

# **BRITISH COLUMBIA REVIEW BOARD**

## **ANNUAL REPORT**

**Fiscal Year:**

**April 2023 – March 2024**

*Protecting the Public and Meeting the Needs of Mentally Disordered Accused  
Persons*

# Contents

- Letter from the Chair..... 3
- Chair’s Message ..... 4
- Overview of the BC Review Board..... 7
- BCRB A shifting landscape ..... 10
- BCRB Statistical Report for Fiscal Year 2023-24 ..... 12
- BC Review Board Members In Active Service at March 31, 2024..... 21
- Organizational Chart at March 31, 2024..... 22
- BC Review Board Budget & Expenditure Overview Fiscal Year 2023-24..... 23

## Letter from the Chair

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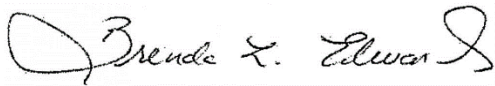
September 28, 2024

The Honourable Niki Sharma  
Attorney General  
Parliament Buildings  
Victoria, BC V8V 1X4

Dear Minister:

I am pleased to submit the Annual Report of the British Columbia Review Board (Board), established under the *Criminal Code of Canada* for Fiscal Year 2023 -2024.

Sincerely

A handwritten signature in black ink that reads "Brenda L. Edwards". The signature is written in a cursive style with a large initial 'B' and a decorative flourish at the end.

Brenda L. Edwards  
Chairperson  
BC Review Board

## Chair's Message

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This fiscal year was a challenging one for the Review Board. It represents my first full year as Chair of the Board, and I would be remiss if I did not acknowledge the incredible support that I have received from Review Board staff and members over the past year.

The Board has also been greatly assisted by the Tribunals and Agencies Support Division of the Ministry of Attorney General when we have identified areas of pressing need and inadequate resourcing to meet our mandate. For example, the Board has been under-resourced in terms of both members (legal and psychiatric), as well as Registry staff. Recruiting for these positions is always challenging.

The subject matter of Board hearings is often disturbing – all accused persons are before the Board because they have been found to pose a significant threat to public safety. The Board frequently hears evidence that was not before the court – sometimes directly from the Accused, but also from the victims or their families. The experience can be traumatizing to Board members and Registry staff who gather the evidence needed for a hearing. This fiscal year, the Board heard from members about the trauma some face and we made it a priority that next fiscal we would identify and retain professionals trained in recognizing and addressing symptoms of Vicarious Trauma who would offer their services to the Board.

The current Board classification and remuneration provided for in Treasury Board Directive 1/24 is an obstacle to the Board recruiting and retaining the expert professional Board members that we require. As you know, the Board's composition is mandated under the *Code* and must include current or retired members of the judiciary (or senior lawyers), psychiatrists, and members from other relevant backgrounds (including psychology, criminology, social work and forensic psychiatric nursing). As Chairperson I have been striving to ensure that the Board is reflective of the population that it serves. I have reached out to the BC First Nations Justice Council, the Crown Counsel Association, the Canadian Bar Association's Southeast Asian and Indigenous lawyers' sections. I have also solicited the aid of the Tribunals and Agencies Support Division of your ministry as well as Chairs of other Boards, members of the judiciary, and the Board's own membership in our efforts to reach a broad audience of potential candidates.

Whilst the Board gained three new members in 2023-24, (one alternate chairperson and two psychiatrists), we have no net gain as the Board lost the services of two alternate chairs, two psychiatrists and two public members. With our increasing workload, as of the fiscal year end, the Board continued to struggle to meet our statutory obligations and recruiting and retention remains an issue.

Over this fiscal year, the format of our hearings returned to the pre-pandemic experience. As you may be aware, section 672.5 (13) of the *Criminal Code* provides that Accused persons may agree to have their hearings via a video appearance before the Board. However, absent that agreement, the Board is compelled to schedule in-person hearings. As a result, Board hearings have transitioned from almost entirely video hearings over the course of the pandemic (held by MS Teams) to the majority of hearings occurring in-person at either the lone Forensic Psychiatric Hospital or in the community at Regional Forensic Clinics, local hospitals and in other venues. The Board continues to offer video hearings to Accused who agree and many still do.

This hybrid model of service delivery poses challenges. The Board is not infrequently faced with scenarios whereby one panel of the Board will be hearing matters virtually while a second panel is hearing matters, in person. This necessitates a duplication of staff to support the hearings and members to constitute the hearing panels. Further, the Board faces serious security issues when conducting hearings in-person. The Board is not supported by Sheriff Services and has been declined permission to use a secure setting such as a courthouse or Community Corrections office. Over this fiscal year, the Board was repeatedly mandated to hold in-person hearings for accused persons who were charged with violent offences, were untreated, substance addicted, unhoused and mentally unstable. Forensic Psychiatric Services staff had deemed that it was unsafe to hold a hearing at their clinic. As Board Chair, I have voiced concern that the Board is not adequately supported and our members, the parties and any public in attendance may be at personal risk.

As a result, this fiscal year, Registry staff have been working with your Ministry to obtain the technology and security services that the Board needs to continue to provide hearings in the place and in the manner required under the *Criminal Code*. In addition, work on the Board's new case management system has continued for a third year. This is a complex project requiring significant adaptation of the off-the-shelf system provided by the government to support the work of the Review Board. It has required an exorbitant amount of time and effort on the part of our Registrar to move this project closer to completion while still managing the day-to-day work necessary for the Review Board to fulfill its mandate.

This year saw the completion of several initiatives that have been underway for several years. For example, the Board finalized and provided our members with an electronic Benchbook (a comprehensive legal and administrative guidance document) which is to be regularly updated. The Board also undertook media training for the Chair and staff and identified the need to develop a vicarious trauma workshop for Board and staff in recognition of the horrific nature of some of the evidence to which they are regularly exposed. For the public's benefit, the Board updated its website<sup>1</sup> and increased the information available about our processes. The Board also began a comprehensive review and editing process to ensure that our decisions are sufficiently clear and well-articulated that a reader can understand the legal and factual basis for our decisions. The Registry regularly provides our publishable<sup>2</sup> decisions to CanLII (a freely accessible legal database) for publication.

Over the fiscal year, the Board's intake numbers remained constant. What has changed is that the Board has absolutely discharged significantly fewer accused persons from its jurisdiction. Accused persons who remain a significant threat to the public are not eligible for discharge. Concerningly, the Board is increasingly hearing matters where an accused person could be safely discharged to the community if there were adequate community resources to meet their needs. Unfortunately, at the same time that significantly ill and dangerous new accused persons are being deferred to the Board, residential and substance abuse treatment resources which previously were discharge options for those well-enough to be managed in the community, are dwindling. More and more facilities are declining to accept forensic patients. The Board is significantly hampered in its ability to meet its dual mandate of protecting the public whilst also meeting the accused needs with the resources available.

In my view, absent a significant injection of funding dedicated to appropriately-staffed residential facilities able to meet the complex needs of forensically ill accused, the situation is not likely to improve.

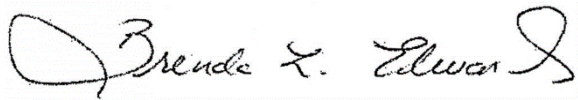
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<sup>1</sup> [British Columbia Review Board - British Columbia Review Board \(bcrb.ca\)](https://www.bcrb.ca)

<sup>2</sup> Reasons may not be published if they involve youthful accused, are subject to a publication ban, or are otherwise not suitable for public release.

More secure hospital beds are needed for forensic patients at the acute, tertiary and long-term ends of the spectrum. Similarly, more residential substance use and housing options must be provided if the Board and the Province are to meet their respective obligations for public safety and accountability whilst also meeting the needs of accused persons to be reintegrated into the community when safe to do so.

The Board continues to meet regularly (both in-person and by videoconference) with our stakeholders and as a Board to identify areas of concern and offer possible resolutions. We also continue to offer regular professional development sessions for the Board in-house, through our collaboration with the UBC Forensic Education program, and via the BC Council of Administrative Tribunals to ensure that our members and staff remain well educated and prepared to fulfill their duties.

A handwritten signature in black ink that reads "Brenda L. Edwards". The signature is written in a cursive style with a large initial 'B' and a decorative flourish at the end.

## Overview of the BC Review Board

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The British Columbia Review Board (BCRB) is an independent adjudicative tribunal, established pursuant to Part XX.1 of the *Criminal Code of Canada*. Although created by federal legislation, each Review Board is treated as though it were established under the laws of the province. Members are appointed by the provincial Cabinet. The BCRB is part of Canada's criminal justice system. Review Boards have concurrent jurisdiction with the courts in relation to matters in Part XX.1 of the *Code*.

Part XX.1 of the *Code* balances the need to protect society from those mentally disordered accused who are dangerous with the need to treat the offenders fairly, with due process and fundamental fairness. Appeals of BCRB decisions go directly to the BC Court of Appeal, without need for the Court to grant leave.

The criteria for appointment to the BC Review Board are found in Part XX.1, which requires the Board to sit in panels of at least three. Each panel must be chaired by a judge, or a person entitled to be appointed as a judge and must include a psychiatrist and a third member with relevant background.

The Board's mandate is to make and to review dispositions with respect to individuals who have been charged with criminal offences, where the court has rendered a verdict of not criminally responsible on account of mental disorder (NCRMD) or unfit to stand trial (UST).

For individuals found to be unfit to stand trial, the Board retains jurisdiction until a court finds that they are fit to stand trial or orders a stay of proceedings. In the interim, the Board must make a disposition that is the least onerous and restrictive to the accused.

For accused persons found not criminally responsible, the Board retains jurisdiction if it is of the view that they are a significant threat to public safety. If they are not a significant threat, the Board must order that they be discharged absolutely. If they are a significant threat, the Review Board must order the disposition that is the least onerous and least restrictive to the accused, either custody in the Forensic Psychiatric Hospital in Coquitlam or release subject to conditions. In reaching its decision, the Board must take into consideration the need to protect the public from dangerous people, the mental condition of the accused, the reintegration of the accused into society and the other needs of the accused.

Other than absolute discharges, dispositions of the BC Review Board are to be reviewed by the Board at least once every 12 months. Parties to a hearing typically include the accused, the person in charge of the hospital where the accused is or may be detained, and a representative of the Attorney General. Other people with a substantial interest in protecting the interests of the accused may be made a party if the Board is of the opinion that it is just.

Those who are declared to be unfit to stand trial must be represented by counsel at hearings, and most accused persons found not criminally responsible are also represented by counsel. At each hearing, evidence from the accused's psychiatrist and treatment team is considered, along with any other evidence which may be adduced. Following deliberation by the panel that conducted the hearing, a written decision, known as a disposition and the written reasons for that disposition are issued.

Hearings must occur within statutory timelines (45 or 90 days from the initial determination by the court), as well as annually, and mandatorily on the occurrence of certain events which affect an accused person's liberties. The disposition may on occasion be communicated orally after the hearing, but in any event a written disposition will be provided to the parties generally within two business days. The Board strives to provide written reasons for its decisions to the parties within 45 days, and in respect of unfit accused who are sent back to court, within two weeks.

There are occasions when the Board must expend significant resources in an effort to schedule a hearing within the timeline set by the Code. This often requires staff resources that are not accounted for in data reflecting the number of cases or the number of "hearings" that the Board adjudicates. For example, as discussed more later in this report, when a psychiatric assessment is not filed within the timeline provided by the Board's Rules of Practice and Procedure, a hearing may need to be adjourned and rescheduled. Further, when the deferring court does not order a psychiatric assessment of the accused, the Board Chair must do so and staff will need to find the accused, serve them with the order and work with the parties to schedule the matter following the anticipated receipt of the report. Still further, Board hearings may need to be rescheduled or continued after their initial date due to the number of witnesses that the parties wish to call or when there are multiple victims who wish to address the Board or read their Victim Impact Statements into the Record. Finally, complex matters often require one or more pre-hearing conferences which must be scheduled and staffed before a hearing can proceed.

Most in-person Review Board hearings are conducted at the Forensic Psychiatric Hospital (FPH) in Coquitlam. Where the accused is living in the community subject to



conditions imposed by the Board, the hearing may be held at a regional forensic clinic, or at another suitable place such as a hotel boardroom, or community gathering place near their residence. The *Criminal Code* allows video hearings with the agreement of the accused.

Review Board hearings are open to the public. The Review Board posts notice of its upcoming hearings on its website. Persons interested in attending a Review Board hearing should notify the Registry so that arrangements can be made to attend by videoconferencing or to provide them with the address for the Forensic Psychiatric Hospital or any other location where the hearing is to occur.

Victims are entitled under the *Criminal Code* and the *Canadian Victims Bill of Rights* to receive notice of hearings and file a victim impact statement, to be considered at the hearing. Victims, like all members of the public, are entitled to attend Review Board hearings. They may also read their victim impact statement at a hearing.

## BCRB A shifting landscape

### ***1. Deferrals by Diagnoses of Accused Persons***

The risk profile of accused persons whose matters are being deferred to the Board from the courts is changing. As a result, this year the Board is offering the following narrative to assist the reader in understanding the work of the Board.

In fiscal 2023-24, most new deferrals from the court were for accused persons dually diagnosed (i.e., with a major mental disorder and a substance use disorder). For these accused persons, the most prevalent mental disorder is schizophrenia followed by bipolar disorder and neurocognitive disorder. The most used substances disclosed by deferred persons are synthetic drugs (fentanyl, benzodiazepines and methamphetamines). Most accused persons whose matters were deferred to the Board this fiscal year had a diagnosed or suspected brain injury or neurodevelopmental disorder.

### ***2. Severity of Accused's charges***

This fiscal year 48 accused persons with 180 charges were deferred to the Board (some accused have multiple charges). Of those deferred charges, there is a significant increase in the number for major offences (first degree murder, second degree murder, manslaughter or attempted murder). Between 2021/22 and 2023-24, there was an 83% increase in new accused deferred with such matters. Over the same period there was a 97% increase in new accused deferred with serious offences (unlawful confinement, sexual assault, sexual assault with a minor, aggravated assault, assault by choking, and arson).

### ***3. Region of the Province where matters originate***

New accused are being deferred from almost every health region with the largest number originating in the Vancouver region followed by the Okanagan and then Vancouver Island. Despite the violent nature of the offences, and the accused's mental state, almost half of all accused persons are not in custody when their matters are deferred to the Board for a review of their fitness to stand trial or a disposition hearing after having been found to be not criminally responsible for their charges on account of mental disorder.

## BCRB Snapshots of the Intake Process for New Accused

In fiscal 2023-24, the Board observed that the Intake process for new accused had become much more complex and time consuming than in prior years. Courts released accused persons charged with violent offences whose mental disorders were untreated and who were homeless, and substance addicted.

In these circumstances, the Board's registry staff must be knowledgeable as to the applicable law, including any mandatory timeframes under the Code, and must understand the documentation that the Board will require. Further, staff must have contacts with Crown counsel and at the courts with whom they can work to locate the accused, obtain the necessary evidence, and schedule a matter before the Board.

The following case examples illustrate the challenges staff face :

- **Example 1 – In mid-October 2023, the Court released a female accused person who had been unfit to stand trial on assault charges. Her matters were deferred to the Board for a hearing. The Accused was homeless, substance addicted, and banned from shelters in Northern BC after assaulting shelter workers. With no means of contacting her, Registry staff were unable to notify her of her obligation to attend a hearing and comply with the Board Chair's assessment order to determine her mental status and risk to the public. Despite extensive efforts to locate her, the Board next heard of the Accused's whereabouts after she was hit by a car, hospitalized, then released back into the community. The Board tried unsuccessfully to have the Courts detain her for her safety and that of the public. Staff were ultimately able to schedule her matter for an in-custody hearing after she was arrested and taken into a Correctional Facility. The Board was subsequently notified by Corrections staff that the accused was going to be released on bail. Registry staff acted swiftly to provide the necessary documents to the court and correctional facility to have the accused safely brought to the Forensic Psychiatric Hospital so that her initial hearing could finally be held in mid-January 2024. At the hearing, the Board made a custody disposition**
- **Example 2 – In November 2023, a court released the Accused pending a hearing before the Review Board. Registry staff confirmed that Accused was residing in an area that was isolated due to heavy flooding. Registry staff worked with the court to obtain an order permitting the Board to hold a hearing within 90 days rather than the original 45-day deferral period. The Court made the order sought. Unfortunately, by the time the Board received the order, the Accused was no longer at that residence. Registry staff worked to locate the Accused. Staff learned that he had been in a hospital in the Fraser region but left. He was later admitted to the psychiatric unit of another hospital. Registry staff then worked with the courts, Crown counsel, the Director of Forensic Psychiatric Services and others to have a Warrant issued, a hearing scheduled, evidence gathered and distributed, and the Accused notified of his hearing. The Accused was safely transported to the Forensic Psychiatric Hospital in Coquitlam. The Board was then able to schedule and hold an initial hearing for the Accused.**

## 1. Number of Accused under BC Review Board Jurisdiction

The total number of accused under the Board’s jurisdiction (261) increased slightly over the prior year. At the fiscal year end, there were more accused in custody at the Forensic Psychiatric Hospital than under supervision in the community. The fact that the Board is detaining more individuals than it did last year is indicative of the changing dynamics in the community including the increase in untreated, violent, substance-addicted accused who are being deferred to the Board and the lack of available resources to which individuals can be safely discharged. (See Figure 1)

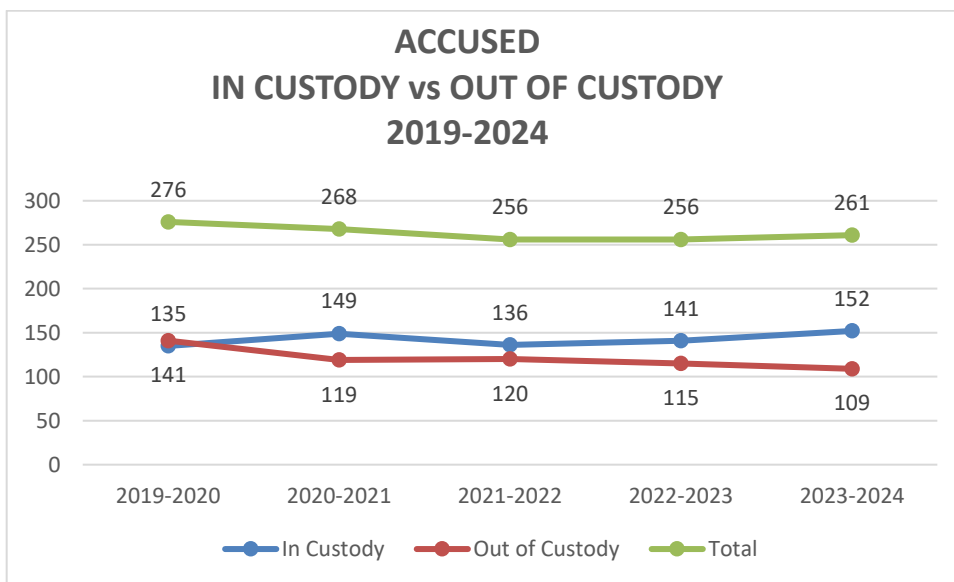


Figure 1

## 2. Total Accused by Verdict Type

The total accused under the Board’s jurisdiction, broken down by verdict type. The NCRMD and pre-1992 not guilty by reason of insanity (NGRI) verdicts have been combined. The numbers have remained relatively unchanged over the past five years. However, there is more to this picture than is portrayed in this figure.

As noted in the report the number of NCRMD accused under the Board’s jurisdiction is rising as the number of Absolute Discharges are decreasing. The total number of unfit accused remains relatively stable even though, after an initial hearing, the Board is returning approximately half of the unfit accused to court to stand trial at their initial hearing. That said the Courts are continuing to refer new UST accused.

At times during the fiscal year, the courts were deferring more significantly ill and violent unfit accused, on an out-of-custody basis than NCR accused. This has resulted in situations where, to manage the accused’s risk to the public safely, extraordinary measures have had to be taken including having one accused appeared in pharma-induced state of sedation (equivalent to being restrained), while another attended in a wheelchair with restraints and from the secure ward of a hospital with hospital security in attendance.

**3. *New Cases Referred to the Board contrasted with Number of Accused Absolutely Discharged by the Board***

New cases that are deferred to the Board from court include both accused who are not criminally responsible (NCR) accused, as well as accused who have been found unfit to stand trial (UST). This fiscal year the number of new UST findings from court were fewer than the new NCRMD verdicts but for much of the year the reverse was true. (See, Figure 2 below).

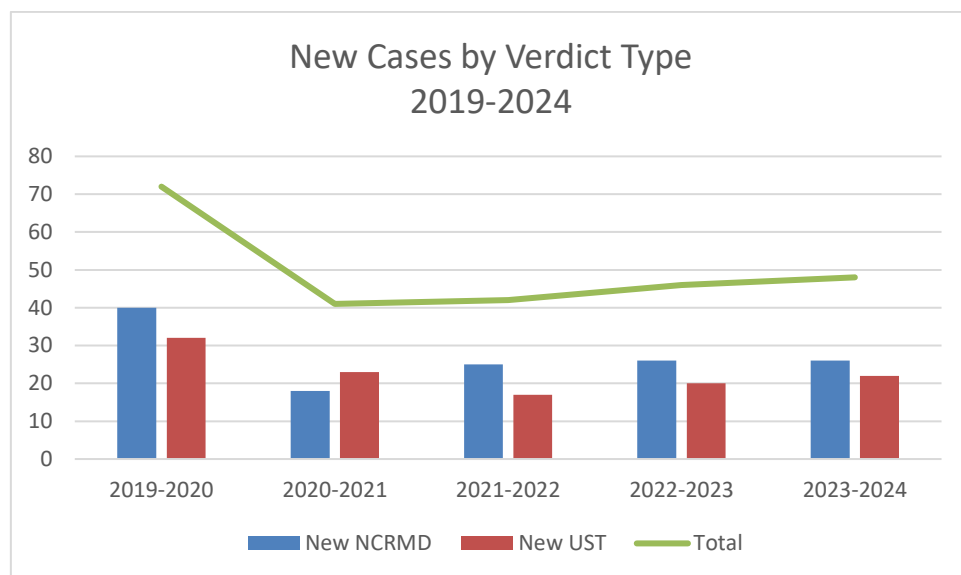


Figure 2

In contrast to the number of new cases deferred to the Board, which has remained relatively steady over the past four years, the Board has absolutely discharged fewer accused persons than it did in any of the past five years. The most likely reason for the decrease is the dwindling number of community-based resources willing to accept forensic patients. The Board cannot discharge accused persons if the services they need to safely manage their risk are unavailable.

Absent a placement that can offer drug treatment or intense support and supervision to manage the risk that an accused would otherwise pose to the public, accused persons must remain in custody at the Forensic Psychiatric Hospital. The Board is currently overseeing matters for accused persons who have been subject to its jurisdiction for decades (the longest being 50

years). Some accused die in custody, other aging accused persons require long term care. For still others, the key to managing their risk to the public is substance abuse treatment and close supervision – they do not require hospitalization in a forensic facility.

Over the course of the year, the Board heard evidence that the two residential treatment programs that have historically accepted forensic patients were no longer doing so (i.e., the Northern Therapeutic Treatment Centre, formerly Baldy Hughes and Red Fish Healing Centre). Further, Registry staff has been informed that a staff-supported residence (Johnson Manor) is anticipated to close its doors to forensic patients at the end of the calendar year. Still further, Community Living BC (CLBC) has indicated that it is contemplating discontinuing support of forensic patients who otherwise meet the criteria for CLBC-funded residential and outreach services. (See, Figure 3 below)

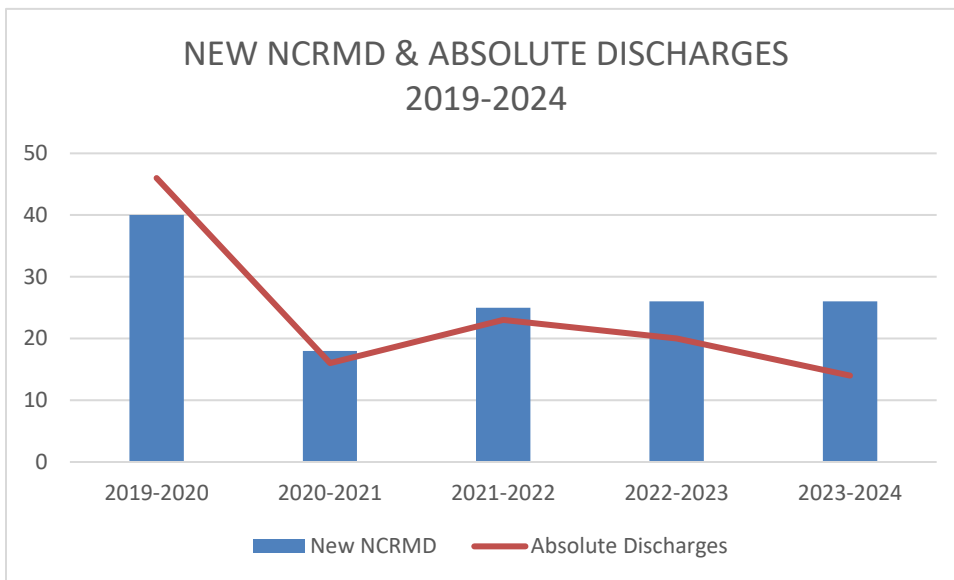


Figure 3

#### 4. Case Closure by Reason

The Board closes some accused persons’ files every year. The graph in Figure 4, below indicates that the two main reasons for case closure are absolute discharge (in the case of NCR accused) and matters where an unfit accused has been returned to court and subsequently found fit to stand trial. Besides these, a case may be closed due to an accused’s death, interprovincial transfer, charges being stayed, a successful appeal of their status, or a “consolidated verdict”<sup>3</sup>.

<sup>3</sup> When an accused person has more than one court verdict of NCR or unfit, they are combined into one Review Board ‘case’ and are dealt with together.

This fiscal year, the Board absolutely discharged 14 individuals (the fewest in the past five years), seven accused persons died while subject to the Board’s jurisdiction<sup>4</sup> and the Court stayed the proceedings for five matters. There were no interprovincial transfers concluded over the course of the year.

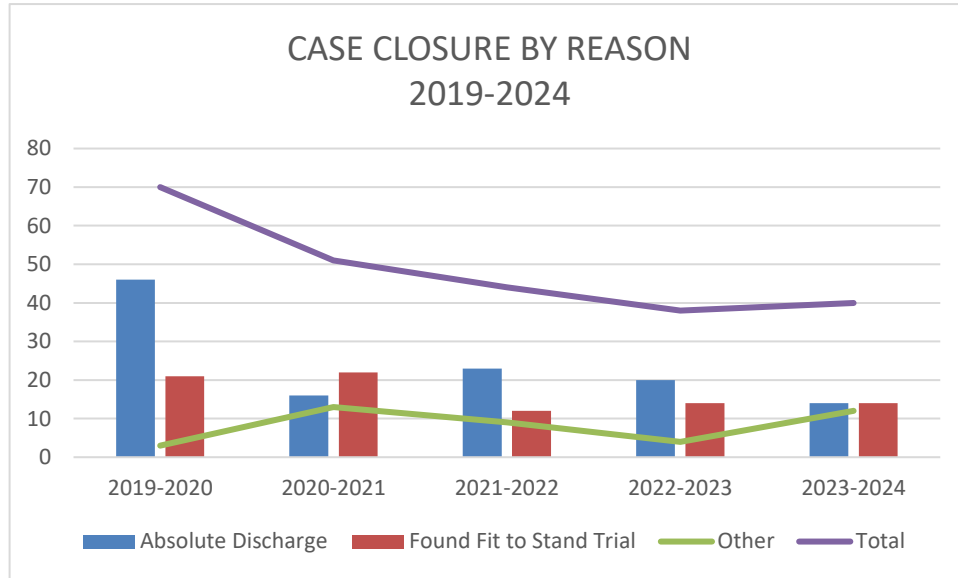


Figure 4

### 5. *New versus Closed Cases*

The graph in Figure 5 below shows the new NCR accused, as well as cases that have been closed after the Board made an absolute discharge. The number of new NCR cases coming into the BCRB remains the same as last year - the highest it has been since the start of the COVID-19 pandemic. In contrast, the number of accused persons absolutely discharged by the Board (i.e., closed cases) has markedly decreased from pre-pandemic years. It is likely that the impact of dramatically reduced community-based services for forensic patients.

The result is that the Forensic Psychiatric Hospital is under constant pressure as more new accused are being admitted to hospital than are being discharged. Of course, the Board cannot discharge patients when it is unsafe to do so. Further, the Board regularly hears of accused persons who are in the community but are not complying with the Board’s orders. In many cases, these accused ought to be returned to custody. These competing demands on the limited bed space at the Forensic Psychiatric Hospital have an obvious solution. A second forensic psychiatric hospital.

**The Board notes that Ontario has 11 forensic hospitals serving a population of 15.9 million. BC, by contrast has one forensic hospital serving a population of 5.6 million.**

<sup>4</sup> The Board is informed of an accused’s death by the Director, Forensic Psychiatric Services, but the cause of death is not revealed.

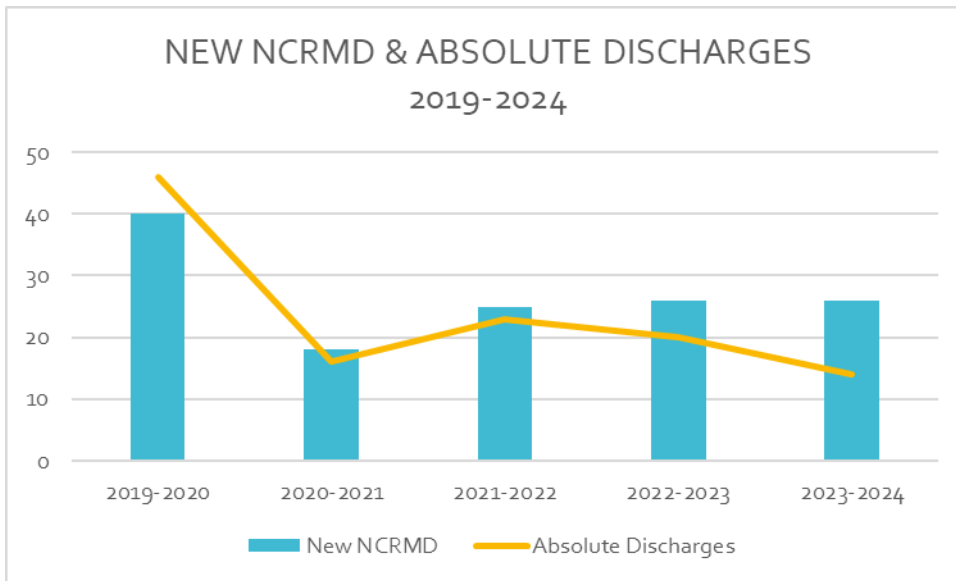


Figure 5

## 6. Accused Demographic Breakdown

This data is subject to the proviso that the Board cannot vouch for its accuracy. It is inherently difficult to obtain accurate data regarding personal characteristics including age, gender identity, Indigenous ancestry, or disabilities from accused persons who, at intake are often seriously mentally disordered and unable to be accurate historians.

From the limited data we have, it appears that the demographic breakdown of the Review Board accused has remained relatively stable over the last five years. As illustrated in Figures 8-1 to 8-4, below, most accused under the Board’s jurisdiction are adult male, over 18, and are residing in the Lower Mainland. As was first reported last year, 5% of accused require an interpreter to be present at hearings.

In the 2023-24 fiscal year the Board began tracking accused persons who are not in custody but are managed by one of the province’s six Forensic clinics. The Surrey clinic managed the most accused persons followed by Victoria, Vancouver, Kamloops, Prince George and Nanaimo.



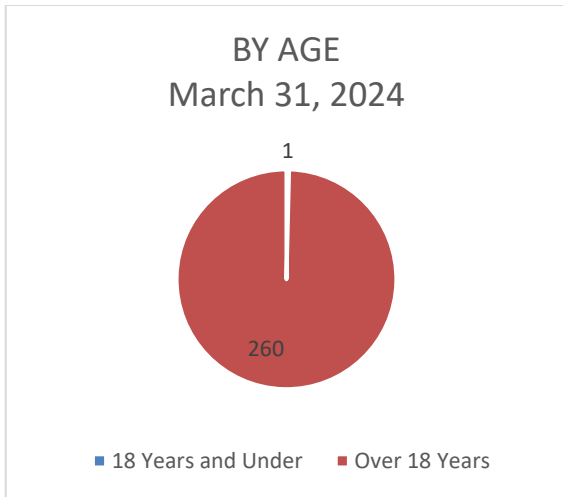


Figure 6-1

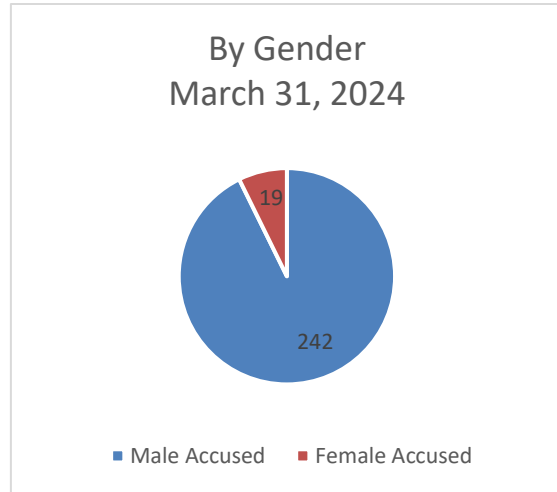


Figure 6-2

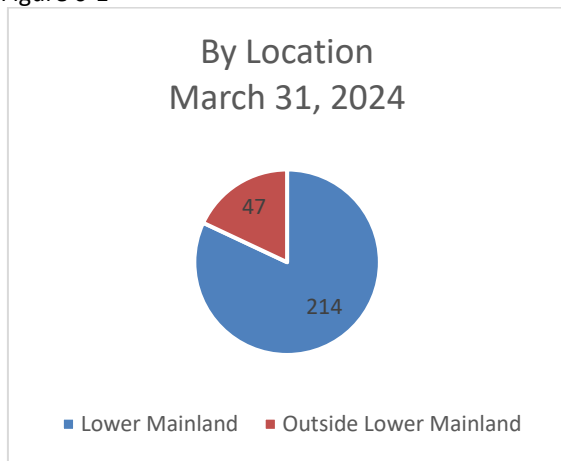


Figure 6-3

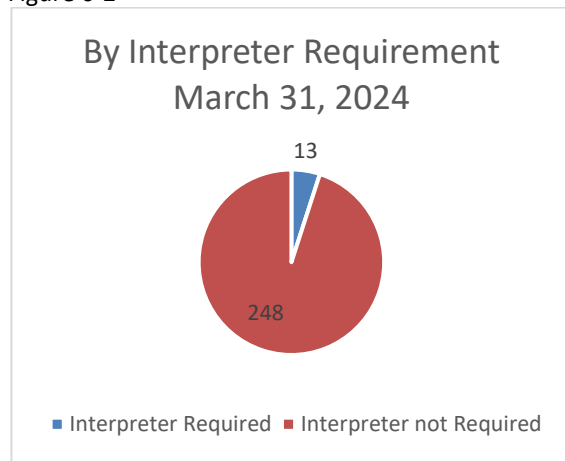


Figure 6-4

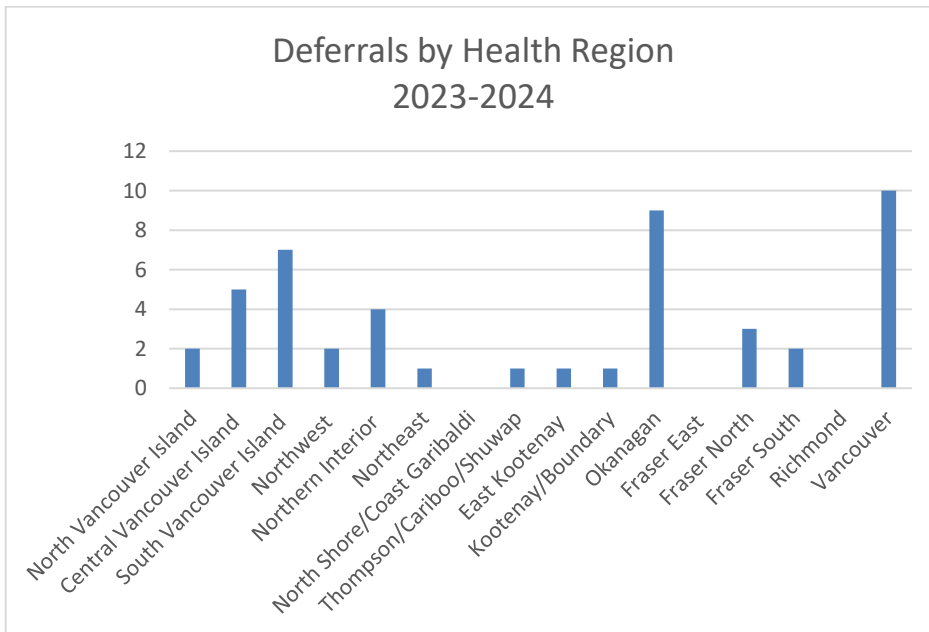


Figure 6-5

## 7. Total Hearings by Type

The chart below (Figure 7) shows the total number of hearings in a year, as well as the breakdown by type. Approximately two thirds of all hearings are held annually. In some cases, the Board orders that the next hearing be prior to the normal 12 months (known as short orders). Additional hearings are also mandated when the accused’s liberty has been restricted by the Director for more than seven days, or where the court has ordered that an accused be returned to custody for breach of their discharge conditions. Early hearings may also be held at the request of the Director, or at the discretion of the Board. This means that the total number of hearings per year exceeds the total number of accused persons under the Board’s jurisdiction. Given the number of different factors driving the need for a hearing, it is difficult for the Board to project for budget purposes the total cost of hearings each year.

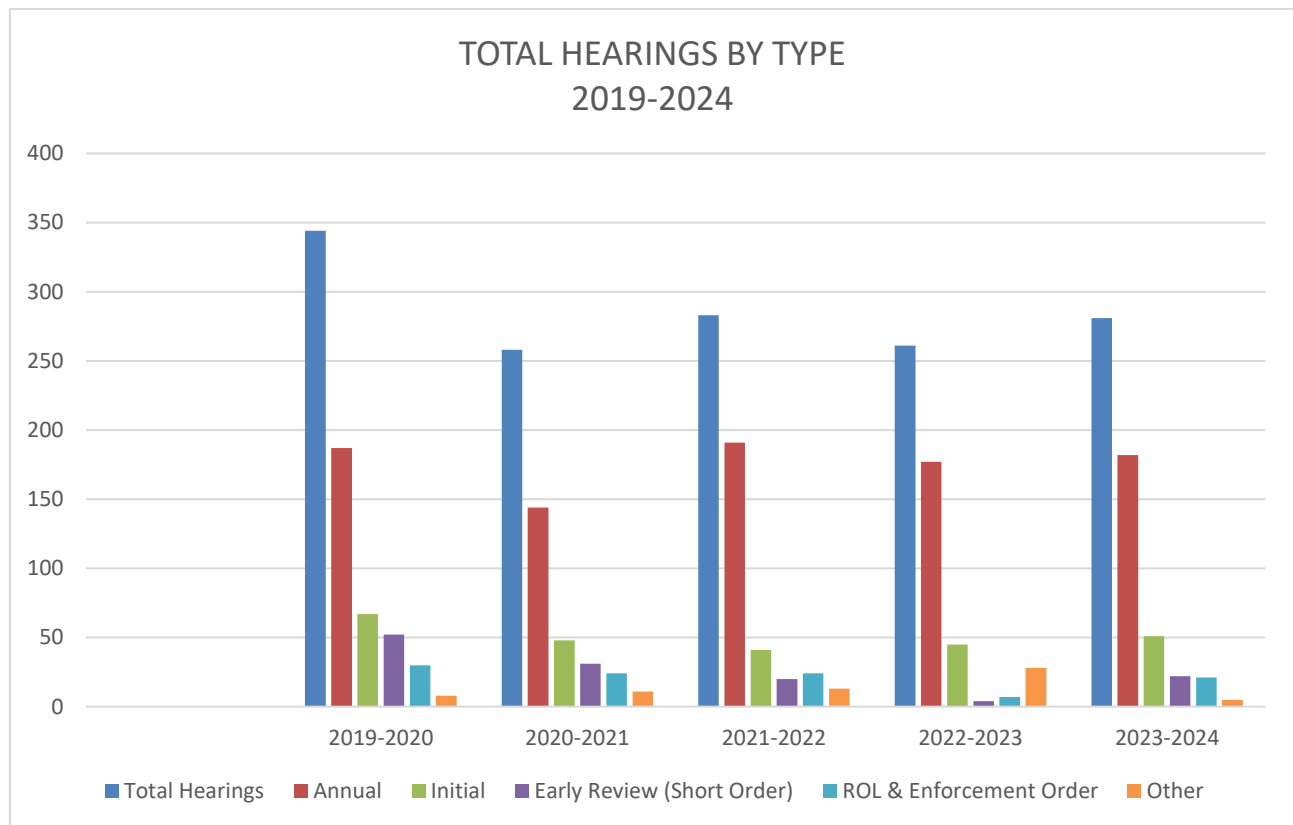


Figure 7

## 8. Hearing Method

The chart below (See, Figure 8) shows the breakdown of hearing mode for 2019-2024. The 2023-24 fiscal year saw a significant shift away from video hearings and a return, for the most part, to hearings occurring in-person. One ‘paper’ hearing was held in the absence of parties but with their agreement on the order and conditions.

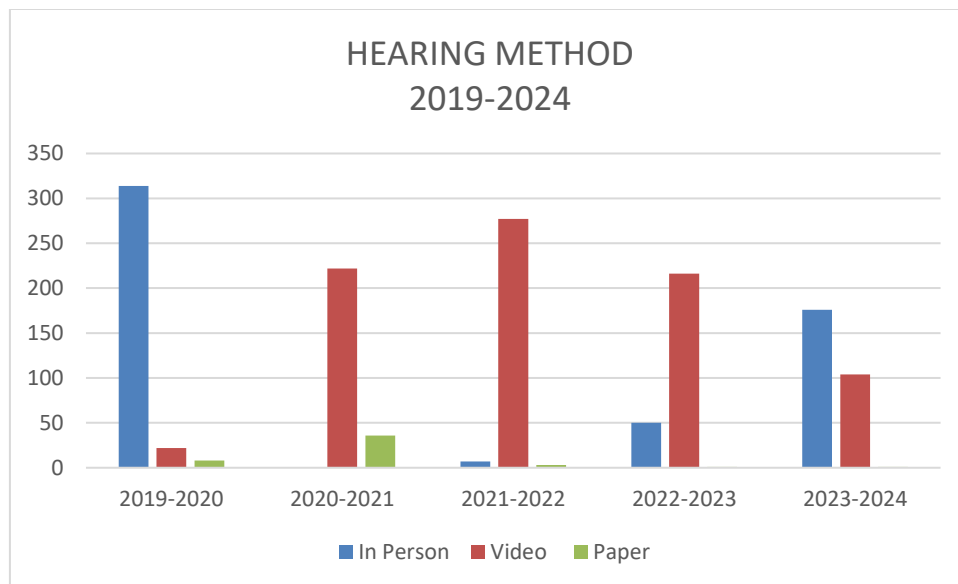


Figure 8

### 9. *Scheduled Matters that do not proceed*

The chart below (Figure 9) shows the breakdown of matters that are a significant driver of workload for staff and the Board but do not result in a full hearing. For example, while annual reviews are scheduled months in advance of a hearing, where the accused’s psychiatrist failed to file a current assessment report<sup>5</sup> within the timeframe stipulated under the Board’s Rules of Practice and Procedure, the matters will often need to be adjourned and rescheduled at a later date when the parties, their witnesses and the Board is available.

Parties to the hearing rely on the psychiatric report when advocating for a client or otherwise recommending a disposition to the Board. Late filing of a psychiatric report is increasingly resulting in applications to adjourn matters when they would otherwise have proceeded to a hearing. This is a significant concern to the Board. The Board has heard evidence that the Director is under-resourced such that psychiatrists with a heavy patient load are unable to meet their statutory timeframes while also caring for their patients.

While the Board is empathetic to the Director’s plight, there are serious repercussions when psychiatric reports are not filed as required and hearings are adjourned. When a scheduled hearing is adjourned within 48 hours of the scheduled start time, the Board compensates the scheduled members for their work in preparing for the hearing and for the time that they have reserved for the hearing<sup>6</sup>. The Board must then pay a second panel to prepare for and adjudicate the rescheduled review. Still further, reviews which do not proceed as initially scheduled risk running afoul of the *Criminal Code* and may be procedurally unfair to the Accused

<sup>5</sup> Psychiatric assessments/reports (both initial and subsequent) are mandatory evidence without which a hearing before the Board cannot occur.

<sup>6</sup> Board members, but for the Chair, are part-time and many hold other positions. They dedicate time for hearings as scheduled.

whose liberty is at stake.

The Board has had discussions with the Person in Charge of the Hospital and will be pursuing the matter formally with him, the Medical Director, and the Provincial Health Services Authority since late filings are now a regular occurrence and are becoming more egregious (in the case of some hospital psychiatrists) and require immediate action to resolve.

In fiscal year 2023-24, one in three matters scheduled to be heard did not proceed as first set. Each time a matter is set for hearing, Registry staff prepare the evidence and set the matter down based on the availability of the parties, their witnesses, and Board members. Then the accused and their representatives, Crown counsel and the assigned panel of the Board review the record of evidence and prepare for these hearings (it is not unusual for a record to consist of more than one thousand pages of documentation). Staff, the parties and a second panel must then expend further resources when the matter is rescheduled.

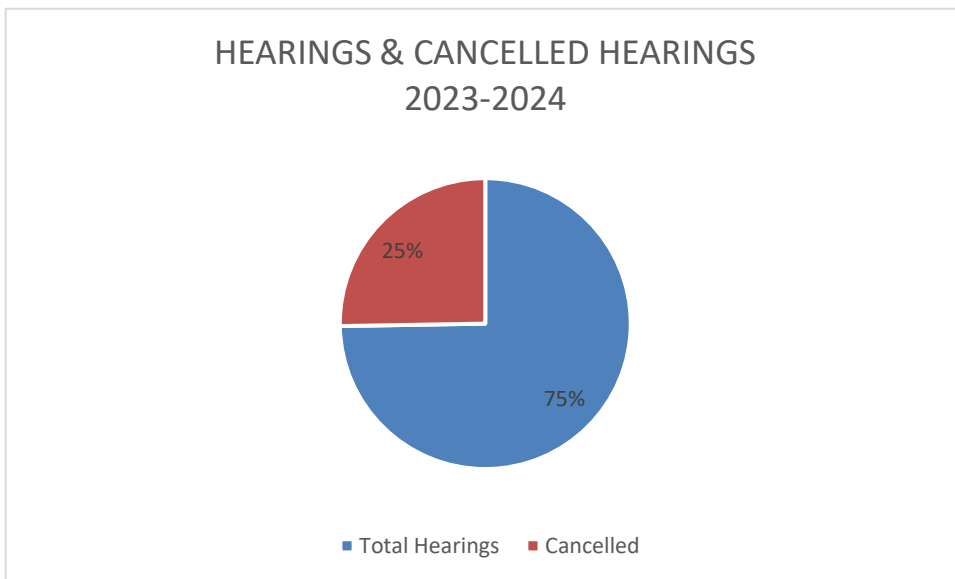


Figure 9

### ***10. Other procedural matters that consume Board resources***

Other drivers of work for the Board and the Registry which are not reflected in statistics tracking the number of hearings, include new matters that are deferred from the Court for an initial hearing without an accompanying order compelling the accused to report to Forensic Psychiatric Services for an assessment. The Board Chair must review the court documents, determine whether an assessment order is needed and if so, make the order. Then staff will expend (often considerable) time and effort to locate the accused, serve them with the order and schedule a hearing based on anticipated receipt of the report in the time permitted.

## BC Review Board Members In Active Service at March 31, 2024

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### Chair

Brenda L. Edwards

### Alternate Chairs

Ingrid Friesen  
Jim Threlfall  
Steven Boorne  
James Deitch  
Joanna Nefs  
Aamna Afsar  
Dr. Michelle Lawrence  
Paul Singh  
Jonathan Chaplan

### Psychiatrists

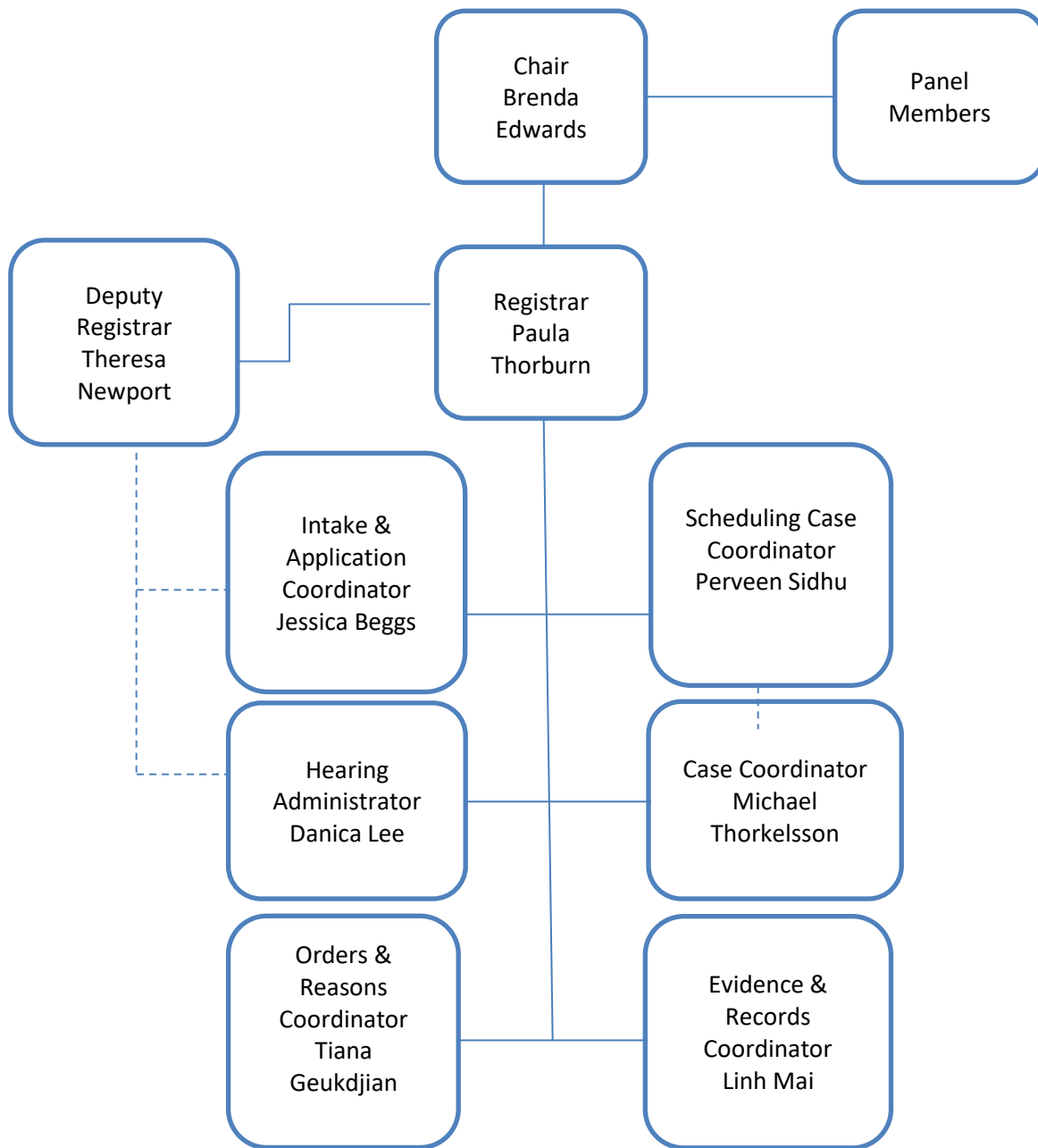
Dr. Ron Stevenson  
Dr. Linda Grasswick  
Dr. Jeanette Smith  
Dr. Sam Iskander  
Dr. Sandi Culo  
Dr. Roy O'Shaughnessy  
Dr. Paul Janke  
Dr. Robert Lacroix  
Dr. Andrew Kolchak  
Dr. George Wiehahn  
Dr. Mike Stefanelli

### Public Members

Dr. Kim Polowek  
Paula Cayley  
Alan Markwart  
Dr. Lynda Murdoch  
Jeremy Berland  
Penny Acton  
Joanna Nefs  
Doug LePard  
Patrick Golding

## Organizational Chart at March 31, 2024

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BC Review Board Budget & Expenditure Overview Fiscal Year 2023-24

FY 2023/24 Delegation	FY 2023/24 Expenditures	FY 2023/24 Variance
\$1,767,000 Adjusted to: \$2,062,606	\$1,882,115	-\$115,115 After adjustment: \$180,491

**SIGNIFICANT VARIANCE EXPLANATIONS 2023-2024:**

As has been the case since the onset of the COVID-19 pandemic, the Board continues to hold proceedings via video where the accused is agreeable. However, travel expenditures increased over the fiscal year as more accused sought in-person hearings than in the recent past. The main budget pressures are expenditures due to increased fees and travel costs associated with in-person hearings, staffing reclassifications, and standard salary and appointee per diem increases not specific to the Review Board. The Board’s case management system (Salesforce) also continues to be a budget pressure.

This fiscal the Board invested in new videoconferencing and recording technology, most of which is a one-off cost. Another pressure is paying fees and travel costs for late hearing cancellations, which can occur where the timing of report submissions are inconsistent with the Board’s rules. This results in the Board paying twice for one hearing.

The Board reduced travel expenditure for Board members by using videoconferencing whenever possible. Due to order backlogs, some of the budgeted hearing technology costs will be reflected as FY25 expenditures, meaning that the adjusted budget was not fully utilized. Under-staffing during this fiscal year meant that some of the identified over-expenditures were absorbed by reduced spending in that area.

The Board anticipates further expenditure if it must retain security services for in-person hearings of high-risk matters set to be heard at insecure locations in the community (i.e., other than at a courthouse). Legal costs are also projected to increase in FY25.