# Provincial Health Services Authority - FPSC/Forensics

**2002/03 Budget Management Plan ($millions)**

| | Total |
|---|---|
| 2001/02 Projected Expenditures | 50.3 |

| | |
|---|---|
| 2001/02 Projected "Structural" Surplus/Deficit before restructuring and 1-time costs | 0.0 |
| 1-time costs | - |
| Restructuring Costs Recognized in 2001/02 | - |
| 2001/02 Revised Projection | 0.0 |

**(note: Do not include MOHS's proposed funding to cover this years deficit)**

| | 2002/03 | | 2003/04 | | 2004/05 | |
|---|---|---|---|---|---|---|
| | $ | FTE's | $ | FTE's | $ | FTE's |
| Projected Surplus / (Deficit) Prior to Management Reduction Strategies | (2.5) | | (1.9) | | (1.8) | |
| | - | | | | | |
| **Management Reduction Strategies:** | - | | | | | |
| | - | | | | | |
| **Revenue Generation** | - | | | | | |
| 1. Additional funding from MoHS | 1.5 | | | | | |
| 2. Life support - drugs | - | | | | | |
| 3. Patient Charges | - | | | | | |
| 4. Other | - | | | | | |
| | - | | | | | |
| **General Efficiencies (non-clinical)** | - | | | | | |
| 1. Exec/Admin (CEO, direct reports, exec) | 0.5 | 1.3 | 0.6 | 7.3 | 0.7 | 2.0 |
| 2. Shared Services | - | | | | | |
| 3. Outsourcing | - | | | | | |
| 4. Business Systems | - | | | | | |
| 5. Workplace Initiatives | - | | | | | |
| | - | | | | | |
| **Best Practices (clinical)** | - | | | | | |
| 1. Alternatives to Care | | | | | | |
| 2. Clinical Efficiencies | - | | | | | |
| 3. Environmental & Protection | - | | | | | |
| 4. Bed Consolidations (no access reduction) | - | | | | | |
| | - | | | | | |
| | - | | | | | |
| **Program Adjustments/Closures** | - | | | | | |
| 1. Bed Reductions | - | | 0.4 | 7.0 | 0.7 | 8.2 |
| 2. Facility/bed conversions | - | | | | | |
| 3. Facility Closures | - | | | | | |
| 4. Program Consolidation | 0.5 | | 0.9 | 12.5 | 0.4 | 6.0 |
| 5. Program Reduction | - | | | | | |
| 6. Selected Programs | - | | | | | |
| 7. Selected Sites | - | | | | | |
| | - | | | | | |
| Total Management Reduction Strategies | 2.5 | 1.3 | 1.9 | 26.8 | 1.8 | 16.2 |
| Strategies as a % of 2001/02 Expenditures | 0.0 | | 0.0 | | 0.0 | |
| Revised Projection Surplus (Deficit) | (0.0) | | (0.0) | | 0.0 | |

# Health Service Redesign Plan Summary
## Forensic Psychiatric Services Commission
## 2002-2003 to 2004-2005

## 2002-2003

### *1. Major Initiatives/Changes to Improve Quality of Care*

**Forensic Psychiatric Hospital**

The existing staffing levels at the Forensic Psychiatric Hospital (FPH) will be maintained, in spite of a recent bed re-alignment that requires more staffing on the maximum-security units. The bed realignment at FPH occurred in order to respond to the increase in referrals for high-risk persons, quality issues and pending closure of the Vancouver Pretrial Services Centre. The bed realignment resulted in more maximum-security beds being developed and thus the need for a higher staff to patient ratio. A realignment of staff to meet the higher staff-to-patient needs will occur.

Revenue Generation:

- There are no revenue generation opportunities – since referrals to FPSC occur through the legal system, there is no capacity for FPSC to charge patients for services or consider private sector opportunities on site. Security and public safety issues make revenue generation difficult on site.

Best Practices:

- Develop a staffing model that ensures quality patient care is maintained.
- A new drug, Rebetron, is being used in 2002-2003 at an estimated cost of $250,000. This will need to be included in the pharmacy budget.

Utilization Targets:

- Continue to meet timelines for assessment and treatment referrals from the criminal justice system (timelines are established under the Criminal Code of Canada).
- Through a performance monitoring process, FPH has made a commitment to the Ministry of Solicitor General that inmates in correctional centres requiring in-patient psychiatric treatment will be admitted to FPH within 14 days of referral.

**Regional Programs**

The Sex Offender Service Redesign Project will be a major initiative for FPSC regional programs, with the majority of the work occurring between April to December 2002. This is a budget neutral re-design. The emphasis is on improved access and service delivery. Other areas impacted include reductions to contracted services for client support. These reductions will have minimal impact on client care.

Best Practices:

- Delivery of services to sex offenders is being redesigned, in a joint initiative with Corrections Branch of the Ministry of Solicitor General. The goal is to improve access to services across the province.
- Only high-risk sex offenders will be referred to community services. A clinical assessment and development of interim service delivery plan will be the focus of service delivery during the transition period between March and June 2002.

Utilization Targets:

- A consolidation of existing service locations in the community for sex offender services.
- Through a performance monitoring process, regional programs has made a commitment to the Ministry of Solicitor General that pre-sentence assessment reports will be completed within 30 days for inmates who are in-custody and within 6 weeks for offenders who are out of custody.

**Administration**

Reductions will occur in "other purchased" and non-labour areas (eg, reductions to contracted costs for infrastructure, reductions in BCBC plant operation and maintenance, and efficiencies found within departments). Reductions in this area will have minimal impact on patient care.

Administration and Support Efficiencies:

- Administration support functions are being reduced by 1.3 FTE's ($87,000).
- $492,000 reduction for BCBC and one time contracted services for infrastructure.

## *2. Rationale to Determine Efficiency Measures/Utilization Targets/Service Changes*

**Forensic Psychiatric Hospital**

- Cost-savings in non-patient care services were selected as the priority for budget reductions.

**Regional Programs**

- Contracts are being reduced based on less than adequate performance and on having minimal impact on client care and service delivery.

## *3. Impacts of Plan on Quality of Care and Service Workloads*

**Forensic Psychiatric Hospital**

- Will meet waitlist requirements.
- Will meet statutory obligations to the core services.

**Regional Programs**

- Minimal impact on client care and service quality.
- Waiting lists for sex offender education in the community will increase during the transition period, but will level off.

**Administration**

- Minimal impact.

## *4. Financial Implications*

**Forensic Psychiatric Hospital**

- Review staffing model to patient care areas and examine nursing cost utilization. Continue with nurse recruitment and retention initiatives.

**Regional Programs**

- $522,000 reduction in Program Adjustments/Closures (contracted services).

**Administration**

- $492,000 reduction in Administration and Support Efficiencies (BCBC and one time contracted services for infrastructure).

- 1.3 FTEs (administrative support): $87,000.

## 5. *Impact on Human Resources*

**Forensic Psychiatric Hospital**

- None – existing staffing levels for direct patient care will be maintained.

**Regional Programs**

- None – existing staffing levels will be maintained.

**Administration**

- 1.3 FTE reduction in Administration and Support Efficiencies.

## 6. *Ability to Meet Access Standards*

**Forensic Psychiatric Hospital and Regional Programs**

- Access to services are being monitored through the performance management process.
- Specific performance indicators have been developed to track waitlists, length of time from referral to service initiation, and continuity of care.

**Administration**

- N/A

## 7. *Changes that May Lead to Risk to Budget Forecast/Quality of Patient Care*

**Forensic Psychiatric Hospital**

- N/A

**Regional Programs**

- Reorganization of contracted services to sex offenders may lead to complaints to media from disgruntled contractors.
- A delay in budget approval will cause a delay in the notice period for contracted services. Each month will cost $43,500.

## 8. *Planned Implementation Strategies*

**Forensic Psychiatric Hospital and Regional Programs**

- Anticipated timing for implementing changes is March 2002.
- Delays in terminating contracts result in $43,500/month against potential savings.

## 2003-2004

### *1. Major Initiatives/Changes to Improve Quality of Care*

**Forensic Psychiatric Hospital**

Revenue Generation:

- There are no revenue generation opportunities – since referrals to FPSC occur through the legal system, there is no capacity for FPSC to charge patients for services and public safety and security might be compromised.

Administration and Support Efficiencies:

- Refer to "Administration" section below.

Best Practices:

- The use of new drugs will continue to be explored as they produce the most effective treatment outcomes and reduce length of stay for patients.
- 7 FTE reductions (2.0 patient care, 1.0 social work, 4.0 programs) may begin to diminish staff capacity to participate in off-unit quality improvement meetings, initiatives and activities (tasks, surveys, etc).

Program Adjustments/Closures:

- Patient access to programming will be reduced, resulting in more protracted rehabilitation and longer lengths of stay.

Utilization Targets:

- As reductions to staffing for patient care services continues, FPH will examine other staffing models to ensure quality care continues to be met.

**Regional Programs**

Regional Programs will reduce their operating expenditures by $900,000 in the 2003/04 fiscal year. The 2002/03 fiscal year will give us the ability to plan for these reductions to minimize the impact of these service reductions. Staffing reductions for community support workers will occur in order to ensure that mandated, core services can be provided.

Revenue Generation:

- N/A

Administration and Support Efficiencies:

- Refer to "Administration" section below.

Best Practices:

- Through the ongoing quality improvement and accreditation process, FPSC will continue to ensure that services are client-centred, evidence-based, and outcomes focused.

Program Adjustments/Closures:

Reduction of 5 Forensic Liaison Workers:

- In 1998, the Ministry of Health created the Mental Health Plan. The plan included the establishment of 30 Forensic Liaison Workers (FLW) that were to "fill gaps" in the mental health system and to provide "bridging services". Several of these positions have been difficult to fill. The positions were implemented without a plan and the result has been an inconsistent service across the province. Currently, there are vacant positions in Terrace, Prince George, Kamloops, Vernon, and a position that is being filled on a temporary basis in Victoria. In the 2003/04 fiscal year, 5 FLW positions will be removed in order to save $325,000. This service reduction will have a moderate impact on the

other service providers, but little impact on clients since the positions have been vacant for some time. There will be minimal labor adjustment because of the vacant positions and temporary positions.

- The FLW role has been supported by our service partners in the courts, in probation and in corrections. The role has been less well understood within mental health services and has created much confusion within FPSC. Many of the FLWs operate outside the scope of practice accepted in BC for nurses and social workers. A strategic initiative has been undertaken to address this role uncertainty for the FLWs and this will be in place for the 2002/03 fiscal year. Many of the partners may not be happy with the more focused and narrowed role that has been established for the FLWs.

Closure of the Inter-Ministerial Program:

- The Inter Ministerial Program operates on the Downtown Eastside of Vancouver. The service was originally conceived as a joint initiative with probation, community mental health and forensic services. The service was intended to be assertive case management for a transient & vulnerable population using 4.50 FTE s of non-professional "street workers".
- This program has never had a clear mandate and the program objectives and outcomes are very vague. There is no evidence available to support the continuation of this service. As the program has continued, the participation of the partners has declined and their interest has drifted away. The lines of accountability are very blurred. Currently, the service is provided entirely by employees of the Commission.
- The program with non-professional street workers does not fit well with forensic services to provide specialized mental health services. The service will be closed to save $300,000. We project this service reduction will have a low impact on clients because of the ill-defined objectives and outcomes. This will have significant labor adjustment implications.

Reduction of 2 Outreach Workers:

- There are 2 Outreach Worker positions that were created in the Vancouver Clinic in 1996. The positions have been used for nurses and social workers from the Forensic Psychiatric Hospital to have a trial working in community services. The positions have not been well utilized. The positions are being filled with temporary staff. This reduction will save $120,000. We project this reduction will have no impact on clients, because the position have not been well used. This will have minimal labor adjustment implications because of vacant positions.

Vancouver Clinic Psychologist Retirement:

- In 2003/04, one of the Clinical Psychologists based at the Vancouver Clinic will be retiring. We do not intend to replace this professional position. This will result in a saving of $70,000. We project this will have low impact on clients. This will have no labor adjustment implications.

Deletion of Services at Surrey Pretrial Services Centre:

- In the 2002/03 fiscal year, Regional Programs will be reviewing the role of the organization in providing services to correctional facilities. If this review process indicates, we should not be providing these services for "in custody" clients, we will consider reducing the current assessment & discharge planning services provided now at the Surrey Pre-Trial Centre.
- The deletion of this service will save $100,000. This reduction in service would have moderate impact on clients and the health services staff at the Surrey Pre-Trial Centre. This will have labor adjustment implications.

<u>Utilization Targets</u>:

- Regional programs will continue to review their staffing model by reviewing role descriptions and reallocating staff.

- Contracts will continue to be monitored to improve accountability.

**Administration**

7.3 positions that deal with administrative areas will be eliminated.

Revenue Generation:

- There are no revenue generation opportunities – since referrals to FPSC occur through the legal system, there is no capacity for FPSC to charge patients for services.

Administration and Support Efficiencies:

- Review contracting out options for clinical transcription services for reports, other administrative support services, and facilities support services (food services, linen, stores. Ability to contract out is dependent upon move to Health Sector.

Best Practices:

- N/A

Program Adjustments/Closures:

- N/A

## *2. Rationale to Determine Efficiency Measures/Utilization Targets/Service Changes*

**Forensic Psychiatric Hospital and Regional Programs**

- While some reductions were made to nursing staff, the majority of staff reductions were in non-nursing and non-care service areas.

**Administration**

- Each of the administrative areas were required to identify one position to be removed.

## *3. Impacts of Plan on Quality of Care and Service Workloads*

**Forensic Psychiatric Hospital**

- Reduction of 7 FTEs in nursing, social work, and program staff.
- Risk and safety issues may begin to increase for both staff and patients and the wait list for internal programs, escorts, and internal transfers will be increased.
- Quality of care and services at the hospital will begin a shift to a more custodial model with the staff reductions (fewer occupational therapy (O.T.) program spots available for patients to attend, increased demand on in-house and community escorts, less opportunity for social work facilitated community contact for patients). 4 FTE reductions (1 O.T., 1 greenhouse, 2 vocational services).
- Closure of adjunctive treatment programs (e.g., life skills, vocational training, education upgrades, drug and alcohol counseling, etc.) will delay the rehabilitation process and produce longer periods of hospitalization. Changes to the activities and programs will result in reduced access to the gymnasium, occupational therapy, greenhouse and diversion programs. Increased conflicts and stresses could be expected on the patient care units, resulting in a potential for increased injury and/or criminal charges.

**Regional Programs**

- Budget reductions will have minimal impact on clients who fall within the organization's core mandate.

**Administration**

- Workload shifts as a result of shared services for administrative, facilities, and support functions.

- 3.3 FTEs eliminated in facilities and support services will lead to delays in ordering/processing requests, delays in repairing and delivering personal clothing to units and delays in escorting patients on and off site due to less security staff being available.
- A reduction of 4 FTEs for administration/corporate services will impact requests for information.

## *4. Financial Implications*

**Forensic Psychiatric Hospital**

- Program Adjustments/Closures: $400,000, with $335,000 in staffing (see below for a breakdown of staffing costs).

**Regional Programs**

- Program Adjustments/Closures: $900,000, with $890,000 in staffing (see below for a breakdown of staffing costs).

**Administration**

- Administration and Support Efficiencies: $550,000, with 336,000 in staffing (see below for a breakdown of staffing costs).

## *5. Impact on Human Resources*

**Forensic Psychiatric Hospital**

- 7 positions at FPH that are directly related to patient care will be eliminated (Program Adjustments/Closures):
    - 2.0 FTEs (nurses, health care workers): $95,000
    - 1.0 FTE (social worker at FPH): $49,000
    - 4.0 FTEs (patient care programs): $191,000

**Regional Programs**

- 12.5 positions for regional programs will be eliminated (Program Adjustments/Closures):
    - 5.0 FTEs (social workers, nurses): $400,000
    - 2.0 FTEs (outreach workers): $120,000
    - 4.5 FTEs (IMPs workers): $300,000
    - 1.0 FTE (community psychologist): $70,000

**Administration**

- 7.3 positions that deal with administrative/facilities and support areas will be eliminated (Administration and Support Efficiencies):
    - 1.0 FTE (administrative assistant): $40,000
    - 1.0 FTE (research assistant): $50,000 – projects and policy initiatives delayed
    - 1.0 FTE (finance and systems): $87,000 – slower responses, decreased video conferences
    - 3.3 FTEs (facilities and support): $159,217 – clothing repairs, deliveries delayed

## 6. *Ability to Meet Access Standards*

**Forensic Psychiatric Hospital**

- Specific performance indicators have been developed to track waitlists, length of time from referral to service initiation, length of time required to complete reports for court, continuity of care, and accessibility of services to clients in remote areas of the province.
- Access to both internal and external programs and services will be delayed, due to staffing reductions.

**Regional Programs**

- Access to services will be affected. The elimination of liaison worker positions, especially in the rural and remote areas of the province will mean that clients will have further to travel to receive services from a regional clinic.

**Administration**

- N/A

## 7. *Barriers to Implementation*

**Forensic Psychiatric Hospital**

- Reaction can be expected from the from the criminal justice system (police, courts, correctional centres and Review Board) and mental health agencies as a result of the reduced availability of service.
- FPSC is mandated under the Forensic Psychiatry Act to provide forensic psychiatric services to the courts and criminal justice system in B.C. FPSC is required to respond to court ordered assessments within specified timelines under the Criminal Code of Canada (within thirty days for assessments to determine fitness to stand trial and not criminally responsible on account of mental disorder and overnight for persons in custody). Not providing these assessments within the required timeline could place FPSC in contempt of court.

**Regional Programs**

- N/A

**Administration**

- N/A

## 8. *Changes that May Lead to Risk to Budget Forecast/Quality of Patient Care*

**Forensic Psychiatric Hospital**

- The impacts on police, community hospitals and Review Panels will begin to gradually increase.
- Two FTEs in nursing and healthcare worker staff will be eliminated, creating some workload issues and increased overtime. This will require re-prioritizing and realignment of duties.
- Within the program areas, four activity workers will be eliminated (they provide leisure, occupational therapy, and vocational services to patients), resulting in less rehabilitative services being provided. Reduced program availability leads to less skill development, delays in receiving privileges, and slower access to the community. This will have a negative impact on release planning and may include a potential for premature release by the Review Board.

**Regional Programs**

- The forensic liaison worker positions were part of the 1998 Mental Health Plan to deal with "difficult to service" clients who have mental health concerns. Removing these services may create concern from the criminal justice system (police, courts, correctional centers) and mental health agencies.
- Closure of the "Inter-Ministerial Program" (IMP), an assertive case management program that spans several ministries in the downtown eastside of Vancouver, has the potential to cause public concern and media exposure. The social impact of closing this program is high – in addition to increased crime, there will be pressure placed on other agencies, who are ill equipped to work with these clients.
- Pressure from the community and government ministries might result in the inability to reduce or close the above services.

**Administration**

- None identified.

## *9. Planned Implementation Strategies*

**Forensic Psychiatric Hospital and Regional Programs**

- Planning for staff reductions for the next fiscal year is underway.
- Anticipated timing for implementing changes is January to March 2003.
- Baseline changes to staffing model are underway.
- Staffing model will continue to be reviewed in light of budget reductions for the following fiscal year.

## 2004-2005

### *1. Major Initiatives/Changes to Improve Quality of Care*

**Forensic Psychiatric Hospital**

Further staff reductions at the hospital may require the closure of select beds and/or units in order to ensure that safety is maintained and quality care is provided to patients. Options are being explored to contract out services for non-professional staff to work in the open and less secure patient areas in order to avoid unit closures.

Revenue Generation:

- There are no revenue generation opportunities – since referrals to FPSC occur through the legal system, there is no capacity for FPSC to charge patients for services.

Administration and Support Efficiencies:

- Refer to "Administration" section below.

Best Practices:

- Monitor the impact of the following activities within the organization that affect professional/clinical practice:
    - Risk management reports
    - Occupational health and safety
    - Core training difficulties
    - Staff development
    - Patient concerns
    - Stakeholder concerns
    - Briefing notes
    - Master patient transfer index

Program Adjustments/Closures:

- It is anticipated that some of the open beds will be reconfigured as boarding home contract beds.
- Reduced rehabilitation and longer hospitalization will result in increased patient, family and community complaints.
- There will be delays in accessing programs, impacting on transfers and the attainment of privileges.
- The patient care unit milieu can be expected to change with the reduced off-unit activities available. This will ultimately have safety and security impacts as a result of potential increase of assaultive and/or violent situations.

Utilization Targets:

- As reductions to staffing for patient care services continues, FPH will continue to review staffing models and engage in staff retention and recruitment initiatives.

**Regional Programs**

Regional Programs will reduce operating expenditures by $390,000 in the 2004/05 fiscal year. These reductions will occur in the following areas to meet the fiscal imperative. The 2003/04 fiscal year will provide the ability to plan for these reductions to reduce the impact of the service reductions.

Program Adjustments/Closures:

Reduction of 6 Forensic Liaison Workers:

- The complement of forensic liaison workers will be reduced by 6 positions in the 2004/05 fiscal year. This will follow the reduction of 5 positions in 2003/04. These positions were created under the Mental Health Plan in 1998 to "fill gaps" in the mental health system and to provide "bridging services".
- With the 2003/04 and 2004/05 fiscal year reductions completed, the Forensic Liaison Worker initiative will have deleted 11 of the original 30 positions. The Forensic Liaison positions are not performing core services mandated under the Forensic Psychiatry Act, however, there will be reaction from community partners and the criminal justice system.
- This reduction will have a significant labor adjustment impact as there may not likely be vacant positions. This reduction will result in a savings of $390,000. We project this service reduction will have a moderate impact on the other service providers and on clients. This will produce negative reactions from the Ministry of the Solicitor General and the Ministry of the Attorney General.

Other Contract Reductions:

- There may be some ability to offset some of the FLW position reductions by alternative reductions for contracted service delivery. The feasibility of this alternative will be looked at in detail during the 2003/04 fiscal year. The contracted services were reduced by a total of $589,764 in the 2002/03 fiscal year. It is not likely that there will be another $390,000 available for contract reductions in 2004/05.

Utilization Targets:

- Review staffing model, including role descriptions and reallocation of staff to better reflect the workload and population demographics to support evidence based decision making.
- Contracts will continue to be monitored to improve accountability.

**Administration**

Efficiencies will continue to be found within all departments in order to meet budget expectations.

Revenue Generation:

- There are no revenue generation opportunities – since referrals to FPSC occur through the legal system, there is no capacity for FPSC to charge patients for services.

Administration and Support Efficiencies:

- Ongoing implementation of shared services within PHSA.
- Review contracting out options for clinical transcription services for reports, other administrative support services, and facilities support services (food services, linen, stores).
- Ability to contract out is dependent upon move to Health Sector.

Best Practices:

- N/A

Program Adjustments/Closures:

- N/A

## 2. *Rationale to Determine Efficiency Measures/Utilization Targets/Service Changes*

**Forensic Psychiatric Hospital**

- Adequate time will have been in place to test various staffing models to deliver direct patient care services most efficiently.

**Regional Programs**

- Staff reductions were made in the non-core service areas.

**Administration**

- Each of the administrative areas were required to identify positions that could be removed. It is anticipated that laundry and food services will be outsourced.

### *3. Impacts of Plan on Quality of Care and Service Workloads*

**Forensic Psychiatric Hospital**

- Reduction of 8 FTEs in nursing, social work, and program staff will cause an erosion to the model of care, leading to a more custodial focus.
- The waitlist at FPH may be expected to increase due to unit closures and staffing layoffs.
- Risk and safety issues will increase for both staff and patients.
- Workload will be an issue for all units at FPH.
- Closure of programs (e.g., life skills, vocational training, education upgrades, drug and alcohol counseling, etc.) will delay the rehabilitation process and produce longer periods of hospitalization.
- Reduced capacity to provide on and off-site escorted patient activities will result in patients being less equipped for successful community reintegration. An expected outcome of this might be an increase in readmission rates.

**Regional Programs**

- Budget reductions will have little impact on clients who fall within the organization's core mandate.

**Administration**

- Workload shifts as a result of shared services for administrative, facilities, and support functions will continue.
- A reduction of 1.1 FTEs for facilities and support services will have an impact on security and food services.
- $692,841 will be taken out of the administration and support services budget (specific areas to be reduced will be determined at a later date).
- A reduction of .5 FTE for a finance clerk will lead to delays in financial reporting.

### *4. Financial Implications*

**Forensic Psychiatric Hospital**

- Program Adjustments/Closures: $700,000, with 547,000 in staffing (see below for a breakdown of staffing costs).

**Regional Programs**

- Program Adjustments/Closures: $400,000, comprised of staffing.

**Administration**

- Administration and Support Efficiencies: $690,000, with $125,000 in staffing (see below for a breakdown of staffing costs).

## 5. *Impact on Human Resources*

**Forensic Psychiatric Hospital**

- 8.2 positions at FPH that are directly related to patient care will be eliminated (Program Adjustments/Closures):
    - 6.4 FTEs (nurses, health care workers): $446,000
    - 0.8 FTE (patient care support): $50,000
    - 0.8 FTEs (patient care programs): $51,000

**Regional Programs**

- 6 positions for forensic liaison workers will be eliminated (Program Adjustments/Closures):
    - 6.0 FTEs (social workers, nurses): $400,000

**Administration**

- 2.01 positions that deal with administrative/facilities and support areas will be eliminated (Administration and Support Efficiencies):
    - 1.0 FTE (corporate services): $50,000
    - 1.1 FTE (facilities and support): $75,000

## 6. *Ability to Meet Access Standards*

**Forensic Psychiatric Hospital and Regional Programs**

- Specific performance indicators have been developed to track waitlists, length of time from referral to service initiation, length of time required to complete reports for court, continuity of care, visit leaves, and accessibility of services to clients in remote areas of the province.

## 7. *Barriers to Implementation*

**Forensic Psychiatric Hospital and Regional Programs**

- It is expected that reduced service capacity to the criminal justice system and mental health agencies will likely create marked reaction and public scrutiny. One outcome is that mentally disordered individuals would be maintained in jails and correctional centres for longer periods of time, pending admission to hospital.
- FPSC is mandated under the Forensic Psychiatry Act to provide forensic psychiatric services to the courts and criminal justice system in B.C. The Criminal Code of Canada specifies the timelines for completing assessments and the type of services to be provided. There are no other service providers who could fill the gap in reduced service delivery.

**Administration**

- N/A

## 8. *Changes that May Lead to Risk to Budget Forecast/Quality of Patient Care*

**Forensic Psychiatric Hospital and Regional Programs**

- The impacts on the police, community hospitals, courts, Review Boards, and Review Panels will continue to be the focus of media attention and public scrutiny.
- The reduction of 8 FTEs for patient care will result in further reduction of program activities and extended delays in services to the courts, corrections, and the Review Board. Patient and staff morale will be heavily impacted.

- Risk management practices are based, in part, on a continuous rehabilitative model with on-going evaluation and assessment. Interruptions to the rehabilitative programming may compromise safety and security, resulting in a higher potential for escape or violent incidents.

**Regional Programs**

- Further reductions to services provided by the forensic liaison positions will continue to create concern from the criminal justice system (police, courts, correctional centers) and mental health agencies. These positions were part of the 1998 Mental Health Plan to deal with "difficult to service" clients who have mental health concerns.
- There will be an increase in the number of referrals to in-patient psychiatric units (for both general hospitals and FPH) for the difficult to manage mentally ill persons.
- There will be fewer supervised housing options to support forensic clients in the community. This will cause increased community concern, especially with regard to persons who have a history of sexual offending, fire setting, violence, or weapons charges.

**Administration**

- None identified.

## *11. Planned Implementation Strategies*

**Forensic Psychiatric Hospital**

- Planning for staff reductions for the next fiscal year is underway.

# Health Service Redesign Plan – FPSC
# Review and Criteria Checklist

1. Has the Health Authority appropriately considered the impact of the plan on quality of care and service workloads, while maintaining core services?

Present: Yes

*Summary and Comments:*

- FPSC's reduction strategy has focused on bringing the service back within the core mandate of the Commission
- Reductions to services provided by regional programs has focused on non-core service areas (e.g., Inter-ministerial programs).

*Reviewed by*:
Leslie Arnold

2. Has the Health Authority clearly identified the rationale used to determine efficiency measures, utilization targets, and service changes?

Present: Yes

*Summary and Comments:*

- Specific data to help in decision making consisted of: admissions and discharges to hospital and clinics, admissions to the service broken down by legal status codes (to look at demands placed on organization from courts, probation, Review Board), and length of stay dates.

*Reviewed by*:
Leslie Arnold

3. Is the Redesign Plan in keeping with the intent and goals of the New Era Commitments and the Ministries of Health Service/Planning Service Plans?

Present: Yes

*Summary and Comments:*
The goals and priorities of FPSC remain consistent with those highlighted by government:

- Delivering a specialized provincial program of consistent, high quality, forensic psychiatric services;
- Operating in an open, accountable, and fiscally responsible manner to provide high quality services to all stakeholders;
- Working collaboratively with community partners to ensure public safety while respecting client rights to access high quality, innovative services in their home communities;
- Establishing performance measures;
- Using technology to assist health care professionals in delivering faster and more effective services through new information technology and telemedicine, and;
- Ensuring timely access to court ordered assessment to ensure all British Columbians have equal access to justice.

*Reviewed by*: Leslie Arnold

# Health Service Redesign Plan – FPSC
# Review and Criteria Checklist

4. Has the Health Authority identified any non-financial barriers to the implementation of the Redesign Plan that may need to be addressed on a provincial level?

Present: Yes

*Summary and Comments:*

- Reaction can be expected from the criminal justice system (police, courts, correctional centres and Review Board) and mental health agencies as a result of reduced service capacity. It is expected that reduced service capacity to the criminal justice system and mental health agencies will likely create marked reaction and public scrutiny. One outcome is that mentally disordered individuals would be maintained in jails and correctional centres for longer periods of time, pending admission to hospital.
- FPSC is mandated under the Forensic Psychiatry Act to provide forensic psychiatric services to the courts and criminal justice system in B.C. FPSC is required to respond to court ordered assessments within specified timelines under the Criminal Code of Canada (within thirty days for assessments to determine fitness to stand trial and not criminally responsible on account of mental disorder and overnight for persons in custody). Not providing these assessments within the required timeline could place FPSC in contempt of court. There are no other service providers who could fill the gap in reduced service delivery.
- Pressure from the community and government ministries might result in the inability to reduce or close the above services.

*Reviewed by*:
Leslie Arnold

5. Has the Health Authority identified any planned changes which contain uncertainties that present risk to the budget forecast or quality of patient services? Is a contingency plan included?

Present: Yes

*Summary and Comments:*

- Reorganization of contracted services to sex offenders may lead to complaints to media from disgruntled contractors.
- The impacts on police, community hospitals, courts, Review Boards, and Review Panels will be the focus of media attention and public scrutiny.
- Within the program areas at the hospital (leisure, occupational therapy, and vocational services), staff reductions will result in less rehabilitative services being provided. Reduced program availability provides for less skill development, delays in receiving privileges, and slower access to the community. This will have a negative impact on release planning and may include a potential for premature release by the Review Board.
- Risk management practices are based, in part, on a continuous rehabilitative model with on-going evaluation and assessment. Interruptions to the rehabilitative programming may compromise safety and security, resulting in a higher potential for escape or violent incidents.

- The forensic liaison worker positions were part of the 1998 Mental Health Plan to deal with "difficult to service" clients who have mental health concerns. Removing these services may create concern from the criminal justice system (police, courts, correctional centres) and mental health agencies.
- Closure of the "Inter-Ministerial Program" (IMP), an assertive case management program that spans several ministries in the downtown eastside of Vancouver, has the potential to cause public concern and media exposure. The social impact of closing this program is high – in addition to increased crime, there will be pressure placed on other agencies, who are ill equipped to work with these clients.
- There will be an increase in the number of referrals to in-patient psychiatric units (for both general hospitals and FPH).
- There will be fewer supervised housing options to support forensic clients in the community. This will cause increased community concern, especially with regard to persons who have a history of sexual offending, fire setting, violence, or weapons charges.

*Reviewed by*:
Leslie Arnold

# Health Service Redesign Plan – FPSC
## Review and Criteria Checklist

| PLAN COMPONENTS | CRITERIA | REQUIREMENTS Including standards and indicators **(for utilization & workload measures, see Appendix A)** | COMMENTS (Review should consider whether the changes are reasonable, achievable, and risks are mitigated) | EXPECTED FINANCIAL IMPACT ($$) OF CHANGES PER ANNUM (where applicable) | REVIEWED BY |
|---|---|---|---|---|---|
| **Forensic Psychiatric Services Commission (FPSC)** | Use of needs based and evidenced based practices | Demonstrate an increase in early intervention capacity by a planned decrease in average age at first contact with a physician or health service provider for a serious mental illness<br><br>Meet the provincial target to decrease ALCs bed days by mental health and Drug and Alcohol clients in hospital once the primary need for inpatient care has been completed.<br>***Target*** (Performance Agreement, Schedule A): Decrease by 4% over three years | N/A<br><br>N/A | | FPSC |
| | Improvement in continuity of care | Meet the provincial target to improve the % of persons hospitalized for mental illness who receive follow-up in the community within 30 days of discharge<br>***Target*** (Performance Agreement, Schedule A): 9% improvement over 3 years. | This indicator is achievable for FPSC clients with a legal disposition order. | | FPSC |
| | Implementaion of Riverview replacement units | Development of Riverview replacement units in selected locations – to be achieved over the 3 year period as per each health authorities' Performance Agreement, Schedule A. | N/A | | FPSC |

**Forensic Psychiatric Services Commission**
**Review of Health Authority Budget Management Plan**

Questions and Review Criteria

1. *Is the submission complete and have all the requested items been included and filled in properly and thoroughly?*
   - Yes

2. *Does the health authority present a balanced budget management plan over 2002-03 and 2003-04?*
   - Yes

3. *Does the HA present a balanced budget for 2004-05?*
   - Yes.

4. *Does the HA present a separate budget for admin/support services in 2004-05 that is at least 7% less than their projection for 2001-02 (shown on the strategies by geographic area template).*
   - No.

   *Is the reduction greater than 7%, and if not, why?*
   - No. The administrative support costs are already very low in 2001-02 compared to other Health organizations.

   *Is there potential for greater admin/support efficiencies?*
   - Not internally.

5. *What are the assumptions used to build the 3-year projections (does it include the assumptions for compensation and non-wage inflation used by the Ministry); i.e. does it account for the long term sick and severance accruals from previous years for those positions that are impacted? Are these assumptions reasonable, achievable and based on sound analysis?*
   The assumptions built into the 3 year projection are reasonable are based on the guidelines provided by the PHSA. These assumptions will need to be revised if the FPSC transfers to the Health Sector.
   - The 2001-02 fiscal year will have a surplus.
   - The budget is balanced over the 3 year period. This has resulted in significant cost reductions that affect both regional and inpatient programs.
   - The objective was to protect core services to the extent possible but by the end of Year 2 and in Year 3 these services are affected. The impact of the reductions has been summarized in Part 9.
   - The additional MoHS grant revenue in 2002-03 is 86% of the estimated wage increase based on Health Sector rates as provided by PSERC and HEABC.
   - Year 1 2002-03 includes annualization of grant increases from 2001-02 for the Access & HOP regional programs. This is included in the cost pressure section with offsetting program expenses.
   - There is no additional MoHS grant revenue for Year 2 2003-04 and Year 3 2004-05
   - There are no revenue generation opportunities within FPSC. Because referrals to FPSC occur through the legal system, there is no capacity for FPSC to charge patients for services or to raise revenue from other sources.
   - The labour costs are based on the known collective agreement increases for PEA and BCGEU and are based on the Health Sector settlements for BCNU & UPN. There is also a provision for benefit increases due to moving off the government's payroll system.
   - The projections do not incorporate the costs of transferring to the Health Sector.
   - Non-labour inflation is provided as per the guidelines.
   - A provision is included for severance costs and minor capital.
   - The future corporate organization structure of the PHSA has not been finalized. FPSC has a very low level of administrative and support service costs compared to other health agencies. A reduction to these services has been built in but is not at the 7% level.
   - The budget does not include a plan for contracting out services. FPSC is part of the Public Sector collective agreements and cannot contract out services that are provided by union members. Bill 29 does not apply to FPSC, unless it transfers to the Health Sector.

- Plans are underway at the PHSA level for the consolidation of information systems. New information systems have been implemented at FPSC over the past 2 years. Therefore, FPSC may be one of the last to be converted to a centralized information system, as the other larger organizations have more urgent needs.
- Government did not fund the Sick and Severance costs when FPSC was established on April 1, 1999. However, the surplus in the first year of operation caused by delays in program implementation covered most of the liability. Sick and Severance costs incurred since that date have been covered by the operating budget annually.

6. *What data or research is used to determine the reduction strategies? Are the assumptions and strategies comparable to other HA's?*
   - FPSC's reduction strategy has focused on bringing the service back within the core mandate of the Commission. The objective is to maintain inpatient beds and adequate nursing levels at the Forensic Psychiatric Hospital. Cost-savings in non-inpatient care services (Regional Programs) were selected as the priority for budget reductions in Year 1 and Year 2. Funding for contracted services for regional programs was reduced for those services that were considered to be of low priority to the organization. Staffing reductions for regional community support workers will occur in order to ensure that mandated, core services can be provided.

   - Budget reductions at the hospital in Years 2 and 3 may impact on the organization's ability to respond to court ordered assessments in a timely manner. The waitlist may increase as further reductions continue to be made and the organization has less capacity to respond.

   - Specific data to help in decision-making consisted of: admissions and discharges to hospital and clinics, admissions to the service broken down by legal status codes (to look at demands placed on organization from courts, probation, Review Board), and length of stay dates.

7. *Does the HA present a budget management plan that is consistent with the changes in the health service redesign plan summary?*
   - Yes

8. *Does the HA present plans for increased revenue from sources other than government? Are there any policy implications that could result from those plans? What are the potential implications?*
   - There are no revenue generation opportunities within FPSC. Because referrals to FPSC occur through the legal system, there is no capacity for FPSC to charge patients for services or to raise revenue from other sources.

9. *Are the FTE reductions achievable? What are the assumptions used to determine the impact?*
   - Yes, FTE reductions are achievable in the 3-Year Plan.

**a. 2002-03**
**Impact Summary:**

- The Hospital will meet wait list requirements and statutory obligations to the core services. There will be minimal impact on patient care and service quality.
- Waiting lists for sex offender education in the community will increase during the transition period, but will level off.
- Reductions occur in contracted services. The FTE reduction for 2002-03 is 1.3.

**Inpatient Care:** The objective is to maintain inpatient beds and adequate nursing levels. Cost-savings in non-patient care services were selected as the priority for budget reductions.

**Regional Programs:** Contracts totaling $522,000 are being reduced in Regional Programs based on less than adequate performance and on having minimal impact on client care and service delivery.

**Administration & Support:** Reductions of $492,000 were made in administrative service areas in order to maintain existing direct patient care services. Reductions in "other purchased" and non-labour areas will have minimal impact on patient care.

**b. 2003-04**

**Impact Summary:**

- Because of regional program reductions reaction can be expected from the criminal justice system (police, courts, and correctional centers) and mental health agencies as a result of reduced service capacity.
- The impacts on police, community hospitals and Review Panels will begin to gradually increase.
- The forensic liaison worker positions were part of the 1998 Mental Health Plan to deal with "difficult to service" clients who have mental health concerns. Removing these services may create concern from the criminal justice system (police, courts, correctional centers) and mental health agencies.
- Closure of the "Inter-Ministerial Program" (IMP), an assertive case management program that spans several ministries in the downtown eastside of Vancouver, has the potential to cause public concern and media exposure. The social impact of closing this program is high – in addition to increased crime, there will be pressure placed on other agencies, which are ill equipped to work with these clients.

**Inpatient Care:** Reductions to inpatient care and programs total $400,000. The majority of reductions were in non nursing areas, in order to maintain adequate nursing levels.

- 7 positions at FPH related to patient programs and services will be eliminated. Access to programming will be reduced, resulting in more protracted patient rehabilitation and longer lengths of stay.
- As reductions to staffing for patient care services continues, FPH will examine other staffing models to ensure quality care continues to be met.
- Risk and safety issues may begin to increase for both staff and patients and the waitlist for internal programs, escorts, and internal transfers will be increased.

**Regional Programs:** Reductions to regional programs total $900,000. Staffing reductions of 12.5 FTE's for regional community support programs will occur in order to ensure that mandated, core services can be provided. Access to services will be affected. The elimination of liaison worker positions, especially in the rural and remote areas of the province will mean that clients will have further to travel to receive services from a regional clinic.

- 5 community forensic liaison positions will be reduced throughout the province, resulting in fewer services being available for difficult to manage clients who have mental health problems. Specific services to be cut include planning and assessment services to clients who present with mental health concerns in the court, in correctional centers, and bridging of services to mental health agencies.
- The "Inter-Ministerial Program" (IMP), an assertive case management program that spans several ministries in the downtown eastside of Vancouver, will be closed.
- 2 community outreach workers from the Vancouver clinic will be lost. The staff assists with community integration and program planning.
- The loss of a psychologist at the Vancouver clinic will result in reduced assessment and treatment services.
    - $100,000 will be cut in contracted assessment and discharge planning services to Surrey Pretrial Services Centre.

**Administration & Support:** Reductions to administration and support total $550,000. 7.3 positions in administrative support areas will be cut. Each of the administrative areas was required to identify one position to be removed. It is anticipated that laundry, food services, and stores will be outsourced.

- Review contracting out options for clinical transcription services for reports, other administrative support services, and facilities support services (food services, linen, and stores. Ability to contract out is dependent upon move to Health Sector.

**c. 2004-05**

**Impact Summary**

- It is anticipated that some of "open" beds will be closed and reconfigured as boarding home contract beds.
- The waitlist for regional programs will continue to increase as continued reductions in staffing will create less capacity for the organization to provide timely services.
- The impacts on the police, courts, correctional centers, community hospitals, Review Boards, and Review Panels will continue to be the focus of media attention and public scrutiny.
- FPSC is mandated under the Forensic Psychiatry Act to provide forensic psychiatric services to the courts and criminal justice system in B.C. FPSC is required to respond to court ordered assessments within specified timelines under the Criminal Code of Canada (within thirty days for assessments to determine fitness to stand trial and not criminally responsible on account of mental disorder and overnight for persons in custody). Not providing these assessments within the required timeline could place FPSC in contempt of court.
- Since FPSC has been one of the few agency's that will work with many of the difficult to manage, multi-problem persons in the community, it is highly unlikely that other agencies will step up to take these clients. It can be anticipated that these difficult to manage clients will end up in the forensic system, and creating a need for scarce hospital resources.

**Inpatient Care:** Reductions to inpatient care and programs total $400,000. Further staff reductions at the hospital will require the closure of more beds and/or units in order to ensure that safety is maintained and quality care is provided to patients. Options are being explored to contract out services for non-professional staff to work in the open and less secure patient areas in order to avoid further unit closures.

- Patient programming will be reduced, resulting in reduced rehabilitation and longer lengths of stay. Reduction of 8 FTEs in nursing, social work, and program staff will cause an erosion of the model of care, leading to a more custodial focus.
- Risk and safety issues will increase for both staff and patients.
- Accused persons requiring secure, in-patient psychiatric assessment and/or treatment will be required to wait in correctional centers even longer and will have minimal access to psychiatric care.

**Regional Programs:** There is a further reduction to regional programs totaling $400,000. A reduction of 6 forensic liaison staff will occur resulting in less services being available for difficult to manage clients who have mental health problems.

- The complement of forensic liaison workers will be reduced by 6 positions in the 2004/05. With the 2003/04 and 2004/05 fiscal year reductions completed, the Forensic Liaison Worker initiative will have deleted 11 of the original 30 positions. These positions were created under the Mental Health Plan in 1998 to "fill gaps" in the mental health system and to provide "bridging services". The Forensic Liaison positions are not performing core services mandated under the Forensic Psychiatry Act, however there will be a reaction from community partners and criminal justice system.

**Administration:** Reductions to administration and support total $690,000. Additional positions in administrative support areas will be cut. Efficiencies will continue to be found within all departments in order to meet budget expectations.

- Ongoing implementation of shared services within PHSA.
- Review contracting out options for clinical transcription services for reports, other administrative support services, and facilities support services (food services, linen, and stores).
- Ability to contract out is dependent upon move to Health Sector.

*10. Administration and Support Services:*

*a) Cost and saving estimates due to Health Authority Restructuring (governance change from 52 to 6) for 2001/02 to 2004/05:*

- *Saving due to a reduced number of corporate executive staff (include estimates for salaries , benefits and the number of FTE's.*
  FPSC does not have a lot of executive positions. There is 1 FTE targeted for reduction at $69,000 plus 21% benefits for a total of $83,500. The reduction of this position is dependent on the corporate organization structure for the PHSA.
- *Costs due to severance for the above executive positions (to be shown as the known payouts for terminated positions and the anticipated positions and the anticipated payouts for future stated terminations stated for 2001/02 to 2004/05.*
  The position is currently vacant and will therefore not attract severance.

- *Net savings due to the reduced number of audits.*
  FPSC is a Crown Corporation with legislated reporting and audit requirements to the Controller General and to Treasury Board. There will be no audit savings unless the legislated status is changed.

- *Net cost savings due to reimbursements for board meeting per-diems and travel/accommodation expenses for board members.*
  Net cost savings are $35,255.

- *Net cost or savings due to changes to accommodation or information technology and specific to restructuring for health authorities.*
  Plans are underway at the PHSA level. New information systems have been implemented over the past 2 years. Therefore FPSC may be one of the last to be converted to a centralized information system, as there are other larger organizations with more urgent needs. Bill 29 does not apply to FPSC unless it transfers to the Health Sector.

b) *Savings due to consolidation and/or contracting out administrative functions such as finance, payroll, human resources, communications and general administration. What changes/costs can be attributed o the introduction of Bill 29. What are the assumptions used to determine these changes. Have any/all severance costs been included in the projection?*
The future corporate organization structure of the PHSA has not been finalized. Bill 29 does not currently apply to FPSC.

c) *Savings due to consolidation and/or contracting out support services, such as food services and laundry linen. What changes/costs can be attributed to the introduction of Bill 29? What are the assumptions used to determine these changes. Have any/all severance costs been included in the projection?*
FPSC is part of the Public Sector collective agreements and cannot contract out support services that are provided by union members. Bill 29 does not currently apply to FPSC.

11. *How much of the savings/cost reductions come from areas other than Admin & Support? And is it evident how much comes from each category; i.e. revenues generation, best practices, program adjustments/closures etc.*
    $3,428,000 – Yes it is evident

12. *Review cash flow projections for contracted services with PHSA and other HA's for services such as cardiac and renal.*
    N/A

## *Capital*

FPSC submitted a 3-Year Capital Plan in Jul 31, 2001. All of the items on the capital plan have been funded in 2001-02. The only exception is the 40-bed medium security treatment, office and training building that was listed in year 2003-04. This is a Treasury Board Minor with an estimated cost of approximately $25,000,000.

This project does not appear on the capital lists sent by the MoHS to the HA's. Mental Health was contacted about a month ago to ensure that this item is included on the lists.

## Health Service Redesign Plan
## Current and Proposed Service Levels

### FORENSIC PSYCHIATRIC SERVICES COMMISSION

| INDICATOR | Utilization/Workload | | | | % Change | % Change | Target as Identified by HA | | |
|---|---|---|---|---|---|---|---|---|---|
| | Fiscal Year | | | 2001/2002 | 98/99 to | 99/00 to | Fiscal Year | | |
| | 1998/1999 | 1999/2000 | 2000/2001 | Projected Year End | 99/00 | 00/01 | 2002/03 | 2003/04 | 2004/05 |
| **FPH Bed Days & Occupancy Statistics**** | | | | | | | | | |
| Total Bed Day Available | 73,809 | 74,076 | 74,515 | 74,315 | 0.4 | 0.6 | 75,000 | 75,000 | 75,000 |
| Total Bed Days Used | 67,884 | 73,773 | 72,789 | 71,683 | 8.7 | -1.3 | 72,000 | 72,000 | 72,000 |
| Percent Occupancy | 92.0 | 99.6 | 97.7 | 96.5 | 8.3 | -1.9 | 97.0 | 97.0 | 97.0 |
| **FAU Bed Days & Occupancy Statistics** | | | | | | | | | |
| Total Bed Day Available | 4,745 | 4,758 | 4,745 | 3,575 | 0.3 | -0.3 | 3,800 | 3,800 | 3,800 |
| Total Bed Days Used | 1,630 | 1,829 | 2,452 | 1,231 | 12.2 | 34.1 | 1,500 | 1,500 | 1,500 |
| Percent Occupancy | 34.4 | 38.4 | 51.7 | 34.4 | 11.9 | 34.4 | 35.0 | 35.0 | 35.0 |
| **Admission Statistics** | | | | | | | | | |
| Assessment | 286 | 255 | 272 | 305 | -10.8 | 6.7 | 300 | 300 | 300 |
| Treatment | 36 | 97 | 100 | 99 | 169.4 | 3.1 | 99 | 99 | 99 |
| Total | 322 | 352 | 372 | 405 | 9.3 | 5.7 | 390 | 390 | 390 |
| **Wait List Statistics** | | | | | | | | | |
| Number of Clients | | 277 | 296 | 338 | N/A | 6.9 | 320 | 320 | 320 |
| Number of Days | | 2,429 | 1,106 | 1,435 | N/A | -54.5 | 1,500 | 1,500 | 1,500 |
| Average # Days per Client | | 8.8 | 3.7 | 4.2 | N/A | -57.4 | 5.0 | 5.0 | 5.0 |
| **Clients in Hospital Beyond Need for FPH Care**** | | | | | | | | | |
| Total Bed Days | 7503 | 6297 | 7949 | | -16.1 | 26.2 | 7,800 | 7,800 | 7,800 |
| Total Bed Days beyond Need | 4572 | 4378 | 5088 | | -4.2 | 16.2 | 5,000 | 5,000 | 5,000 |
| Percent Days beyond Need | 60.9 | 69.5 | 64.0 | | 14.1 | -7.9 | 65.0 | 65.0 | 65.0 |
| **Physician Workload as per Watts Formula** | | | | | | | | | |
| # Acute beds | 99 | 123 | 130 | 130 | 24.2 | 5.7 | 130 | 130 | 130 |
| # of Chronic beds | 70 | 52 | 56 | 56 | -25.7 | 7.7 | 56 | 56 | 56 |
| # of Sub-Chronic beds | 42 | 67 | 43 | 43 | 59.5 | -35.8 | 43 | 43 | 43 |
| Total # of beds | 211 | 242 | 229 | 229 | 14.7 | -5.4 | 229 | 229 | 229 |
| **Sessions** | | | | | | | | | |
| Current Ministry Funding Levels** | – | – | 98.48 | 98.48 | N/A | N/A | N/A | N/A | N/A |
| Optimum Recommended psych. Sesions*** | 100.61 | 113.38 | 114.57 | 114.57 | 12.7 | 1.0 | 114 | 114 | 114 |
| Actual psychiatry sessions | 70.04 | 80.36 | | | 14.7 | -100.0 | N/A | N/A | N/A |
| Variance (recommended-actual) | 30.57 | 33.02 | | | 8.0 | -100.0 | N/A | N/A | N/A |
| **Other Funded Component** | | | | | | | | | |
| On call/Call back | 13.76 | 14.06 | 14.06 | 14.06 | 2.2 | 0.0 | 14 | 14 | 14 |
| GP Sessions | | | 30.93 | 30.93 | N/A | N/A | 30 | 30 | 30 |

* 25 Oak House beds remain unopened due to construction and therefore have not been included in the bed count.
** To February 28, 2002

* To February 28, 2002

* To February 2, 2002

** These statistics only relate to Involuntary patients. Such patients constitute a very small percentage of FPH patients. For the vast majority of FPH patients, their exact departure date is specified by the Courts or the Review Board.

**Community Followup within 30 Days of Discharge**

A minority of the patients discharged from the FPH do not receive FPS community followup because they no longer fall within the mandate of FPSC. All other patients (100%) receive FPS community followup within 30 days of discharge.