Foundry Performance Measurement Framework

Version 2.1, January 2020

BRITISH
COLUMBIA

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Introduction & Purpose

Foundry provides early intervention services to support young people's wellness by bringing health and social services together in a single place, making it easier for young people to find the care, connection and support they need. Foundry is forging a new, province-wide culture of care through the development of a network of centres and e-health services. By bringing together a variety of health and social services under one roof and working in partnership with young people and families, Foundry aims to help British Columbia's young people get the help they need when they need it.

The purpose of this framework is to outline the overall approach to measuring the performance of Foundry, including what outcomes will be measured and the approach to measuring them.

Context & Background

Youth and young adults struggle to access mental health and substance use (MHSU) services despite compelling evidence that the peak age of onset for MHSU disorders is between 12 and 26 years, and that nearly 75% of these conditions begin by the age of 24[1]. Mental illness and problematic substance use affects approximately 1 in 4 Canadian youth, with 12–24-year-olds experiencing the highest incidence of mental disorders and addictions of any age group[2]. Data from the Ministry of Health (MOH) shows that 172,434 young people under the age of 24 were identified as members of the Child and Youth MHSU 2012/2013 cohort[3] representing approximately 1 in 8 young British Columbians aged 0–24. Unfortunately, literature suggests that less than 50% of youth with MHSU disorders receive MHSU services[4].

In British Columbia, the challenge to meet the health needs of youth and families has not been due to the lack of evidence-based treatments for MHSU disorders, as there are dozens of interventions. As in most national and international jurisdictions, the challenge lay in creating effective access points that make treatments available, affordable and acceptable, enabling the majority of youth and young adults with MHSU disorders to engage in evidence-based interventions. The lack of accessible services is evidenced by the continuing inability of hospital- and community-based services to avoid severe congestion and long wait lists. Most programs are only adequately staffed to intervene in the most serious or acute cases.

Furthermore, in April 2013, the BC Representative for Children and Youth (RCY) report *Still Waiting: First-hand Experiences with Youth Mental Health Services in BC*[5] noted that a recurring theme from focus groups involving BC youth was the lack of accessibility and integration of services. The lack of integration among existing services for youth and families has led many to conclude that "every door is the wrong door." Existing youth health centres have operated as "one-off" facilities, often in isolation and without the "economies of scale" required to support the development of rigorous evaluation platforms and participation in broader population initiatives.

In September 2014, a proposal entitled *Transforming Access to Health and Social Services for Transition-Aged Youth (12–25) in British Columbia*[6] was submitted to the Select Standing Committee (SSC) on Children and

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[1] Kessler RC, Berglund P, Demler O et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62:593–768.

[2] Gore FM , et al. Global burden of disease in young people aged 10–24 years: a systematic analysis. *Lancet* 2011;377(9783):2093–2102.

[3] Bell C. Child and Youth Mental Health and Substance Use: 2012/2013 Overview of the Ministry of Health Data. MOH Presentation to the CYMHSU Congress, Kelowna September 29, 2014.

[4] BC-IYSI Proposed Implementation Plan (Sept 2015) pg 14

[5] Still waiting: First-hand experiences with youth mental health services in BC. Representative for Children and Youth, 2013.

[6] Mathias, SM. Transforming Access to Health and Social Services for Transition-Aged Youth (12-25) in British Columbia, September 2014.

Youth. *Transforming Access* called for the creation of a branded network of health and social service centres across the province, with an overlay of e-health services and a framework for research and evaluation, with the goal of providing the province's youth and young adults (YYA) with integrated Mental Health and Substance Use services. *Transforming Access* identified key characteristics of successful implementation, including the absence of access barriers, youth-friendly staff, youth-appropriate spaces, and navigational ease with embedded family supports.[7]
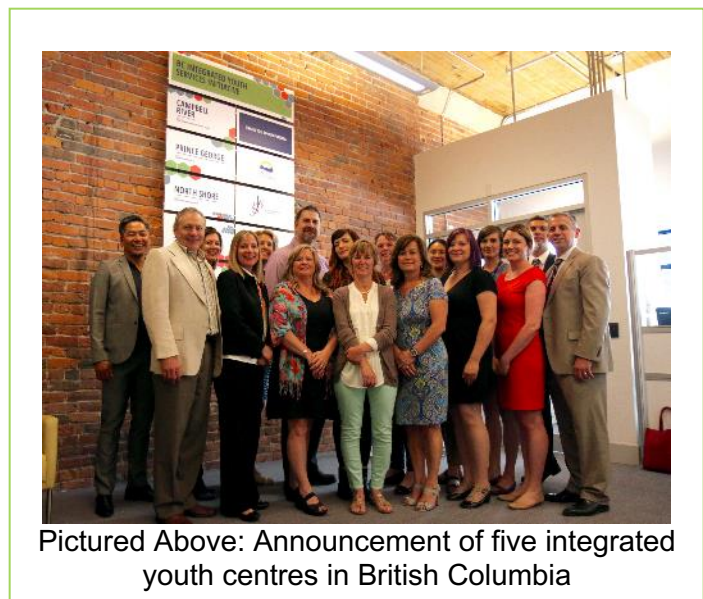
In March 2015, the Graham Boeckh Foundation — with a matching commitment from government — agreed to fund the initial work outlined in *Transforming Access*. This funding was later increased by commitments from St Paul's Foundation and the Michael Smith Foundation for Health Research. This group of funders and the Ministry of Children and Family Development formed a Governing Council with a promise to establish a proof of concept phase called the BC Integrated Youth Services Initiative (now Foundry).

Evidence from headspace, a program in Australia, indicated that positive outcomes were associated with a model of care providing upstream support to youth aged 12–24 before their illnesses progressed and their needs become more severe. The majority of youth accessing care at headspace centres reported significant improvements in health and wellbeing over time[8].

Inspired by Australia's successful national headspace program and similar models in Ireland and the United Kingdom, the first prototype model centre — the Granville Youth Health Centre — was established in Vancouver in 2015. A further five centres were to be established across British Columbia during the proof-of-concept phase. This phase was to be implemented over 30 months (October 1, 2015 – March 31, 2018), including the establishment of a provincial Backbone Organization (later re-named Foundry Central Office [FCO]) and the physical creation of the centres chosen by an independent panel following a formal two-step Expression of Interest and Convening process from December 2015 to March 2016. Further operational funding was committed by the MOH to augment and secure clinical services in each of the centres. A rigorous evaluation of the proof-of-concept phase was commissioned to ensure that the model as implemented in British Columbia achieved positive outcomes for the young people and families that participated in services. Further, evaluation of the proof-of-sconcept phase could support the potential launch of a broader provincial network of centres to meet the needs of young people and their families across BC.[9]

Pictured Above: Announcement of five integrated youth centres in British Columbia

Through a series of robust engagements with youth, families and partners, an in-depth branding process was undertaken, which led to the renaming of the initiative to Foundry at the end of 2016.

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[7] BCIYSI Rationale and Overview (Dec 2015) p. 3
[8] Headspace annual report, 2014–2015; Retrieved from https://headspace.org.au/assets/Annual-Report-2014-2015.pdf
[9] BC-IYSI Rationale and Overview (Dec 2015) p. 4

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Foundry Overall Theory of Change

Achieving Foundry's vision — transforming access to health and social services for youth and their families in BC — requires the full and meaningful integration of services in each Foundry centre. Efforts to achieve integration began with the BC Integrated Youth Services Initiative (BC-IYSI) proposal and the convening process, and carried on through the development of each centre, consistent with Foundry's comprehensive service model (described below).The end result are services — both centre-based and online — that are seamless and relationship-based, and that empower youth and their families to immediately access the support and care they need.

In our Theory of Change, youth and their family members are at the centre being supported towards improved health and wellbeing by a comprehensive suite of fully integrated, easily accessible youth-friendly services. The delivery of those services — health, social and peer support — is facilitated by Foundry Central Office, a backbone organization supporting each Foundry site to become operational and achieve full fidelity with the Foundry Service Model.

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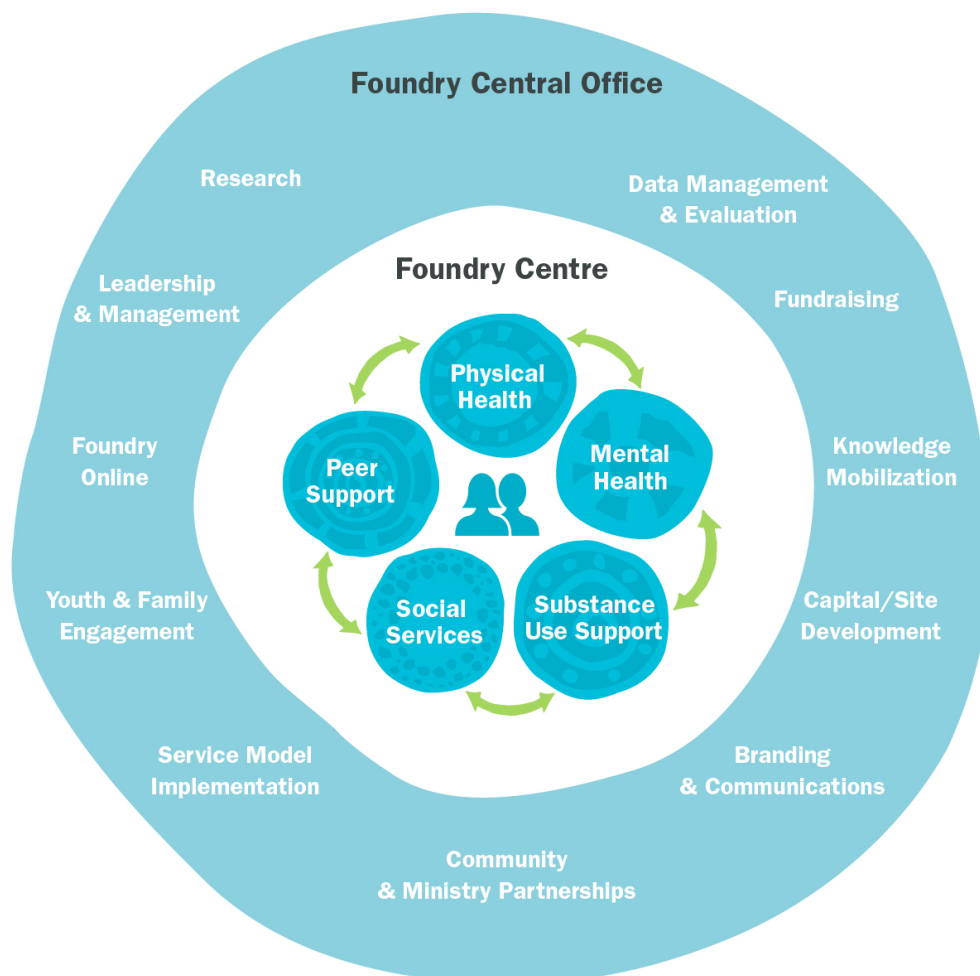
Proof-of-Concept (PoC) Report Recommendations

The evaluation of Foundry's proof-of-concept phase resulted in a series of recommendations that influenced the development of this performance measurement framework. Those recommendations include:

1. Researching the role that brand and brand identity has on influencing health care decision-making amongst youth and on supporting service integration (i.e. breaking down barriers) amongst service delivery partners.
2. Researching the impact of gender on help-seeking behaviour to gain a greater understanding of the factors that result in lower rates of males seeking help and participating in services for mental health and substance use issues.
3. Ensuring that the needs of LGBTQ2S+ and Indigenous youth accessing Foundry are being addressed through further evaluation of their needs and service delivery preferences.
4. Evaluating how peer support services interconnect with and support the delivery of other Foundry services.
5. Implementing a comprehensive evaluation of client outcomes relative to the established pathways of care for mental health and substance use.
6. Completing a more in-depth evaluation of walk-in counselling services, including implementing the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS) as core measures of the impact of this service.
7. Implementing comprehensive evaluation of services provided at Foundry centres to family members and caregivers of youth experiencing mental health and substance use issues.
8. Setting and measuring service responsiveness benchmarks for client flow processes (e.g. wait times, time to complete assessments, time to access specialist services) at Foundry centres and acting on the measurement results.
9. Continuing to actively research and evaluate local partnerships and work with Foundry lead agencies to support them in using the results to strengthen their partnerships.

Appendix B cross references these recommendations with the objectives and outcomes listed below.

Overarching Measurement Strategy, Evaluation Questions & Outcomes

With a focus on youth ages 12–24 and their family members or caregivers, Foundry's performance measurement efforts are grounded in the Theory of Change (described above) and include three interrelated components: developmental evaluation, process measurement and outcome measurement.

In addition to the Theory of Change, the design of the framework also drew on the Institute for Healthcare Improvement's Triple Aim model. This internationally recognized model "is a framework that describes an approach to optimizing health system performance." The three dimensions of the Triple Aim are:

- **Dimension one:** Improving the patient experience of care (including quality and satisfaction);
- **Dimension two:** Improving the health of populations; and
- **Dimension three:** Reducing the per capita cost of health care.

Dimensions one and three align most closely with process measurement objectives, and dimension two aligns with outcomes measurement objectives described below. **Appendix B** cross references the objectives and outcomes listed below with Triple Aim dimensions.

The developmental evaluation component of Foundry's evaluation efforts was initiated during Foundry's proof-of-concept phase to support the adaptive development of components of the Foundry initiative. The developmental evaluation of the proof-of-concept phase was completed in the summer of 2018 and a report submitted. This work has informed the Theory of Change and the design of this framework. Further developmental evaluation work intended to support ongoing development of the Foundry Integrated Stepped Care Model (ISCM) is currently underway. This work will be reported separately, with the findings integrated into the process and outcome evaluation work where appropriate.

Since Foundry was initiated, we have been continually implementing process measurement efforts intended to examine the implementation of the Foundry model and to identify needed adjustments to promote fidelity to the model. The initial results of process measurement with respect to implementation of the proof-of-concept phase were reported out in the proof-of-concept evaluation report in October of 2018. Process evaluation work continues and is addressed in this performance measurement framework.

The final and perhaps most critical component of our performance measurement work is outcomes measurement, which assesses the degree to which Foundry is achieving meaningful change in the lives of youth and young adults across BC. Outcomes measurement describes both immediate benefits and long-term impacts. Some initial data on client outcomes were reported as part of the proof-of-concept report. This framework is intended to describe a more comprehensive and thorough approach to measuring outcomes that will guide measurement efforts moving forward.

Performance Measurement Questions

Through the drafting of an evaluation framework during the proof-of-concept phase, and then through the development of this framework, we have generated nine high-level performance measurement questions. These questions speak to the areas in which we believe Foundry will have impact. They provide a frame for the more specific objectives and associated indicators that are outlined below.

For individual youth and family members:
1. What impact has Foundry had on young people's and family members' experience of accessing and participating in care?
2. What impact has Foundry had on young people's health outcomes?
3. What impact has Foundry had on supporting and strengthening families?

For service providers:
4. Are Foundry Central Office (FCO) services and supports effective in supporting the implementation of the Foundry Service Model?
5. What impact has Foundry had on service providers' experience of delivering services?
6. Are the services being delivered at Foundry Centres consistent with the Service Model and standards for service delivery?
7. What impact has Foundry had on improving partnerships and collaboration amongst service providers in Foundry communities?

For the service system:
8. What impact has Foundry had on achieving true integration amongst service providers at Foundry Centres?
9. What impact has Foundry had on ensuring that intensive services (e.g., emergency departments, residential treatment) or specialized treatment services for mental health and substance use are used appropriately?

Appendix B cross references the performance measurement questions with the specific objectives and outcomes listed below, ensuring that all of the questions are addressed through one or more specific measures.

Measuring Accessibility, Integration & Health

The evaluation questions above reference a number of concepts, of which three merit further discussion: accessibility, integration and health.

Service Accessibility

Access to health care refers to the ease with which an individual can obtain needed medical services. The Agency for Healthcare Research and Quality (AHRQ) proposes that attaining good access to care requires the following three discrete steps:[10]

- Gaining entry into the health care system.
- Getting access to sites of care where patients can receive needed services.
- Finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust.

Suggested approaches to measuring health care access includes:[13]

- Structural measures of the presence or absence of specific resources that facilitate health care, such as the availability of a usual source of care.
- Assessments by patients of how easily they can gain access to needed care.
- Utilization measures of the ultimate outcome of good access to care (i.e., the successful receipt of needed services).

The measures and indicators of service accessibility outlined below reflect consideration of these steps and suggested approaches to measurement, particular in reference to assessing how easily youth and family members gain access to needed care and utilization measurement.

Integration

Regardless of the pattern of service access, Foundry aspires to provide services in a holistic and integrated way within the Foundry Service Model, offering a seamless service experience. Viewing integration through a number of domains is a way to operationalize how partners collaborate at Centres. To provide a framework for understanding and implementing integration in Foundry Centres, we are applying theoretical constructs from the Fulop typology of integration alongside findings from Foundry's Developmental Evaluation.

The Fulop typology of integration is a categorization of the domains of health care integration based on research that identifies the key elements of effective integration. These domains of integration include organizational, functional, service, clinical, normative and systemic integration (see figure below).

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[10] Chapter 9. Access to Health Care. Agency for Healthcare Research and Quality, Rockville, MD.
http://www.ahrq.gov/research/findings/nhqrdr/nhqr11/chap9.html

- **Organizational integration**, in which organizations are brought together formally
- **Functional integration**, in which non-clinical support and back-office functions are integrated, such as electronic patient records
- **Service integration**, in which different clinical services provided are integrated at an organizational level, such as through teams of multi-disciplinary professionals
- **Clinical integration**, in which care to clients is integrated into a single or coherent process within and across professionals such as through the use of shared guidelines and protocols
- **Normative integration**, in which an ethos of shared values and commitment to coordinating work enables trust and collaboration in delivering health care
- **Systemic integration**, in which there is a coherence of rules and policies at all organizational levels

Source: adapted from Fulop and others (2005)
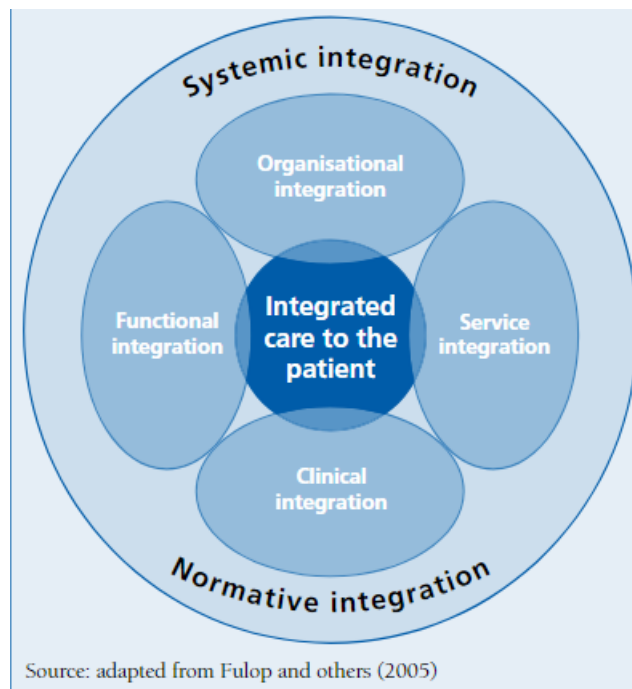
This framework provides a working model for how Foundry Central Office is supporting each Foundry site to achieve full integration. Elements address in the performance measurement framework, below, include measuring partnerships, collaboration and the achievement of truly integrated and seamless care. While the indicators and measures used are not specific to the Fulop dimensions, they reflect the intended results of the work that is being guided by the model.

Health

There is no single agreed-upon definition of health. Definitions are highly dependent on contextual factors, such as culture, personal experience and age. They may also vary depending on whether we are interested in mental health or physical health. While dictionary definitions focus on health as being the absence of injury or illness, organizations such as the World Health Organization take a more holistic perspective, stating that health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity. This performance measurement framework focuses on, and proposes measures for, physical and mental health as well as social, education and vocational functioning, reflecting a holistic perspective. Foundry is currently leading research to better understand how youth define health, which will be used to further refine our approach to measurement.

Process Measurement

Process measurement encompasses three distinct but inter-related elements:

- Measurement of service processes (i.e., are they occurring at each site as planned or intended? Are they timely and consistent?)
- Measurement of client experience (i.e., do our service processes result in youth and family members having positive experiences consistent with our values and brand?)
- Measurement of FCO processes that facilitate the successful onboarding of Foundry sites and implementation of the Foundry Service Model (i.e., are sites receiving enough support? Does the support match the need? Are Centres delivering services consistent with FCO standards and guidelines?)

Key Foundry Centre service process objectives:

1. **Timely Access:** Young people will have timely access to an array of service options to meet their needs (timeliness of response and variety and availability of options).

2. **Services Matched to Need:** Foundry services are appropriately targeted to the level of need of young people accessing services (assessed need matches services received and ISCM placement).

3. **Reach:** Foundry services are being accessed by the target population (youth attending Foundry are representative of the community as well as inclusive of high-risk and marginalized groups).

4. **Targeted Volume:** Foundry services meet client target volumes (targets established based on community characteristics).

Key Foundry Centre youth, family member and service provider experience objectives:

1. **Accessibility:** Foundry services are accessible to youth (easy to get to and navigate, timely).

2. **Service Experience – Youth:** Young people have a positive and engaging experience of seeking help and receiving care (welcoming, safe, respectful, engaging, youth-friendly, consistent with brand story, inclusive of cultural and gender identity).

3. **Service Experience – Family Member:** Family members have a positive experience of seeking help and receiving care (welcoming, engaging, respectful, family-friendly, culturally safe, consistent with brand story).

4. **Youth & Family Empowerment:** Young people and family members are actively engaged in services, including planning their care.

5. **Service Experience – Service Provider:** Service providers have a positive experience of delivering services at Foundry (professional, respectful, team-oriented, values-based, consistent with brand story).

Key Foundry Central Office (FCO) process objectives:

1. **Accessibility:** Services and supports offered by FCO are easily accessible to Centres (timely, easy to navigate).

2. **Clarity & Usability:** FCO resources and tools for Centres are clear and easy to use.

3. **Partnership Approach:** FCO staff demonstrate a commitment to a collaborative, partnership approach to working with each Centre and community.

4. **Relationship-Based:** FCO staff demonstrate a commitment to a relationship-based approach to working with each Centre and community.

Young People, Family, FCO and System Outcomes

Foundry will measure initial (in the first year), mid-term (1–3 years), and long-term (3–5 years) outcomes at the individual youth, family member, FCO, and systems level.

Key initial outcomes – Young People

Youth and young adults are our future. Their health and wellness should be everyone's business. Foundry will achieve the following outcomes for young people:

1. **Youth Knowledge:** Young people will have a better understanding of their health condition(s), treatment options and available supports.

2. **Youth Physical Health:** Young people will experience improved physical health.

3. **Youth Mental Health:** Young people will experience improved mental health.

4. **Youth Substance Use:** Young people will experience decreased harm due to substance use.

5. **Youth Social, Educational, and Vocational:** Young people will experience improved social, educational or vocational functioning.

Key initial outcomes – Family Members

Family members are critical supports for young people. They should be actively involved in care when possible and supported to access services for themselves where appropriate. Their outcomes include:

1. **Family Member Capacity:** Family members will have increased capacity to support their youth.

2. **Family Member Social, Educational, and Vocational:** Family members will experience improved social and educational or vocational functioning.

3. **Family Relationships:** Family members will experience improved family relationships.

Key initial outcomes – System focus

Foundry will lead to systems change. It will transform the face of care, care accessibility, and health outcomes for youth and young adults province-wide. Foundry will achieve the following outcomes for the system:

1. **Partnerships & Collaboration:** Improved partnerships and collaboration amongst local service providers working in Foundry Centres.

2. **Service Integration:** Increased integration of services delivered at Foundry Centres (i.e., more seamless and integrated care)

Key initial outcomes – Foundry Central Office

FCO will achieve the following outcomes:

1. **Service Availability:** Foundry Centres will be successfully launched consistent with planned timeframes.

2. **Service Model Consistency:** Foundry Centres will deliver services consistent with the Foundry Service Model, including the Integrated Stepped Care Model, Walk-in Counselling Model and Peer Support Model.

Midterm Outcomes:
1. Decreased substance use among youth
2. Prevention of serious and persistent mental health and substance use disorders among youth
3. Increased appropriate use of intensive or specialist mental health and substance use services (e.g., hospital emergency department, residential care, Step Four services on the ISCM).

Long Term Impact Statements
1. Healthier Youth
2. Stronger, Healthier Families
3. Transformed Access to Health and Social Services

Data Collection Mechanisms

Toolbox:
The Foundry data platform, Toolbox, is a centralized electronic data platform that we developed to enhance the delivery of integrated care at the various Foundry Centres. Toolbox also supports performance measurement and quality improvement activities. Through Toolbox, all care providers in each Foundry Centre have access to the data they need to provide quality care to youth and their family. Toolbox addresses gaps in information sharing, particularly in Centres where multiple electronic medical records are being used. Through Toolbox, care providers are also able to access Foundry-specific forms and tools that support clinical practice.

The core of the platform is its secure tablet-based data entry functionality. Using a tablet, youth are able to complete forms and measures while at Foundry, which are then immediately accessible to the care team. The majority of the data required to inform our Performance Measurement Framework are collected on Toolbox, with the majority of that being provided directly by youth. The forms and measures that we provide directly to youth include:

- Foundry Demographic Form
- Foundry Demographic Form, available at first visit only
- Foundry Health Survey, which includes the GAIN SS, available at first visit
- SOFAS Measurement, available at time of initial assessment and every visit thereafter for ongoing clients accessing stepped care services
- K10, Self-Reported Health (SRH) and Self reported Mental Health (SRMH) measurement, available at first visit and intervals
- The Outcome Rating Scale (ORS) and Session Rating Scale (SRS) for individuals accessing Walk-in Counselling services

The Health Survey provides a wealth of information that can inform analysis of results. A further discussion of this is included in the section describing the data analysis plan.

Youth and Family Member Experience Surveys:
In addition to the data collected on Toolbox, FCO oversees a semi-annual administration of two experience of care surveys — one for youth and one for family members. The surveys were initially designed during the proof-of-concept phase and were heavily influenced by surveys that were in use by headspace in Australia. They have since undergone several revisions that were informed by extensive youth and family member feedback.

The youth version is administered in each Centre using a dedicated tablet over a two- to four-week period and is incentivized with a gift card. The family member version is available for completion in each Centre either on a tablet or on paper and also is administered both online as a web link through the network of Family Peer Support Workers and Family Navigators in Foundry Centres. The results are reported back you and made available for you to use in your ongoing quality improvement efforts.

Partnership Self-Assessment Tool (PSAT) and Clinical Microsystems Assessment Tool (CMAT):
In addition to measuring the impact of Foundry for youth and family members and their experiences of accessing care, we are also measuring the degree to which we are achieving integration of the various services delivered at

a Foundry site. Service integration is currently being measured through the use of two measures: the Partnership Self-Assessment Tool (PSAT) and the Clinical Microsystems Assessment Tool (CMAT). The PSAT looks at the degree to which there is integration amongst the various partners involved in each Foundry Centre, while the CMAT looks more specifically at the extent to which there in clinical integration of services at a Foundry Centre. These tools are administered annually through a web link that we ask you to distribute to your Foundry partners, and amongst the various staff working in your Foundry Centre. The results are made available to you for use in ongoing quality improvement.

FCO Feedback Survey (FCOFS):
Our Performance Measurement Framework identifies specific outcomes for FCO that are intended to support our internal quality improvement efforts. Those outcomes are primarily measured through a feedback survey that has been developed and will be administered across all Foundry Centres beginning in 2020. Results from the feedback survey will be used to support our own efforts at improving the quality and effectiveness of the supports and services we provide to each Foundry Centre.

Other Data Sources:
Although Toolbox is the primary data collection platform being used to gather data that will inform the performance measurement indicators, other sources will also be used. These include:
- Paper and pencil tools, such as Fidelity Checklists to assess adherence to the Foundry Service Model
- Survey Software, such as Survey Monkey used to collect non-identifying data for the Youth and Family Member Experience Surveys, for the CMAT and PSAT Surveys, and for the FCO Feedback Survey and the Service Provider Experience Survey.
- Centre-based Electronic Medical Records (EMRs) which gather data that can be used to check the accuracy of Toolbox data and supplement Toolbox data in certain instances
- Data gathered through developmental evaluation efforts which may be used to triangulate findings generated through Toolbox data.

Outcomes and Objectives with Associated Activities & Indicators

Outcome or Objective	Activities	Indicators
Service Process Measurement		
1. **Timely Access:** Young people will have timely access to an array of service options to meet their needs (timeliness of response and variety and availability of options).	• Implementation of Foundry Staffing Model at each Foundry Centre • Implementation of Foundry Service Model with all five components at each Foundry Centre	• % of youth that are able to access a walk-in counselling session 30 minutes from time of completion of check-in and Toolbox surveys • % of youth that are scheduled for an appointment for an initial assessment within two weeks • % of youth that are able to access Step Three and Step Four services within one month of referral • % of Centres offering minimum required service levels (i.e., minimum staffing and hours for services) • % of youth indicating that that they did not have to wait long to see someone (Youth Engagement Survey [YES] Item 1.E)
2. **Service(s) Matched to Need:** Foundry services are appropriately targeted to the level of	• Completion of Screening & Assessment tools	• % of youth that receive services consistent with assessment results, pathway and step placement

	need of young people accessing services (assessed need matches services received and stepped care placement or walk-in).	• Assignment to appropriate ISCM Pathway and Step based on assessment	• % of youth indicating that the services offered to them met their needs (YES Item 2.B)
3.	**Reach:** Foundry services are being accessed by the target population (youth attending Foundry are representative of the community as well as inclusive of high-risk and marginalized groups).	• Centres operational and open during peak hours • Advertising, outreach, social media • Brand awareness and reputation	• % of total local youth population accessing services at Foundry Centres • Centre user demographic profile match to local youth population profile • % of youth that present to Foundry requesting a MHSU service that have not accessed a MHSU service in the last year and are presenting with a high or very high level of psychological distress • % of youth that are presenting to Foundry experiencing a high to very high level of psychological distress (K10 Anxiety and depression checklist) • % of youth presenting to Foundry that rate their mental health as poor or very poor (Self-Rated Mental Health [SRMH])
4.	**Targeted Volume:** Foundry services meet client target volumes (targets established based on community characteristics).	• Delivery of all services consistent with Foundry Service Model	• % of Centres meeting client volume targets (targets may be specific to service types)
	Youth, Family Member and Service Provider Experience Measurement		
1.	**Accessibility:** Foundry services are accessible to youth (easy to get to and navigate, timely).	• Implementation of Centres consistent with Foundry Brand and Capital Build Guidelines • Centres operational and open during peak hours • Implementation of Foundry Service Model, including walk-in services • Implementation of services consistent with guiding principles	• % of youth that indicate feeling welcomed at Foundry Centres (YES Item 1.A) • % of youth that indicate that the Centre was easy to get to (YES Item 1.B) • % of youth that describe the Centre as 'Youth Friendly' (YES Item 1.E)
2.	**Service Experience – Youth:** Young people have a positive and engaging experience of seeking help and receiving care (welcoming, engaging, respectful, youth-friendly, consistent with brand story, cultural and gender identity safe).		• % of youth indicating that they got help for the things they wanted to get help with (YES Item 3.A) • % of youth indicating that they were generally satisfied with Foundry (YES Item 4.A) • % of youth that would suggest Foundry to a friend needing help (YES item 4.B) • % of youth that indicate that staff respected their family's religious or spiritual beliefs (YES Item 2.G) • % of youth that indicate staff were sensitive to their cultural or ethnic background (YES Item 2.H) • % of youth that indicate that staff were respectful of their gender identity and sexual orientation (YES items 2.I and 2.J)

3. **Service Experience – Family:** Family members have a positive experience of seeking help and receiving care (welcoming, engaging, respectful, culturally safe, family-friendly, consistent with brand story).	• Implementation of Centres consistent with Foundry Brand and Capital Build Guidelines • Centres operational and open during peak hours • Implementation of Foundry Service Model • Implementation of services consistent with guiding principles	• % of Family Members that indicate feeling welcomed at Foundry (Family Engagement Survey [FES] Item 1.A) • % of Family Members that would describe Foundry as 'Family Friendly" (FES item 1.F) • % of Family Members generally satisfied with Foundry (FES item 4.A) • % of family members that indicate that Foundry staff were respectful of their religious or spiritual beliefs (FES item 2.E) • % of Family Members that indicate Foundry staff were sensitive to their cultural or ethnic background (FES item 2.F)
4. **Youth & Family Empowerment:** Young people and family members are actively engaged in services, including planning their care.		• % of youth indicating that staff supported them to make decisions about what would happen next (YES Item 2.E) • % of Family Members that indicate being involved or included in decisions about their family member's services if they wanted to be (FES item 2.C)
5. **Service Experience – Service Provider:** Service providers have a positive experience of delivering services at Foundry (professional, respectful, team-oriented, values-based, consistent with brand story).	• Implementation of centres consistent with Foundry Brand and Capital Build Guidelines • Centres operational and open during peak hours • Implementation of Foundry Service Model • Implementation of services consistent with guiding principles	• % of service providers that agree that Foundry is a positive work environment (Service Provider Experience Survey [SPES]) • % of service providers that report feeling valued at Foundry (SPES) • % of service providers that report feeling supported by the team at Foundry (SPES) • % of service providers that agree that Foundry operates consist with its values (SPES) • % of service providers that report feeling connected to the Foundry brand story (SPES) • % of service providers that report feeling respected as a professional at Foundry (SPES)
FCO Process Measurement		
1. **Accessibility:** Services and supports offered by FCO are easily accessible to centres (timely, easy to navigate).	• Research • Data Management & Evaluation • Fundraising • Knowledge Mobilization • Capital Development • Branding & Communications • Community & Ministry Partnerships • Service Model Implementation • Youth & Family Engagement • Foundry Online	• % of Centres indicating that FCO Services are easy to access (FCO Feedback Survey [FCOFS] Items A.4, A.5)
2. **Clarity & Usability:** FCO resources and tools for centres are clear and easy to use.		• % of Centres indicating that FCO tools and resources are clear and easy to use (FCOFS Items C.4, C.5)
3. **Partnership Approach:** FCO services demonstrate a commitment to a collaborative, partnership approach to working with each centre and community		• % of Centres indicating that FCO Services reflect a collaborative, partnership approach to working with them and their community (FCOFS Items A.1, A.2)

4.	**Relationship-Based:** FCO services demonstrate a commitment to a relationship-based approach to working with each centre and community	• Leadership & Management	• % of Centres indicating that FCO Services reflect a relationship-based approach to working with their Centre and community (FCOFS Item A.3)

Young People Initial Outcomes			
1.	**Youth Knowledge:** Young people will have a better understanding of their health condition(s), treatment options and available supports.	• Walk-in Counselling, access to five service streams, ISCM pathways • Foundry Online	• % of youth that indicate they were given information about what services were available and recommended to meet their needs (YES Item 2.D) • % of youth indicating that they know more about health or mental health in general because of their contact with Foundry (YES Item 3.F)
2.	**Youth Physical Health:** Young people will experience improved physical health.	• Foundry Primary Care and Sexual Health Services	• % of youth that indicate experiencing improvement in their self-rated health (SRH)
3.	**Youth Mental Health:** Young people will experience improved mental health.	• Foundry Walk-in Counselling, Peer Support, Mental Health Services identified on ISCM pathways	• % of youth that experience improvement in their self-rated mental health (SRMH) • % of youth that experience improvement in their general level of distress (K10) • % of youth that experience a reduction in symptoms (GAIN SS Internalizing Subscale and CAMH questions)
4.	**Youth Substance Use:** Young people will experience decreased harm due to substance use.		• % of youth that experience a reduction in substance use symptoms (GAIN SS Substance Use Subscale)
5.	**Youth Social, Educational, and Vocational:** Young people will experience improved social, educational and vocational functioning.		• % of youth that experience improved functioning (SOFAS) • % of youth that experience improved functioning (ORS)

Family Member Initial Outcomes			
1.	**Family Member Capacity:** Family members will have increased capacity to support their youth.	• Foundry family-based services, including walk-in counselling, Peer Support, and services identified on ISCM pathways	• % of Family Members that indicate that Foundry provided enough information for them to feel confident in supporting their family member (FES item 3.C)
2.	**Family Member Social, Educational, and Vocational:** Family members will experience improved social and educational or vocational functioning.		• % of Family Members that indicate that their family life has improved because of their contact with Foundry (FES item 3.D)

3. **Family Relationships:** Family members will experience improved family relationships.		• % of Family Members that indicate that their life or family life has improved because of their contact with Foundry (TBD)

System Focus Initial Outcomes		
1. **Partnerships & Collaboration:** Improved partnerships and collaboration amongst local service providers working in Foundry Centres.	• Partner engagement during onboarding and service implementation, partnership agreements, local governance and leadership tables	• % of Centres experiencing improvement in their local partnerships (PSAT)
2. **Service Integration:** Increased integration of services delivered at Foundry Centres (i.e., more seamless and integrated care)	• Site-specific service integration work	• % of Centres experiencing improvement in their clinical micro-system (CMAT)

FCO Initial Outcomes		
1. **Service Availability:** Foundry Centres will be successfully launched consistent with planned timeframes.	• Research • Data Management & Evaluation • Fundraising • Knowledge Mobilization • Capital Development • Branding & Communications • Community & Ministry Partnerships • Service Model Implementation • Youth & Family Engagement • Foundry Online • Leadership & Management	• % of Centres launched consistent with identified timeframes
2. **Service Model Consistency:** Foundry Centres will deliver services consistent with the Foundry Service Model, including the ISCM and the Walk-in Counselling Model.		• % of Centres indicating that FCO Services are effective in supporting them to implement the Foundry Service Model and deliver services (FCOFS items C.6, C.7 & C.8) • % of Centres meeting FCO Standards (Fidelity Evaluation)

Client Characteristics, Barriers & Severity Factors Data

In addition to collecting data on indicators associated with the objectives and outcomes listed above, extensive data will be collected on client characteristics, barriers and severity factors. The primary source for this data is Foundry's Health Survey. This survey is completed by youth visiting a Foundry Centre for the first time and requesting a primary care, mental health or substance use service. Those requesting other services are asked to complete a shorter demographic focused survey of items included in the larger Health Survey, including the following:

- Age
- Gender Identification
- Sexual Orientation
- Cultural Background
- Referral Source (how they found out about Foundry)

- Guardianship
- Citizenship

The Health Survey collects extensive data on the characteristics of youth, the barriers they face, and information on the severity of the challenges they face. The categories of information gathered through the Health Survey include

- Housing
- Safety
- Sex
- Education
- Activities
- Emotions
- Alcohol and Substance Use
- Health

Data Analysis & Reporting

The approach to analysis and reporting of data will be comprehensive and audience specific. The audiences include youth and families that access Foundry services, Foundry lead agencies and their partners in community, FCO, funders and external stakeholders including those in the research community. Analysis and reporting will serve multiple purposes, including:

- To inform various audiences about how Foundry services are performing
- To support quality improvement efforts at Foundry Centres and at the Foundry Central Office
- To satisfy reporting requirements for funders and Government entities
- To support research on Foundry services

Approach to Data Analysis

Analysis of data will be ongoing, with different types of data being analyzed at different times depending on needs of the various audiences. The primary analysis in relation to the objectives and outcomes described above will be of the indicators listed against targets that are outlined in **Appendix A:** Detailed Measurement Plan. In addition, analysis will include providing basic numbers and percentages on key metrics, such as service utilization and the characteristics of youth and families receiving services.

The Health Survey, which is gathered through Foundry Toolbox at first visits, provides a wealth of information that will inform more in-depth analysis beyond simple reporting of results against pre-determined targets. This includes understanding how client characteristics, barriers and severity factors impact both process and client outcomes. The specific analyses performed will be guided by input from Foundry's Research, Evaluation and Quality Improvement Team and from Foundry Centres.

Reporting Plan

The following provides a broad outline of Foundry's plan for reporting of results based on the needs of various audiences:

Target Audience	Reporting Format or Venue	Content	Timeline
Youth and Families	Centre-Based Advisory Groups	Client characteristics, Service utilization (volume), Select Measures Data (issue severity), Youth experience survey results,	Semi-annually (minimum)
	Provincial Advisory		Semi-

	Groups	Family survey results, Youth outcomes, Family member outcomes	annually (minimum)
	Website		Updated annually
Lead Agencies	Monthly Reports to Centres	Client characteristics, Service utilization (volume), Toolbox form completion, Select Measures Data (issue severity)	Monthly
	Ad hoc reporting for Centre funders	As requested	As requested
	Annual reporting	Youth experience survey results, Family member survey results, Service provider experience results, FCO Feedback survey results, Youth outcomes, Family member outcomes, System outcomes, FCO outcomes	Annually
FCO	Governing Council Reports	Client characteristics, Service utilization (volume), Select Measures Data (issue severity), Youth experience survey results, Family survey results, Service provider experience results, FCO experience survey results, Youth outcomes, Family member outcomes, System outcomes, FCO outcomes	Prior to meetings, annual report
	QA/QI Focussed Reporting (for use internally to support QA/QI initiatives)	Client characteristics, Service utilization (volume), Toolbox form completion, Select Measures Data (issue severity), Youth experience survey results, Family member survey results, Service provider experience results, FCO experience survey results, Youth outcomes, Family member outcomes, System outcomes, FCO outcomes	At least quarterly
Funders	Reporting associated with funding provided to Foundry	As requested	As requested

	Reporting for use in procuring funding	As required	As required
External Stakeholders	Public facing reporting (website, social media)	Client characteristics, Service utilization (volume), Select Measures Data (issue severity), Youth experience survey results, Family survey results, Service provider experience results, FCO experience survey results, Youth outcomes, Family member outcomes, System outcomes, FCO outcomes	As required or requested
	Annual Reporting Public Reports	Client characteristics, Service utilization (volume), Select Measures Data (issue severity), Youth experience survey results, Family survey results, Service provider experience results, FCO experience survey results, Youth outcomes, Family member outcomes, System outcomes, FCO outcomes	Annually

APPENDIX A: Detailed Measurement Plan

Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
Service Process Measurement							
1. **Timely Access:** Young people will have timely access to an array of service options to meet their needs (timeliness of response and variety/availability of options).	% of youth that are able to access a walk-in counselling session within 30 minutes of time of completion of check-in/Toolbox Surveys	All youth that access walk-in counselling at Foundry Centres	Youth that begin a walk-in session within 30 minutes of Toolbox forms completion	Tracking tool (to be developed)	Data collection at each centre, administered by reception and clinical staff	70% access in 30 minutes or less, average wait is 45 minutes or less	Measurement currently being implemented
	% of youth that are scheduled for an appointment for an initial assessment within two weeks	All youth scheduled for an initial assessment	Appointments that occur within 14 days of appointment where assessment is deemed appropriate and youth agrees	Toolbox Data (to be developed)	Staff completing EOV indicate assessment is scheduled, then document first assessment visit	80%	Measurement not implemented – will be implemented once Stepped Care is implemented at more sites
	% of youth that are able to access Step Three and Step Four services within 45 days of referral	All youth that are assessed or assigned as step three or four and referred	Youth that receive their first appointment within 30 days of referral	Toolbox Data (to be developed)	Staff completing EOV assign youth to step 3 or 4, date of next EOV from	70%	Measurement not implemented – will be implemented once Stepped

BRITISH COLUMBIA

Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
		to appropriate services			completed by step 3 or 4 service		Care is implemented at more sites
	% of centres offering minimum required service levels (i.e., minimum staffing and hours for services.	All operating centres	Centres offering all five service types at minimum required levels	FCO Audit	Semi-annual review by FCO staff	100%	Measurement not implemented
	% of youth indicating that that they did not have to wait long to see someone	All youth that participate in the Youth Experience Survey	Youth responding that they agree or strongly agree	Youth Experience Survey, Item 1.E	Semi-Annual administration at Centres	90%	Measurement implemented
2. **Service(s) Matched to Need:** Foundry services are appropriately targeted to the level of need of young people accessing services (assessed need matches services received/stepped care placement or walk-in).	% of youth that receive services consistent with assessment results, pathway and step placement	All youth that complete the K10, GAIN SS, and/or have a SOFAS completed	Youth that are assigned to the appropriate pathway consistent with cut-off scores	Toolbox Data	K10 and GAIN SS completed at first visit (or early visits), Step assignment noted in EOV form	90%	Currently being assessed through a Developmental Evaluation
	% of youth indicating that the services offered to them met their needs	All youth that participate in the Youth Experience Survey	Youth responding that they agree or strongly agree	Youth Experience Survey, Item 2.B	Semi-Annual administration at Centres	90%	Measurement implemented
3. **Reach:** Foundry services are being accessed by the target population (youth	% of total local youth population accessing services at Foundry centres	Local youth population (local census) for ages 12 to 24	Unique youth that have accessed a Foundry centre	Census data (Health Authority or BC Stats) and Toolbox data	Annual calculation	5%	Measurement implemented

Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
attending Foundry are representative of the community as well as inclusive of higher risk and marginalized groups).				(total unique youth)			
	Centre user demographic profile match to local youth population profile (*begin with gender and culture variables)	Local youth population demographic profile for ages 12 to 24	Youth attending Foundry demographic profile data (gender, cultural background)	Census data (Health Authority or BC Stats) and Toolbox data (demographics of unique youth attending)	Annual calculation	+/- 5% of population for cultural background 40% male for gender	Measurement implemented
	% of youth that present to Foundry requesting a MHSU service that have not accessed a MHSU service in the last year and are presenting with a high or very high level of psychological distress	All youth attending Foundry for their initial visit and requesting a mental health or substance use service	Youth that indicate that have not accessed a mental health service in the past year and are above 24 on K10	Toolbox demographics form	Data collected on Toolbox at time of first visit	50%	Measurement implemented
	% of youth that are presenting to Foundry experiencing a high to very high level of psychological distress (K10)	All youth attending Foundry for their initial visit	Youth that score above 24 on K10	Toolbox demographics form	Data collected on Toolbox at time of first visit	45%	Measurement implemented

	Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
		% of youth presenting to Foundry that rate their mental health as poor or very poor (SRMH)	All youth attending Foundry for their initial visit	Youth that rate their mental health as poor or very poor	Toolbox demographics form	Data collected on Toolbox at time of first visit	45%	Measurement implemented
4.	**Targeted Volume:** Foundry services meet patient/client target volumes (targets established based on community characteristics).	% of centres meeting client volume targets (targets may be specific to service types)	Visit volume per centre	Target volume for each Centre	Toolbox	Data collected at time of each visit to Foundry	TBD – not measured until Toolbox features for groups and outreach are implemented	Measurement not implemented
	Youth, Family Member/Caregiver and Service Provider Experience Measurement							
6.	**Accessibility:** Foundry services are accessible to youth (easy to get to and navigate, timely).	% of youth that indicate feeling welcomed at Foundry centres (YES Item 1.A)	All youth participating in the Youth Experience Survey	Youth answering "Strongly Agree" or "Agree" to item 1.A	Youth Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
		% of youth that indicate that the centre was easy to get to (YES Item 1.B)	All youth participating in the Youth Experience Survey	Youth answering "Strongly Agree" or "Agree" to item 1.B	Youth Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented

Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
	% of youth that describe the centre as 'Youth Friendly' (YES Item 1.E)	All youth participating in the Youth Experience Survey	Youth answering "Strongly Agree" or "Agree" to item 1.E	Youth Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
7. **Service Experience - Youth:** Young people have a positive and engaging experience of seeking help and receiving care (welcoming, engaging, youth friendly, consistent with Brand story, cultural and Gender ID safe, respectful).	% of youth indicating that they got help for the things they wanted to get help with (YES Item 3.A)	All youth participating in the Youth Experience Survey	Youth answering "Strongly Agree" or "Agree" to item 3.A	Youth Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
	% of youth indicating that they were generally satisfied with Foundry (YES Item 4.A)	All youth participating in the Youth Experience Survey	Youth answering "Strongly Agree" or "Agree" to item 4.A	Youth Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
	% of youth that would suggest Foundry to a friend needing help (YES item 4.B)	All youth participating in the Youth Experience Survey	Youth answering "Strongly Agree" or "Agree" to item 4.B	Youth Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
	% of youth that indicate that staff respected their family's religious/spiritual beliefs (YES Item 2.G)	All youth participating in the Youth Experience Survey	Youth answering "Strongly Agree" or "Agree" to item 2.G	Youth Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented

Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
	% of youth that indicate staff were sensitive to their cultural/ethnic background (YES Item 2.H)	All youth participating in the Youth Experience Survey	Youth answering "Strongly Agree" or "Agree" to item 2.H	Youth Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
	% of youth that indicate that staff were respectful of their gender identity and sexual orientation (YES items 2.I and 2.J)	All youth participating in the Youth Experience Survey	Youth answering "Strongly Agree" or "Agree" to item 2.I and 2.J	Youth Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
8. **Service Experience - Family:** Family members/caregivers have a positive experience of seeking help and receiving care (welcoming, engaging, family friendly, consistent with Brand story, culturally safe, respectful).	% of Family Members or Caregivers that indicate feeling welcomed at Foundry (FES Item 1.A)	All family members or caregivers participating in the Family Experience Survey	Family members and caregivers answering "Strongly Agree" or Agree" to item 1.A	Family Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
	% of Family Members or Caregivers that would describe Foundry as 'Family Friendly" (FES item 1.F)	All family members or caregivers participating in the Family Experience Survey	Family members and caregivers answering "Strongly Agree" or Agree" to item 1.F	Family Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
	% of Family Members or Caregivers generally satisfied with Foundry (FES item 4.A)	All family members or caregivers participating in the Family	Family members and caregivers answering "Strongly	Family Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented

Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
		Experience Survey	Agree" or Agree" to item 4.A				
	% of family members or caregivers that indicate that Foundry staff were respectful of their religious/spiritual beliefs (FES item 2.E)	All family members or caregivers participating in the Family Experience Survey	Family members and caregivers answering "Strongly Agree" or Agree" to item 2.E	Family Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
	% of Family Members/caregivers that indicate Foundry staff were sensitive to their cultural/ethnic background (FES item 2.F)	All family members or caregivers participating in the Family Experience Survey	Family members and caregivers answering "Strongly Agree" or Agree" to item 2.F	Family Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
9. **Youth & Family Empowerment:** Young people and family members/caregiver are actively engaged in services,	% of youth indicating that staff supported them to make decisions about what would happen next (YES Item 2.E)	All youth participating in the Youth Experience Survey	Youth answering "Strongly Agree" or "Agree" to item 2.E	Youth Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented

Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
including planning their care.	% of Family Members or Caregiver that indicate being involved or included in decisions about their family member or friend's services if they wanted me to be (FES item 2.C)	All family members or caregivers participating in the Family Experience Survey	Family members and caregivers answering "Strongly Agree" or "Agree" to item 2.C	Family Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
10. **Service Experience – Service Provider:** Service providers have a positive experience of delivering services at Foundry (professional, team-oriented, values-based, consistent with brand story, respectful).	% of service providers that agree that Foundry is a positive work environment (Service Provider Experience Survey)	All service providers participating in the Service Provider Experience Survey (in development)	Service providers that answer "Strongly Agree" or "Agree" to the item	Service Provider Experience Survey (to be developed)	Administered annually to partners at Foundry centres	90%	Measurement not implemented
	% of service providers that report feeling valued at Foundry (Service Provider Experience Survey)	All service providers participating in the Service Provider Experience Survey (in development)	Service providers that answer "Strongly Agree" or "Agree" to the item	Service Provider Experience Survey (to be developed)	Administered annually to partners at Foundry centres	90%	Measurement not implemented
	% of service providers that report feeling supported by the team at Foundry (Service Provider Experience Survey)	All service providers participating in the Service Provider Experience Survey (in development)	Service providers that answer "Strongly Agree" or "Agree" to the item	Service Provider Experience Survey (to be developed)	Administered annually to partners at Foundry centres	90%	Measurement not implemented

Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
	% of service providers that agree that Foundry operates consist with its values (Service Provider Experience Survey)	All service providers participating in the Service Provider Experience Survey (in development)	Service providers that answer "Strongly Agree" or "Agree" to the item	Service Provider Experience Survey (to be developed)	Administered annually to partners at Foundry centres	90%	Measurement not implemented
	% of service providers that report feeling connected to the Foundry brand story (Service Provider Experience Survey)	All service providers participating in the Service Provider Experience Survey (in development)	Service providers that answer "Strongly Agree" or "Agree" to the item	Service Provider Experience Survey (to be developed)	Administered annually to partners at Foundry centres	90%	Measurement not implemented
	% of service providers that report feeling respected as a professional at Foundry (Service Provider Experience Survey)	All service providers participating in the Service Provider Experience Survey (in development)	Service providers that answer "Strongly Agree" or "Agree" to the item	Service Provider Experience Survey (to be developed)	Administered annually to partners at Foundry centres	90%	Measurement not implemented
FCO Process Measurement							
2. **Accessibility:** Services and supports offered by FCO are easily accessible to centres (timely, easy to navigate).	% of centres indicating that FCO Services are easy to access (FCO Feedback Survey)	Foundry lead agency leadership involved in oversight of the local Foundry and participating in the FCO	Service providers that rate the item 6 7 on a seven point likert scale	FCO Feedback Survey items: A.4 – I know who to go to at FCO, A.5 – FCO responds quickly	Administered annually to lead agency leadership involved in oversight of the local Foundry	90%	Measurement currently being implemented

	Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
			Feedback Survey					
3.	**Clarity & Usability:** FCO resources and tools for centres are clear and easy to use.	% of centres indicating that FCO Services are clear and easy to use (FCO Feedback Survey)	Foundry lead agency leadership involved in oversight of the local Foundry and participating in the FCO Feedback Survey	Service providers that rate the item 6 or 7 on a seven point likert scale	FCO Feedback Survey items: C.4 – The resources that FCO has developed are clear and concise, C.5 – The resources that the FCO has developed support the work at our Centre	Administered annually to lead agency leadership involved in oversight of the local Foundry	90%	Measurement currently being implemented
5.	**Partnership Approach:** FCO services demonstrate a commitment to a collaborative, partnership approach to working with each centre and community	% of centres indicating that FCO Services reflect a collaborative, partnership approach to working with them and their community (FCO Feedback Survey)	Foundry lead agency leadership involved in oversight of the local Foundry and participating in the FCO Feedback Survey	Service providers that rate the item 6 or 7 on a seven point likert scale	FCO Feedback Survey items: A.1 – FCO is a true partner with our Centre in achieving the vision of the initiative, A.2 – FCO takes a collaborative approach when we are engaged in shared activities	Administered annually to lead agency leadership involved in oversight of the local Foundry	90%	Measurement currently being implemented
6.	**Relationship-Based:** FCO services demonstrate a	% of centres indicating that FCO Services reflect a relationship-based	Foundry lead agency leadership involved in	Service providers that rate the item 6 or 7 on a seven	FCO Feedback Survey items: A.3 – FCO staff make efforts to	Administered annually to lead agency leadership	90%	Measurement currently being implemented

Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
commitment to a relationship-based approach to working with each centre and community	approach to working with their Centre and community (FCO Feedback Survey)	oversight of the local Foundry and participating in the FCO Feedback Survey	point likert scale	build positive and trust-based relationships with our Centre Leadership	involved in oversight of the local Foundry		
Young People Initial Outcomes							
6. **Youth Knowledge:** Young people will have a better understanding of their health condition(s), treatment options, and available supports.	% of youth that indicate they were given information about what services were available and recommended to meet their needs (YES Item 2.D)	All youth participating in the Youth Experience Survey	Youth answering "Strongly Agree" or "Agree" to item 2.D	Youth Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
	% of youth indicating that they know more about health or mental health in general because of their contact with Foundry (YES Item 3.F)	All youth participating in the Youth Experience Survey	Youth answering "Strongly Agree" or "Agree" to item 3.F	Youth Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
7. **Youth Physical Health:** Young people will experience improved physical health.	% of youth that indicate experiencing improvement in their self-rated health (SRH)	All youth accessing a Foundry site and completing the Demographics form on Toolbox form at first visit and at follow-up	Youth that experience an improvement (at least one rating higher)at follow-up	Self-Rated Health Question	Administered to all youth accessing Foundry for the first time and then at follow-up visits provided that 20 days has	Targets to be determined – will be specific to # of visits and total time elapsed.	Measurement currently being implemented

Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
		(minimum 20 days)			elapsed since their last visit		
8. **Youth Mental Health:** Young people will experience improved mental health.	% of youth that experience improvement in their self-rated mental health (SRMH)	All youth accessing a Foundry site and completing the Demographics form on Toolbox form at first visit and at follow-up (minimum 20 days)	Youth that experience an improvement (at least one rating higher)at follow-up	Self-Rated Mental Health Question	Administered to all youth accessing Foundry for the first time and then at follow-up visits provided that 20 days has elapsed since their last visit	Targets to be determined – will be specific to # of visits and total time elapsed.	Measurement currently being implemented
	% of youth that experience improvement in their general level of distress (K10)	All youth accessing a Foundry site and completing the Demographics form on Toolbox form at first visit and at follow-up (minimum 20 days)	Youth that experience an improvement (score is at least three points higher) at follow-up	K10	Administered to all youth accessing Foundry for the first time and then at follow-up visits provided that 20 days has elapsed since their last visit	Targets to be determined – will be specific to # of visits and total time elapsed.	Measurement currently being implemented
	% of youth that experience a reduction in symptoms (GAIN SS Internalizing Subscale and CAMH questions)	All youth accessing a Foundry site and completing the Health Survey (first or early visits) and completing the GAIN SS at one year follow-up	Youth that experience an improvement in their overall score (at least 3 points higher) at follow-up	GAIN SS (CAMH Version)	Administered to all youth accessing Foundry for the first time and requesting a mental health, substance use or primary care service (excluding	Targets to be determined – will be specific to # of visits and total time elapsed.	Measurement not implemented

	Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
						sexual health) and complete the GAIN SS at one year follow-up		
9.	**Youth Substance Use:** Young people will experience decreased harm due to substance use.	% of youth that experience a reduction in substance use symptoms (GAIN SS Substance Use Subscale)	All youth accessing a Foundry site and completing the Health Survey (first or early visits) and completing the GAIN SS at one year follow-up	Youth that experience an improvement in their overall score (at least 1 point higher on the SU Subscale) at follow-up	GAIN SS (CAMH Version)	Administered to all youth accessing Foundry for the first time and requesting a mental health, substance use or primary care service (excluding sexual health) and complete the GAIN SS at one year follow-up	Targets to be determined – will be specific to # of visits and total time elapsed.	Measurement not implemented
10.	**Youth Social/Educational/Vocational:** Young people will experience improved social, educational and/or vocational functioning.	% of youth that experience improved functioning (SOFAS)	All youth accessing Stepped Care services at Foundry (assigned to a pathway) and being seen by a clinician	Youth that experience an improvement in their SOFAS score at follow-up	SOFAS	Administered to all youth accessing Stepped Care services at Foundry and assigned to a pathway at time of first visit with the clinician and then rated after each	Targets to be determined – will be specific to # of visits and total time elapsed.	Measurement implemented

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Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
					subsequent visit		
	% of youth that experience improved functioning (ORS)	All youth accessing walk-in counselling services at Foundry at complete the ORS prior to their first session and at two week follow-up	Youth that experience a reduction (at least two points) in their ORS scores on one or more of the four items at follow-up	ORS	Administered by Toolbox to youth prior to their walk-in counselling session and at two week follow-up via text or email link	80% of youth will experience a reduction in their overall ORS score from pre-test to follow-up	Measurement currently being implemented
Family Member/Caregiver Initial Outcomes							
2. **Caregiver Capacity:** Family members and caregivers will have increased capacity to support their youth.	% of Family Members or Caregivers that indicate that Foundry provided enough information for them to feel confident in supporting their family member/friend (FES item 3.C)	All family members or caregivers participating in the Family Experience Survey	Family members and caregivers answering "Strongly Agree" or Agree" to item 3.C	Family Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
4. **Caregiver Social/Educational/Vocational:** Family members and caregivers will experience improved social	% of Family Members/Caregivers that indicate that their family life/their life has improved because of their contact with Foundry	All family members or caregivers participating in the Family Experience Survey	Family members and caregivers answering "Strongly Agree" or Agree" to item	Family Experience Survey – item to be added for fall 2020	Administered semi-annually at all operating Foundry Centres	90%	Measurement not implemented

	Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
	and or educational/vocational functioning.							
5.	**Family Relationships:** Family members and caregivers will experience improved family relationships.	% of Family Members or Caregivers that indicate that their life or family life has improved because of their contact with Foundry	All family members or caregivers participating in the Family Experience Survey	Family members and caregivers answering "Strongly Agree" or Agree" to item 3.D	Family Experience Survey	Administered semi-annually at all operating Foundry Centres	90%	Measurement implemented
	System Focus Initial Outcomes							
3.	**Partnerships & Collaboration:** Improved partnerships and collaboration amongst local service providers working in Foundry centres.	% of centres experiencing improvement in their local partnerships (Partnership Survey)	All service providers (local partners) that participate in the annual Partnership Survey	All Foundry Centres that have at least 50% (3 of 6) Partnership Survey domains rated in the "Headway" or "Target" zones	Partnership Survey	Administered annually to all partners involved in delivering services at local Foundry centres	70% of Centres	Measurement implemented
4.	**Service Integration:** Increased integration of services delivered at Foundry centres (i.e., more seamless and integrated care)	% of centers experiencing improvement in their clinical micro-system (CMAT)	All front line staff delivering services at Foundry Centres (partner and Foundry staff) that part	All Foundry Centres where at least 6 out of 12 domains of the CMAT are rated as optimal by at least 50% of providers	CMAT	Administered annually to all partners involved in delivering services at local Foundry centres	70% of Centres	Measurement implemented

	Objectives	Indicators	Measure Applied To (inclusion criteria)	Success Criteria	Data Source	Data Collection Design	Performance Target	Status (as of January 2020)
	FCO Initial Outcomes							
2.	**Service Availability:** Foundry centres will be successfully launched consistent with planned timeframes.	% of centres launched consistent with identified timeframes	All Centres in the "Onboarding" phase (not open)	Centres that complete on-boarding and launch according to pre-identified timeframes for that Centre	FCO tracking	FCO tracking of dates for beginning of onboarding and opening of the Centre	80%	Measurement not currently implemented
3.	**Service Model Consistency:** Foundry centers will deliver services consistent with the Foundry Service Model, including the Integrated Stepped Care Model and the Walk-in Counselling Model.	% of centres indicating that FCO Services are effective in supporting them to implement the Foundry Service Model and deliver services (FCO Feedback Survey)	Foundry lead agency leadership involved in oversight of the local Foundry and participating in the FCO Feedback Survey	Service providers that rate the item 6 or 7 on a seven point likert scale	FCO Feedback Survey items C.6, C.7 ad C.8	Administered annually to lead agency leadership involved in oversight of the local Foundry	90%	Measurement currently being implemented
		% of centres meeting FCO Standards (Fidelity Evaluation)	All Foundry Centres participating in fidelity evaluation for their services	Centres that meet or exceed FCO standards	FCO Fidelity Evaluation (standards and process currently in development)	Administered annually	Targets to be determined based on the model developed	Measurement not implemented

APPENDIX B: Mapping Outcomes to PoC Recommendations, Triple Aim Dimensions, & Evaluation Questions

Outcomes	Link to PoC Recommendations	Link to Triple Aim	Link to Performance Measurement Questions
Service Process Measurement			
1. **Timely Access:** Young people will have timely access to an array of service options to meet their needs (timeliness of response and variety/availability of options).	**Recommendation 8:** Setting and measuring service responsiveness benchmarks for client flow processes (e.g. wait times, time to complete assessments, time to access specialist services) at Foundry centres and acting on the measurement results.	**Triple Aim Dimension 1:** Improving the patient experience of care	**Performance Measurement Question 1:** What impact has Foundry had on young people/family/caregiver experience of accessing and participating in care?
2. **Service(s) Matched to Need:** Foundry services are appropriately targeted to the level of need of young people accessing services (assessed need matches services received/stepped care placement).	**Recommendation 5:** Implementing a comprehensive evaluation of client outcomes relative to the established pathways of care for mental health and substance use.	**Triple Aim Dimension 1:** Improving the patient experience of care	**Performance Measurement Question 1:** What impact has Foundry had on young people/family/caregiver experience of accessing and participating in care?
3. **Reach:** Foundry services are being accessed by the target population (youth attending Foundry are representative of the community as well as inclusive of higher risk and marginalized groups).	**Recommendation 2:** Researching the impact of gender on help-seeking behaviour to gain a greater understanding of the factors that result in lower rates of males seeking help and participating in services for mental health and substance use issues. **Recommendation 3:** Ensuring that the needs of LGBTQ and Indigenous youth accessing Foundry are being addressed	**Triple Aim Dimension 1:** Improving the patient experience of care	**Performance Measurement Question 1:** What impact has Foundry had on young people/family/caregiver experience of accessing and participating in care?

	through further evaluation of their needs and service delivery preferences.		
4. **Targeted Volume:** Foundry services meet patient/client target volumes (targets established based on community characteristics).	N/A	N/A	**Performance Measurement Question 6:** Are the services being delivered at Foundry centres consistent with the Service Model and standards for service delivery
Youth, Family Member/Caregiver and Service Provider Experience Measurement			
1. **Accessibility:** Foundry services are accessible to youth (easy to get to and navigate, timely).	N/A	**Triple Aim Dimension 1:** Improving the patient experience of care	**Performance Measurement Question 1:** What impact has Foundry had on young people/family/caregiver experience of accessing and participating in care?
2. **Service Experience - Youth:** Young people have a positive and engaging experience of seeking help and receiving care (welcoming, engaging, youth friendly, consistent with Brand story, cultural and gender ID, safe, respectful).	**Recommendation 1:** Researching the role that brand and brand identity has on influencing health care decision making amongst youth and on supporting service integration (i.e. breaking down barriers) amongst service delivery partners.	**Triple Aim Dimension 1:** Improving the patient experience of care	**Performance Measurement Question 1:** What impact has Foundry had on young people/family/caregiver experience of accessing and participating in care?
3. **Service Experience - Family:** Family members/caregivers have a positive experience of seeking help and receiving care (welcoming, engaging, family friendly, consistent with Brand story, culturally safe, respectful).	**Recommendation 7:** Implementing comprehensive evaluation of services provided at Foundry centres to family members and caregivers of youth experiencing mental health and substance use issues.	**Triple Aim Dimension 1:** Improving the patient experience of care	**Performance Measurement Question 1:** What impact has Foundry had on young people/family/caregiver experience of accessing and participating in care?
4. **Youth & Family Empowerment:** Young people and family members/caregiver are actively engaged in services, including planning their care.	N/A	**Triple Aim Dimension 1:** Improving the patient experience of care	**Performance Measurement Question 1:** What impact has Foundry had on young people/family/caregiver

			experience of accessing and participating in care?
5. Service Experience – Service Provider: Service providers have a positive experience of delivering services at Foundry (professional, team-oriented, values-based, consistent with Brand story, respectful).	N/A	N/A	**Performance Measurement Question 5:** 5. What impact has Foundry had on service providers' experience of delivering services?
Foundry Central Office Process Measurement			
1. Accessibility: Services and supports offered by FCO are easily accessible to centres (timely, easy to navigate).	N/A	N/A	**Performance Measurement Question 4:** Are Foundry Central Office (FCO) services and supports effective in supporting the implementation of the Foundry Service Model?
2. Clarity & Usability: FCO resources and tools for centres are clear and easy to use.	N/A	N/A	**Performance Measurement Question 4:** Are Foundry Central Office (FCO) services and supports effective in supporting the implementation of the Foundry Service Model?
3. Partnership Approach: FCO services demonstrate a commitment to a collaborative, partnership approach to working with each centre and community	N/A	N/A	**Performance Measurement Question 4:** Are Foundry Central Office (FCO) services and supports effective in supporting the implementation of the Foundry Service Model?
4. Relationship-Based: FCO services demonstrate a commitment to a relationship-based approach to working with each centre and community	N/A	N/A	**Performance Measurement Question 4:** Are Foundry Central Office (FCO) services and supports effective in supporting the implementation of the Foundry Service Model?
Key Initial Outcomes – Young People			

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1. Knowledge: Young people will have a better understanding of their health condition(s), treatment options, and available supports.	N/A	**Triple Aim Dimension 2:** Improving the health of populations	**Performance Measurement Question 2:** What impact has Foundry had on young people's health outcomes?
2. Physical Health: Young people will experience improved physical health.	N/A	**Triple Aim Dimension 2:** Improving the health of populations	**Performance Measurement Question 2:** What impact has Foundry had on young people's health outcomes?
3. **Mental Health:** Young people will experience improved mental health.	**Recommendation 5:** Implementing a comprehensive evaluation of client outcomes relative to the established pathways of care for mental health and substance use. **Recommendation 6:** Completing a more in-depth evaluation of walk-in counselling services, including implementing the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS) as core measures of the impact of this service.	**Triple Aim Dimension 2:** Improving the health of populations	**Performance Measurement Question 2:** What impact has Foundry had on young people's health outcomes?
4. **Substance Use:** Young people will experience decreased harm due to substance use.	**Recommendation 5:** Implementing a comprehensive evaluation of client outcomes relative to the established pathways of care for mental health and substance use.	**Triple Aim Dimension 2:** Improving the health of populations	**Performance Measurement Question 2:** What impact has Foundry had on young people's health outcomes?
5.**Social/Educational/Vocational:** Young people will experience improved social, educational and/or vocational functioning.	N/A	**Triple Aim Dimension 2:** Improving the health of populations	**Performance Measurement Question 2:** What impact has Foundry had on young people's health outcomes?
Key Initial Outcomes – Family Members/Caregivers			
1. **Caregiver Capacity:** Family members and caregivers will have increased capacity to support their youth.	**Recommendation 7:** Implementing comprehensive evaluation of services provided at Foundry centres to family	**Triple Aim Dimension 2:** Improving the health of populations	**Performance Measurement Question 3:** What impact has Foundry had on supporting and strengthening families?

	members and caregivers of youth experiencing mental health and substance use issues.		
2. **Caregiver Social/Educational/Vocational:** Family members and caregivers will experience improved social and or educational/vocational functioning.	**Recommendation 7:** Implementing comprehensive evaluation of services provided at Foundry centres to family members and caregivers of youth experiencing mental health and substance use issues.	**Triple Aim Dimension 2:** Improving the health of populations	**Performance Measurement Question 3:** What impact has Foundry had on supporting and strengthening families?
3. **Family Relationships:** Family members and caregivers will experience improved family relationships.	**Recommendation 7:** Implementing comprehensive evaluation of services provided at Foundry centres to family members and caregivers of youth experiencing mental health and substance use issues.	**Triple Aim Dimension 2:** Improving the health of populations	**Performance Measurement Question 3:** What impact has Foundry had on supporting and strengthening families?
Key Initial Outcomes – Systems Focus			
1. **Partnerships & Collaboration:** Improved partnerships and collaboration amongst local service providers working in Foundry centres.	**Recommendation 9:** Continuing to actively research and evaluate local partnerships and work with Foundry lead agencies to support them in using the results to strengthen their partnerships.	N/A	**Performance Measurement Question 7:** What impact has Foundry had on improving partnerships and collaboration amongst service providers in Foundry communities?
2. **Service Integration:** Increased integration of services delivered at Foundry centres (i.e., more seamless and integrated care).	**Recommendation 9:** Continuing to actively research and evaluate local partnerships and work with Foundry lead agencies to support them in using the results to strengthen their partnerships.	N/A	**Performance Measurement Question 8:** What impact has Foundry had on achieving true integration amongst service providers at Foundry centres?
Key Initial Outcomes – Foundry Central Office			

1. **Service Availability:** Foundry centres will be successfully launched consistent with planned timeframes.	N/A	N/A	N/A
2. **Service Model Consistency:** Foundry centers will deliver services consistent with the Foundry Service Model, including the Integrated Stepped Care Model Walk-in Counselling Model, and Peer Support Model.	N/A	N/A	**Performance Measurement Question 4:** Evaluating how Peer Support services interconnect with and support the delivery of other Foundry services.
Mid Term Outcomes			
1. **Substance Use:** Decreased substance use among youth.	**Recommendation 5:** Implementing a comprehensive evaluation of client outcomes relative to the established pathways of care for mental health and substance use.	**Triple Aim Dimension 2:** Improving the health of populations	**Performance Measurement Question 2:** What impact has Foundry had on young people's health outcomes?
2. **Mental Health/Substance Use:** Prevention of serious and persistent mental health and substance use disorders among youth.	**Recommendation 5:** Implementing a comprehensive evaluation of client outcomes relative to the established pathways of care for mental health and substance use. **Recommendation 6:** Completing a more in-depth evaluation of walk-in counselling services, including implementing the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS) as core measures of the impact of this service.	**Triple Aim Dimension 2:** Improving the health of populations	**Performance Measurement Question 2:** What impact has Foundry had on young people's health outcomes?
3. **Intensive Services Utilization:** Increased appropriate use of intensive or specialist services (e.g., hospital ED, residential care, step 4 services).	N/A	**Triple Aim Dimension 3:** Reducing the per-capita cost of healthcare	**Performance Measurement Question 9:** What impact has Foundry had on ensuring that intensive services (e.g., emergency departments,

			residential treatment) or specialized treatment services for mental health and substance use are used appropriately?

APPENDIX C: Foundry Measurement Tool Descriptions & Administration

Criteria guiding Tool Selection:
- Be capable of identifying positive treatment effects
- Be psychometrically sound
- Be inexpensive (standardized tools in public domain)
- Be understandable to clients and service providers
- Be amenable to quick and easy feedback
- Be clinically useful
- Be appropriate for the client age range (12 – 24years)

	Tool	Description	No Items	Type of report	Frequency of admin	Mode of administration/ Comments
1	HEADSS (Health survey)	HEADSS is the mnemonic for Home, Education and Employment, (Eating and exercise), Activities and peers, Drugs, Sexuality, Suicide and depression, Safety. Rather than using this framework as a checklist, the real value of HEADSS lies in its feasibility in being incorporated into any clinical history. **It is essentially a tool for collecting youth psychosocial history.**	70	Youth Self-report	Intake (First visit)	Shorter version for non-health care clients. Youth reported filled out in health survey screen
2	GAINSS (Health Survey)	**1)** The tool serves as a short screen for general populations of both adults and adolescents to quickly and accurately **identify clients who have one or more behavioral health disorders (e.g., internalizing or externalizing psychiatric disorders, substance use disorders, or crime/violence problems),** and would benefit from further assessment or referral for these issues. It also rules out those who would not be identified as having behavioral health disorders. **2**) It serves as an easy-to-use quality assurance tool across diverse field-assessment systems for staff with minimal training or direct supervision. **3)** It serves as a periodic measure of behavioral health change over time. Filled out by youth in health survey screen.	30	Youth Self-report	Intake (First visit) and potentially one year after	Adapted from CAMHS GAINSS V3 Youth reported filled out in health survey screen

	Tool	Description	No Items	Type of report	Frequency of admin	Mode of administration/ Comments
3	K10	The Kessler Psychological Distress Scale 10 (K10) is a short measure of **non-specific psychological distress in the anxiety-depression spectrum**. It is an indicator of general distress without identifying a cause, it guides intake decisions about appropriate interventions. Filled out by Youth as part of initial assessment	10	Youth Self-report	At visits 1st assessment and every 20 days for youth continuing to access services	Interval is least 20 days after first visit Youth reported filled out in demographic survey and in a follow-up link
4	PHQ9	The PHQ9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring depression severity. Filled out by Youth Self as part of mood/anxiety/distress pathway. Validated with adolescents 13 years and up.	9	Youth Self-report	Optional - use to be determined at clinician discretion	Youth reported Filled out after first assessment
5	GAD7	Similarly the GAD7 is used for diagnosing, monitoring and measuring anxiety severity. Youth Self-report. Part of mood/anxiety/distress pathway. Validated with adolescents 14 years and up.	7	Youth Self-report	Optional - use to be determined at clinician discretion	Youth reported Filled out after first assessment
6	PSQ	The Psychosis Screening Questionnaire is a screener for psychotic conditions. The PSQ includes five sections relating to hypomania, thought insertion, paranoia, strange experiences and hallucinations. Each section begins with an introductory question, which if answered positively, is followed by 1-2 secondary questions. Filled out by youth as part of psychosis pathway. Validated with adolescents 16 years and up.	12	Youth Self-report	Based on scores from GAINSS clinicians will administer the PSQ at initial assessment	Youth reported Filled out after first assessment

	Tool	Description	No Items	Type of report	Frequency of admin	Mode of administration/ Comments
7	SOFAS	The Social and Occupational Functioning Assessment Scale (SOFAS) is a **global rating of current functioning as assessed by the service provider**. It is a single-item assessment of current functioning, determined irrespective of the severity of the client's psychological symptoms (e.g. any impairment in social and occupational functioning that is due to general medical conditions is also considered in making the SOFAS rating).	1	Clinician report.	Every visit	Clinician reported
8	Self- Rated Health (SRH)	The Self Rated Health (Idler and Benyamini, 1997) is a quick and simple measure used in both general and clinical populations and asks individuals to rate their health on a scale from excellent to poor. It has been widely used to track a population's health. Specifically it asks, "Would you say that in general your health is: excellent, very good, good, fair or poor?"	1	Youth Self-report	First visit completed in demographic survey along with SRMH and K10, then completed every 20 days	Youth reported
9	Self-Rated Mental Health (SRMH)	The Self-Rated Mental Health (Robins et al. 1981) questionnaire is a single-item measure which asks respondents to rate their mental health on a five-point scale from excellent to poor. "In general, would you say your mental health is: Excellent, Very Good, Good, Fair or Poor?"	1	Youth Self-report	First visit completed in demographic survey along with SRH and K10, then completed every 20 days	Youth reported
10	Youth & Family/ Caregiver Experience Surveys	The Youth and Family/Caregivers Experience survey. Self-rated experience of care at a Foundry centre.	34	Youth & Family/C aregiver Self-report	Periodic – twice annually in November/Dece mber and May/June	Youth, family and caregiver reported

	Tool	Description	No Items	Type of report	Frequency of admin	Mode of administration/ Comments
11	Outcome Rating Scale	The Outcome Rating Scale (ORS) is a simple, four-item visual analog scale designed to assess areas of life functioning known to change as a result of therapeutic intervention. It tracks subjective well-being and outcomes throughout and following intervention.	4	Youth Self-report	Pre and two week follow-up	Youth reported
12	Session Rating Scale	Measures therapeutic alliance/service engagement for each session/intervention. The youth rates on a scale of 10 the relationship, goals and topics, approaches or methods and overall.	4	Youth Self-report	Post session	Youth reported
13	FCO Feedback Survey	A feedback measure to assess FCO's performance. The tool was developed in-house based on a Stanford Social Innovation Review article "Understanding the Value of Backbone Organizations in Collective Impact" (Turner, S., Merchant, K., Kania, J., and Martin, E., 2012). The article outlines domains and indicators for backbone organization performance.	38	Foundry Centre report	Annually	Completed by leadership at Foundry Centres
14	Service Provider Experience Survey	Currently under development at FCO				
		Under review for consideration				

	Tool	Description	No Items	Type of report	Frequency of admin	Mode of administration/ Comments
1	Goals based outcomes	Youth list 3 goals they aim to work on and review this with clinician at every visit. Uptake of this has been very positive and has also been used with families with similar results	3	Youth Self-report	Every visit	Add to PROM 10 to be tested at Granville
2	PROM 10 item	Personal recovery for use by people with mental illness. It is designed to be fit for purpose to cover the full range of recovery and to inform care Self-report. Currently being tested and validated for youth and young adults at GYHC only.	10	Youth Self-report	Use in Grandville only: Add goals based outcome for testing	Skye to Pilot and make recommendations

APPENDIX D: Foundry Logic Model

Inputs/ Resources	Activities	Outputs	Outcome Statements			
			Process Measures	Initial Outcomes	Mid-Term Outcomes	Long-Term Outcomes
Youth & Families Funding: • Ministry of Mental Health & Addictions • Graham Boeckh Foundation • St Paul's Foundation • Other philanthropic donors Cheos MSFHR PHSA/BCCH MCFD Regional Health Authorities FCO staff/functions Lead Agencies Local Service provider partners National/International partners	**FCO Service Delivery**: • Communications & Branding • Research, Evaluation & Data Management • Data Platform • Fundraising • Capital/Site Development • Partnerships • Service Model Development & Implementation • Knowledge Mobilization • Youth & Family Engagement • Leadership **Foundry Local Service Delivery:** • Lead Agency services (clinical, reception, site management, peer support, etc.) • Partner services (addictions, mental health, social services, primary care, sexual health) **Foundry Online:** • Content development & testing	**FCO:** • # of sites launched • # of youth & family engagement resource developed • # of youth and families participating in engagement activities • # of capital/site development resources created • # of local leadership table meetings attended • # of local Foundry site visits/calls (all FCO functions) • # of Funder/Key Stakeholder meetings/calls (MMHA, Funders, etc.) • # of Service Model Resources developed (e.g., ISCM, service standards) • # Project Management meetings for sites • # of training curriculums/packages or resources developed • # of training/knowledge exchange activities facilitated & # of attendees • # of research presentations/posters	**Youth & Families:** • Foundry services are accessible to youth (easy to get to and navigate, timely). • Young people have a positive and engaging experience of seeking help and receiving care (welcoming, engaging, youth friendly, consistent with brand story, cultural and gender identity, safe, respectful). • Family members/caregivers have a positive experience of seeking help and receiving care (welcoming, engaging, family friendly, consistent with brand story, culturally safe, respectful). • Young people and family members/caregivers are actively engaged in services, including planning their care. • Service providers have a positive experience of delivering services at Foundry (professional, team-oriented, values-based, consistent with brand story, respectful). **FCO:** • Services and supports offered by FCO are easily accessible to centres (timely, easy to navigate).	**Youth:** • Young people will have a better understanding of their health condition(s), treatment options, and available supports. • Young people will experience improved physical health. • Young people will experience improved mental health. • Young people will experience decreased harm due to substance use. • Young people will experience improved social, educational and/or vocational functioning. **Family Members/Caregivers:** • Family members and caregivers will have increased capacity to support their youth. • Family members and caregivers will experience improved social and or educational/vocational functioning. • Family members and caregivers will experience improved family relationships. **FCO:** • Foundry centres will be successfully launched	Decreased substance use among youth Prevention of serious and persistent mental health and substance use disorders among youth Increased appropriate use of intensive or specialist services mental health and substance use services (e.g., hospital ED, residential care, step 4 services).	**Healthier Youth** **Stronger, Healthier Families** **Transformed Access to Health and Social Services**

	• Platform management **Developmental Evaluation**	• # of research/evaluation reports or publications produced • # of Toolbox data reports produced • # of Toolbox revisions/updates completed • $ value of funds raised • # of communication products developed (e.g., newsletters, reports) • # of media campaigns developed/executed • # of developmental evaluation report produced **Foundry Lead Agency:** • # of youth served (unique & total visits) • # & type of individual services delivered • # of leadership table meetings facilitated • # & type of partners engaged and delivering services **Foundry Online:** • # of site visits • # of resources accessed/downloaded **Developmental Evaluation** • # of Developmental evaluations completed • # of developmental evaluation reports/publications produced	• FCO resources and tools for centres are clear and easy to use. • FCO services demonstrate a commitment to a collaborative, partnership approach to working with each centre and community • FCO services demonstrate a commitment to a relationship-based approach to working with each centre and community **Foundry Lead Agencies:** • Young people will have timely access to an array of service options to meet their needs (timeliness of response and variety/availability of options). • Foundry services are appropriately targeted to the level of need of young people accessing services (assessed need matches services received/stepped care placement). • Foundry services are being accessed by the target population (youth attending Foundry are representative of the community as well as inclusive of higher risk and marginalized groups). • Foundry services meet patient/client target volumes (targets established based on community characteristics).	consistent with planned timeframes. • Foundry centers will deliver services consistent with the Foundry Service Model, including the Integrated Stepped Care Model, Walk-in Counselling Model, and Peer Support Model. **Systems Focus:** • Improved partnerships and collaboration amongst local service providers working in Foundry centres. • Increased integration of services delivered at Foundry centres (i.e., more seamless and integrated care)		