



Youth Forensic Psychiatric Services

Annual Report

2004/05

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1.0 Introduction

1.1 Director's Remarks

I am pleased to introduce the first Annual Report of Youth Forensic Psychiatric Services. This report provides us with an opportunity to capture and summarize the services, the activities, and the accomplishments of the past year. YFPS operates clinics throughout the Province of British Columbia, serving over 2000 clients this past year. This report attempts to offer staff, clients, and other stakeholders an overview of our organization, its services, current projects, and plans for the future.

2004-05 was a year of accomplishments for YFPS. Highlights included reformulating our standards for assessment, developing a new Client Information System, making our research publications more readily available to the public and reviewing and revising our Standards, Policy and Procedures Manual. We have continued to enhance regional leadership by supporting Regional Managers to attend the Provincial Leadership Training Initiative and also through the development of Regional Clinical Director positions. In the coming year we will continue to work towards the relocation of programs in Burnaby to the site previously occupied by the Burnaby Correctional Centre for Women.

This past year we have also worked extremely hard on the project of becoming accredited through the Council on Accreditation. As I look back over the work we have accomplished, I am struck by the dedication, commitment, and enthusiasm staff have shown in this endeavour.

André Picard
March, 2005

1.2 Clinical Director's Remarks

Youth Forensic Psychiatric Services has continued to provide psychiatric and psychological assessment and treatment services to young offenders with a wide range of psychiatric needs. The Clinical Director and Regional Clinical Directors meet regularly to address specific program development and management needs. In 2004 the standards for Forensic Assessment were revamped and disseminated throughout the service. Further review of treatment standards for specialized programs will be conducted following the appointment of the new Clinical Director in 2005.

While YFPS has had success in meeting its goals in providing clinical services, the future development of the service should also include increasing the academic activity of the service. The Program Evaluation and Research group has had success in evaluating the effectiveness of tools for risk assessment in violent adolescents and treatment outcomes for both violent adolescents and sexual offenders. This year YFPS will be co-sponsoring a two-day training event with the Forensic Psychiatric Services Commission that will offer advanced training for staff in both services. The goal is to further the creation and dissemination of knowledge in the assessment and treatment of young offenders. By increasing cooperation with the major universities in BC, YFPS will continue to expand its role as a training site for future psychiatrists, psychologists, nurses and social workers.

Roy O'Shaughnessy M.D., F.R.C.P.
March, 2005

2.0 Overview of Youth Forensic Psychiatric Services

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

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

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

3.0 Structure of the Organization

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

In addition to the four regions, there are three departments that offer service to the whole province. These are the Inpatient Assessment Unit, Program Evaluation and Research, and Program Support and Administration.

The Long and Short Term Goals for YFPS are attached at Appendix B. Appendix C includes Regional Reports and Short Term Goals for each region. Short Term Goals for the Inpatient Assessment Unit are also included in Appendix C. An organizational chart is included at Appendix D.

3.1 Provincial Services

3.1.1 Inpatient Assessment Unit

The Inpatient Assessment Unit (IAU), located in Burnaby, is a residential facility that provides assessment services to youth from anywhere in the province. The IAU also provides mental health services to the Youth Custody Centre located in Burnaby.

The custody centre is a major focus as we work to streamline and standardize services. An initial assessment instrument has been introduced that will allow us to do research.

There has been an increase in bail assessment requests with the introduction of the Youth Criminal Justice Act. Many of the youth referred to us have been previously assessed by YFPS. Mental health referrals remain consistent with previous years.

3.1.2 Program Evaluation and Research

YFPS clinical staff are actively involved in providing continuing education through affiliations with universities, membership in professional societies

and engaging in ongoing research and presentations. Some examples of Clinical Research include research into adolescent antisocial behaviour and research into sexual offending and treatment.

Some examples of forums at which YFPS clinicians have presented include:

- American Academy of society & Law;
- Canadian Psychological Association;
- Association for Treatment of Sexual Abusers; and,
- American Psychology-Law Society Page.

3.1.3 Program Support and Administration

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

3.2 Overview of Spending

A brief overview of spending is provided at Appendix E.

4.0 Clinical Services

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

Clinical Services fall into three broad categories. Court Ordered and Court Related Assessments make up approximately 53% of our service. Treatment services, which account for 41% of YFPS services may take the form of General Mental Health Treatment or one of our Specialized Treatment Programs for sexual offenders or for violent offenders. Finally, we offer psycho-educational groups for lower-risk clients. Each of these types of clinical services is described below.

4.1 Court-ordered and Court-related Assessments

Court-ordered assessments, provided in accordance with section 34 of the Youth Criminal Justice Act (YCJA) continue to be significant core clinical services for the Inpatient Assessment Unit and for the Outpatient Clinics throughout all regions. Since the implementation of the YCJA, there has also been an increasing demand for court-related assessments related to Extrajudicial Sanctions, in accordance with Section 10 of the YCJA.

During the past year, the standards for both court-ordered and court-related assessments have been reviewed and updated. Additionally, a working group of social workers and nurses have developed new guidelines for psychosocial assessments, a component of the court-ordered assessments.

4.2 Mental Health Treatment

4.2.1 General Mental Health Treatment

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

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

Regional efforts to prepare for formal accreditation with the Council on Accreditation (COA) have led to a review of general mental health treatment procedures. A new draft General Mental Health Treatment policy formalizes suggested procedures.

4.2.2 Specialized Treatment: Youth Sexual Offence Treatment Program

The Youth Sexual Offence Treatment Program (YSOTP) has been an important component of YFPS services for many years. Taking a standardized approach to the assessment and treatment of youths charged and/or convicted of sexual or sexually related offences, the program is available on an outpatient basis only at all clinics. Treatment is highly structured, with emphasis on group and individual modalities. Clinicians work closely with the youth's caregivers, Probation Officer, social worker and others in the youth's social network. Where appropriate, clinicians also assist with the youth's re-integration back into the family.

4.2.3 Specialized Treatment: Violent Offence Program

Recently developed and implemented, the Violent Offence Program (VOP) 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 the province's Youth Custody Centres.

4.3 Psycho-educational Programs

YFPS currently offers two psycho-educational programs: Youth Substance Abuse Management (YSAM) and Youth Violence Intervention (YVIP) Programs. With emphasis on an educational approach, these programs may be offered on a “stand-alone” basis or as preparation for a treatment program.

The programs are intended primarily for youth at low to medium risk for re-offending. Eligibility for admission to either program is determined through consultation between the referring Youth Probation Officer and the YFPS service provider.

Both programs consist of structured modules that are normally offered in a group format. The youth must finish each module in order to successfully complete the programs. Where individual counselling is deemed necessary by the group leader, a referral is made to one of the YFPS treatment programs.

4.3.1 YSAM The Youth Substance Abuse Management (YSAM) program is offered on an outpatient basis in the Lower Mainland region only.

4.3.2 YVIP The Youth Violence Intervention Program (YVIP) is available on an outpatient basis in all four YFPS service regions. The program may be offered by a YFPS clinician, or through contract with another service provider.

4.4 Summary Intake Statistics

A summary of intake statistics is provided in Appendix F

5.0 Non-Clinical Activities

5.1 On-Going Quality Assurance

This past year YFPS has created the new position of Assistant Director. One of the primary roles of the Assistant Director is to direct Quality Assurance activities throughout the organization. YFPS is one of four organizations in the Provincial Services Division of the Ministry of Children and Family Development that are currently seeking accreditation with the Council on Accreditation. The work of becoming accredited is adding to the on-going Quality Assurance activities that have always been an important part of the non-clinical activities at YFPS.

5.1.1 Continuous Quality Improvement Through our accreditation work, YFPS has set up a formal system of gathering quality improvement from a variety of sources. Each region and the IAU have Regional Continuous Quality Improvement (CQI) Teams that gather information on the quality of client record-keeping, outcome measures, client and staff satisfaction or complaints, and critical incidents and accidents in the clinics. Regional CQI Teams report quarterly to the Provincial CQI Team and recommendations for improvement flow from the Provincial CQI Team to YFPS Executive for decision making.

5.1.2 Outcome Measures

Outcome measures are being developed in a two-part process.

In the short term, interim outcome measures have been developed under the direction of the Provincial Accreditation Committee. Data is being collected in each of our three treatment program areas, throughout the province, using spreadsheets to summarize results.

Recognizing that the current system of outcome measurement uses tools that require further refining, Program Evaluation and Research is developing outcome measures that will replace those currently in use.

5.2 Program Support and Administration

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

5.2.1 Policy Initiatives

During 2003, YFPS underwent a major reorganization in response to the introduction of the federal Youth Criminal Justice Act (YCJA). We reviewed and updated our Policies and Procedures Manual. Alan Markwart, the Assistant Deputy Minister, formally approved the new manual in 2004 and for the first time it became available online for YFPS staff.

Through our work toward becoming accredited we have again revised and enriched our Policy and Procedures Manual, particularly in the areas of staff orientation and training, and for our residential unit.

5.2.2 Community and Residential Information Systems (CARIS)

Over the past year, YFPS has been involved in major project to replace our existing client information system. The new system, known as the Community and Residential Information System (CARIS), promises to be a considerable improvement in terms of accessibility for a wide range of users. It will also simplify the input, storage, management, and retrieval of all types of client information. The current target date for implementation of CARIS at YFPS is mid-2005.

Appendix A

Mission

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

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

Philosophy

Our philosophy is:

- To offer service that is child-centred and respects the integrity, dignity, and the rights of the adolescent. We promote as our primary objective the opportunity for optimal development of social skills and emotional stability.
- To respects the rights and responsibilities of parents and legal guardians, acknowledges 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 corporal punishment and/or aversive stimuli to promote behaviour change.
- To recognize and acknowledge the racial and cultural diversity of the youth to whom we provide service. Our assessment and treatment services are delivered in a way that respects their language, customs, social views, spiritual beliefs, culture and identity.

Appendix B: Long Term Goals for YFPS

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

Short Term Goals for YFPS

- 1. Enhance community based practice by developing a more flexible service delivery model.**
 - Increase outreach by providing services to YFPS clients at school, community agencies or other locations where youth congregate and feel comfortable
 - Increase services provided within the youth's home
 - Enhance use of family treatment
- 2. Enhance partnerships with other relevant agencies, including Youth Custody, Community Youth Justice, Maples Adolescent Treatment Centre and Child and Youth Mental Health.**
 - Develop a transfer protocol between YFPS and MATC for NCRMD/Unfit youth
 - Develop a training program and protocol for threat and risk assessments for schools
 - Monitor and evaluate protocols between Youth Custody and YFPS
- 3. Maintain and enhance forensic specific training to staff.**
 - Identify specific training needs that focus on current/future programs
 - Implement identified training needs
- 4. Develop leadership in the field of forensic training and research.**
 - Formalize affiliation agreements with UBC/SFU/U.Vic
 - Increase utilization of YFPS as a training site for universities and colleges
 - Develop partnerships with academic institutions to expand training capacity to include professional education that meets requirements of professional bodies for continuing professional education
- 5. Improve program evaluation.**
 - Establish a research agenda that focuses on program needs
 - Establish partnerships with academic institutions and/or external researchers to increase research funding.
- 6. Enhance clinical practice.**
 - Develop a structure to support the delivery of services to other YFPS mental health clients
 - Complete standards for forensic treatment
 - Complete guideline documents for each professional group consistent with the standards

Appendix C: Regional Reports and Regional Short Term Goals

Lower Mainland Regional Report

The Lower Mainland Region delivers forensic psychiatric services to an area encompassing all of greater Vancouver, the surrounding suburban communities and rural communities east to Boston Bar and north to communities of Bella Bella and Bella Coola. Service is delivered through three dedicated outpatient clinics located in Vancouver, Burnaby and Langley and one contracted service provider, Powell River Child Youth and Family Services, in the community of Powell River. Additionally there are a number of staff in a variety of locales including probation offices throughout the Lower Mainland and the Burnaby Youth Custody Centre.

This service is delivered in the Lower Mainland region by a combination of salaried and contracted staff, totalling 73 in number. The total population of youth served in the community since January 2004, through both assessment and treatment, is approximately 576. Since January 2004 the Mental Health team in Burnaby Youth Secure Custody Centre had approximately 1650 contacts with youth (this number does not represent individual clients but rather the total number of contacts that staff have had with youths, calculated on the basis of average contacts per day.)

The range of programming provided in this region includes predisposition and post disposition assessments for courts and probation officers. Treatment programs include a Violent Offence Program, a Youth Sexual Offence Treatment Program, Alcohol and Drug Treatment and a General Mental Health Program. The Region continues to move ahead with community-based initiatives. These initiatives include a Systemic Family Based approach to the management and treatment of young offenders in the Upper Fraser Valley Region, as well as, teams comprised of Clinical Psychologists, Social Workers and Nurses, located in MCFD Integrated Offices in Burnaby, New Westminster and Coquitlam.

The Lower Mainland Region currently has in place Service Agreements with the Vancouver/Coastal Region, the Fraser Region of MCFD and the Youth Custody facilities in the Lower Mainland. The Lower Mainland Region is actively pursuing enhancements of existing service agreements and where necessary, new service agreements with stakeholders in an effort to improve and enhance service delivery to multi-problem clients that are shared by the Lower Mainland YFPS Region and the two MCFD regions.

Lower Mainland Short Term Goals

- 1. Enhanced community based practice by developing a more flexible service delivery model.**
 - Continue to provide community based, outreach service to clientele. Explore potential for new partnerships with other stakeholders, e.g. school districts.
 - Pursue the expansion of the Intensive Family Therapy model currently being employed in the Chilliwack area.
 - Continue to support the ongoing evolution of the Vancouver, Burnaby and Langley clinics.

- 2. Enhance partnerships with other relevant agencies, including Child and YouthMental Health, Community Youth Justice and Youth Custody.**
 - Continue to meet with management of the Fraser and Vancouver Coastal Regions to explore partnerships in areas of shared responsibility. Where feasible and appropriate, develop Service Agreements to establish services.
 - Enhance, where possible, service delivery to the Custody Centre Mental Health Program and the Violent Offence Program offered in the custody context.
 - Continue to pursue program specific meetings with stakeholders, e.g. Co-ordinator of the VOTP holding ongoing meetings with youth probation officers in the Lower Mainland to discuss program structure and service delivery issues.

- 2. Maintain and enhance forensic specific training for staff. Identify specific training needs for staff through employee performance and development plans.**
 - Identify training opportunities and training resources to address identified training needs.
 - Identify trends that indicate changes in treatment/programmatic approaches to our client group in order to implement proactive training.

- 4. Program enhancement, evaluation and research.**
 - Encourage the ongoing evaluation of programs we deliver through sound research projects.
 - Encourage the participation of treatment staff in ongoing empirical research efforts.
 - Identify and support potential research connections and partnerships with Post Secondary Educational Institutions in the Lower Mainland Region.

- 5. Enhance and evolve Lower Mainland Regional structure.**
 - Continue to develop and enhance the Lower Mainland management team.
 - Support and enhance the Accreditation process.
 - Maintain the overall integrity of the Lower Mainland Region while being sensitive to the variety of needs in a highly diverse socio-economic region, i.e. a densely populated region comprised of large urban areas and large rural areas.

Vancouver Island Region Annual Report

The Vancouver Island Region continues to provide Forensic Psychiatric Services to much of Vancouver Island. Services are delivered primarily through dedicated outpatient clinics, one located in Victoria and one in Nanaimo. The Nanaimo Clinic covers a significantly large region from Ladysmith (south) to Parksville (North) and to Port Alberni and West through to the coast. Services are contracted for the North Island through John Howard Society with dedicated staff working in both Courtenay and Campbell River. In addition, we have recently negotiated extending services through a travelling clinic based in Campbell River providing direct services to Port Hardy.

The Victoria clinic provides a full range of outpatient services to Victoria Youth Custody Services who work closely and collaboratively with custody services staff. Open cases at the custody centre, both assessment and treatment, average approximately 40 open files at any one point in time. The Victoria clinic also is the base of the Violent Offence Program and remains an active one, providing a wide range of treatment modalities, including individual treatment, risk assessment, family treatment, and integrated case-management collaboratively with Youth Justice. As well, the Victoria clinic collects data for research purposes from all areas of the Island, gathering a wide range of clinical data, demographic information, historical variables, and behaviour variables among others. To date, the program has gathered data on all youth from 2002 to 2003 and has a total of approximately 340 youth on the system currently.

All clinics continue to develop working relationships with community partners. Staff of each of the clinics, including the contracted services in central island, work collaboratively with aboriginal groups, Youth Justice, Child and Youth Mental Health, as well as other groups, including a concurrent disorders initiative in Victoria.

All clinics endeavour to provide services close to the local community. The Victoria clinic provides a travelling clinic weekly to Duncan and works closely with numerous community agencies; the Nanaimo clinic provides travelling clinics to Port Alberni, Parksville, and primarily on a consulting basis to West Coast communities; the Courtenay/Campbell River contracted services also provide outreach consultation and now a regular travelling clinic to Port Hardy.

Vancouver Island Short Term Goals

- 1. Enhanced community-based practice by developing a more flexible service delivery model**
 - Increased outreach by providing services to YFPS clients at home, school, community agency, or other locations.
 - Continue to expand the use of family therapy.

2. Enhance partnerships with other relevant agencies, including Child and Youth Mental Health, Youth Custody Services, Youth Custody and Community Youth Justice

- Continue to enhance community partnerships with Mary Manning Centre, Youth Empowerment Centre, Victoria General Hospital, and other agencies that provide services to youth requiring mental health services.
- Continue to participate in regional child and youth mental health initiatives as well as the Youth Justice Committee.
- Monitor and evaluate protocols and services between Youth Forensic Psychiatric Services and Victoria Youth Custody Services.

3. Maintain and enhance forensics specific training to staff

- Identify specific regional training needs that focus on current and future programs.
- Implement identified training needs through in-service training, workshops, and participation in joint training endeavours.
- Continue participation in programs, such as Concurrent Disorders Committee, with concomitant training requirements and educational opportunities.
- Implement the orientation package with all new staff.

4. Program enhancement, evaluation, and research

- Continue the development of research opportunities on Vancouver Island.
- Continue to develop a large research databank on Vancouver Island to support both local research and co-operate with program wide evaluation research, and service-wide research.
- Attempt to establish partnerships with external researchers and regional academic institutions.

Interior Regional Report

The Interior Region has experienced a year of adjustment related to the change in workload related to the introduction of the YCJA. There has been some change from contracted services in some of the smaller communities to travelling clinics provided from the two clinics – Kelowna and Kamloops.

In addition, we have focused time and resources into the re-tooling of the contracted residential program for youth who have committed sexual offenses, moving from a group home model to an individualized placement program with extensive efforts to strengthen the functioning of the youth involved both within the placement, in the community and intervention work with the family wherever possible. This has become an integrated effort with Youth Justice, the contracted service, ARC Programs and our clinicians in both clinics. Those youth who have completed the program thus far show very good effect from the revised programming.

Our clinics continue to develop the violent offender programming with an array of responses including individual treatment, risk appraisal, and family treatment being the most frequent modes of intervention. A large percentage of our referrals relate to violent offending and resources are being allocated accordingly.

Finally, we have developed a stronger working relationship with Youth Justice with some regional meetings and discussions and the development of a working protocol. We will continue to meet and explore cross training opportunities as well as working together to influence the development of the Child and Youth Mental Health plan.

Interior Region Short Term Goals

1. Enhance community based practice by developing a more flexible service delivery model

- Continued development of travelling services to smaller communities from the two clinics, emphasizing in those travelling services collaborative work with key community partners e.g. Integrated Youth Offices of MCFD, community psychiatry, Child and youth Mental Health, Probation and existing Child and Youth Committees
- Further development in engaging families in intervention work by inviting their participation in assessment debriefing, treatment planning and regular intervention evaluations. Add a part time family therapist or contracted family therapist to Kamloops Clinic using the family therapist at the Kelowna Clinic to mentor development of that service.
- Continue to work with Youth Justice and the Resources section of MCFD to enhance the availability and stability of resources for youth who have committed sexual and violent offences both by participation in system of care committees as well as offering consultation and training to staff and caregivers.

2 Enhance partnerships with other relevant agencies, including Community Youth Justice, and Child and Youth Mental Health

- Completion of a community needs assessment for high risk, high need youth in the Kelowna area with the intended outcome of identifying gaps and overlaps in services. From that assessment, identify a pilot project model to better serve those youth in partnership with RCMP, Youth Justice, Integrated MCF Youth Services, Alcohol and Drug Programs, School District and Child and Youth Mental Health.
- Implementation of the Community Youth Justice/YFPS Regional Protocol. Continued quarterly meetings of the protocol working group to continue dialogue and problem solving on issues as they arise. Annual meeting to occur between Regional Manager YFPS and the Provincial Director, Youth Justice, Interior Region to review and revise protocol.
- Work collaboratively with Community Youth Justice and regional CYMH services to influence the development of services for behaviorally disordered youth in the Interior Child and Youth Mental Health Plan
- Develop a partnership with Interior Health Authority particularly with regards to the development of the Regional Adolescent Psychiatric Unit at Kelowna General Hospital and continuity of care
- Work with Community Youth Justice to initiate youth justice committees in the major communities involving RCMP, Crown, and other key players to improve dialogue and informed decision making at all steps in the youth justice system

3. Maintain and enhance forensic specific training to personnel

- Ensure that regular clinical rounds and consultation involving all service delivery teams (employees and contracted services) occur on a regular basis for active case consultation and service delivery discussion
- Completion of EPDPs for all staff in the region identifying training needs and assisting staff to access training opportunities specific to their identified needs
- Regional training events annually, as well as active support and encouragement for 100% regional attendance at the Provincial Training event
- Develop and carry out a cross training event for Youth Justice/YFPS personnel in the Interior Region focused on enhancing knowledge around youth who offend violently and the development of an improved system of supervision/assessment and treatment

4. Program enhancement, evaluation and research

- Develop links between the two developing regional universities, Thompson River University in Kamloops and UBC Okanagan in Kelowna and the clinics; particularly with the schools of psychology, nursing and social work encouraging practicum placements and the involvement of faculty in YFPS work and program evaluation
- Encourage the ongoing evaluation of current programs through sound research projects
- Encourage staff and contractors to participate in regional and provincial research efforts.

Northern Regional Report

The Northern Region has been continuing to provide treatment services to youth through the Prince George Clinic and through a network of contracts with agencies and individuals throughout the region. Court assessments have been conducted exclusively at the Prince George clinic. Assessment and treatment services are also provided to the Prince George Youth Custody Centre.

The region is continuing to see the effects of changes resulting from implementation of the Youth Criminal Justice Act. Referrals for pre-adjudication assessments have increased, treatment is being provided to youth on Peace Bonds and Extra-Judicial Sanctions. The youth in custody are presenting with increasingly challenging behaviour. Youth with significant violent offences are requiring primary treatment in their home community. These changes are resulting in a need to re-evaluate how the region delivers services. Program re-design, coupled with increased co-ordination and training to our community partners has formed one of the major initiatives of the past year. Protocols established between this region and Child and Youth Mental Health have sought to position us better in this new environment. Finally, the Continuous Quality Improvement emphasis in the accreditation initiative has provided momentum to effect changes in program delivery and evaluation which had been contemplated for some time.

Northern Region Short-term goals:

1. **Enhance community based practice by developing a more flexible service delivery model.**
 - Driving youth home to community visits, where safe and feasible, and connecting to youth probation officers, contractors and other community partners
 - Increase home visits within Prince George where appropriate
 - Reappraise need for family information groups as an introduction to more comprehensive family intervention when needed
 - Continue participation in integrated case management (ICM's)
 - Continue and expand contact with community partners through community visits and regular case conferences

2. **Enhance partnerships with other relevant agencies, including Youth Custody, Community Youth Justice and Child and Youth Mental Health.**

Youth Custody:

- Improve co-ordination and co-operation with the Youth Custody Centre. Joint planning day September 9th, 2004 at PGYCC increased understanding of roles, program areas and objectives
- Increased contact with unit staff and others leading to more cooperative relationships
- Case management structure at PGYCC has helped to pull YFPS regularly into information and planning meetings

- ICM's at PGYCC include YFPS staff and help to identify youth in need of service and in need of referral.
- Planning: determine if psycho-educational group could be done with custody staff, possibly starting with four sessions around major risk factors.
- Local protocol between YFPS and PGYCC is in place and is monitored through meetings between Regional Manager and Custody Centre director.
- Joint planning regarding transition beds for regional youth who are engaged in YFPS treatment programs

Courts and Youth Justice:

- Judges invited to YFPS but scheduling has been complicated – invite Administrative Judge again
- Meeting with Administrative Crown over the summer improved understanding of roles/needs and relationships
- Court liaison role more formally attached to Intake Co-ordinator. Increased direct contact with Court Registry by phone and in person has improved co-ordination of scheduling and documentation.
- Increase in phone, e-mail contact with regional youth probation officers re: sex offender coordinator role and tracking potential referrals
- Increasing understanding of courts/custody/probation that YFPS can be helpful with psychotic youth in the legal process and will also provide services immediately.
- Visits to communities for CQI can be combined with increased contact with community youth probation officers for case consultation and to foster relationships

Child and Youth Mental Health

- Increased case consultation on forensic issues in Prince George and throughout region
- Joint training initiatives (DBT training with others to follow)
- Protocol developed between Northern Region YFPS and CYMH
- Psychiatrist and psychologist working with both YFPS and CYMH fosters more co-operation and co-ordination
- Participation in Regional Mental Health Advisory Committee

3. Maintain and enhance forensic specific training to staff

- Review current research in our field. Team members will take it in turns to review a journal article or report, monthly at Team Meetings
- Comprehensive case review - 1 case per month at Team Meetings to share clinical knowledge and skills
- Identify individual training needs and implement through workshops and joint training events within YFPS and with others in community

4. Develop leadership in the field of forensic training and research

- Continue and enhance university connections through student practica in Social Work, Nursing and Educational Psychology at UNBC and other universities

- YFPS staff enrolled at UNBC – post graduate studies at Masters and PhD level to increase focus on forensic issues
- Teaching in social work program at UNBC and providing guest lectures to university and colleges

5. Program enhancement and evaluation

- Program evaluation through the accreditation process
- Some program enhancement through accreditation (General Mental Health)
- Implementing new ideas in response to changing needs e.g. extension of VOTP regionally
- Brief workshops in response to identified client needs

IAU short term goals

- 1. Enhanced community based practice by developing a more flexible service delivery model**
 - provide stabilization at the IAU for the seriously mentally ill forensic youth in the community
 - continue to provide services to youth found NCRMD and unfit who are destabilizing in the community
 - continue to provide mental health services to all youth in custody and provide consultation services to the regions

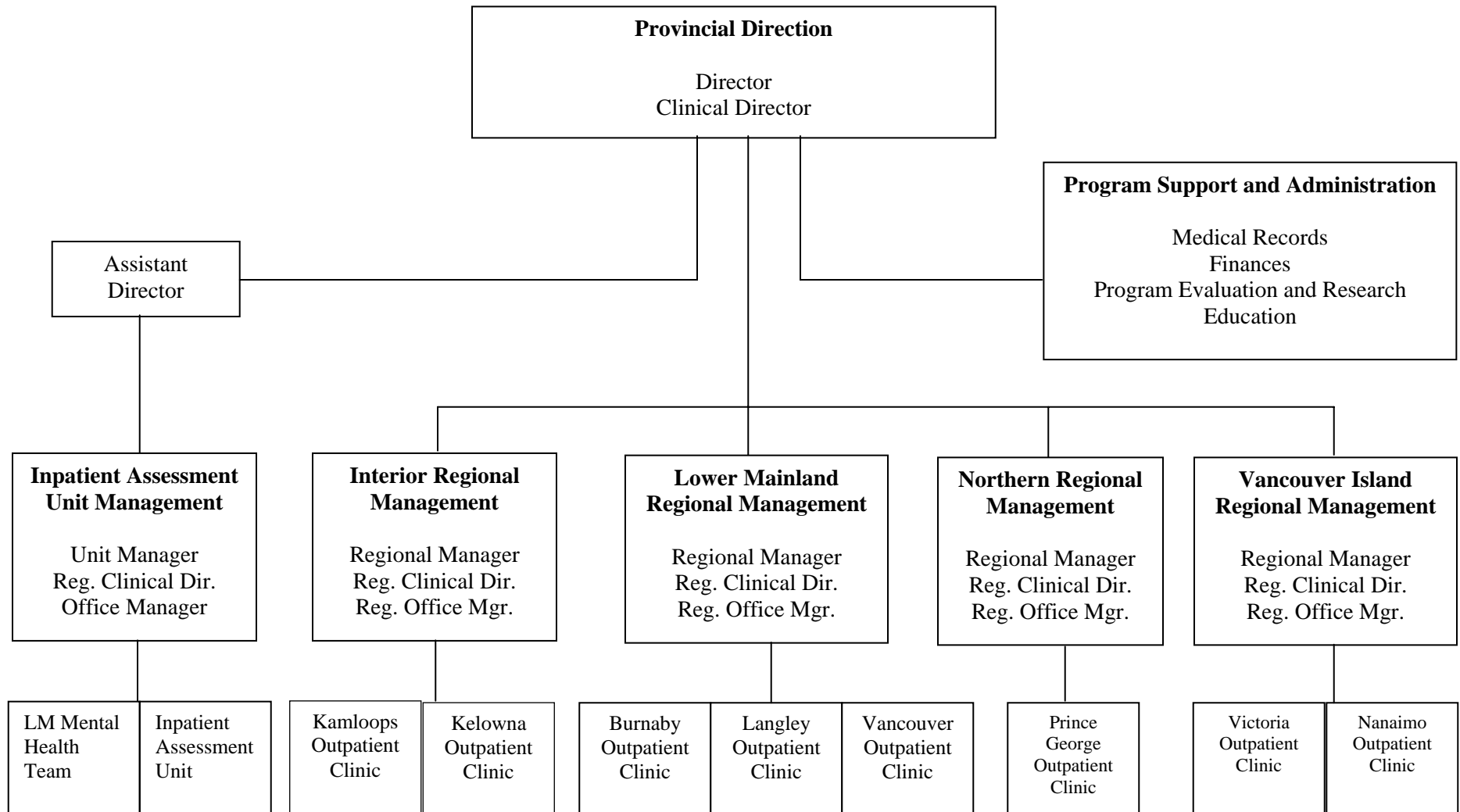
- 2. Enhance partnerships with other relevant agencies, including Maples, Child and Youth Mental Health, Community Youth Justice and Youth Custody**
 - monitor and evaluate protocols between youth custody/MATC and YFPS
 - develop emergency response protocols and procedures involving MATC/BYCS/RCMP
 - MHT: meet regularly with their counterparts in other centres to maintain continuity of care.

- 3. Maintain and enhance forensic specific training for staff**
 - plan and deliver a training workshop for IAU staff
 - identify training opportunities
 - all staff to have a completed EPDP by end of fiscal year

- 4. Develop leadership in the field of forensic training and research**
 - utilization of the IAU as the initial training ground for clinical staff new to the service
 - continue to provide educational experiences for professionals in training

- 5. Program enhancement, evaluation and research**
 - MHT: develop and implement standardized assessment protocol, which will allow for on-going evaluation and research.
 - IAU -re-evaluate standardized assessment package with a view to improving initial clinical assessment and providing suitable material for ongoing research
 - review program delivery

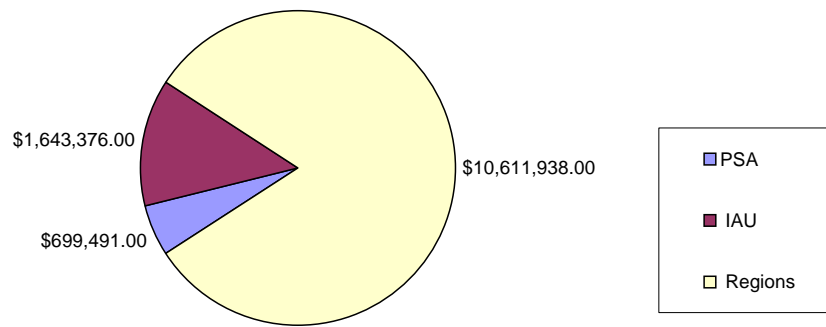
Appendix D: Youth Forensic Psychiatric Services Organizational Chart



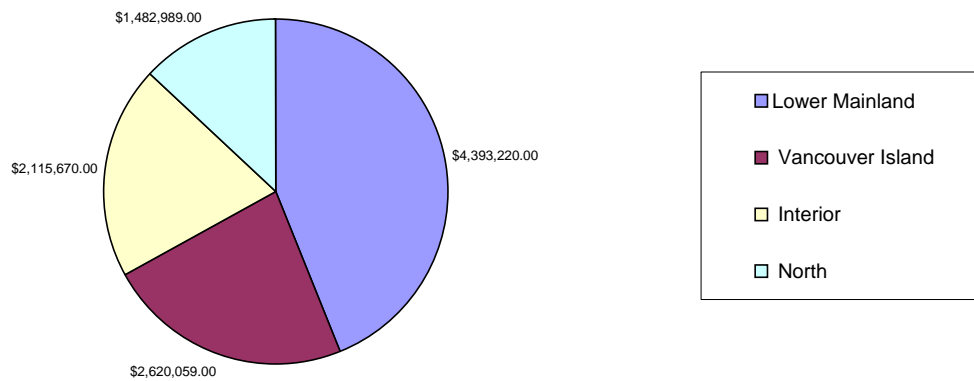
Appendix E: Overview of Spending

Total Expenditures 2004-2005: \$12,926,170.00

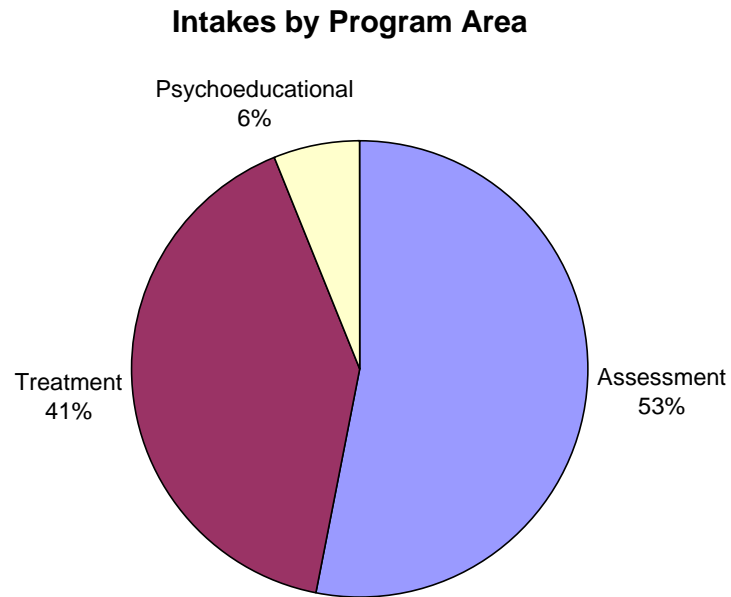
Overview of Spending



Spending By Region



Appendix F: Summary Intake Statistics



Total number of new clients throughout province: 2190