

The page features a decorative design of three overlapping orange circles of varying sizes, arranged in a vertical line. Two thin orange lines intersect at the top left, forming a large 'V' shape that frames the circles. The circles are composed of concentric rings of different shades of orange, creating a 3D effect.

Annual Report 2013-2014

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

The first "Administrator" of our Service, Alex Ryan, was appointed by the Executive Director of the Forensic Psychiatric Services Commission in October, 1983. Thirty years later, the undersigned "Administrator" is reminded of how Youth Forensic Psychiatric Services (YFPS) has changed as an organization, and how it has developed a strong expertise. It is estimated that we have served close to 24,000 youths so far. While referrals peaked in the mid-1990s, we have seen a decline over recent years, which is consistent with what has been observed in the rest of the Youth Justice System. Not unexpectedly, our budget has also been reduced accordingly. However, while we have been adjusting to those declines, we have also achieved some success, and the 2013/2014 fiscal year was no exception.

We have gone from an organization that delivered services only in Burnaby and Victoria 30 years ago, with an Inpatient Assessment facility still in the planning (it actually opened on April 19th, 1985), to eight outpatient clinics throughout the province. These clinics have become firmly established in their communities, and developed strong partnerships with colleagues in the Youth Justice System. Our highly specialized treatment programs (SOTP and VOTP) have been evaluated a couple times each over the years, and the senior leadership group is now reflecting on lessons learned and future directions for our treatment services overall. This is particularly critical in an era when we see fewer youth, who are commonly described by our clinicians as presenting with quite different mental health issues. Accordingly, our leadership group has supported the appointment of an Ad Hoc committee to look at the current status of the Standing Committees and their relationships with other parts our clinical services.

Only a few years ago, our budget was slightly over \$13 million. In light of the \$4.5 million reduction in the Federal-Provincial cost-sharing agreement two years ago, YFPS' budget allocation was lowered to slightly over \$11 million for this past fiscal year. Perhaps not surprisingly, our expenditures marked a deficit for the first time in history. Surpluses in other areas of the Youth Justice System mitigated the negative fiscal impact of our deficit for the Ministry. In addressing the challenges associated with the reduced financial resources, the Regional Management group worked together to identify strategies and actions that would reduce expenditures while minimizing the impact on direct client services. As a result, contracted services were reviewed and realigned, while several vacant positions are not being filled for now. It is expected that with these measures, our financial picture will be more balanced for next year.

The week of June 17th, 2013, marked the conclusion of our third Accreditation when the peer reviewers completed their site visit. Like the first time around, our organization had no ratings out of compliance with the Standards. Perhaps what was more remarkable were the comments made by the peer reviewers who described what they saw during their visit. Their words were very commendable of the professionalism and quality of clinical services they observed, describing our organization as unique and top quality in

North America. The following pages should serve as a testimony of that observation. After all, people at YFPS have been working hard over the last thirty years!

Regards,



André Picard, Director

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

2.0 Clinical Director's Remarks

A key recommendation of the Family and Social 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.

In 2013, YFPS contracted with Functional Family Therapy Associates 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 1 began in June 2013 and completed in October 2014. Of the 92 families referred to the project, 22 were Aboriginal or Metis heritage. 72 families were seen for multiple sessions. In Phase 2, FFT Associates will train two internal clinical supervisors to take over the weekly video-based case supervision so that by three year, YFPS becomes self-sufficient in providing FFT to families and we are eligible to apply for certification of our team. Nine therapists, representing all five YFPS service regions, will continue on to Phase 2. The trainee group is comprised of some of our most experienced clinicians, representing all professional disciplines with YFPS.

YFPS clinicians selected for this training program have taken on family cases and applied the training to their clinical work. Feedback from clinicians about the training project has been positive and adoption of the model has been enthusiastic. Support for the incorporation of Social and Family Intervention practices, and specifically FFT, the Assistant Director and the Family Intervention Specialist, YFPS Regional Clinical Directors, Regional Managers and Clinic Coordinators have 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. We are hopeful that future funding applications may support a second cohort of clinicians to be trained in FFT. The Service gratefully acknowledges the generous funding of Justice Canada which covered the costs of staff training and supporting clinician travel to meet with client

families through travelling clinics (Duncan, Ahousat, Quesnel and Merritt), as well as within all of our Outpatient Clinics and Youth Custody Centres.



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

2.0 Mission

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

- *Young persons in conflict with the law pursuant to the Youth Criminal Justice Act*
- *Young persons found unfit to stand trial or not criminally responsible 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 service. Our assessment and treatment services are delivered in a way that respects their language, customs, social views, spiritual beliefs, culture and identity.*

3.0 Overview of Youth Forensic Psychiatric Services

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

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

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

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

5.0 Organization Structure

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

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

5.1 Provincial Services

5.1.1 Inpatient Assessment Unit

The Inpatient Assessment Unit (IAU), located in Burnaby, has the 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 Unfit to Stand Trial, requiring a short period of treatment stabilization. The IAU provides mental health services to Burnaby Youth Custody Services, as well as consultation services to all five regions.

5.1.2 Program Support and Administration

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

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

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

5.1.3 The 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 contributes to the goals and objectives of YFPS by proposing, designing, conducting, and overseeing program evaluations and clinical research consistent with the goals and objectives of YFPS. The PER Team provides ongoing support to YFPS personnel, contributes to the broader field and community of forensic research, and participates in ongoing training events. The Chairperson of the PER Team holds quarterly PER Committee meetings, which include representatives from each region. This year the PER Committee reviewed and revised its *Terms of Reference*.

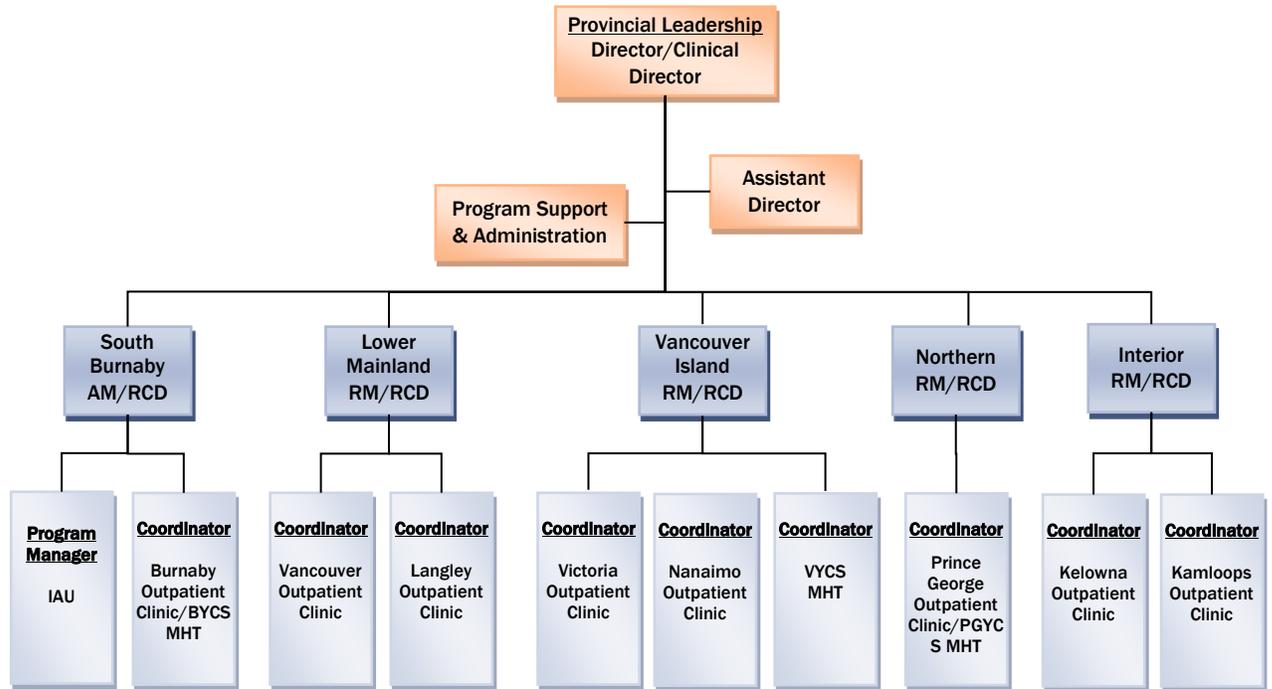
The PER Team engaged in three main sets of activities from April, 2013 to March, 2014. First, we critically examined the historical functions and activities of the PER Team. We reviewed past research findings, conclusions, and clinical implications of these studies, created a detailed list of PER publications summarizing key findings, and presented and distributed these materials to appropriate personnel. Part of the PER Team moved their office space to a new location to accommodate an expanding number of volunteer research assistants. Formal connections were made with the Research Ethics Boards at Simon Fraser University and The University of British Columbia. Additionally, we determined the requirements and parameters for conducting multi-jurisdictional research, as outlined in the second edition of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*.

Second, the PER Team engaged in new research activities. Two new study proposals were submitted to university Research Ethics Boards, and were approved. The titles of these studies are "Adolescents Who Commit Sexual Homicides," and "Reanalyses of Risk Assessment Measures and Reconvictions Among Aboriginal Youth." Preliminary

results from the sexual homicide study were presented at the *Annual Meeting of the American Academy of Psychiatry and the Law* in San Diego. PER was also involved in exploring and submitting applications for funding opportunities external to YFPS. Funding was obtained for two PER-associated research projects, and two educational opportunities, which included the provincial YFPS Forum on Sexual Violence. Further, we solicited undergraduate and graduate volunteer research assistants from local universities, and one medical student from an international university did a three-month research practicum with us.

Third, the PER Team continued to provide support to various provincial YFPS programs and Program Support and Administration. PER administered questionnaires and analyzed results for concurrent disorders training, and Performance and Quality Improvement activities. The latter involved quarterly client satisfaction questionnaires, and staff and stakeholder surveys. PER helped compile accreditation materials for the four-year accreditation review and self-study, and met with accreditation personnel during site visits. Finally, PER liaised with the provincial Multicultural Advisory Committee to ensure that our research involving Aboriginal youth meets high ethical standards, and appropriately engages the Aboriginal community.

5.2 Structural Organizational Chart of YFPS



Legend:

AM: Area Manager

RM: Regional Manager

RCD: Regional Clinical Director

IAU: Inpatient Assessment Unit

BYCS MHT: Burnaby Youth Custody Services Mental Health Team

VYCS MHT: Victoria Youth Custody Services Mental Health Team

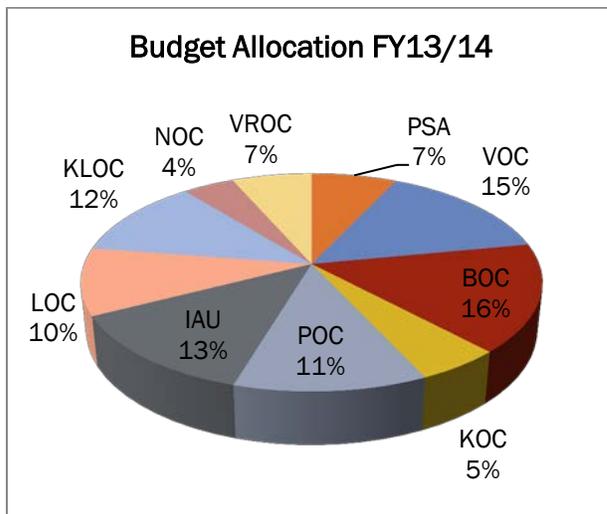
PGYCS MHT: Prince George Youth Custody Services Mental Health Team

5.3 Finance and Expenditures Overview

YFPS had an allocated fiscal 2013/14 budget of \$11,181,000, with an actual expenditure of \$11,866,581

Consistent with the principles of applying organizational governance, maintaining transparency and accountability to 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.

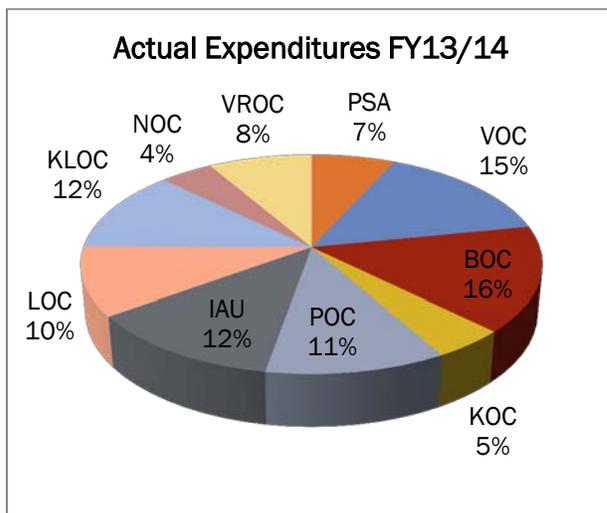
FY 2013-2014 Allocated Budget



Clinics and Service Areas

PSA	Program Support & Admin	\$785,000
IAU	Inpatient Assessment Unit	\$1,432,000
VOC	Victoria Outpatient Clinic	\$1,671,000
BOC	Burnaby Outpatient Clinic	\$1,791,000
KLOC	Kamloops Outpatient Clinic	\$569,000
POC	Prince George Outpatient Clin.	\$1,294,000
LOC	Langley Outpatient Clinic	\$1,113,000
NOC	Nanaimo Outpatient Clinic	\$476,000
KOC	Kelowna Outpatient Clinic	\$1,314,000
VROC	Vancouver Outpatient Clinic	\$736,000
	Totals	\$11,181,000

FY 2013-2014 Actual Expenditures



Clinics and Service Areas

PSA	Program Support & Admin	\$804,861
IAU	Inpatient Assessment Unit	\$1,451,188
VOC	Victoria Outpatient Clinic	\$1,785,484
BOC	Burnaby Outpatient Clinic	\$1,842,870
KLOC	Kamloops Outpatient Clinic	\$524,203
POC	Prince George Outpatient Clin.	\$1,303,905
LOC	Langley Outpatient Clinic	\$1,199,020
NOC	Nanaimo Outpatient Clinic	\$512,307
KOC	Kelowna Outpatient Clinic	\$1,444,448
VROC	Vancouver Outpatient Clinic	\$998,565
	Totals	\$11,866,851

6.0 Referrals to Clinical Services

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

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

6.1 Court-Ordered and Court-Related Assessments

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

6.2 Mental Health Treatment Services

6.2.1 General Mental Health Treatment

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

6.2.2 Specialized Treatment: Sexual Offence Treatment Program

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

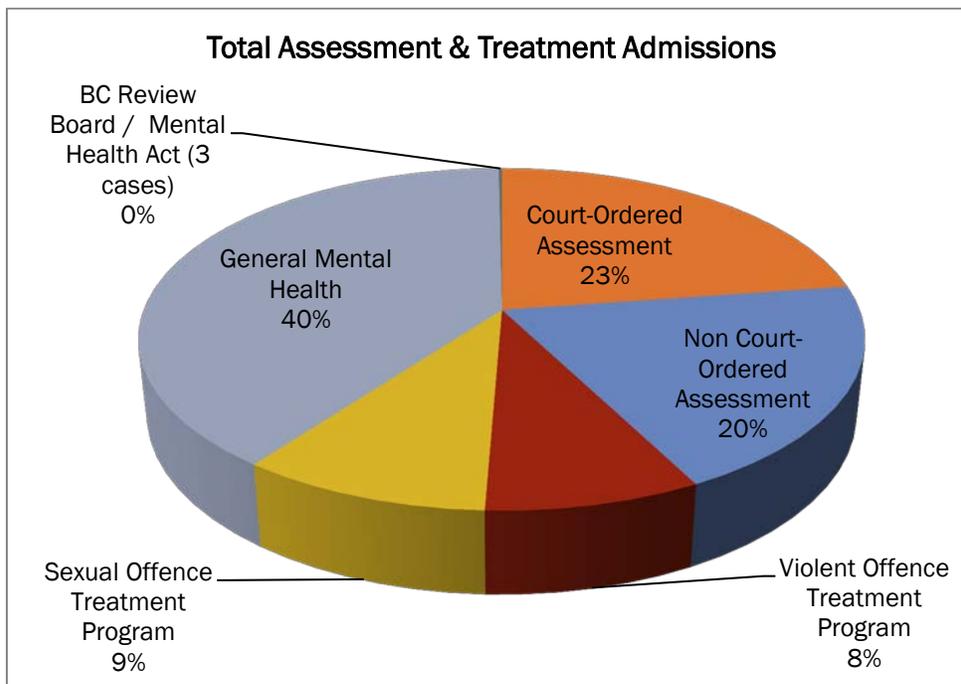
Clinicians work closely with the youth's caregivers, probation officer, social worker and others in the youth's social network. Where appropriate, clinicians also assist with the youth's re-integration back into the family.

6.2.3 Specialized Treatment: Violent Offence Treatment Program

The Violent Offence Treatment Program (VOTP) is aimed at adjudicated youth who are assessed to be at medium to high risk for further violent behaviour. Utilizing a cognitive behavioural approach, the program attempts to address the risk and needs that are associated with violent offending. The program is offered at all YFPS outpatient clinics, through designated contract service providers, and also at Youth Custody Services centres.

6.3 Total Assessment and Treatment Admissions

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



A summary of regional intake statistics from April 1st, 2013 to March 31st, 2014 is provided under **Appendix B**.

7.0 Regional Progress and Outcomes

South Burnaby Regional Report

Last year was an eventful one as YFPS engaged in the process of re-accreditation, and we were successfully re-accredited by the Council on Accreditation (COA) in June, 2013. The South Burnaby region was chosen for one of the site visits, and both Burnaby Outpatient Clinic (BOC) and the IAU were reviewed – physically, and in terms of their policies and practices. The Occupational Safety & Health (OSH) Committee and Performance and Quality Improvement (PQI) Committees were particularly busy preparing months in advance for the site visit, and their hard work was rewarded as the COA reviewers were suitably impressed with our operations and practices.

Like last year, the Ministry has maintained its Managed Staffing practice, and this, in combination with fiscal realities, has resulted in staffing delays and reductions. At the IAU, the unit has consistently been understaffed in a supervisory capacity for a myriad of reasons. Steps have, and are currently being taken to bring on new supervisors for the immediate future, and new auxiliary nurses and health care workers have been brought on board to allow the limited supervisory team to focus on their individual workloads.

On an outpatient basis, it was similarly challenging to maintain service delivery levels with reduced staffing. Although two long-term contracted clinicians at two Integrated Probation offices (Burnaby and New Westminster) finished in March, we were able to use other clinicians to maintain the same service delivery levels in those communities. We are currently planning to provide direct services to another Probation office (Tri-Cities) in the community. This Probation office has recently become even more inaccessible for clients due to a reduced public transit schedule, so we are engaging in the process of setting up an office for YFPS use at a centrally located MCFD office in that community.

Clinicians in our BYCS Mental Health Program expanded their training role by providing various educational presentations to custodial staff and other stakeholders. Other activity in the community included participation in a panel discussion at the University of the Fraser Valley.

At the BOC, we continue to get a full range of pre- and post-disposition referrals, including Extra Judicial Sanctions suitability, outpatient bail assessments, and a variety of treatment referrals (GMH, SOTP and VOTP). At the IAU, referrals have been primarily bail and sentencing assessments. Significantly lacking have been requests for Fitness to Stand Trial or NCRMD assessments. Thus, our connection with the Maples Adolescent Treatment Centre has been much less prominent than it was in previous years. The Mental Health Team at the Youth Custody Services centre had a steady flow of complex cases, a number of which required special consultations and planning sessions to assist the custody staff in developing customized behavioural management programs.

In early 2014, there was a directive from our Executive that all in-custody assessments occur at the IAU. Although this represented a change to practice – some assessments had been done through the custody centres in Victoria and Prince George for a number

of years – we do not anticipate a significant long-term impact on overall assessment referrals at the IAU.

There has been an ongoing issue of various courts being unclear about the timeframes necessary in order for the IAU to provide them with meaningful reports. In an effort to address this issue, a Provincial Crown Counsel Information Sheet for in-custody assessments at the IAU was created and disseminated to Youth Courts throughout the province of BC. This has helped to clarify and improve their understanding; however, IAU recognizes that there are often mitigating factors that come into play (e.g., judges do not want to remand youth for lengthy periods of time, frequent changes of administrative Crown Counsel members, etc.). To further assist in this matter, the IAU Program Manager connected with a few specific courts to provide some clarifying information, and this has helped to a certain degree. This is an ongoing issue that will likely take time and ongoing effort to rectify.

The South Burnaby region maintained its status as a training site for students. Nine medical students, including students from UBC and as far away as the Universities of Glasgow and Sydney, trained at our South Burnaby site. This training included working at the IAU, BOC and our mental health custody program. We currently have a graduate student doing an eight-month practicum with us.

The fiscal realities within the Division contributed to focussing on being efficient, effective, creative, and innovative – we certainly focussed on being LEAN. This was challenging all the while maintaining service delivery levels to meet the needs of our stakeholders. Looking forward, we continue on this path.

Andrea Yee, MSW
Area Manager

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

Lower Mainland Regional Report

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

As a region, we continue to be involved with a range of community stakeholders, such as PLEA and the Fraser Regional Mentally Disordered Offender Committee, a group of service providers that cover a range of services for both youth and adults. Additionally, staff from the region presented at the YFPS Forum on Sexual Violence. The region continues to actively pursue regional educational initiatives through our quarterly rounds

presentations. Staff in the region are also taking advantage of a range of educational opportunities, such as workshops that are periodically offered by BC Children's Hospital, and webinars made available through a range of organizations. The region continues to have three clinicians involved in the Functional Family Therapy (FFT) training initiative.

Specifically with respect to the Langley Clinic, personnel from the clinic continue to actively participate in the screening committees for Am'ut, Waypoint, and Daughters and Sisters. These are alcohol and drug, full-time attendance programs located in the Fraser Valley. These programs are an alternative to custody for youth from across the province. The clinic provides assessments for youth referred to these programs who have not previously been assessed, as well as follow-up psychiatric and counselling services to those youth assessed as requiring services the clinic offers. As in the previous year, we noticed a significant number of youth from outside of the Lower Mainland area being referred to these alcohol and drug programs, as well as youth moving to the Lower Mainland area to access a broad range of placements, resources and support from extended family members. Many of these youth require the support and services of the Langley Clinic. The clinic also continues to provide outreach clinical services to probation offices in Maple Ridge and Surrey.

Additionally, the Langley Clinic has expanded the consultation services it offers to the two youth probation teams in Surrey, to include the new Specialized Aboriginal Service Unit (SASU). This work is an effort to help streamline the overall services offered to Youth Justice-involved youth, and make them more effective. Over the reporting period, the Langley Clinic has received more referrals for assessment and treatment than any previous year, and as a result the clinic is very busy. Staffing at the Langley Clinic remains a challenge and has remained below complement due to leaves.

With respect to the Vancouver Clinic, we have also experienced some staffing challenges as a result of leaves. The clinic continues to offer outreach clinical services to the Sunshine Coast, Squamish and the North Shore. Referrals for assessment and treatment have been steady. To meet the demand for service in the Powell River area, clinical staff are exploring the utility of technological solutions – in the vein of telemedicine – in an effort to address the needs of clients from more remote locales.

Gary Kumka, MSW
Regional Manager

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

Northern Regional Report

The Northern Region of YFPS continues to provide quality services to the large geographical area from 100 Mile House to the Yukon border, and from Alberta to Haida Gwaii. Service is primarily out of Prince George, with contracted clinicians based out of Williams Lake, Vanderhoof, Burns Lake, Smithers, Hazelton, Terrace, Prince Rupert and Fort St John.

This past year has seen some major changes in our clinical team, with the retirement of our Regional Clinical Director/Psychologist, and another senior clinician, along with the departure of our local psychiatrist. After lengthy recruitment efforts for local psychiatry, we were thrilled to bring a local Forensic Psychiatrist to our team at the beginning of this calendar year, and we look forward to the benefits of this clinical leadership for our clients and our team.

The Northern Region takes pride in investing in collaborative practice, and engages in regular communication and more formal meetings with stakeholders. Quarterly meetings are held with Youth Justice and Youth Custody to discuss initiatives, and how our services interconnect and work together, and to gather feedback on our service. Annual stakeholder meetings were held in each of the communities we serve, to discuss trends in service needs and service satisfaction. Four additional community training sessions were held in the Northeast Service Delivery Area to enhance collaboration and our capacity to support and work with the families of youth with sexual offence behaviours. We continue to have a strong connection with, and high level of service to Prince George Youth Custody Services, including counselling, psychiatric services, facilitating training, and participating as part of the weekly Case Management meetings.

Despite limits to financial resources and geographic constraints, the region is working hard to meet the professional development needs of our clinicians. Clinicians continue to enhance their biopsychosocial approach to their practice, providing clinical and population-relevant learning opportunities for clinicians via webinars, collaborative training opportunities with stakeholders, mentoring, and in-person in-service training. We welcomed several new regional contractors to our team with a two day training session in our clinic, followed by visits by senior clinicians to their home communities, and ongoing mentorship strategies. We have clinicians actively involved in the Functional Family Therapy and Trauma Informed Cognitive Behaviour Therapy training, and they are engaging youth and families in these intervention modalities and sharing their learning with other team members.

The region has been adjusting our practice to make the best use of the technology available to us in order to ensure our administrative, training, and supervision practices are as efficient, effective, and as meaningful as possible. This includes actively working to increase compliance with having electronic medical records and using videoconferencing and webinars for training and meetings. Our clinic welcomed students from UNBC's Northern Medical Program, and the Master of Education (Counselling Psychology) program this year.

The Northern region has an active quality improvement approach, which includes quarterly PQI meetings, qualitative and quantitative file reviews, and local and regional goal setting. Clinical support and supervision is provided via weekly clinical rounds at POC, monthly case reviews, and case conferencing routinely with regional contractors. YFPS has a strong Northern team committed to their clients, each other, and the service standards. We proudly embrace the unique qualities of the North and work to reduce the limitations geography has on service delivery and client outcomes.

Dayna Long, M.Ed.
Regional Manger

Interior Regional Report

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 Merritt, Vernon, and Penticton. There was a realignment of services in the East and West Kootenays, with the Branch Services contract being parcelled out to four different contracts with individuals previously under the Branch Services umbrella. We were fortunate to be able to hire a clinician in the East Kootenays who had previously worked for the service, after the previous contractor left the area. This new structure has resulted in a different process with respect to referrals from Court and probation officers, in that all referrals now come through the Kelowna clinic to be triaged before being assigned to the appropriate clinicians. This should hopefully enhance services to the Kootenay region going forward.

We were also fortunate to be able to hire a local psychiatrist in the West Kootenays to help make psychiatric services more available to youth in that region versus having to come to the Kamloops or Kelowna clinics to be seen. Support for psychiatry in Kamloops continues to be provided by Dr. Murphy, who travels from the coast, and Dr. Jones continues to assist us in Kelowna.

As part of one of our strategic planning goals, we have continued meetings with local and regional Mental Health and Aboriginal Services team members to ensure that we have the greatest linkage possible to aid us in better providing services to youth of Aboriginal heritage. There was also the opportunity to participate in Patient Journey Mapping exercises with these key stakeholders and consumers in Kamloops and Kelowna, as part of the overall MCFD initiative to streamline services and encourage more collaborative service delivery between all relevant stakeholders and agencies in the region. This has led to involvement in Collaborative Action Teams in both Kamloops and Kelowna, which entails working with all other key agency staff and managers in developing processes and practices that will enhance service delivery to youth along the entire continuum of care. A further initiative started in Kamloops involved working collaboratively with the SKY program in developing and running co-facilitated life skills groups for youth in this program who were also referred for YFPS services.

Feedback mechanisms regarding service delivery processes are in place at both clinics, as related to provincial standards and practices as part of PQI reviews, and resulted in some practices being reviewed to ensure that the most efficient service delivery was in use, along with the best use of limited budgetary resources. This included starting to use electronic files more stringently and printing off less material that is already included 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 paper processes as much as possible. Significant budget impacts have made this and other efficiency projects a priority.

In the past year, we managed to start and complete Parent Training groups, as well as an SOTP group in the Kelowna clinic. We have been fortunate to have provided 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 has been very valuable in helping them develop their skills in working with our clientele.

We have also initiated the use of Lync Meeting between the clinics to assist in the presentation of rounds, and encourage co-clinic staff meetings to help ensure consistent practice and sharing of clinical expertise across the region. We were finally able to connect our staff in the West Kootenays for these presentations as well, which will help outlying staff and services feel more connected regionally, and ensure they have access to clinical support as needed.

Additionally, 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 that may have beneficial effects on all our staff in terms of sharing this knowledge and applying it to our clinical work. All staff benefitted from a two day training event in March 2014 that involved discussions about our key program for youth who have sexually offended, and presentations from key authors in the field of youth violence.

We are looking forward to proceeding in the new fiscal year with an approved research proposal initiated at Thompson Rivers University's Psychology Department, via Dr. Reid Webster, researching the "Tolerance for Law Violations and Social Projection Among Adolescent Offenders and Non Offenders". We have applied for IRCS funding to assist with this project in the new year, and all staff at both clinics and in the Kootenays will be included in assisting as needed.

Robert Brooks, MSW
Regional Manager

Steve Sigmond, R. Psych.
Regional Clinical Director

Vancouver Island Regional Report

The Vancouver Island Region continued to deliver service through outpatient clinics in Victoria and Nanaimo, as well as contracted service through the John Howard Society of North Island (JHSNI), in Courtenay and Campbell River. We remain committed to providing services whenever possible in the home communities of the youth through multidisciplinary traveling clinics. The Victoria clinic provides weekly service to Duncan and the West Shore, both of which are active areas in the region. The Nanaimo clinic provides weekly service to Parksville and Port Alberni and frequent clinical and consultation services to Ahousat, a First Nations reserve on the west coast of Vancouver Island.

The region remains committed to supporting the development of regional expertise in the Family/Social Intervention Project. In addition to having three clinicians from the region participating in Functional Family Therapy (FFT) training, we also have regular clinical supervision of clinical cases with a family focus involving staff from both Victoria and Nanaimo clinics, as well as JHSNI contracted staff. In addition, our clinics continue to

offer expanded hours of service to accommodate the increased involvement of families in treatment.

As a region, we continue to remain actively involved with stakeholders, with participation in regional committees including the Vancouver Island Youth Justice committee, and advisory committees for two regional Youth Justice full-time attendance programs. Close relationships are maintained with Youth Probation in all service delivery areas, as well as with Victoria Youth Custody Services (VYCS). In addition, staff from all parts of the Vancouver Island region regularly provide consultation and information sessions to a wide range of service providers in their respective areas.

The region continues a strong commitment to the quality assurance process, with an active regional PQI committee, and quarterly qualitative reviews of clinical treatment files. The Regional Manager continues to work with the Council on Accreditation as a Team Leader. All cases are reviewed monthly in General Mental Health, Violent Offence Treatment Program (VOTP), and Youth Sexual Offence Treatment Program (YSOTP) meetings. In addition, clinical staff participate in monthly Clinical Rounds and Clinical Interest Groups. The region also supports a strong Multicultural Advisory Committee that advocates for the treatment needs of First Nations youth.

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

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

8.0 Provincial Standing Committee Reports and Outcomes

Performance and Quality Improvement (PQI) Committee Report

The 2013/14 fiscal year was a very active and successful one for the Provincial PQI Committee. A number of revisions of forms and processes for Performance and Quality Improvement at YFPS were completed and implemented.

The Youth Counselling Satisfaction Questionnaire was updated to ensure that all questions and language is easily understood by all clients. Personnel Surveys were conducted both within YFPS and for external stakeholders.

An Orientation PowerPoint to PQI at YFPS was developed and reviewed by the PQI Committee. It has now been delivered throughout the regions and is available as part of the Orientation Plan for New Staff and Contractors at YFPS. This accompanied the development of a formal Performance and Quality Improvement Plan identifying and explaining the processes used within YFPS and involving our clients and partners in ensuring the high quality of assessment and treatment services.

Program outcomes continue to be reviewed in order to ensure that meaningful evaluation of clinical services is done within the Service. This review is in progress with the assistance of the Program Evaluation and Research Team.

Re-Accreditation was undertaken in 2013, with an updating of the Accreditation Self Study, as well as Mock Site Visits to all clinics in preparation for the Site Visit in June. The COA Site Visit was a very good learning experience for staff and contractors, and resulted in Full Accreditation for a further three years. The feedback received from the Peer Review Team was very positive with no areas identified for remediation. Training was an area that was identified as an ongoing challenge. YFPS does have one manager who continues to engage in Peer Reviews as Team Leader with the Council on Accreditation (COA).

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

Education Committee Report

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

This was the second year for YFPS to host the YFPS Forum with the theme on youth violence. The YFPS Forum on Sexual Violence, a two-day event took place on March 12 and 13, 2014 in Richmond, BC. Over 130 clinicians, affiliated contractors, and youth justice personnel attended. Invitations were also extended to the Maples Adolescent Treatment Centre and Child and Youth Mental Health. The plenary and breakout sessions of this forum were dedicated to enhancing clinical practice at YFPS, and aligned to support the objectives outlined in the YFPS Strategic Plan. The evaluation and feedback we gathered was outstanding. This year, YFPS was very fortunate to have an Honorable Supreme Court Judge, Crown Council, and Defence Lawyer enact a Mock Trial with our YFPS Psychiatrist and Psychologist on a clinical case. Many attendees stated this Forum was the best ever YFPS education event and it was an invaluable learning experience.

The YFPS Forum on Sexual Violence topics were:

1. Plenary Session: Autism Spectrum Disorder and Offending Behaviour
2. VOTP Stream: Facilitated Discussion on Pervasive Developmental Disorder/ASD and Challenges in Assessment and Treatment
3. SOTP Stream: Reviewing the Sexual Offence Treatment Program: What Works, What Doesn't, Whither Now?
4. Defining Dangerous and Long Term Offenders
5. The Role of the Mental Health Expert Assessor and Witness
6. Case Vignette: Dangerous Sex Offender
7. Mock Trial: Dangerous Sex Offender
8. Plenary Session: New Perspectives in Sexual Offender Treatment: Going off the Map
9. Plenary Session: Youth Psychopathy and Violence: What Do We Know, Where Do We Go?
10. VOTP Stream: Cognitive-Behavioural Group Intervention for Aggressive Youth: Overview of Aggression Replacement Training® (ART®)
11. SOTP Stream: Covert Sensitization: What Is It? Why Do We Do It? How Is It Done? Can It Be Part of Caring Treatment?
12. VOTP Stream: PCL-YV Introduction and Refresher
13. SOTP Stream: Adolescent Sexuality: Norms, Deviance. Pornography and Offending

We would like to acknowledge the efforts of André Picard, Director, and Lenora Angel, Executive Director, for facilitating this significant offering. Special thanks to the clinical leadership of Dr. Kulwant Riar and Dr. Ronald Stevenson for such an inspiring learning agenda. YFPS would also like to acknowledge Justice Canada for the financial support to deliver the YFPS Forum on Sexual Violence.

In addition to the large education events, YFPS continued to foster ongoing professional development that focuses on best practices in the clinical setting. In reference to YFPS' strategic goal #4, "Strengthen professional development of clinical expertise," YFPS is pleased to report that a total of 33 Clinical Rounds were hosted by the regions. Appendix C captures all the clinical rounds that were delivered at the regional level. Sincere thanks to the YFPS clinicians who dedicated their time to present at the clinical rounds, to share their expertise and experiences with their colleagues.

With respect to the YFPS Clinical Competency Framework, the Project Manager, members of the Education Committee, and the seven working groups have concluded Phase Two of the project, "Development of the Core Curriculum." It is expected that YFPS will complete Phase Three – implementation of the competency framework – by finalizing the official document, and delivering further education events and training resources to support the following clinical competencies:

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

Due to the recent retirement of the Project Manager responsible for this project, the target date to complete the implementation phase has been revised to FY14/15. On behalf of YFPS and the Education Committee, I would like to express my appreciation to all clinicians who have participated in, and contributed to the YFPS Clinical Competency Framework project.

The past year was a fruitful year for professional development. As part of a learning organization, the Standing Committee will continue to build on these previous successes, and the goal is to focus on implementing the Core Competency Framework in the coming year.

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

Sexual Offence Treatment Program Standing Committee Report

The Sexual Offence Treatment Program (SOTP), one of the core clinical services within YFPS, is represented at the Executive Committee through the Provincial SOTP Standing Committee. The committee members are represented by the five regions and the SOTP Executive Sponsor.

Over the past year this committee had the opportunity to review and propose revisions or additions to virtually all the constituents of the SOTP, including its mission, mandate, service delivery modules, and the continuing education or training needs of its clinicians. In part, this analysis stemmed from initiatives taken by the committee itself to document the complementarities, disparities or deficiencies in how the program operates amongst the five regions, i.e., Victoria and Nanaimo (“the Island”), Burnaby (“South Burnaby”), Vancouver and Langley (“Lower Mainland”), Prince George (“the North”), and Kelowna and Kamloops (“the Interior”). A Regional Comparison Chart was forwarded to the Executive for its information and feedback.

In addition, the committee was able to respond to work done by the ad hoc Action Plan group that undertook amendments to the SOTP Policies, Procedures, Standards and Guidelines, as recommended by the July 2012 Review of the Youth Sexual Offence Treatment Program.

The committee continued to meet by teleconference on a quarterly basis, and also had one in-person meeting in July 2013, the latter being one of two important opportunities to talk with André Picard, YFPS Director, about any concerns members had with respect to fulfilling the role of the SOTP Provincial Committee.

In short, it has been a year of active reflection, consolidation and re-framing of program goals and implementation strategies, and of the function and vision of the committee itself. Those deliberations will no doubt continue as we strive for consistency and efficacy in the service.

At the end of 2013, the former Chairperson (from Vancouver Island) stepped down, and that position will be assumed by a representative from the South Burnaby region for 2014. The committee regrettably bid adieu to two other members, both of whom moved on to other exciting opportunities in the service. We welcome new Regional Coordinators from the North and from the Interior.

Looking forward to 2014, we anticipate a closer working relationship with the Executive, and with other provincial committees, to clarify and ensure compliance with the core competencies expected of all service providers, as well as develop feasible mechanisms to ensure training needs are met for both new and seasoned SOTP clinicians in this challenging area of practice.

Ron Stevenson, MD, FRCP(C)
Regional Clinical Director, Lower Mainland
Executive Sponsor

Violent Offence Treatment Program Committee Report

Based on the conclusion of the Violent Offence Treatment Program Evaluation, many of the recommendations generated by the project report required extensive review and discussion by the Executive Committee. A VOTP Action Plan working group represented by the Clinical Director, the Assistant Director and the Regional Manager (Northern Region/VOTP Committee Member) was tasked to develop an action plan to implement the change.

Concurrently, the VOTP Committee has also suggested to the Director that it would be timely for the Service to re-examine the roles, functions and terms of reference of the committee. During the transitional period, the Executive Committee has appointed Dr. Paul Janke, Regional Director of the South Burnaby Region to take on the clinical leadership role for the VOTP program. Further reviews on the function of the VOTP standing committee will take place in the coming year.

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

Multicultural Services Provincial Advisory Committee

Over the past year, the Multicultural Services Provincial Advisory Committee (MSPAC) reviewed and updated its Terms of Reference in order to formalize the position of an Executive Committee Sponsor, with various roles and responsibilities consistent with practices indicated within both the MSPAC and YFPS Strategic Service Plans.

The MSPAC has also drafted and submitted recommendations to the Executive Committee suggesting the following:

- ❖ Developing and strengthening clinical expertise in cultural competency through provincial educational and training initiatives;
- ❖ Review and development of evidence-based/best practices for assessment and treatment services to meet individualized client and family needs as related to culture;
- ❖ Enhancing information quality and promoting internal and external communication regarding the legacy and impact of trauma as it pertains to various cultural groups presenting to our clinics (e.g., First Nations; refugees).

A collaborative meeting between the MSPAC and the YFPS Program Evaluation and Research Committee (PER) has contributed to the successful development of an ad hoc provincial research review committee, comprised of community and university affiliated persons offering specialized consultation regarding cultural aspects of research. This form of review is indicated by the Tri-Council Policy and is required for studies involving First Nations participants.

Regionally, specific initiatives to highlight include the development of services for Aboriginal male youth clients within the Prince George Youth Custody Services centre through ongoing collaborative activities with Prince George YFPS staff. Initiatives include adapting the school curriculum to an Aboriginal education perspective, the presence of Elders, a Warriors Group, daily gathering circles, and other cultural opportunities.

Also this year, a longstanding member of the Prince George YFPS team, Charles Fraser, was the recipient of an Award of Excellence from the Office of the Representative for Children and Youth, for his dedication and significant contributions toward the wellbeing of First Nations children and youth in British Columbia. We congratulate Chuck on this award, which also brings recognition to YFPS as a service working toward best practices and enhancement of the lives of the First Nations youth we serve.

The Vancouver Island region has seen strong co-operative efforts with Probation, the Nuu-chah-nulth Tribal Council, and other community resources, resulting in improved services to clients and families residing in remote locations on the western coast of the Island. As well, one of our clinicians is currently dedicating a master's thesis to the process of ensuring improved outcomes for youth as they transition from various services back to their home communities.

Dr. Louise Clark, R. Psych.
Chair

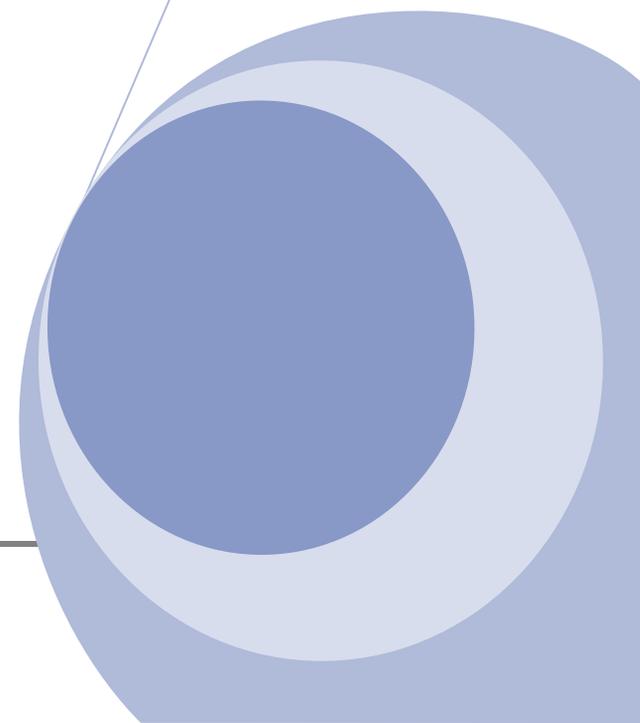
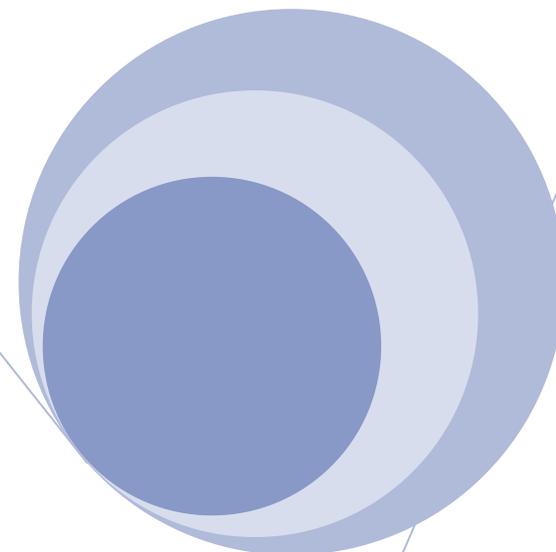
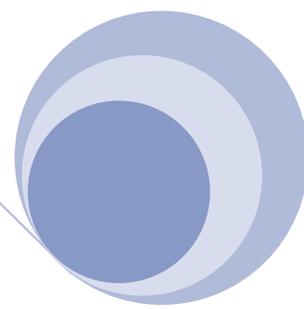
Gregg Badger, MSW, RSW (Clin.)
Executive Sponsor

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 (3 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, performances 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 biopsychological model in YFPS assessments.					
Objectives		Actions	Progress	Status Comments	Timeline
1.1	Strengthen the use of BPS model in assessments and reports.	a) Establish standardized assessment procedures.	Some	Action items by the Regional Clinical Directors and the Clinical Directors.	FY13/14, and ongoing
		b) Refine report templates for pre-disposition and post-disposition assessments.	Some		FY13/14, and ongoing
		c) Implement protocol.	Some		FY13/14, and ongoing

1.2	Establish clinical competencies framework and identify clinical enhancement curriculum for YFPS clinicians.	<p>a) Complete YFPS Clinical Competency Framework.</p> <p>b) Implement training needs; provide learning resources to all regions.</p> <p>c) All regions to conduct at least four clinical quarterly rounds to support learning needs.</p>	<p>Significant</p> <p>Steady</p> <p>Significant</p>	<p>Each competency working group completed the resource content for the curriculum. Next step is to complete the final report and learning resources for provincial and regional implementation.</p> <p>All regions are delivering local education rounds that align with YFPS clinical practices.</p> <p>Program Support & Administration (PSA) delivered the YFPS Forum on Sexual Violence and Concurrent Disorder Training.</p> <p>All regions participated in hosting clinical education rounds on a quarterly basis. To continue as ongoing practice.</p>	<p>FY14/15</p> <p>FY14/15</p> <p>Forum - FY14/15</p> <p>Concurrent Dx Training - Completed.</p> <p>Ongoing, FY14/15</p>
1.3	Enhance family assessment, with an aim to incorporate into treatment goals.	<p>a) Implement Social and Family Intervention protocol in all treatment cases.</p> <p>b) Provide clinical training and supervision resources to all regions.</p> <p>c) Conduct regular review of assessment and treatment goals, with regular supervision of family cases.</p>	<p>Significant</p> <p>Steady</p> <p>Steady</p>	<p>The Functional Family Therapy (FFT) training was fully implemented by PSA and all regions.</p> <p>Regular clinical training provided by the FFT trainers to all YFPS FFT clinicians.</p> <p>Provided regular supervision of family cases by the YFPS Family Intervention Specialist.</p>	<p>Completed</p> <p>Ongoing, FY14/15</p> <p>Ongoing, FY14/15</p>

Strategic Goal #2: Promote internal and external communication and enhance information quality.					
Objectives		Actions	Status	Status Comments	Timeline
2.1	Strengthen role definition with probation, courts, custody services, community resources & stakeholders.	a) Arrange YFPS presentation at the Annual Judiciary/Crown meetings.	Some	A letter was sent to the Administrative Crown office	FY14/15
		b) Connect with Court User Groups (representative from Judiciary, Crown Counsel, Courts and Probation)	Significant	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.	FY14/15
		c) Conduct annual stakeholder meetings.	Significant	The YFPS Forum and other regional education rounds included stakeholder meetings.	FY14/15
		d) Regular meetings with custody services.	Significant	YFPS regional teams met with custody services (Burnaby, Victoria and Prince George) on regular bases.	FY14/15
2.2	Increase communication with external stakeholders.	a) Clarify and implement provincial policy and procedures on Release of Information (ROI).	Steady	ROI Policies, Procedures, Standards & Guidelines were reviewed and endorsed at the Executive meeting, and implemented at the local level. Will continue to update and finalize the YFPS Policy and Procedures Manual.	FY14/15
		b) Promote educational initiatives in conjunction with stakeholders to clarify statutory and policy guidelines to sharing of information.	Some	This phase will begin following the ROI policy revision process and implementation.	FY14/15

		c) Establish joint training initiatives with community stakeholders and universities.	Steady	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.	Ongoing, FY14/15
2.3	Promote a transparent and inclusive process amongst regional teams and Program Support and Administration (PSA).	a) Utilize regional team meetings as a means for sharing information (input and feedback loop) between regions and PSA. e.g., updates on provincial initiatives, ministry plans and external influences.	Steady	Regional Managers and Regional Clinical Directors continued to meet with local teams regularly to promote communication and feedback loop.	FY14/15
		b) PSA and all regions to provide strategic plans, implementation and progress.	Steady	YFPS Performance & Quality Improvement (PQI) Plans and Annual Reports were prepared by the PSA team for FY12/13 & FY13/14.	FY14/15
		c) PSA to establish communication tools for latest updates, i.e., initiatives, policies, greetings and message from the Director.	Steady	Communiqués were distributed on the Social and Family Intervention Project and the YFPS Clinical Competency Framework Project. Emails on various policy updates were distributed by the Executive Committee Members to implement and address any clarification needed in the regions in regards to policies and practices. Greeting letters from the Director were sent to all new hires.	Ongoing for FY14/15.

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.	Steady	The MCFD computer upgrade to LINK was completed across all regions. Each clinic has headsets and related equipment to participate in the LINK system (replaced LiveMeeting).	Completed.
		b) Implement Telehealth pilot project.	Some	A joint business case was completed with Child and Youth Mental Health (CYMH). Waiting for approval to move forward. PSA participated in preparing Telemental Health Practice Guidelines with Health Authorities, the Ministry of Health, Provincial Health Services Authority, and CYMH – waiting for approval.	Subject to MCFD project timelines.
		c) Update YFPS internet and intranet.	Steady	PSA completed the Ministry Update Website project.	Completed.
		d) YFPS to become one of the MCFD videoconferencing sites.	Some	This phase will begin following MCFD approval and the supportive resources to set up the site.	Subject to MCFD project timelines.
2.5	Policy Revisions	a) Establish working groups to assist with subject areas.	Steady	Various tasks were delegated to working groups (Regional Clinical Directors, Regional Managers, standing committees, and program areas) to provide advice and assist in drafting policy updates.	FY14/15
		b) Complete all policy revisions.	Steady	Work in progress.	FY14/15

		c) Communicate, implement and maintain consistency.	Steady	The Executive Committee continue to review and endorse all policy revisions and provide clinical and administrative expertise in the policy revision. The Regional Managers and the Regional Clinical Director continue to provide leadership to ensure policies are implemented in a consistency manner.	FY14/15
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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	Timeline
3.1	Incorporate Social and Family Intervention work in all assessment and treatment cases.	a) Implementation of clinical practice.	Significant	Implemented across all regions.	FY14/15
		b) Ongoing review and clinical supervision of selected family cases.	Significant	Implemented FY13/14. Regular review and supervision sessions were provided by the FFT trainers.	FY14/15
		c) Provide core training to all clinicians and contractors.	Some	Integrated into clinical education rounds and the conference event. Will engage further core training after the FFT training project is completed.	FY14/15
		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 1 of the 3 year training project. To engage Phase 2 in FY14/15.

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.	Steady	Integrated in all clinical practices throughout YFPS.	FY14/15
		b) Work collaboratively with Aboriginal service providers to meet the needs of clients.	Steady	Regional Teams and PER continued to work collaboratively with Aboriginal service providers in local areas through educational rounds, research projects, assessment and treatment with youth and families.	FY14/15
3.3	Continue improvements to treatment programs through ongoing reviews.	a) YSOTP Review – complete review by external experts.	Significant	Completed by the external reviewers in FY12/13.	FY14/15
		b) YSOTP Review – implement recommendations to enhance policy and practice.	Significant	In FY13/14, an SOTP working group was tasked to review the current policies; to update policies, procedures, standards & guidelines; and to implement the changes. Work in progress – to finalize updates on SOTP policies and related manuals.	FY14/15
		c) YVOTP Evaluation – complete review.	Significant	Completed by PER in FY12/13.	FY14/15
		d) YVOTP Evaluation – implement recommendations.	Some	In progress; under review.	FY14/15
		e) Obtain ethical approval to pilot Viewing Time.	Significant	Completed by PER in FY13/14. Prince George Outpatient Clinic to implement pilot of Viewing Time.	FY14/15
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.	Steady	Implemented by all regions in all program areas.	Completed and ongoing.

		b) Establish guidelines and reporting templates for clinical case reviews.	Significant	Discussed at the Provincial Performance and Quality Improvement (PQI) Committee. Each region has its own template for conducting clinical case reviews. PQI reviewed its utility and consistency in all regions.	FY14/15
3.5	Research / Evaluations	a) All research complies with Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.	Significant	Completed by PER. Will apply to all future research projects involving humans.	Completed and ongoing.
		b) Conduct research and evaluations that are relevant to YFPS practices.	Steady	Refer to details and activities summarized in the Annual Report.	FY14/15
		c) Disseminate relevant information to YFPS clinicians.	Some	Refer to details and activities summarized in the Annual Report.	FY14/15

Strategic Goal #4: Strengthen professional development of clinical expertise.

Objectives		Actions	Status	Status Comments	Next Step Timeline
4.1	Increase internal training opportunities.	a) Enhance ethical leadership & clinical mentorship by shadowing.	Steady	Implemented in some regions, based of resources and demands. To establish a consistent mechanism in documenting or tracking clinical mentorship.	FY14/15
		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.	Ongoing for FY14/15

		<p>c) Educate and implement YFPS Clinical Competency Framework (core and advance clinical competencies in assessment, treatment, YVOTP, YSOTP, IAU training, orientation, etc.)</p>	Steady	<p>Completed Phase 1 (planning) and Phase 2 (development) of the project. Will engage in the final phase of completing the final report and implementation of the YFPS core competencies.</p> <p>Advanced competencies on VOTP and SOTP were presented at the previous two YFPS Forums.</p> <p>Further efforts are required to clearly articulate the advanced competencies for the clinical standards and practices of SOTP and VOTP. Those standards and practices are currently under review.</p> <p>An IAU specific education event has been provided as part of the clinical education rounds, and will be delivered on an annual basis.</p>	FY14/15
		<p>d) Conduct quarterly regional education rounds.</p>	Steady	<p>Implemented and recorded by all regions.</p>	Completed and ongoing.
		<p>e) Utilize clinical rounds/supervision to strengthen clinical expertise.</p>	Steady	<p>Implemented and recorded by all regions.</p>	Completed and ongoing.
		<p>f) Provide administrative support for training resources.</p>	Steady	<p>Delivered by PSA on CARIS and through other training sessions provided by BC Public Service Agencies.</p>	Completed and ongoing.

YFPS Strategic Goal #5: Strengthen and improve QA processes to ensure fidelity to YFPS clinical standards.					
Objectives		Actions	Status	Status Comments	Next Step Timeline
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.	Steady	All regions conducted case record reviews and qualitative clinical case reviews. Quantitative reports were presented to the Provincial PQI Committee. The PQI and PER Committees are working collaboratively to determine how qualitative clinical case reviews should be administered and recorded.	FY14/15
		b) Complete update of Policy and Procedure Manual.	Steady	The administrative policies were presented to the Executive Committee for endorsement. Clinically related policies are in progress.	FY14/15
		c) Implement policies and procedures to achieve consistency within service between regions and within programs.	Steady	Examples of implemented policies/ practice guidelines are: <ul style="list-style-type: none"> ▪ Electronic Folder on the S:Drive ▪ Assessment Policy – Revision of Sec 75 of 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 ▪ Complaint Policy & other Ministry wide policies and new practices 	FY14/15

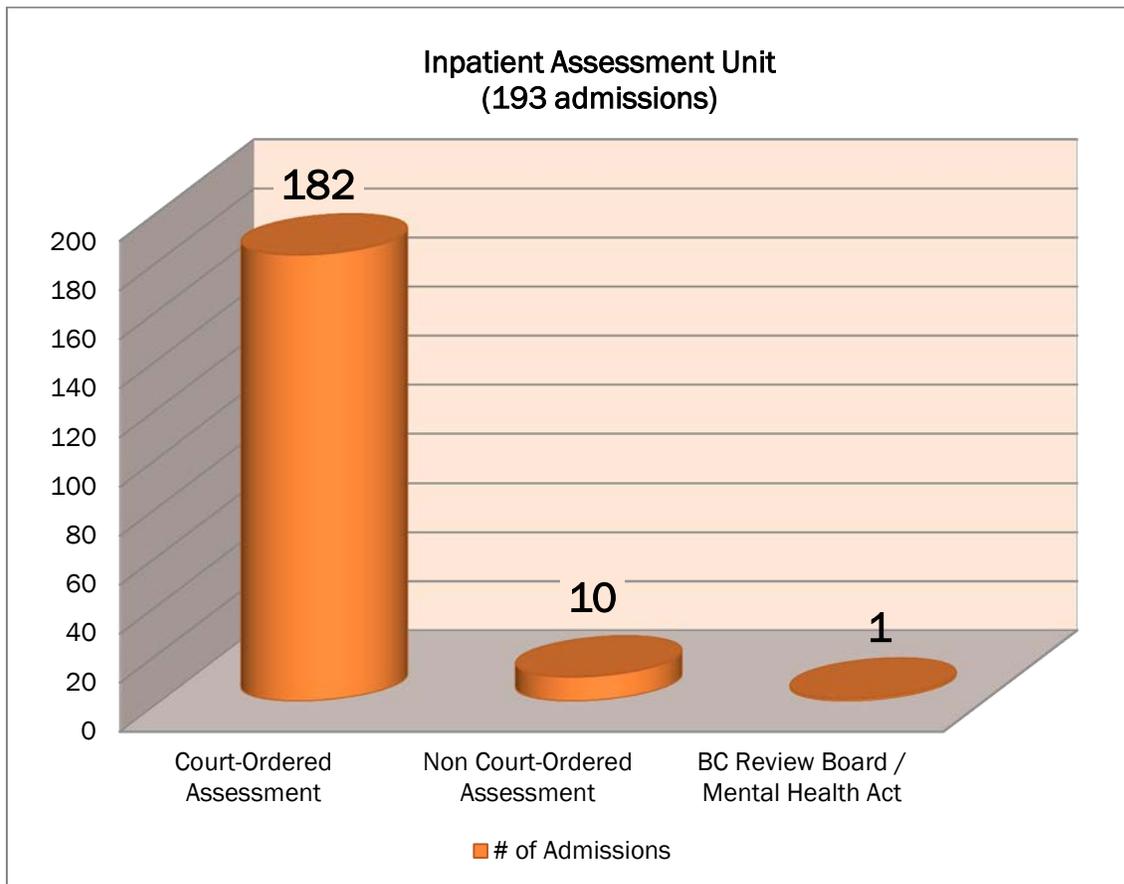
				All other revisions to clinical policies and practice guidelines are in progress.	
5.2	Performance and Quality Improvement.	a) Conduct quarterly PQI process.	Steady	Each region has a PQI Committee. All PQI committees submitted quarterly reports to the Provincial PQI Committee.	Completed and ongoing.
		b) Complete and distribute PQI Plan.	Significant	Completed by PSA in preparation for the June 2013 COA re-accreditation.	Done.
		c) Complete and distribute Risk Management Plan.	Significant	Business Continuity Plan/OSH related manuals were completed and implemented at all worksites.	Done and will update annually.
		d) COA Training for re-accreditation.	Significant	Completed at the regional level.	Done.
		e) Self-Study; Site Visit.	Significant	Self-Study completed in FY12/13. Site Visit completed in FY13/14.	Done.
		f) Be ready for re-accreditation.	Significant	Received re-accreditation by COA until August 2017.	Done.

Appendix B: Summary of Intake Statistics

I. Total Inpatient Assessment Unit Admissions

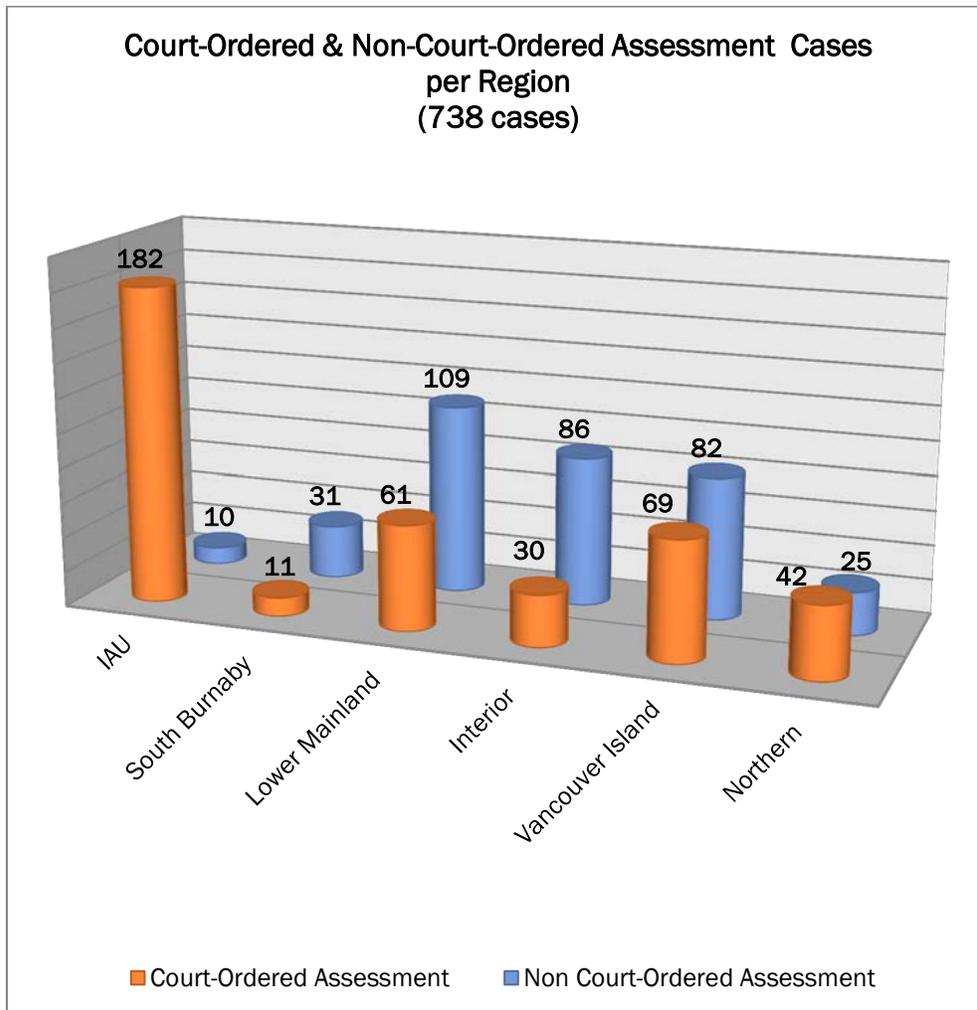
The following chart depicts the total number of new and already open admissions to the Inpatient Assessment Unit during the fiscal year of 2013-14.

Although the Inpatient Assessment Unit (IAU) administratively reports to the South Burnaby region, it provides inpatient assessment services to all YFPS service areas throughout the Province of BC. While primarily focussing on assessments, the IAU also provides short-term, acute stabilization to youths admitted from Youth Custody Services centres, admission to IAU certified under the Mental Health Act, as well as to youth found Not Criminally Responsible on account of Mental Disorder (NCRMD) or Unfit to Stand Trial.



II. Court-Ordered and Non-Court-Ordered Assessment Cases per Region

The following chart depicts the total number of new and already open assessments at the Inpatient Assessment Unit and all eight regional clinics during the fiscal year of 2013-14. Referrals to YFPS were primarily received from Provincial Youth Courts, Youth Justice Probation Services and Youth Custody Services. A total of 738 assessment cases were facilitated through inpatient and outpatient services.



IAU – Inpatient Assessment Unit

South Burnaby – Burnaby Outpatient Clinic & Community Contractors

Lower Mainland – Langley and Vancouver Outpatient Clinics & Community Contractors

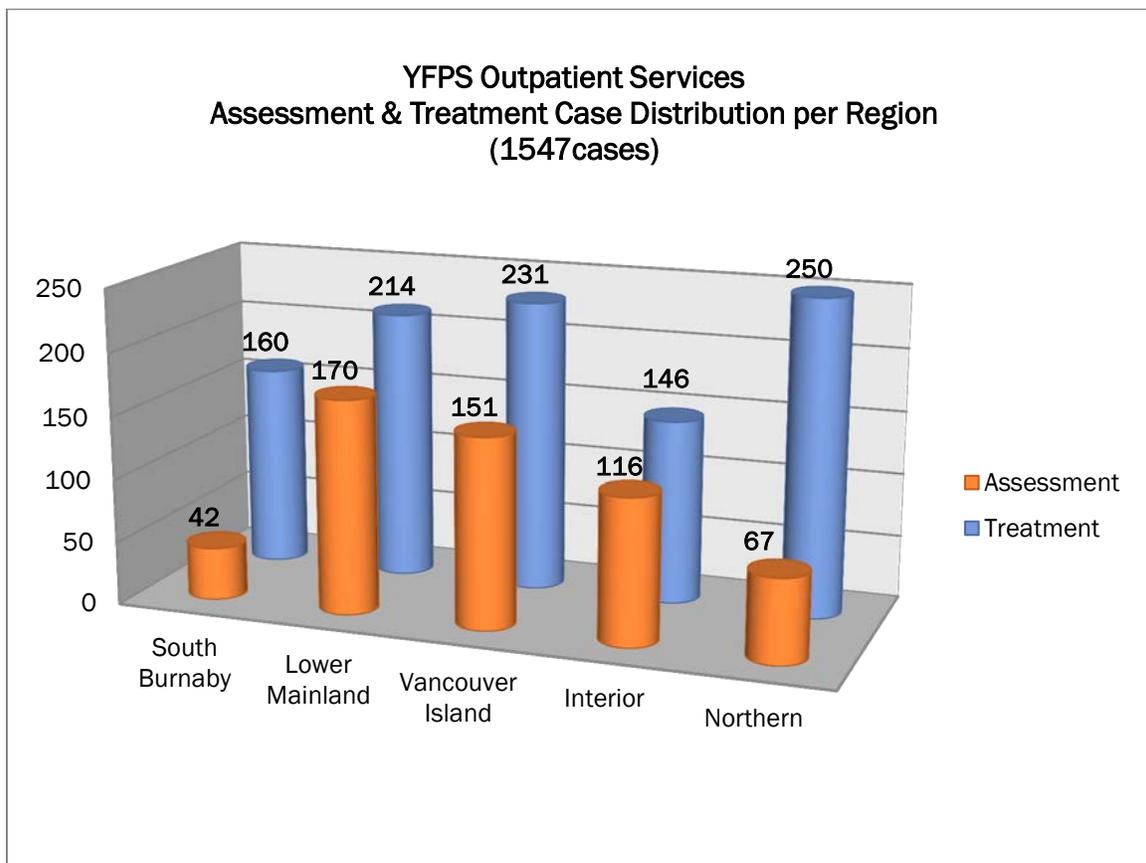
Vancouver Island – Victoria and Nanaimo Outpatient Clinics & Community Contractors

Interior – Kelowna & Kamloops Clinic & Community Contractors

Northern – Prince George Clinic & Community Contractors

III. Assessment and Treatment Cases through Outpatient Services

The following chart depicts the total number of new and already open assessment and treatment cases at Outpatient Services in all five regions, including services delivered at clinics, by community contractors, and mental health services in the custody centres during the fiscal year of 2013-14. Referrals to YFPS were primarily received from Provincial Youth Courts, Youth Justice Probation Services and Youth Custody Services. A total of 1547 cases were facilitated through outpatient services.



South Burnaby – Burnaby Outpatient Clinic & Community Contractors

Lower Mainland – Langley and Vancouver Outpatient Clinics & Community Contractors

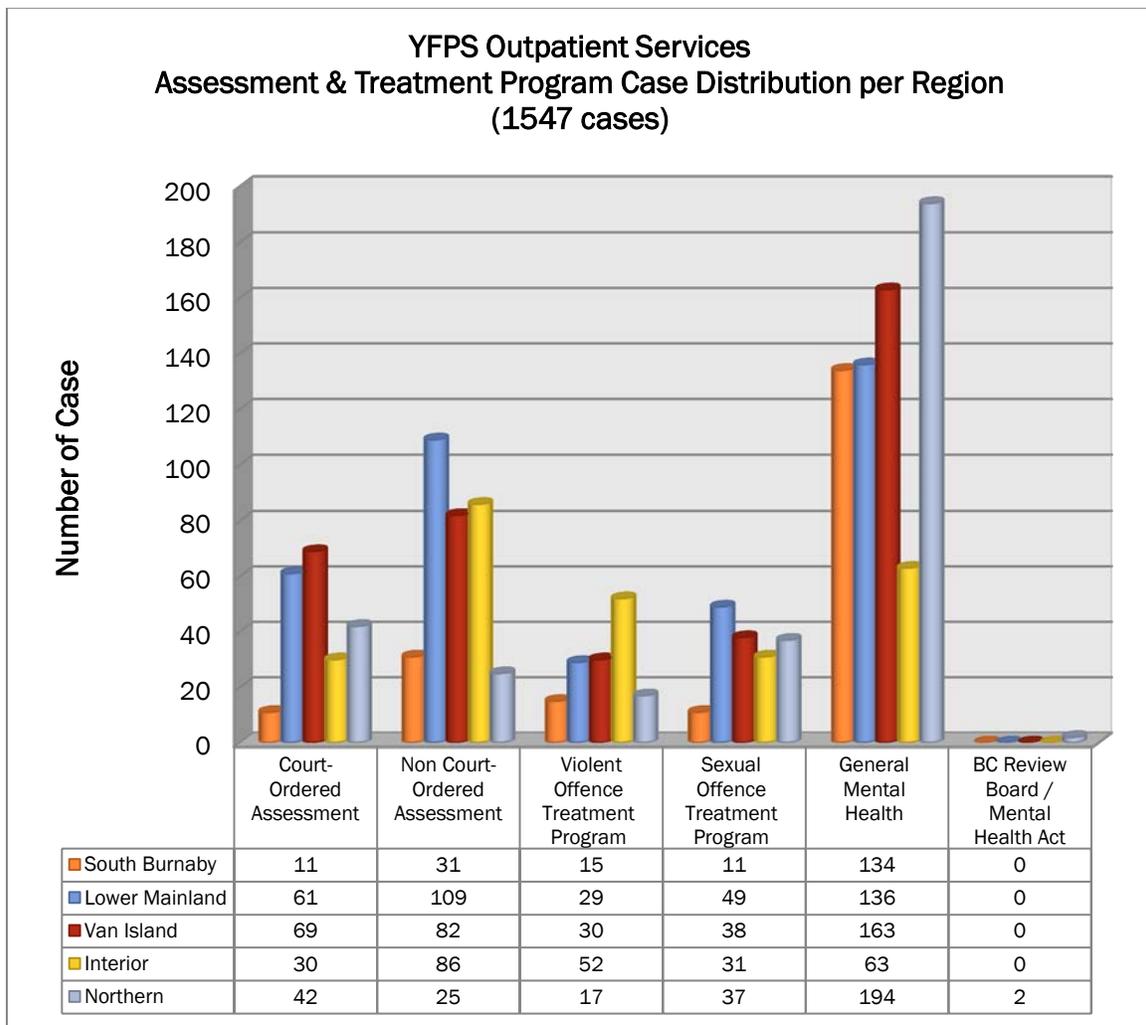
Vancouver Island – Victoria and Nanaimo Outpatient Clinics & Community Contractors

Interior – Kelowna & Kamloops Clinic & Community Contractors

Northern – Prince George Clinic & Community Contractors

IV: Outpatient Assessment and Treatment Program Case Distribution per Region

The following chart depicts the total number of new and already open treatment cases at the Inpatient Assessment Unit and all eight regional clinics during the fiscal year of 2011-12. Referrals to YFPS were primarily received from Youth Justice Probation Services and Youth Custody Services. A total of 1177 treatment cases were delivered through inpatient and outpatient services.



NOTE: The South Burnaby Region is also responsible for all Court-Ordered Assessments at the Inpatient Assessment Unit. Details of IAU admissions are reflected in Appendix B, Charts I and II.

Appendix C: Training and Professional Development

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

YFPS Clinical and Education Rounds April 2013 - March 2014

Northern Region	Employees	Contractors
Cultural Safety Workshop	7	0
Family Intervention (not FFT)	6	0
Functional Family Therapy	5	2
Indigenous Healing in the 21 st Century	6	0
Growing Beyond: An Intro to Adolescent Offending Behaviour	7	0
Trauma	6	0
Orientation to PQI	8	0
Universal Precaution & Airborne Illness	8	0
Workplace Violence & Prevention	8	8

Interior Region	Employees	Contractors
Treating Clients with Severe Attachment Disorder	3	0
ERASOR & Use with Youth Who SO	8	4
SOTP	3	1
Risk Management & Due Diligence Training	0	2
Concurrent Disorder Training	4	0

Lower Mainland Region	Employees	Contractors
Sex Offender Treatment Program & Evaluation Instruments	12	0
Technology, Sexuality & Youth: Concerns, Future Directions	14	0
The Effects of Internet Pornography Use in Adolescents: Recent Research & Clinical Implications.	11	0

Vancouver Island Region	Employees	Contractors
Psychotropic Medication	10	1
Clinical Rounds (3 cases)	8	6
Applying the ASAM tool to a Substance Abusing Youth	4	2
Communication, Ethics in the Digital Age	10	3
Clinical Rounds	11	2

South Burnaby Region	Employees	Contractors
Provincial Concurrent Disorder Training (IAU)	7	0
Provincial Concurrent Disorder Training (BOC)	11	8
ADHD Review	9	4
Aggression, Youth & Pharmacotherapy	10	6
COA Reaccreditation Preparation Quiz & Review (IAU)	10	3
COA Reaccreditation Preparation Quiz & Review (BOC)	9	0
IRCS & SFF Presentation	8	2
Antipsychotic Medication	8	6
Medication & Doctor's Orders on CARIS	3	8
PQI Orientation	12	2
Trauma Focused CBT	9	4
Adult Sentencing & Reasons for Judgement	22	4

NB: All regions attended the Provincial Concurrent Disorder Training two-day events that took place in the Lower Mainland, Vancouver Island, North and Interior regions. For the fiscal year of 13/14, a total of 33 educational clinical rounds were delivered to YFPS personnel.

Appendix D: Client Satisfaction with Assessment Services

A total of 281 satisfaction surveys for assessment services were submitted this fiscal year. Responses were received from around the province, including: South Burnaby – 99, Lower Mainland – 83, Interior – 13, North – 5, and Vancouver Island – 181. Amongst the 218 responses, there were 128 males, 73 females, and 17 were missing data to identify gender.

Youth Forensic Psychiatric Services (YFPS) Youth Assessment Questionnaire PROVINCIAL SUMMARY – YEAR END: April 2013 – March 2014

1. Fiscal Year		Quarter 2 - 2013 – Quarter 1 - 2014
2. Number of youths who submitted questionnaires:	South Burnaby Region	99
	<i>Inpatient Assessment Unit</i>	79
	<i>Burnaby Outpatient Clinic</i>	20
	Lower Mainland Region	83
	<i>Langley Outpatient Clinic</i>	48
	<i>Vancouver Outpatient Clinic</i>	35
	Interior Region	13
	<i>Kelowna Outpatient Clinic</i>	9
	<i>Kamloops Outpatient Clinic</i>	2
	<i>Kootenays Region – Branch Services</i>	2
	North Region	5
	<i>Prince George Outpatient Clinic</i>	5
	Island Region	18
	<i>Victoria Outpatient Clinic</i>	3
	<i>Nanaimo Outpatient Clinic</i>	0
	<i>North Island Region – John Howard</i>	15
TOTAL	218	
Note: Includes 13 questionnaires that were submitted blank – Youth refused to complete; the staff section was left incomplete for 37 questionnaires (17% of all questionnaires submitted), resulting in some missing information.		

1.	Number of times assessed at Youth Forensic Psychiatric Services	Once	161 youths
		Twice	20 youths
		Three or more times	8 youths
		<i>Missing</i>	29
2.	Average age in years		16.0 (range 12–26)
3.	Gender	Male	128 youths
		Female	73 youths
		<i>Missing</i>	17
4.	Languages spoken	English	153 youths
		English & First Nations language	4 youths
		English & European language [Spanish (4), French (9), Russian (2), German (1), Polish (1), and Hungarian (1)]	18 youths
		English & West/South Asian language [Punjabi (8), Farsi/Persian (3), Hindi (1), Arabic (1), and Kurdish (1)]	14 youths
		English & East/South-East Asian language [Cantonese (2), Mandarin (1), “Chinese” (1), Tagalog (2), and Vietnamese (1)]	7 youths
		English + 2 or more other languages [French & Arabic (1), Cantonese, French & Spanish (1), Hindi & Punjabi (1) Cantonese & Vietnamese (1), First Nations language & Tahitian (1), and French & Japanese (1)]	6 youths
		<i>Missing</i>	16
5.	Languages spoken at home	English	168 youths
		English & First Nations language	3 youths
		English & European language [Russian (2), and Hungarian (1)]	3 youths
		English & East/South-East Asian language [Cantonese (3), “Chinese” (1), Mandarin (1), and Tagalog (2)]	7 youths
		English & West/South Asian language [Punjabi (5), Arabic (1), Persian (1), and Kurdish (1)]	8 youths
		Other language(s) only [Spanish (1), Polish (1), Cantonese (1), Punjabi (3), Hindi (1), Farsi (2), and French & Arabic (1)]	10 youths
		English + 2 or more other languages [Hindi & Punjabi (1)]	1 youth
		<i>Missing</i>	18

6. Belongs to the following cultural/ racial/ethnic group	Caucasian	94 youths
	First Nations	43 youths
	First Nations & Caucasian [Includes Métis (1), and Métis & Caucasian (1)]	20 youths
	East/South-East Asian	10 youths
	West/South Asian	13 youths
	Other [Includes Canadian (1), Russian (1), Persian (1), Portuguese (1), Mexican (1), Moroccan (1), Kurdish (1), East/South-East Asian & Caucasian (1), "Black & White" (1), First Nations & North African (1), Caucasian, Indian & Chinese (1), Caucasian & Thai (1), Canadian & Chinese (1), Caucasian & African American (1), Caucasian, Egyptian & "Black" (1), Caucasian, First Nations, African, Jamaican & Portuguese (1), First Nations, "Black" & Caucasian (1), Caucasian & West/South Asian (1), Latina, French & Scottish (1), and Unknown/ Unspecified (1)]	20 youths
	<i>Missing</i>	18

			Yes	No	Not sure
		N	FREQUENCIES		
1.	I knew the reason for my assessment.	205	84%	5%	11%
2.	I was told that anything I said to YFPS staff might be in the report.	205	93%	5%	2%
3.	They told me who would get the report.	205	84%	8%	8%
4.	I believe that the YFPS report will be important for me.	203	70%	14%	16%
5.	The staff treated me well.	205	96%	2%	2%
6.	They answered my questions.	205	92%	3%	5%
7.	They listened to my side of the story	205	84%	6%	10%
8.	The building and office where I was tested was clean.	205	96%	2%	2%
9.	The building and office where I was tested felt safe.	205	94%	2%	4%

Mean Total score: **8.2/9 (91.5%** range 2.5 – 9.0)
-- Total scores prorated, "not sure" counted as half a point.

Appendix E: Client Satisfaction with Treatment Services

Youth Forensic Psychiatric Services (YFPS) Youth Counselling Questionnaire PROVINCIAL SUMMARY – YEAR END: April 2013 – March 2014

A total of 144 satisfaction surveys for treatment services were submitted this fiscal year. Responses were received from around the province, including: South Burnaby – 47, Lower Mainland – 33, Interior – 29, Vancouver Island – 16, and Northern Region – 19. Amongst the 144 responses, there were 104 males, 35 females, and 5 were missing data to identify gender.

1. Fiscal Year		Quarter 2 - 2013 – Quarter 1 - 2014
2. Number of youths who submitted questionnaires:	South Burnaby Region	47
	<i>Burnaby Outpatient Clinic</i>	13
	<i>Burnaby Youth Custody Services</i>	34
	Lower Mainland	33
	<i>Langley Outpatient Clinic</i>	29
	<i>Vancouver Outpatient Clinic</i>	4
	Interior region	29
	<i>Kelowna Outpatient Clinic</i>	10
	<i>Kamloops Outpatient Clinic</i>	18
	<i>Kootenays Region – Branch Services</i>	1
	Island Region	16
	<i>Victoria Outpatient Clinic</i>	3
	<i>Nanaimo Outpatient Clinic</i>	7
	<i>Upper Island – John Howard Society</i>	6
	Northern Region	19
	<i>Prince George Outpatient Clinic</i>	15
	<i>Prince George Youth Custody</i>	4
TOTAL	144	
<i>Please note: The staff section was incomplete for 10 questionnaires, and 5 questionnaires were submitted blank, resulting in some missing information.</i>		

3. Number of Questionnaires Submitted Each Quarter	Q2 (Apr - Jun 13)	Q3 (Jul - Sept 13)	Q4 (Oct - Dec 13)	Q1 (Jan - Mar 14)
South Burnaby Region	6	8	18	15
<i>Burnaby Outpatient Clinic</i>	2	3	6	2
<i>Burnaby Youth Custody Services</i>	4	5	12	13
Lower Mainland Region	8	7	9	9
<i>Langley Outpatient Clinic</i>	8	5	8	8
<i>Vancouver Outpatient Clinic</i>	0	2	1	1
Interior Region	8	6	8	7
<i>Kelowna Outpatient Clinic</i>	1	2	2	5
<i>Kamloops Outpatient Clinic</i>	6	4	6	2
<i>Kootenays Region – Branch Services</i>	1	0	0	0
Island Region	3	5	5	3
<i>Victoria Outpatient Clinic</i>	1	0	1	1
<i>Nanaimo Outpatient Clinic</i>	1	4	1	1
<i>Upper Island Region – John Howard</i>	1	1	3	1
Northern Region	4	4	7	4
<i>Prince George Outpatient Clinic</i>	4	3	6	2
<i>Prince George Youth Custody Services</i>	0	1	1	2
Total	29	30	47	38

Type of treatment and number of youths treated:	YSOTP	36 youths
	YVOTP	34 youths
	Mental Health Services	49 youths
	Family Counselling/Functional Family Therapy	4 youths
	YVOTP & Mental Health Services	1 youth
	YVOTP & Other: Family Counselling/FFT	1 youth
	YSOTP & Other: Family Counselling/FFT	3 youths
	YSOTP & Other: Unspecified	1 youth
	Other: Addictions & Mental Health Services	1 youth
	Mental Health Services & Family Counselling	4 youths
	<i>Missing</i>	10
The above treatment was delivered:	Individually	113 youths
	In a group	4 youths
	Both (Group and 1:1)	9 youths
	<i>Missing</i>	18

1. Average age in years		16.7 (range 13 - 20)
2. Gender	Male	104 youths
	Female	35 youths
	<i>Missing</i>	5
3. Languages spoken	English	116 youths
	English & First Nations language	1 youth
	English & one other language [Includes French (4), Hindi (1), Punjabi (2), Farsi/Persian (1), Nuer (1), Russian (1), Czech (1), Cantonese (2), American Sign Language (2), Kurdish (1), and Krio (Sierra Leonean Creole language) (1)]	17 youths
	English + 2 or more languages [Includes Spanish & French (1), French & German (1), Hindi & Punjabi (1), "Chinese" & Spanish (1), and First Nations language, French & Spanish (1)]	5 youths
	<i>Missing</i>	5
4. Languages spoken at home	English	117 youths
	English & First Nations language	1 youth
	English & 1 other language [Includes Spanish (2), Hindi (1), Punjabi (1), "Chinese" (1), American Sign Language (1), Czech (1), and Russian (1)]	8 youths
	Other language only [Includes Cantonese (2), Farsi/Persian (1), Kurdish (1), Nuer (1), and American Sign Language (2)]	7 youths
	<i>Missing</i>	11
5. Belongs to the following racial/ethnic group	Caucasian	72 youths
	First Nations	28 youths
	First Nations & Caucasian [Includes Métis (1)]	7 youths
	East/South-East Asian	3 youths
	West/South Asian	3 youths
	Other [Includes African (3), Hispanic (2), Fijian (1), Thai (1), Persian/Iranian (2), Canadian (3), African-American (1), Caucasian & East/South-East Asian (1), Caucasian & West/South Asian (1), Caucasian & African-Canadian (1), Caucasian & Filipino (2), First Nations & West/South Asian (1), First Nations & East/South-East Asian (1), Caucasian, Egyptian & "Black" (1), Caucasian & "Black" (1), and Unspecified (1)]	23 youths
	<i>Missing</i>	8

			Yes	No	Not sure
		N	FREQUENCIES		
1.	The staff treated me well.	139	100%	0	0
2.	They explained what information would be shared with others.	139	97%	1%	2%
3.	They listened to my concerns.	138	100%	0	0
4.	They helped me with my problems.	139	93%	1%	6%
5.	They taught me new ways of dealing with problems.	138	91%	2%	7%
6.	They invited me to meetings to discuss counselling progress.	133	72%	15%	13%
7.	The counselling sessions helped me feel better.	136	85%	4%	11%
8.	I did less crime after counselling.	117	82%	9%	9%
9.	Counselling was better than I expected.	139	88%	5%	7%
10.	I would rather have spent time in jail than in counselling at YFPS.	126	10%	88%	2%
11.	The goals of counselling were clear.	136	96%	2%	2%
12.	I could understand the counselling information.	138	99%	0	1%
13.	The building and office at YFPS was clean.	136	98%	1%	1%
14.	The building and office at YFPS felt safe.	136	100%	0	0
Average total score 13.2/14 (94.2% range 8.0 – 14.0) -- Total scores prorated, item 10 reversed, "not sure" counted as half a point.					

Contact Information

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OUTPATIENT CLINICS

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

Lower Mainland Region

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Langley, BC V3A 4H8
250-387-2830

Vancouver Outpatient Clinic
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Vancouver Island

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Nanaimo Outpatient Clinic
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