



Ministry of Children
and Family Development

YOUTH FORENSIC PSYCHIATRIC SERVICES

ANNUAL REPORT 2005 - 2006



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FOREWORD

July 6, 2006

Re: Annual Report

It is with pleasure that we present the 2005/06 Annual Report for Youth Forensic Psychiatric Services, Provincial Services Division, Ministry of Children and Family Development.

The report contains a summary of our program activities, conducted both centrally and regionally throughout the year. It also contains a summary of financial expenditures and Continuous Quality Improvement initiatives.

A copy of this report is being distributed to our Ministry partners, to those in the Justice community with whom we have contact and to other interested organizations. We would like to express our gratitude to our community partners for your continued collaboration during the year.

André Picard
Director
Youth Forensic Psychiatric Services

Mark Gosse
Executive Director
Youth Justice & Youth Forensic Psychiatric Services

Ministry of
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1.0 Introduction: Director's Remarks

I am delighted to introduce the second Annual Report of Youth Forensic Psychiatric Services (YFPS). Similar to last year, this report will summarize the services, activities and accomplishments of the past twelve months.

With the initial phase of Accreditation successfully completed, and with no standards out of compliance, I may proudly add, we have clearly demonstrated our service's commitment to Continuous Quality Improvement. Our provincial team had met on a monthly basis, and continues to meet regularly to review all aspects of our service delivery.

While our referrals have maintained the downward trend, it has provided us with the opportunity to take a closer look at our treatment programs and to make some improvement in how we deliver them. For instance, the Youth-Violence Intervention Program (Y-VIP) was reviewed by Dr. Heather Gretton. As a result, that program was redefined in such a way that it is now being reorganized to become a part of our larger and more comprehensive Violence Offence Treatment Program (YVOTP).

Perhaps one of the most significant accomplishments this year was our spring Conference. Jointly hosted by our Service, Adult Forensic Psychiatric Services, UBC Psychiatry Department and the Alberta Mental Health Board, the event was well attended by over 500 participants and a series of well recognized speakers. Comments gathered in the feedback forms indicated that the event was clearly a success in all aspects.

Finally, after a long awaited recruitment process, Dr. Kulwant Riar successfully competed for the position of Clinical Director. We are hoping to have Dr. Riar initiated to his new role by the next YFPS Executive meeting at the end of June 2006. I look forward to working with him and assisting him in developing a vision for the future directions of our clinical services.

André Picard

Director
June, 2006

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 Youth Custody Services located in Prince George and Victoria.

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 Term Goals for YFPS are attached at Appendix A. Appendix B includes Regional Reports outlining regional progress towards the Short Term Goals as well as the report from the Inpatient Assessment Unit. Reports from the YFPS Standing Committees are at 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 court ordered assessment services to youth from anywhere in the province. The IAU provides mental health services to the Burnaby Youth Custody Services and consultation services to the regions.

The custody centre remains a major focus of the IAU program as we continue to work to streamline and enhance services. There have been significant changes to the service delivery mechanisms of the Mental Health Team. Presently mental health services

3.1.1 Inpatient Assessment Unit (cont'd)

to all the custody centres are under review with the goal to standardize screening processes.

Bail assessments continue to form a large component of service delivery. There has been an increase in referrals of developmentally disabled individuals who represent significant treatment and placement challenges for the community.

As follow up to a recent Operations Review, the IAU has added a second seclusion room and is now designated as a 6 bed unit.

3.1.2 Program Evaluation and Research

Program Evaluation and Research (PER) team members continued to be actively engaged in the design and implementation of research at Youth Forensic Psychiatric Services. The YFPS Employee Survey was initiated to gather information on employees' perceptions and levels of satisfaction. The information was to be used to identify opportunities to improve work life within this service. The YFPS PER team was responsible for organizing and analyzing responses. An executive Summary was prepared and submitted. At the request of the YFPS Executive Committee, the PER evaluated the Provincial Youth Violence Intervention Program (YVIP). Findings and recommendations were presented to the executive committee along with recommendations concerning revisions to the program.

In 2005 the PER also initiated a review of the penile plethysmograph as an assessment instrument used to measure sexual deviance in adolescent offenders. As well, a review of the Prince George Youth Sex Offence Treatment Program was initiated. Ongoing investigation of instruments for the assessment of youth at risk for sexual violence was furthered in 2005 by including new assessment instruments and increasing the adolescent sexual offenders' sample. In 2005 PER was involved in planning and participating in the Annual YFPS Training Event. The Provincial PER Committee continued to help guide the PER process and review research proposals submitted to YFPS by staff and external researchers. In addition, PER participated in accreditation and CQI activities by organizing, analyzing and presenting data provided by clinicians. Further, PER committee members continued to liaise with university faculty and students to facilitate links between YFPS and the academic community.

More information about specific research projects can be found in the YFPS website at <http://www.mcf.gov.bc.ca/yfps/index.htm>

3.1.3 Program Support and Administration

Under the leadership of the 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 Justice Courts, Youth Probation Officers and the Youth Custody Services Centres. All clinical services are provided by mental health professionals (psychiatrists, psychologists, social workers, nurses and health care workers).

Clinical Services fall into three broad categories. Court Ordered and Court Related Assessments make up approximately 49% 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 either sexual offences or for violent offences. 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 under 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 Extra judicial Sanctions, under Section 10 of the YCJA.

Standards for all the assessments were revised last year.

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 a network of contracted service providers. The IAU continues to provide short-term stabilization of youth admitted from Youth Custody Centres under terms of the Mental Health Act and to those youth who are deemed Unfit to Stand Trial or Not Criminally Responsible on account of Mental Disorder (NCRMD). The IAU also provides mental health services to youth at the Burnaby Youth Custody Services Centre.

4.2.1 General Mental Health Treatment (cont'd)

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

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: Youth Violent Offence Treatment Program

The Youth Violent Offence Treatment Program (YVOTP) 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 Services Centres.

4.3 Psycho-educational Programs

YFPS historically offered two psycho-educational programs: Youth Substance Abuse Management (Y-SAM) and Youth Violence Intervention (Y-VIP) Programs. With emphasis on an educational approach, these programs were offered on a "stand-alone" basis or as preparation for a treatment program. Both programs were intended primarily for youth at low to medium risk for re-offending

Referrals to Y-VIP fell dramatically following implementation of the Youth Criminal Justice Act. The program was reviewed in the new year with a final report submitted in March 2006. The recommendation of the report was to eliminate Y-VIP as a separate psycho-educational program and to bring it under the general umbrella of the Youth Violent Offence Treatment Program. The revision of the program, in this new context, is currently underway.

4.3.1 YSAM

The Youth Substance Abuse Management (YSAM) program is offered on an outpatient basis in the Lower Mainland region only. It consists of structured modules that are normally offered in a group format. The youth must finish each module in order to successfully complete the program. Where individual counselling is deemed necessary by the group leader, a referral is made to one of the YFPS treatment programs.

4.4 Summary Intake Statistics

A summary of intake statistics from April 1st to December 15th, 2005 is provided in [Appendix F](#). Collection of referral data in 2006 has been impeded by the delay in implementation of the new client information system.

5.0 Non-Clinical Activities

5.1 On-Going Quality Assurance

The position of Assistant Director was established in November 2004. 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 have been accredited with the Council on Accreditation. The work of seeking and maintaining accreditation status has added to the on-going Quality Assurance activities that have always been an important part of the non-clinical activities at YFPS. A report is contained in Appendix C.

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

In the past three years, YFPS has undergone two major revisions of the Policies and Procedure Manual: the first in response to the introduction of the federal Youth Criminal Justice Act (YCJA) and the second as a result of the accreditation initiative. The manual is available online for YFPS staff.

5.2.2 Community and Residential Information Systems (CARIS)

Full implementation of the new Client Information System has taken longer than expected but the first phase was implemented in February 2006. 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 full implementation of CARIS at YFPS is late 2006.

APPENDICES

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 on account of 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 respect the rights and responsibilities of parents and legal guardians and to 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 nor 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.

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.)
2. Enhance partnerships with other relevant agencies, including Youth Custody Services, 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, development and evaluation
6. Enhance clinical practice

APPENDIX B: REGIONAL PROGRESS TOWARDS SHORT TERM GOALS

Lower Mainland Regional Report

The short term regional goals for the Lower Mainland Region remain as:

1. Enhance community based practice by developing a more flexible service delivery system.
2. Enhance partnerships with other relevant agencies, including Child and Youth Mental Health (C&YMH), Youth Justice and Youth Custody Services.
3. Enhance and maintain Forensic specific training for staff.
4. Program enhancement, evaluation and research.
5. Enhance and evolve Lower Mainland Regional structure.

The Lower Mainland Region continues to meet goals by engaging in outreach services from three regional clinics. Currently, the Vancouver Clinic delivers service in the Squamish and Sechelt areas. Additionally, there is consideration for the development of outreach service to the North Vancouver area. The Burnaby Clinic delivers community based service in the Burnaby, Tri-Cities and Coquitlam areas and will further evolve this service in the future. The Langley Clinic is delivering service in a wide variety of Upper Fraser locales, including Whalley, South Surrey, Delta, Abbotsford, Chilliwack and Mission. Planning is being initiated to further enhance service through a travelling clinic model.

Enhancement of partnerships with C&Y MH can be found in the Squamish project. C&Y MH is partnering with YFPS, through the vehicle of an MOU, utilizing existing YFPS resources to provide services to C&Y MH clients. It is anticipated that a similar partnership in the Sechelt area will follow. Also, YFPS is negotiating an MOU with the Coastal Region C&Y MH for the delivery of forensic services in Powell River. Additionally, there is preliminary consideration being given to enhancement of YVOTP services offered in the custody centre. The timing of this project will coincide with the amalgamation of services at the Burnaby Youth Justice Services Centre site. More generally, Lower Mainland YFPS has initiated and will continue to pursue enhanced relationships with Probation, through local orientation and educational sessions. These meetings are held at a variety of MCFD integrated offices throughout the Lower Mainland.

Training for and by YFPS staff is an ongoing process in the region. Lower Mainland YFPS staff attended and presented at Youth Justices Best Practice Forum held in Richmond. Additionally, staff attended the Mental Health and the Justice System, Across the Life Span convention in Vancouver. Currently, the region is exploring the potential for training in Dialectical Behaviour Therapy (DBT) through a multi-day event in the fall and through Dr. Alex Chapman of SFU. In addition to large group efforts at training, all staff are consistently involved in individual efforts through attendance at specific conferences and workshops.

Finally, the Lower Mainland Region continues to work on regional structuring through the multidisciplinary regional management team. More specifically, the region continues to develop the Vancouver clinic through the dedication of staff and the ongoing negotiation for dedicated space.

Gary Kumka, Regional Manager

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 large region from Ladysmith in the south to Parksville in the north, and Port Alberni in the west, as well as occasional trips to Tofino. Services to the north island are provided by contract through the John Howard Society and with dedicated staff working in both Courtenay and Campbell River. In addition, the John Howard Youth Forensic Team provides a traveling clinic to Port Hardy.

The Victoria Youth Forensic Psychiatric Services Clinic continues to provide a full range of outpatient services to Victoria Youth Custody Services, who work closely and collaboratively with custody services staff. Referrals overall, in both assessment and treatment, have been reasonably steady.

The Victoria clinic, in addition, collects data for research purposes from all areas of the island. This data has led to active research on Vancouver Island, with two poster presentations at a recent forensic conference in Vancouver, and an upcoming presentation at the International Association for Forensic Mental Health Services in Amsterdam, in June of 2006.

All clinics on Vancouver Island continue to expand the use of family therapy, and whenever possible, provide services on an outreach basis. Staff regularly uses office space in various areas throughout the Greater Victoria Regional District, and we continue to provide traveling clinics to numerous communities. All clinics continue to value community partnerships with numerous relevant agencies. This is done on a clinical level through integrated case management, which has increased significantly over the past year, as well as ongoing regional initiatives such as Youth Justice Committee.

We have also continued to develop new relationships and partnerships with First Nations Communities, particularly in the north and central Vancouver Island. We now have a sub-committee of three representatives from our clinics, to address First Nation's issues. We are working collaboratively with the Victoria Youth Custody Services who have committed resources to Aboriginal-specific services. There are currently plans, for instance, to build a sweat-lodge, although not on the custody grounds.

Staff has continued to identify specific regional training needs, as well as in-service training, workshops, participation and joint training endeavours. Vancouver Island services continue

participation with programs such as the Concurrent Disorders Committee, and there is a current proposal to look at specific training regarding Foetal Alcohol Spectrum Disorders (FASD) screening and assessment.

Gregg Badger, Regional Manager

Interior Regional Report

The Interior Region has experienced a year of gradual increase in workload, related to the courts, Crown and Youth Justice responding to the provisions available within the Youth Criminal Justice Act. We are also learning how to best respond to these new provisions.

The Boundaries Program, a contracted residential (and non-residential) attendance program for youth who have committed sexual offences, shows good effect for youth. The program development has been a model of integration between YFPS clinicians, Boundaries program staff and caregivers and Youth Probation. Efforts this year have focused on training caregivers, streamlining referral processes and ensuring good discharge planning. The non-residential portion of the program has focused on supporting youth in their home, or alternative to home placements, preventing the need for their placement to be disrupted.

The Youth Violent Offence Treatment Programs in both clinics continue to undergo refinement including the development of a Violence Risk Awareness program to engage resistant youth in identification of their risk and protective factors related to their offending behaviour.

Family treatment work has developed in Kelowna Clinic and is in the process of development at Kamloops Clinic. Families of youth with mental health, violence and sexual offence issues have been engaged in intervention efforts with positive results.

Community practice has been enhanced by providing regular travelling clinics to Salmon Arm and Vernon, with teams also travelling to Merritt and Lillooet for assessment and consultation. Additionally, a family therapist has been contracted to start at the Kamloops Clinic. The Kelowna Family therapist has begun seeing families from Vernon by meeting them in a community office in Winfield.

Service partnerships have been enhanced by increased communication and the development of a protocol with Youth Justice which has resulted in a stronger and more integrated working relationship. Currently discussion and planning is occurring with Youth Justice in the transition of the YVIP program to YVOTP throughout the region. Also, research and discussion is underway with Interior Health and other parts of MCFD around services to youth with FASD/E and concurrent disorders

Forensic specific training has been maintained and enhanced by holding regular clinical rounds and team supervision in all areas of the region. Employee Performance and Development

Plans (EPDPs) and Performance Reviews for all staff occur annually with identification of training needs and priorities. The region has presented at the provincial training event as well as the regional meeting.

Program enhancement and research has occurred through a variety of initiatives including the provincial cross training for YFPS and Youth Justice staff. A regional training event is still viewed by both partners as a goal for the future. Training and travel dollars have been unavailable to Youth Justice this past year for such an event.

The Kelowna Clinic is developing a relationship with the Psychology Department at UBC Okanagan and a graduate student will be starting in June working on co-morbid substance abuse. Evaluation of the pilot project with high risk middle school students is being undertaken by associate professor Dr. Michael Woodworth in collaboration with the Clinic. Kamloops Clinic is affiliated with the schools of social work and nursing at Thompson Rivers University. Staff and contractors from the region were also actively involved in the evaluation of a sexual offender assessment measure and of the Y-VIP program.

Moreen Tremblay, Regional Manager

Northern Regional Report

The Region has worked hard during the year to enhance community based practice. In addition to participating in our regular monthly teleconferences, staff have been increasing our home visits to youth and families, providing liaison and partnerships with community agencies and travelling to the major centres in the region to provide regular clinical support to our contracted service providers. Further to the goal of developing regional clinical capacity and increased outreach to the Aboriginal communities in our region, we have established a full-time position in Williams Lake (beginning in October 2006) to serve the central/south Cariboo region and the Chilcotin.

Efforts to increase our services to Prince George Youth Custody Services has resulted in providing regular individual and some group programs at the Centre; increased liaison with custody staff, an increased profile on the living units and a joint social skills group conducted by a YFPS social worker and the Centre's pastor. We also assisted in the planning and awarding of a contract for Riley House, a new 2 bed residential program for high risk youth who are engaged in YFPS counselling and require supported accommodation upon leaving custody or who have experienced placement failure in the community.

We have sought to maintain regular contact with our other major community partners in youth probation and mental health. Attendance at the provincial Youth Justice Best Practices Forum provided a welcome opportunity to meet Youth Justice staff from around the province. We have initiated meetings with probation officers when travelling around the region and have continued to enjoy a very collaborative relationship with our specialized probation officer in the sexual offence program.

Relationships with Child and Youth Mental Health have included participation in the regional mental health planning group and working on joint endeavours with mental health staff in several northern communities, including Smithers, Burns Lake, Fort St. John and Prince George. We also participated in planning a regional FASD conference.

We are very pleased to welcome Dr. Louis Sutker as our new Regional Clinical Director. The clinical team in Prince George has sought to remain current in the field of forensic mental health through sharing self-directed reading at team meetings, attending conferences, local events and workshops through voluntary agencies, the University of Northern B.C. or the Health Region. We have also provided training to others in the professional community, to UNBC and to schools and community agencies. We continue to provide student placements from the UNBC schools of social work, nursing and education.

Judith Hayes, Regional Manager

IAU Report

The IAU continues to provide in-custody assessments provincially to those youth who are unable, for a variety of reasons, to be assessed in the community. The IAU also continues to provide mental health services to youth in custody and provide consultation services to the regions; provide services to youth found NCRMD and unfit who are destabilizing in the community; and provide mental health services to Burnaby Youth Custody Services (BYCS) in the form of a mental health team working directly within the centre.

Relationships with other agencies have been enhanced by the development of: an urgent response protocol agreement between the Maples Adolescent Centre, the Burnaby Youth Custody Services Centre and YFPS IAU; initiating of a project to standardize mental health screening services to the Youth Custody Services; and participating in conferences with the courts, when requested.

Forensic specific training has been maintained and enhanced by: training in-house Non-Violent Crisis Intervention (NVCI) trainers, with a detailed instruction program yet to be developed and delivered; identifying training opportunities for staff through the completion of staff evaluations and Employee Performance and Development Plans (all 2004-2006 EPDPs were completed, on schedule). Additionally the IAU is represented on the YFPS Education Committee.

Leadership in the field of forensic training and research has been implemented by utilizing the IAU as the initial training ground for many clinical staff who are new to the service and by continuing to provide educational experiences for various professionals, in training.

Program enhancement, evaluation and research has been ongoing through the development of the Mental Health Team for youth at BYCS, the implementation of a standardized assessment protocol and the possible implementation of a province-wide mental health screening protocol which would facilitate ongoing evaluation and research.

Additionally, the IAU is re-evaluating its standardized assessment package with a view to improving initial clinical assessment and providing suitable material for ongoing research.

Linda Moyneur, Program Manager

APPENDIX C: STANDING COMMITTEE REPORTS

Continuous Quality Improvement Committee Report

Youth Forensic Psychiatric Services achieved accreditation with the Council on Accreditation during the past year, with very good feedback from the accrediting organization. YFPS is one of four organizations in the provincial services division of the Ministry of Children and Family Development that sought accreditation, and all are now accredited. The Provincial Accreditation Committee and the Provincial CQI (Continuous Quality Improvement) Committees have merged and continue to meet quarterly.

YFPS has continued to support both the Provincial YFPS CQI Committee, and Regional CQI Committees. We continue to gather information on the quality of client record keeping, outcome measures, client satisfaction surveys, client & staff complaints and grievances, as well as critical incidents. The regional CQI teams continue to report quarterly to the provincial CQI team, and recommendations for improvement flow from the provincial CQI team to the YFPS executive for decision-making.

Over the past year, Regional CQI Committees have been responsible for the dissemination of client satisfaction surveys, with separate forms for both assessments and treatment cases. The surveys have been returned to program evaluation and research, with the results then being given to the Provincial CQI Committee.

While return rates have varied from region to region, overall, the number of client satisfaction surveys returned has been reasonably good. Nonetheless, the Provincial Accreditation Committee has revised the client satisfaction forms, and has taken some steps to increase the return-rate of the surveys.

In addition, the Provincial CQI Committee is in the process planning the distribution of stakeholder satisfaction surveys to judges, probation officers, and regional Crowns, among others.

We continue to use Interim Outcome Measures developed under the direction of the Provincial Accreditation Committee. Data is being collected in each of the three program areas, the Youth Sexual Offence Treatment Program, The Violent Offender Treatment Program, and general mental health cases. This data is gathered quarterly via progress evaluations, and summarized on spreadsheets prepared by PER, research assistants and YFPS staff.

We recognize that the current system of outcome measurement is not as refined as we would like, and the Provincial Accreditation Committee is in the process of evaluating the current tools, and beginning the process of refining the current data collection, and separating out the functions of the progress evaluations.

A summary of progress evaluations is contained below, together with a summary of comments made in client satisfaction surveys received over the year.

Year April 2005 – March 2006

Number of progress/discharge reports from each clinic and associated contractors:

| | SOTP | YVOTP | GEN TX | TOTAL |
|------------------------------------|------------|------------|------------|-------------|
| Burnaby Outpatient Clinic | 70 | 16 | 124 | 210 |
| Vancouver Outpatient Clinic | 0 | 43 | 81 | 124 |
| Langley Outpatient Clinic | 38 | 22 | 144 | 204 |
| Prince George Outpatient Clinic | 39 | 16 | 101 | 156 |
| Kelowna Outpatient Clinic | 22 | 26 | 56 | 104 |
| Kamloops Outpatient Clinic | 6 | 5 | 21 | 32 |
| Victoria Outpatient Clinic | 18 | 39 | 141 | 198 |
| Nanaimo Outpatient Clinic | 13 | 21 | 105 | 139 |
| John Howard Society – North Island | 9 | 2 | 13 | 24 |
| TOTAL | 215 | 190 | 786 | 1191 |

Number of questionnaires from each clinic and associated contractors:

| | Assessment | Treatment | TOTAL |
|---|------------|------------|------------|
| Inpatient Assessment Unit in Burnaby | 74 | - | 74 |
| Burnaby Outpatient Clinic | 30 | 15 | 45 |
| Langley Outpatient Clinic | 2 | 6 | 8 |
| Vancouver Outpatient Clinic | 10 | 3 | 13 |
| Victoria Outpatient Clinic | 4 | 7 | 11 |
| Nanaimo Outpatient Clinic | 0 | 0 | 0 |
| Kelowna Outpatient Clinic | 31 | 11 | 42 |
| Kamloops Outpatient Clinic | 5 | 5 | 10 |
| Prince George Outpatient Clinic | 14 | 7 | 21 |
| Contracted Agency (e.g., John Howard) | 2 | 11 | 13 |
| Contracted Clinician (e.g., YCJA psychologists) | 8 | 40 | 48 |
| Clinic info missing, unknown origin | 2 | 0 | 2 |
| TOTAL | 182 | 112 | 294 |

Favourable Comments Regarding YFPS Services

- All issues and concerns addressed. I felt comfortable discussing the incident
- Awesome.
- Everybody was extremely helpful! R., C., and L. were understanding and are very knowledgeable in their area of expertise. It helped me become more open with family and friends, so in other words I'm no longer shy. Thanks.
- Good
- Good work, I am fixed
- Great people - very! Trustworthy. Easy to talk to.
- I've never had someone listen to me so well, it helped me work through my problems. Thanks.
- I didn't feel it was important to attend at first, but I began to really appreciate the meetings.
- I found it helpful and easy to access and my counsellor was easy to talk to, and I think I will benefit from the program.
- I think that the people here that help me are quite nice and they are always happy to see me. When I was hurt they helped me get better.
- It helped me understand myself a lot better and how I can deal with issues with other people in appropriate manners. This program has helped me grow as a person.
- It was cool to learn new things and talk about problems.
- The service was very helpful in progress of controlling my anger.
- Treatment was okay, better than I expected
- Two thumbs up.
- Very effective, and good.
- Very helpful for me in my life and other aspects
- Very helpful, interesting, gained positive insight into situation/life.
- No comments (71)

Unfavourable Comments Regarding YFPS Services

- I don't need a psychologist. All the stuff she (psychologist) tried to teach me I already knew.
- I think that the people behind the desk would see more improvement in their clients if it was in a different environment. (Coffee shop) for example.
- I want there to be more hands on stuff. Not so much talking.
- It took so long to get into treatment from the time I got arrested to first meeting with therapist. Lost so much time because got into group late. I almost lost my whole summer, could not work full-time because group was 2x a week. I want to see my family.
- Probation officer helped more than counsellor did.
- No comments (89)

Education Committee Report

The Educational Framework for YFPS was presented to, and endorsed by the Executive Committee in September of 2005. The Terms of Reference for the YFPS Education Committee were approved in December of 2005 and the new committee's inaugural meeting was convened on March 2, 2006.

Committee members are: Moreen Tremblay (Interior), Linda Moyneur (Inpatient Assessment Unit), Dr. Kulwant Riar (Lower Mainland), Judith Hayes (North), Gregg Badger (Vancouver Island) and Gerry Nelson (Chair).

Priorities for fiscal 2006/2007 include using internal resources for designing learning activities or programs and delivering to clinical staff:

1. Pharmacology Updates (at next YFPS Conference);
2. Youth Violent Offences Treatment Program (YYVOTP) Training/Updates (via 1-day traveling training);
3. Youth Sexual Offences Treatment Program (YSOTP) Training/Updates (via 1-day traveling training); and
4. Cognitive Behavioural Therapy (CBT) via 1-day primer in theory & practice.

Client Information Services Working Group:

The Client Information Services Working Group was commissioned in March, 2005 and charged with reviewing the agency's CIS related policies, procedures and practices. A multidisciplinary team of staff from across the Province was convened. The working group conducted a comprehensive, collaborative review process that occurred between April and November of 2005. The CIS Working Group was composed of: Kelly Baker, Terry Anne Smiley, Moreen Tremblay, Linda Moyneur, Dr. Paul Janke, Dr. Iris Sharir & Dr. Heather Gretton, Suzie Salt and Gerry Nelson

In December, 2005, the CIS Working Group presented to the Executive Committee a report on their findings and recommendations. That report recommended that the service focus on refining existing organizational structures and functions. Specifically, the service should review key roles and CIS responsibilities for personnel such as the Administrator of CIS, the Regional Office Managers and the Office Assistants.

Additionally, the report recommended that the service focus attention and resources at articulating policies, procedures and practice guidelines relating to the efficient management of client health information. Such refinement of work processes must include timely and service-wide communication, education, consultation and follow-up strategies.

The recommendations of the CIS Working Group were endorsed by the Executive Committee and in the ensuing months a number of the significant recommendations have been put into

action and/or otherwise completed. As at the close of the fiscal year, the outpatient client record has been re-organized and the topic Job Descriptions have been reviewed and updated. In the coming year, the CIS working group will be reconstituted as a standing committee of the Executive in order to guide future CIS activities, such as policy and procedure review, revision and development.

Gerry Nelson Assistant Director

Youth Sexual Offence Treatment Program Report

Regional Program Coordinators:

Grace Van Horn: Vancouver Island (Chair 2005/06)

Lynne Swanson: North Agnes Tao: Lower Mainland Carol Grant: Interior

The YSOTP Provincial Coordinators met four times over the last year. On May 30, 2005 we met at the Victoria YFPS clinic. On September 22, 2005 we met at the Burnaby YFPS clinic; On December 15, 2005 we met at the Kelowna YFPS clinic and on March 2, 2006 we returned to meet in Burnaby. Our next meeting is scheduled for June 28 – 29 at the Prince George YFPS clinic.

Each meeting begins with a review of the minutes from the previous meeting, followed by an update from all the YSOTP programs. Most clinics reported a drop in referral rates over the past year, with the exception of Prince George who reported a consistent flow of referrals, with a trend of higher needs youth overall. Of the YSOTP assessment referrals being received, there has been a general increase of those youth being considered for extra judicial measures. There has been one youth from the Victoria Youth Custody Services who is referred for treatment under an Intensive Rehabilitation and Community Supervision (IRCS) order.

Program maintenance and development are reviewed each meeting, with the sharing of new materials and skills relevant to YSOTP. Concern was expressed regarding this committee's role to ensure that program integrity is consistent province wide, which resulted in the decision to review all the materials and manuals presently being used for YSOTP through-out the province, at our next provincial coordinators meeting June 28th.

The YSOTP provincial committee Terms of Reference Document was reviewed and revised as needed during the March 2nd meeting.

Perry Thompson, Medical Technician, joined the Coordinators meeting Dec.15th and presented a PPG tutorial. The PPG is a procedure that measures physiological arousal. Both the information and the discussion were useful. Dr. Heather Gretton, Research Psychologist will join the June meeting to review and discuss the results of the YFPS PPG study she conducted earlier this year.

Whenever possible the Executive Sponsor for YSOTP, Dr. Louis Sutker has joined the coordinators meeting for clinical support and direction. When we met in Kelowna the Regional Assistant Director, Steve Sigmund joined the meeting. Louis introduced the "Circle of Support" as a means of helping clients with long term needs for follow-up beyond probation. There is continued discussion regarding the use and preference of different risk assessment tools.

The role of Chairperson will be rotating to Lynne Swanson for the 06/07 fiscal year.

Grace M. Van Horn, Chair

Youth Violent Offence Treatment Program Report

Regional Program Coordinators:

Dayna Long: North (Chair, 2005/06)

Sue Ward: Vancouver Island Gerry Donders: Lower Mainland Roger Wilson: Interior

Over the four meetings occurring during the past year (July 18, October 17, and January 16) several guests have participated in response to specific topic areas. For example, Dr. Patrick Bartel attended regarding use of the Structured Assessment of Violence & Risk in Youth (SAVRY); Dr. Louis Sutker attended regarding Intensive Rehabilitative Custody and Supervision (IRCS) orders, and Dr. Heather Gretton attended regarding her report of the Youth Violence Intervention Program and with respect to preparing for the evaluation of the Youth Violent Offence Treatment Program provincially. The coordinators have then in turn, been able to share this information with their region and develop regional strategies where appropriate. The focus areas of the committee meetings this past year have included: education regarding IRCS orders, discussing consistent and appropriate use of the SAVRY, clarifying the definition of a Youth Violent Offence Treatment Program (YVOTP) candidate, actively participating and responding to the Y-VIP evaluation, planning and resource sharing for enhancing work related to family and addictions issues within YVOTP, and preparing internal processes for upcoming program evaluation.

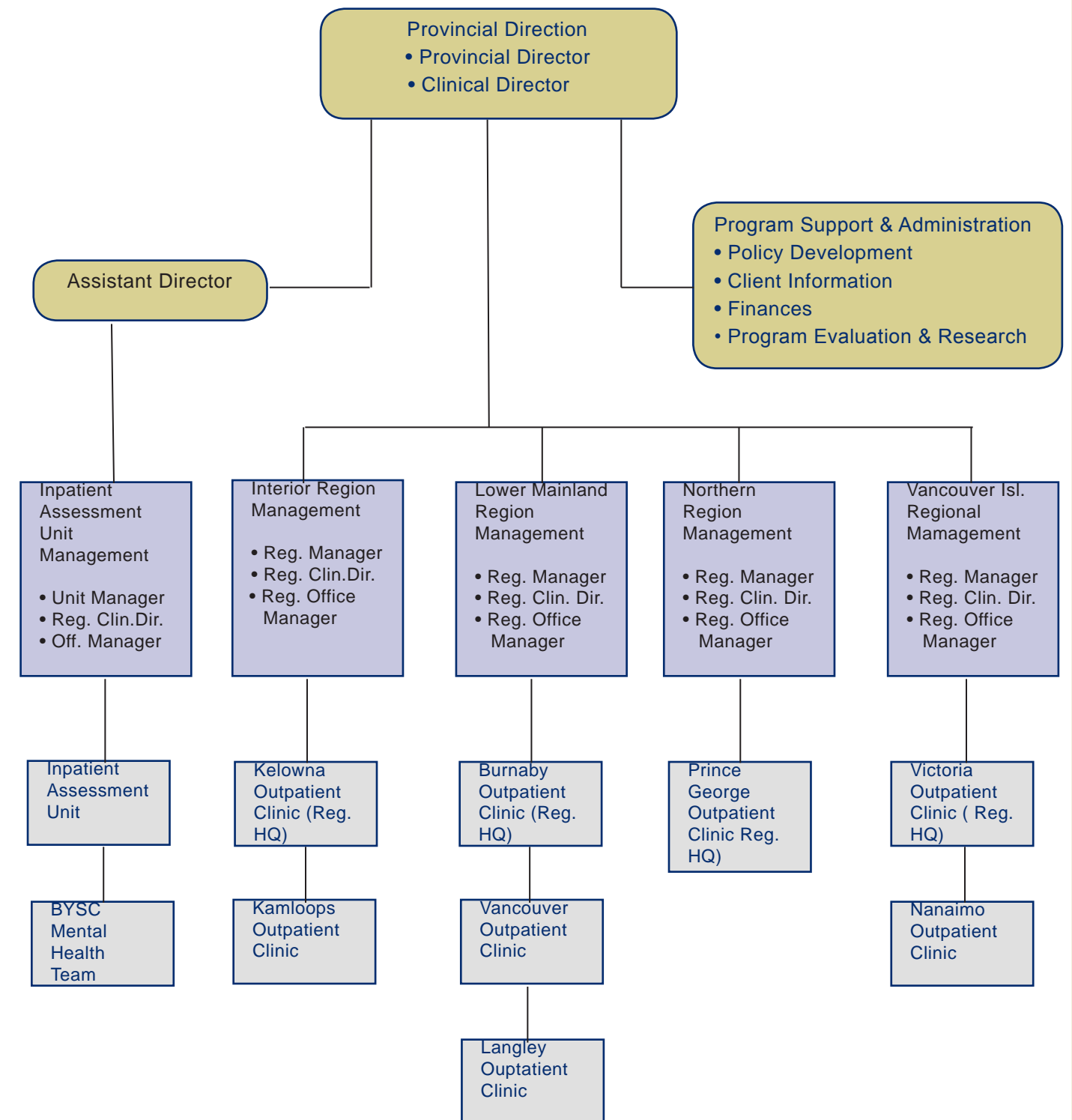
The committee has set the following goals for the upcoming year:

- Continue to provide opportunities and a venue for resource and idea sharing
- Actively engage in the process of program evaluation by:
- Reviewing and revising as necessary the YVOTP manual,
- Up-dating the committee's Terms of Reference
- Assisting in the transition of "YVIP/YVOTP light" under the VOP umbrella
- Reviewing and updating the YFPS website and,
- Continuing to develop a response to integrating substance use materials and strategies within the program to address observed trends and client needs.

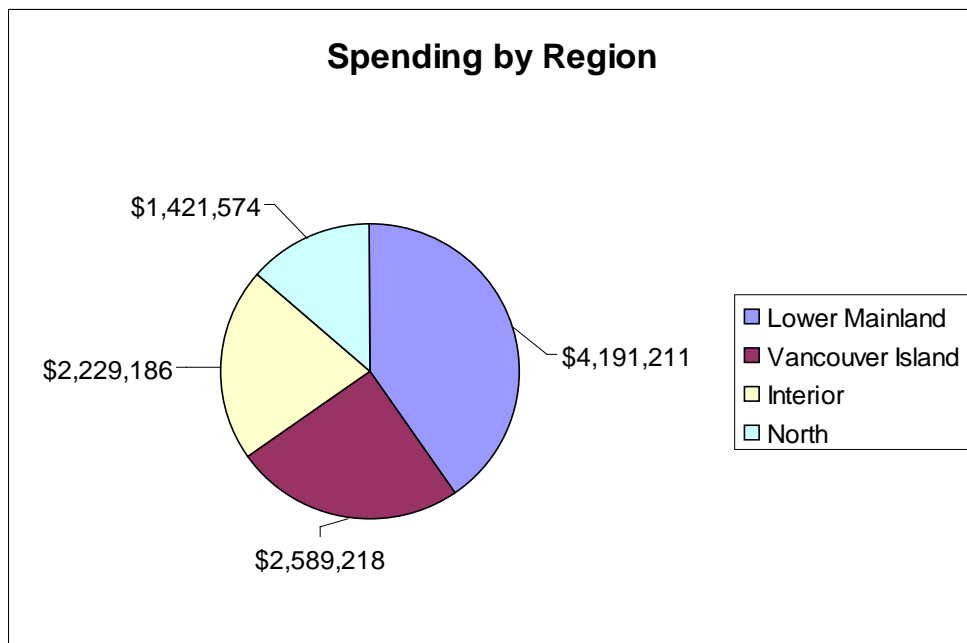
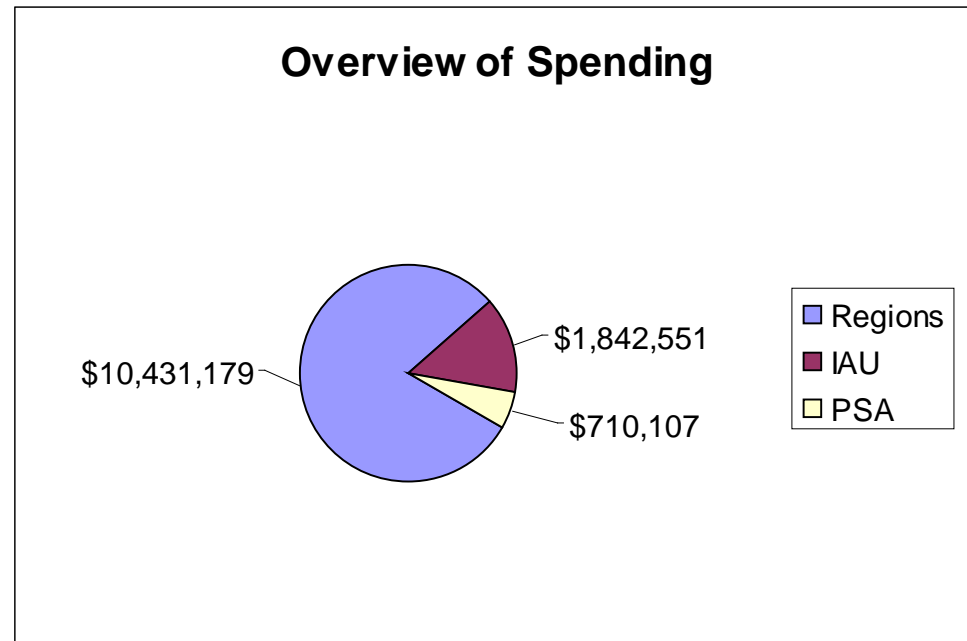
The position of rotating chair of this committee will now turn to the Island region, with Sue Ward taking over the role.

Dayna Long Chair

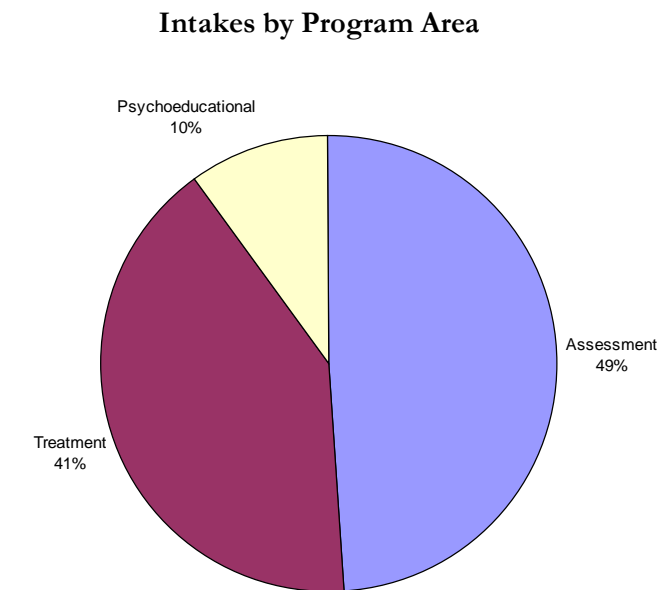
APPENDIX D: YFPS STRUCTURAL ORGANIZATION CHART



APPENDIX E: OVERVIEW OF SPENDING



APPENDIX F: SUMMARY OF INTAKE STATISTICS



Note: Partial year only April 1st, to December 15th, 2005. Provincial total of new intakes for this period 1382