	2
Antisocial Youth Cultural Influences	1	1
Trauma Informed Practice – 2 day	1	-
DSM-5 Online Training	2	-
FFT Deception	8	2

*Lower Mainland Region	Employees	Contractors/ Students
Don't Let Them Pull the Wool Over Your Eyes – Being Thoughtful in the Age of Pseudoscience	13	1

*The Lower Mainland region participated in all provincial educational rounds (i.e., Rounds with Riar via Lync videoconferencing, an onsite presentation by the Regional Clinical Director and colleagues). However, not all educational rounds are listed above.

South Burnaby Region	Employees	Contractors/ Students
AYA & YEAF Presentation	8	–
Borderline Personality Disorder	19	7
Rounds with Riar DSM & ROI	12	1
Ewert vs Canada: Implications for Forensic Practice	18	7
FASD: Does it even matter?	5	2
First Do No Harm…Really?	8	3
Opiates/Fentanyl Discussion	7	-
Suicide Risk Assessment	9	5
Social Cultural Influence on Antisocial Behaviour	16	9
Consequence of Childhood Trauma	20	7

Vancouver Island Region	Employees	Contractors/ Students
Suicide and Bullying	10	2
Cases that went well, cases that went not so well	10	2
BGC Programs	10	2
Building Your Brain	10	2
Blazing Glory	10	2
Trauma Informed Practice	10	2
You are so immature!	10	2
What is an Assault: Assessing for Sexual Intention and Risk in Complex Case	10	2
Follow-up of Adult Offender	10	2
Recent Cases	10	2
Highlights from the 9th Annual Pacific Pharmacology Conference	10	2
Psychotherapy in a Case Therapy & Borderline Personality Disorder	10	-

NB: For fiscal year 15/16, a total of 49 clinical educational rounds and learning events were delivered to YFPS personnel.

Appendix C: Client Satisfaction with Assessment Services

A total of 217 satisfaction surveys for assessment services were submitted this fiscal year. Responses were received from around the province, including: South Burnaby – 115; Lower Mainland – 62; Interior – 10; North – 21; and Vancouver Island – 9. Amongst the 217 responses, there were 160 males, 42 females, and 15 were missing data to identify gender.

Youth Forensic Psychiatric Services (YFPS) Youth Assessment Questionnaire
PROVINCIAL SUMMARY – YEAR END: April 2015 – March 2016

1. Fiscal Year		**FY15/16**
2. Number of youth who submitted questionnaires:	**South Burnaby Region**	**115**
	Inpatient Assessment Unit	*91*
	Burnaby Outpatient Clinic	*24*
	Lower Mainland Region	**62**
	Langley Outpatient Clinic	*33*
	Vancouver Outpatient Clinic	*29*
	Interior Region	**10**
	Kelowna Outpatient Clinic	*9*
	Kamloops Outpatient Clinic	*1*
	Kootenays Region – Branch Services	*0*
	North Region	**21**
	Prince George Outpatient Clinic	*21*
	Island Region	**9**
	Victoria Outpatient Clinic	*0*
	Nanaimo Outpatient Clinic	*0*
	North Island Region – John Howard	*9*
	TOTAL	**217**

Note: *Includes 7 questionnaires that were submitted blank – Youth refused to complete; the staff section was left incomplete for 44 questionnaires, resulting in some missing information.*

3. Number of Questionnaires Submitted Each Quarter	Q2 (Apr - Jun 15)	Q3 (Jul - Sept 15)	Q4 (Oct - Dec 15)	Q1 (Jan - Mar 16)
South Burnaby Region	**33**	**23**	**32**	**27**
Inpatient Assessment Unit	*25*	*18*	*25*	*23*
Burnaby Outpatient Clinic	*8*	*5*	*7*	*4*
Lower Mainland Region	**20**	**18**	**12**	**12**
Langley Outpatient Clinic	*14*	*8*	*4*	*7*
Vancouver Outpatient Clinic	*6*	*10*	*8*	*5*
Interior Region	**4**	**0**	**3**	**3**
Kelowna Outpatient Clinic	*3*	*0*	*3*	*3*
Kamloops Outpatient Clinic	*1*	*0*	*0*	*0*
Kootenays Region (Branch Services)	*0*	*0*	*0*	*0*
North Region	***7***	***3***	***2***	***9***
Prince George Outpatient Clinic	*7*	*3*	*2*	*9*
Island Region	**4**	**2**	**3**	**0**
Victoria Outpatient Clinic	*0*	*0*	*0*	*0*
Nanaimo Outpatient Clinic	*0*	*0*	*0*	*0*
North Island (John Howard Society)	*4*	*2*	*3*	*0*
Total	**68**	**46**	**52**	**51**

1.	**Number of times assessed at Youth Forensic Psychiatric Services**	Once	145 youths
		Twice	30 youths
		Three or more times	13 youths
		Missing	*29*
2.	**Average age in years**		16.26 (range: 13-22)
3.	**Gender**	Male	160 youths
		Female	42 youths
		Missing	*15*
4.	**Languages spoken**	English	145 youths
		English + 1 other language [Includes a First Nations language (7), Spanish (5), French (7), Russian (3), German (1), Polish (1), Italian (1), Romanian (1), Serbian (1), Punjabi (4), Hindi (1), Farsi (1), Arabic (3), Kurdish (1), Amharic (1), Chinese (1), Tagalog (2), Vietnamese (3), Mandarin (1), and English & Patois (1)]	46 youths

4.	**Languages spoken (continued from last page)**	English + 2 or more other languages [Includes Mandarin & Cantonese (2), French & Spanish (2), Japanese & French (1), Punjabi & French (1), French & Kirundi (1), and French & Russian (1)]	8 youths
		Other language(s) only [Includes a First Nations language (1), Hindi (1), "IdK" (1), and Burmese & Thai (1)]	4 youths
		Missing	*14*
5.	**Languages spoken at home**	English	159 youths
		English + 1 other language [Includes Spanish (3), French (1), Punjabi (3), Russian (1), a First Nations language (1), Hindi (3), Tagalog (2), Italian (1), Vietnamese (1), Japanese (1), Arabic (2), Mandarin (1), Amharic (1), "non-sence" (1), and Kirundi (1)]	23 youths
		English + 2 or more other languages [Includes Burmese & Thai (1)]	1 youths
		Other language(s) only [Includes a First Nations language (3), Spanish (1), Kurdish (1), Mandarin & Cantonese (1), Punjabi (3), Serbian (1), Vietnamese (2), Cantonese (1), Polish (1), Tagalog (1), Romanian (1), "IdK" (1), Patois (1), and Chinese (1)]	19 youths
		Missing	15
6.	**Belongs the following cultural / racial / ethnic group**	Caucasian [Includes Caucasian & African (1), and Caucasian & Spanish (1)]	84 youths
		First Nations [Includes First Nations & Caucasian (21), Metis (2), First Nations, Caucasian, & East/South-East Asian (1), First Nations & African (1), First Nations & "IdK" (2), First Nations & South Ecuadorian (2), and First Nations & Inuit (1)]	67 youths
		East/South-East Asian [Includes East/South-East Asian & Caucasian (3)]	15 youths
		West/South Asian [Includes West/South Asian & Spanish (1)]	16 youths
		Other [Includes Filipino (2), Canadian (1), "Unknown" (4), European (1), Albanian (1), Mixed non-specific (1), Mexican (2), South American (1), South African (1), "olive skin" (2), Caucasian, Korean, Chinese, Punjabi, Hispanic, Jamaican, & French (1), African (1), Russian & Jamaican (1), Caucasian, West/South Asian, & African American (1), Mixed ethnicity unspecified (1)]	21 youths
		Missing	*14*

Overall Responses to Assessment Questionnaires

			Yes	No	Not sure
		N	FREQUENCIES		
1.	I knew the reason for my assessment.	210	**87%**	3%	10%
2.	I was told that anything I said to YFPS staff might be in the report.	210	**93%**	2%	5%
3.	They told me who would get the report.	210	**86%**	5%	9%
4.	I believe that the YFPS report will be important for me.	208	**67%**	13%	21%
5.	The staff treated me well.	209	**97%**	1%	2%
6.	They answered my questions.	209	**95%**	2%	3%
7.	They listened to my side of the story	208	**85%**	5%	10%
8.	The building and office where I was tested was clean.	209	**96%**	1%	4%
9.	The building and office where I was tested felt safe.	209	**94%**	1%	5%
Mean Total score: **8.33/9 (92.6%** range 4.5 - 9) *-- Total scores prorated, "not sure" counted as half a point.*					

Appendix D: Client Satisfaction with Treatment Services

A total of 95 satisfaction surveys for treatment services were submitted this fiscal year. Responses were received from around the province, including: South Burnaby – 35; Lower Mainland – 21`; Interior – 12; Vancouver Island – 7; and the Northern Region – 20. Amongst the 95 responses, there were 76 males, 13 females, and 6 were missing data to identify gender.

Youth Forensic Psychiatric Services (YFPS) Youth Counselling Questionnaire
PROVINCIAL SUMMARY – YEAR END: April 2015 – March 2016

1. Fiscal Year		**FY15/16**
2. Number of youth who submitted questionnaires:	**South Burnaby Region**	**35**
	Burnaby Outpatient Clinic	*8*
	Burnaby Youth Custody Services	*23*
	Unclear if BOC or BYCS	*4*
	Lower Mainland	**21**
	Langley Outpatient Clinic	*19*
	Vancouver Outpatient Clinic	*2*
	Interior region	**12**
	Kelowna Outpatient Clinic	*5*
	Kamloops Outpatient Clinic	*7*
	Kootenays Region – Branch Services	*0*
	Island Region	**7**
	Victoria Outpatient Clinic	*0*
	Nanaimo Outpatient Clinic	*2*
	Upper Island – John Howard Society	*5*
	Northern Region	**20**
	Prince George Outpatient Clinic	*11*
	Prince George Youth Custody	*0*
	Contracted Clinician – Prince George	*9*
	TOTAL	**95**
Please note: The staff section was incomplete for 18 questionnaires, and 4 questionnaires were submitted blank, resulting in some missing information.		

3. Number of Questionnaires Submitted Each Quarter	Q2 (Apr - Jun 15)	Q3 (Jul - Sept 15)	Q4 (Oct – Dec 15)	Q1 (Jan - Mar 16)
South Burnaby Region	**5**	**9**	**6**	**15**
Burnaby Outpatient Clinic	*1*	*4*	*2*	*1*
Burnaby Youth Custody Services	*4*	*2*	*4*	*13*
Unclear if BOC or BYCS	*0*	*3*	*0*	*1*
Lower Mainland Region	**5**	**4**	**7**	**5**
Langley Outpatient Clinic	*3*	*4*	*7*	*5*
Vancouver Outpatient Clinic	*2*	*0*	*0*	*0*
Interior Region	**3**	**2**	**2**	**5**
Kelowna Outpatient Clinic	*0*	*0*	*1*	*4*
Kamloops Outpatient Clinic	*3*	*2*	*1*	*1*
Kootenays Region – Branch Services	*0*	*0*	*0*	*0*
Island Region	**4**	**1**	**2**	**0**
Victoria Outpatient Clinic	*0*	*0*	*0*	*0*
Nanaimo Outpatient Clinic	*2*	*0*	*0*	*0*
Upper Island Region – John Howard	*2*	*1*	*2*	*0*
Northern Region	**3**	**6**	**5**	**6**
Prince George Outpatient Clinic	*3*	*2*	*4*	*2*
Prince George Youth Custody Services	*0*	*0*	*0*	*0*
Contracted Clinician – Prince George	*0*	*4*	*1*	*4*
Total	**20**	**22**	**22**	**31**

Type of treatment-number of youths treated:	YSOTP	28 youths
	YVOTP	8 youths
	Mental Health Services [Includes Mental Health Services & YVOTP (1), and FFT & Mental Health Services (1)]	36 youths
	Other [Includes Addictions (2), YSAM (1), Anger Management (1), and Other Unspecified (1)]	5 youths
	Missing	*18*
The above treatment was delivered:	Individually	64 youths
	In a group	0
	Both (Group and 1:1)	1 youth
	Individually and with family	1 youth
	Missing	*29*

1.	**Average age in years**		16.77 (range 13-21)
2.	**Gender**	Male	76 youths
		Female	13 youths
		Missing	*6*
3.	**Languages spoken**	English	72 youths
		English + one other language [Includes Spanish (1), Punjabi (2), French (7), Russian (1), Greek (1), Tagalog (1), Persian (1), and Amharic (2)]	16 youths
		Missing	*7*
4.	**Languages spoken at home**	English	76 youths
		English + one other language [Includes Punjabi (2), Russian (1), Japanese (1), and Amharic (2)]	6 youths
		Other language only [Includes Persian/Farsi (1)]	1 youth
		Missing	*12*
5.	**Belongs to the following racial / ethnic group**	Caucasian [Includes Caucasian & Black (1)]	50 youths
		First Nations [Includes First Nations & Caucasian (8), and Metis (2)]	20 youths
		East/South-East Asian	4 youths
		West/South Asian [Includes West/South Asian & Mexican (1)]	3 youths
		Other [Includes Other unspecified (1), African (2), Mixed unspecified (1), Iranian (1), African American (1), Ethiopian (2), Caucasian, First Nations, and other (1), Spanish/South American (1), and South American (1)]	11 youths
		Missing	*7*

Overall Responses to Treatment Questionnaires

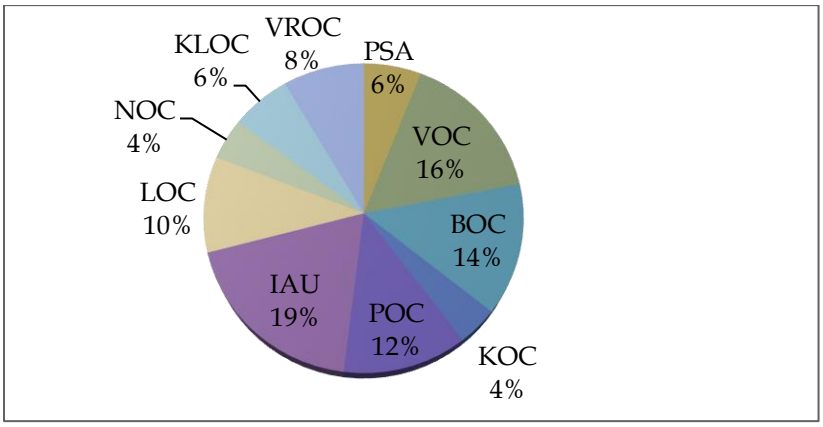
			Yes	No	Not sure
		N	FREQUENCIES		
1.	The staff treated me well.	90	**98%**	1%	1%
2.	They explained what information would be shared with others.	89	**97%**	1%	2%
3.	They listened to my concerns.	90	**95%**	3%	2%
4.	They helped me with my problems.	89	**85%**	5%	10%
5.	They taught me new ways of dealing with problems.	88	**88%**	8%	5%
6.	I regularly discuss my counselling progress with my clinician.	84	**67%**	16%	18%
7.	The counselling sessions helped me feel better.	89	**83%**	7%	10%
8.	I did less crime after counselling.	75	**77%**	12%	11%
9.	Counselling was better than I expected.	85	**78%**	10%	12%
10.	I would rather have spent time in jail than in counselling at YFPS.	83	11%	**80%**	10%
11.	The goals of counselling were clear.	90	**92%**	2%	6%
12.	I could understand the counselling information.	90	**96%**	3%	1%
13.	The building and office at YFPS was clean.	90	**96%**	3%	1%
14.	The building and office at YFPS felt safe.	90	**96%**	3%	1%
Average total score **12.77/14 (91.2%,** range 1 - 14) *-- Total scores prorated, item 10 reversed, "not sure" counted as half a point.*					

Appendix E: Finance and Expenditures Overview

Consistent with the principles of applying organizational governance, and 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 consistent with the allocated fiscal budget.

YFPS had an allocated fiscal 2015-2016 budget of $11,078,721 with an actual expenditure of $11,079,327. (FY14/15: allocated budget $11,481,000; actual expenditure $11,336,720)

FY 2015-2016 YFPS Actual Expenditures & Distribution



Sources from MARS

RESPONSIBILITY CENTRES	ALLOCATED BUDGET	ACTUAL EXPENDITURES
Burnaby Outpatient Clinic (BOC)	1,623,047	1,521,439
Inpatient Assessment Unit (IAU)	1,868,100	2,097,179
Kamloops Outpatient Clinic (KOC)	486,600	444,853
Kelowna Outpatient Clinic (KLOC)	832,075	689,652
Langley Outpatient Clinic (LOC)	1,136,380	1,107,430
Nanaimo Outpatient Clinic (NOC)	508,659	478,381
Prince George Outpatient Clinic (POC)	1,336,762	1,350,047
Program Support & Administration (PSA)	659,409	688,491
Vancouver Outpatient Clinic (VROC)	893,538	936,642
Victoria Outpatient Clinic (VOC)	1,734,151	1,765,213
YFPS Roll Up	**$11,078,721**	**$11,079,327**

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