

FORENSIC PSYCHIATRIC SERVICES COMMISSION 2009-2010 ANNUAL REPORT



BC Mental Health &
Addiction Services

An agency of the Provincial Health Services Authority



Cover photo: Forensic Psychiatric Hospital in Port Coquitlam. Photo by Jeff Yarske.



Forensic Psychiatric Services Commission Annual Report 2009-2010



*Michael Marchbank,
Co-chair, Forensic Psychiatric
Services Commission*

The mandate of the Forensic Psychiatric Services Commission (FPS) is to provide court-related forensic psychiatric assessment, treatment and community case management, and to enable the safe reintegration of patients/clients into the community. FPS provides specialized hospital and community based services for adults with mental disorders who are in conflict with the law.

The 190-bed Forensic Psychiatric Hospital (FPH) serves individuals referred by the Courts for treatment and assessment. Community based services are provided on an outpatient basis through regional programs coordinated by six community clinics in Vancouver, Victoria, Nanaimo, Prince George, Kamloops and Surrey.

Members of the Commission

- Michael Marchbank, Chief Operating Officer, Provincial Health Services Authority (Co-Chair);
- Leslie Arnold, President, BC Mental Health & Addiction Services (Co-Chair);
- Dr. Soma Ganesan, Physician Leader, Riverview Hospital and, Medical Director, Adult Mental Health Services, Vancouver Community;
- Robert W.G. Gillen, QC, Assistant Deputy Attorney General, Criminal Justice Branch, Ministry of Attorney General;
- Alan Markwart, Assistant Deputy Minister, Ministry of Children and Family Development;
- Sheila Taylor, Assistant Deputy Minister, Medical Services Division, Ministry of Health Services;
- Robert Watts, Assistant Deputy Minister, Community Corrections and Corporate Programs, Ministry of Public Safety & Solicitor General.



*Leslie Arnold,
Co-chair, Forensic Psychiatric
Services Commission*





Dr. Brian Thomas-Peter

Highlights for 2009-2010

During the 2009 – 2010 fiscal period, FPS has developed and participated in a number of initiatives in the ongoing effort to improve patient care and safety across the organization. Successes have been achieved in both new and ongoing research projects, organizational plans and programs and the initiation of and participation in meetings and conferences at the national and international levels. All have been undertaken to support our goal of delivering forensic services at the highest possible standard in an efficient and effective manner.

New Provincial Executive Director of Forensic Psychiatric Services

After a lengthy search process, most of which took place in the 2009/2010 fiscal period, Dr. Brian Thomas-Peter has been appointed as Provincial Executive Director of Forensic Psychiatric Services. In this role he will have administrative responsibility for the hospital and regional clinic operations, and for the implementation of the Forensic Psychiatric Services strategic initiatives. Dr. Thomas-Peter assumed his new role in August, 2010.

Dr. Thomas-Peter comes to BC Mental Health & Addiction Services (BCMHAS) from Thames Valley Forensic Mental Health Services in Oxford, England where he was the Programme Director & Head of Psychology. Born in Canada, he was educated in England, earning a PhD in Psychology and an MBA in Public Service. He has extensive clinical experience, has held several leadership and honorary appointments and is widely recognized for his published work.

The Commission is grateful to Angus Monaghan for taking on interim responsibility throughout 2009, and Tess Kroeker who has provided interim leadership since February of 2010.



Highlights for 2009-2010 (continued)



*Interim Director of
Patient & Client Services
Angus Monaghan*

Operational Plan

The FPS Operational Plan was developed in 2008-09 with the vision to be a national and international leader in forensic mental health services. Building upon the development of the Operational Plan, a series of town hall meetings were conducted at FPH and each of the six regional clinics to highlight the key goals and initiatives to be undertaken. Staff and physician participation in realizing these goals is key to the success of this plan.

Highlights of progress made with the Operational Plan include the initiation of a National Reference Group on Forensic Mental Health in April 2009. Justice Ted Ormston, Chair of the Mental Health and the Law Advisory Committee to the Mental Health Commission of Canada presented at the 2nd National Forensic Mental Health Leaders forum discussing stigma, homelessness and knowledge exchange. The implementation of Suicide Assessment and Management strategy was initiated in October 2009. The use of Tele-mental Health equipment has proven to be an efficient and effective method of providing services across the Province. Video conferencing allows for Court ordered psychiatric/psychological assessments to be conducted, for Court appearances remotely and for family members to visit with patients at the FPH. Further, focused Short-Term Assessment of Risk and Treatability (START) training at each of the regional clinics and FPH was completed in early 2010.





*Drs. Brink and Nicholls
at a START training session*

Highlights for 2009-2010 (continued)

START assessment tool training expands

The Short-Term Assessment of Risk and Treatability (START) was originally developed in 2004 by FPS Director, Clinical Services and Scientific Director Dr. Johann Brink, FPS Senior Research Fellow Dr. Tonia Nicholls and colleagues. It continues to make a significant contribution to the practice of forensic medicine in the dynamic assessment of short-term patient risk of violence and treatability. By January 2008, virtually all FPH and regional clinic staff had been trained in its use. During 2009/2010, the START team provided further training at FPH and each of the regional clinics. A total of 211 staff members were trained in four full-day sessions for new staff and 12 two-hour refresher courses.

START, which satisfies the essentials of several benchmarks or best practices in mental health, has attained considerable international success and has been implemented across entire services in the USA, United Kingdom, Scotland and Scandinavia. The START team is presently collaborating with colleagues on an adolescent version and has begun the development of an electronic form (E-START) to facilitate tracking patient progress and administrative reporting in large agencies. Drs. Nicholls and Brink are co-editing a case-book with several other international clinicians and researchers. The book will provide several examples of cases studies and risk assessments and is intended to support trainers and enhance agreement about patients' levels of risk.

Indigenous Cultural Competency Training Pilot

In the fall of 2009, FPS participated in the Indigenous Cultural Competency Training Pilot by enrolling staff in this pilot. The PHSA Aboriginal Health Program has been busy developing Indigenous specific cultural competency training for health care professionals. This training was designed to increase knowledge, enhance self awareness and increase skills of those who work both directly and indirectly with Aboriginal people. It is anticipated that this training will not only increase individual competencies but lead to positive partnerships, and better access and health outcomes for Aboriginal people.

The training is delivered online and is highly interactive and supported by a trained facilitator. Once formally evaluated, the Indigenous Cultural Competency Training program will be made available to all staff.



Highlights for 2009-2010 (continued)



*Dr. Deanna Mulvihill,
Director of Nursing
& Professional Practice*

Pandemic Plan established

In 2009 with the imminent threat of the an H1N1 pandemic, Director of Nursing & Professional Practice Dr. Deanna Mulvihill, working with Emergency Services, Infection Control and all other services across Riverview Hospital and Forensic Psychiatric Services, developed a comprehensive BCMHAS Pandemic Plan. The Plan's objective was to provide clear direction on roles, responsibilities and tasks for all personnel prior to, during and immediately following a pandemic event.

Extensive consultation and revision took place to ensure the integration of all services and that this new plan was in line with the PHSA emergency and infection control guidelines as well as the provincial and national guidelines.

eCHART project

In November 2009, FPS embarked on a four month project to deploy the eChart Clinical Information System at the Forensic Psychiatric Hospital and the Regional Clinics. The project provided clinical personnel access to electronic order entry for laboratory, medical imaging, ECT and physiotherapy as well as laboratory and medical imaging reports. eChart is fully integrated with the Cerner Patient Management System, already utilized to register and admit patients throughout FPS. All information entered for registration or admission will be automatically known to eChart and will never need to be re-entered.

All FPS staff who use eChart for dictation/transcription, order entry, results viewing, chart tracking/deficiency management, or some combination of the above have been provided formal educational sessions. The ability for physicians and other clinical staff to order special investigations and view results electronically brings significant benefits for patient safety, time management and clinical records fidelity.





Highlights for 2009-2010 (continued)

Attendees at second Forensic Leaders' Conference in Toronto

FPSC sponsors successful national and international conferences

6th Annual Forensic Conference

A total of 317 delegates from across Canada, the US and abroad attended the 6th Annual Forensic Psychiatry Conference held in Vancouver in April 2009. Delegates expressed very positive reviews in terms of both the breadth of program content included in plenary and concurrent clinical and research-oriented presentations, training seminars, poster presentations and displays; and from an organizational/logistical perspective.

The event was again co-sponsored by FPS on behalf of BCMHAS, UBC Department of Psychiatry, Youth Forensic Psychiatric Services and Alberta Health Services, in what has become a solid partnership for the planning of an event that continues to gain recognition among the forensic mental health community provincially, nationally and internationally.

Inaugural Meeting of National Forensic Mental Health Leaders

This first-ever meeting of national forensic mental health leaders from across Canada was held in conjunction with the 6th Annual Forensic Mental Health Conference. Coordinated in partnership with senior administrators from the Centre for Addiction and Mental Health in Toronto, this event was organized to address an identified need to create a forum for senior forensic mental health leaders from the different jurisdictions in Canada to come together to discuss issues of common interest, share best practices, provide a platform for networking and knowledge exchange, and to explore opportunities for collaborative projects and research activities.

The meeting was attended by representatives from all Canadian provinces and territories with the exception of Nova Scotia, New Brunswick, PEI, Manitoba and the Northwest Territories, as well as representatives from Corrections Canada and the Canadian Academy of Psychiatry and the Law, based in Ottawa. At the request of attendees, a follow-up meeting was held in Toronto in September 2009, with additional meetings scheduled for May and September of 2010 to discuss an emerging list of cross-jurisdictional topics of interest.



Highlights for 2009-2010 (continued)



Dr. Johann Brink, FPS Director, Clinical Services and Scientific Director

Research Update

Research continues to evolve as an important aspect of FPH, especially as we strive to enhance clinical practice through the increased application of scientific knowledge. Our researchers, individually or in partnership with local, national and international colleagues, and as members of the BC Mental Health and Addictions Research Institute, are exploring important domains in forensic mental health.

Current or recently completed projects include an exploration of resilience and the trajectories of illness in forensic patients and homeless persons, stigma, risk assessment, aggression in forensic settings, the perception of persons with mental illness of their interactions with the police, forensic applications of videoconferencing technology, and patient engagement in hospital based treatment programs. In addition, we continue to refine the manual for START and have developed a new START related guide for risk assessment in youth.

Accomplishments in 2009-2010 include 31 conference presentations, 26 workshops on risk assessment and more than 20 publications.



AUDITORS' REPORT

To The Board of Commissioners
of Forensic Psychiatric Services Commission

We have audited the statement of financial position of Forensic Psychiatric Services Commission as at March 31, 2010 and the statement of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Commission's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Commission as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

As required by the Society Act (British Columbia), we report that, in our opinion, these principles have been applied on a basis consistent with that of the preceding period.



Chartered Accountants
Vancouver, Canada
April 30, 2010



FORENSIC PSYCHIATRIC SERVICES COMMISSION**Statement of Financial Position**

(Expressed in thousands of dollars)

March 31, 2010, with comparative figures for 2009

	2010	2009
Assets		
Current assets:		
Cash	\$ 168	\$ 559
Restricted cash	83	83
Accounts receivable	17,397	14,002
Inventories	83	91
	<u>17,731</u>	<u>14,735</u>
Capital assets	3,290	2,835
	<u>\$ 21,021</u>	<u>\$ 17,570</u>
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 8,005	\$ 5,647
Current portion of obligations under capital leases	33	37
Current portion of retirement allowance	236	104
	<u>8,274</u>	<u>5,788</u>
Long-term obligations under capital leases	75	124
Retirement allowance	1,116	1,310
Asset retirement obligations	350	316
Deferred capital contributions	2,937	2,409
	<u>12,752</u>	<u>9,947</u>
Net assets:		
Invested in capital assets	245	265
Unrestricted	8,024	7,358
	<u>8,269</u>	<u>7,623</u>
	<u>\$ 21,021</u>	<u>\$ 17,570</u>



Financial Statements (continued)

FORENSIC PSYCHIATRIC SERVICES COMMISSION

Statement of Operations

(Expressed in thousands of dollars)

Year ended March 31, 2010, with comparative figures for 2009

	2010	2009
Revenues:		
Provincial Health Services Authority contributions	\$ 49,870	\$ 48,500
Medical Services Plan	4,831	4,978
Other contributions	562	78
Amortization of deferred capital contributions	550	251
Other	316	127
Patients, clients and residents	-	5
	56,129	53,939
Expenses:		
Compensation and benefits	39,582	38,803
Referred-out and contracted services	5,202	4,906
Supplies	2,143	2,214
Amortization of capital assets	624	394
Equipment and building services	6,573	5,735
Sundry	1,345	1,501
Accretion of asset retirement obligations	14	21
	55,483	53,574
Excess of revenues over expenses	\$ 646	\$ 365



Statistical Summary

FPS 2009/10: The Quick Picture

Annual operating budget:	\$54,950,412
Number of inpatients admitted:	422
Number of outpatients admitted:	3133
Average wait time for admission:	4 days
Number of inpatient beds at the Forensic Psychiatric Hospital:	190
Number of regional clinics:	6

Admissions by FPS Location

Location	Treatment	Assessment	Total
FPH	158	264	422
Surrey	330	239	569
Victoria	283	159	442
Vancouver	740	160	900
Kamloops	227	108	335
Nanaimo	181	55	236
Prince George	192	99	291
On-call assessment	0	360	360
Total	2111	1444	3555

Admissions by Referral Source

Referral Source	FPH		Clinics	
	#	%	#	%
Court	289	68	1514	48
Correctional Facility	47	11	55	2
Bail-Probation	0	0	1405	45
FPS Clinics	79	19	30	1
Mental Health Team	0	0	2	0
FPH	2	0	97	3
Review Board	1	0	12	0
Self	0	0	1	0
Other	4	1	17	1
Total	422	100	3133	100

Number of Clients Discharged

Location	Treatment	Assessment	Total
FPH	218	207	425
Regional Clinics	2067	1172	3239
Total	2285	1379	3664





BC Mental Health & Addiction Services

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FORENSIC PSYCHIATRIC SERVICES COMMISSION

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