

• F O U N D R Y •

WHERE WELLNESS TAKES SHAPE

Foundry Early Learnings Proof of Concept Evaluation Report

October 2018



Almost three years ago, a hopeful movement began to address the challenges faced by young people and families in BC. It started as a series of conversations and gained momentum as youth and their family members, government and non-profit agencies built relationships and mapped pathways to change. Together, we have established a shared vision, brought over 140 partners together in the Foundry network, and created local spaces so that all of our young people can find the resources necessary to thrive: outstanding, coordinated, timely and accessible mental health, substance use support, primary care, youth and family peer supports, and social services such as employment assistance.

Today, young people and their loved ones in seven – soon to be 11 – communities across BC can drop into their local Foundry centre and find the services they need.

This report provides details of our outcomes to date. Notably, Foundry centres had served almost 5,000 young people aged 12-24 for a total of over 35,000 visits by March 2018. Meanwhile, several other provinces as well as partners outside of Canada are looking to us as a model.

Foundry was only possible thanks to our partners in government, our donors, our Foundry Lead Agencies, and most importantly – youth and their family members and loved ones from communities across BC. Thank you for joining us on this journey, and for your feedback, support, and enthusiasm along the way. We are excited about how far we have come, and are looking forward to growing even further as we shape a future where young people across British Columbia have access to the services and support they need to reach their full potential.

A handwritten signature in black ink, appearing to read 'Steve Mathias', with a long horizontal line extending to the right.

Steve Mathias, MD, FRCPC

ACKNOWLEDGEMENTS

Foundry was created as a collective impact initiative in 2015, and has since grown into a network of over 140 partnerships across BC. We wish to acknowledge the following organizations for their critical roles in this initiative:

Foundry Governing Council
BC Ministry of Children and Family Development
BC Ministry of Health
BC Ministry of Mental Health and Addictions
Graham Boeckh Foundation
Michael Smith Foundation for Health Research
Providence Health Care
St. Paul's Foundation

Foundry Online (www.foundrybc.ca)
BC Children's Hospital

Foundry Lead Agencies:
Abbotsford Community Services
CMHA – Kelowna Branch
Maple Ridge-Pitt Meadows Community Services
One Sky Community Resources
Providence Health Care
Richmond Addiction Services Society
Terrace and District Community Service Society
The John Howard Society of North Island
Vancouver Coastal Health
Victoria Youth Clinic
YMCA of Northern BC

With special thanks to Providence Health Care for their early support of the innovations leading to the Foundry network, and their role in hosting the Foundry Central Office

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EXECUTIVE SUMMARY

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

In March 2015, Graham Boeckh Foundation and the Inner Change 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". The proof of concept phase involved the creation of five new branded integrated youth services centres, and the development of online services to complement those at the centres. 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 from British Columbia Integrated Youth Services Initiative to Foundry at the end of 2016.

Foundry provides early intervention services that 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 — thus forging a new, province-wide culture of care. 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 BC's young people get the help they need when they need it.

This report documents progress made during Foundry's proof of concept period (from October 1, 2015 to March 31, 2018) towards addressing four evaluation questions outlined in the project's evaluation framework. The report includes data captured from the developmental, formative and summative aspects of the initiative's evaluation activities. A brief discussion of the results in each area is provided in this summary, with details provided in the body of this report.

Evaluation Question 1: Have the major elements of Foundry been implemented as planned?

The initiative achieved significant success in implementing the major elements of Foundry as planned. Although there were some unforeseen delays in the opening of some sites, all proof of concept centres are now open and delivering the full suite of Foundry services consistent with the Foundry service model. More importantly, Foundry has established itself as a branded network of youth friendly, inviting one-stop centres that bring together numerous partners to deliver a wide range of services that meet the needs of youth and their caregivers. In the youth experience survey, 99% of those surveyed across centres agreed or strongly agreed that they felt comfortable and welcomed at Foundry.

The work to develop the proof of concept sites required significant effort on the part of the local lead organizations, their community partners, and the Foundry Central Office (FCO). The substantial output of the FCO, both in terms of developing core products to support implementation and actually implementing and deploying those products, is a notable achievement in and of itself.

The importance of brand identity for youth, caregivers and the staff that work in the centres is an area of emerging importance in terms of Foundry's evaluation efforts. Youth and young adults are perhaps the most brand conscious demographic in Canadian society. While the fact that youth appear to be very comfortable at Foundry is a positive start, having a deeper understanding of both their perceptions of the Foundry brand and how it influences health care decisions will be important for future efforts to engage them and their caregivers.

Evaluation Question 2: To what extent has Foundry been accessed by the target population?

Within the very short proof of concept period, Foundry centres have been successful in reaching the target age group of youth between the ages of 12 and 24 primarily seeking support for mental health and substance use concerns. During the period of January 2017 – March 2018, the four new Foundry centres along with the Vancouver-Granville prototype and the Abbotsford Youth Health Centre prior to opening as Foundry (June 2018) provided services to 4783 unique youth. Total visits recorded for the period were 35,791. It is encouraging that the highest levels of service utilization were from youth ages 15 to 19 when the majority of mental health issues begin to appear. It is also encouraging that Foundry centres appear to be serving a relatively large proportion of youth with characteristics that increase their vulnerability for mental or physical health issues, such as being gay, lesbian or bi-sexual, identifying as indigenous, or having insecure housing status.

Foundrybc.ca – developed by BC Children's Hospital – was launched in January 2018, accompanied by a social media campaign. Since that time, there have been more than 34,000 new users to the website and a total of more than 47,000 visits. Those visitors viewed nearly 150,000 pages. Almost 8,000 self-checks were accessed. While more research and evaluation is needed to understand the impact of the online services and how they connect with or complement the services offered at the physical centres, the initial popularity of the site is a promising start.

Foundry appears to be becoming the place a significant number of youth rely on for health and social services. Nearly half of these youth indicated that they would not have sought help had Foundry not been an option. This is evidence of the potential of Foundry to transform access for youth and their caregivers across BC.

Evaluation Question 3: To what extent has Foundry improved youth experience of care and achieved positive outcomes?

Initial findings from five fully operating Foundry centres demonstrate promising results with regards to improving youth's experience of care and achieving positive outcomes. Youth consistently reported high levels of positive feedback about their experiences at Foundry centres. They felt that their views and worries were taken seriously (96.3%), that staff listened to them (95.4%), and that staff talked to them in a way that they understood (95.4%). The small number of youth that participated in the evaluation of walk-in services experienced very positive results, both in terms of their experience of the counselling session and their self-rated improvements in functioning over the two week period after the session. All nine youth reported improvements and most youth (seven of nine) experienced a reliable reduction in symptoms during the two week follow-up period. While these results should be viewed with caution given the very small sample size, they provide an indication of the potential of Foundry – and Walk-in Counselling in particular – as an effective frontline intervention for youth experiencing mental health and substance use concerns.

Evaluation Question 4: Is systems transformation – through delivering integrated care – being achieved?

Foundry has made substantial progress towards meaningful systems transformation through efforts – both in local Foundry centres and provincially – to move towards integrated care. Partners are highly satisfied with the initiative to date (between 75% and 85% satisfaction), but work remains to move partnerships towards a more ideal level of functioning. The work of truly shifting from siloed service delivery with multiple barriers to integrated, easily accessible care will continue to be monitored now that baseline measures are in place.

The importance of strong and trust-based relationships as a foundation for both partnerships and for the work with youth and their families emerged through the developmental evaluation findings. While functional integration through information technology or putting in place policies, procedures and structures that support integration may facilitate the process, relationships are the foundation on which integration rests. Where trust-based supportive relationships exist amongst centre partners, team-based care is strengthened. For youth, relationship building allows for connectivity and safety at Foundry centre, fostering their access to care.

An important element of achieving systems transformation during the proof of concept phase was active engagement of youth and families in all aspects of the design and implementation of Foundry centre. Groups of youth and families were involved both locally and at the provincial level in service design and bringing the centres into existence. While this work has been acknowledged both locally and provincially, the impact of family and youth engagement on the success of the initiative during the proof of concept phase was not specifically evaluated. This is a gap that should be addressed in future evaluation efforts. More broadly, youth and family engagement should remain a priority for the Foundry initiative to ensure that it remains informed by their input and needs.

Summary and Recommendations

From the establishment of the prototype site and the submission of the BC Integrated Youth Services Initiative proposal, the past two and a half years has seen the successful build-out of a multi-function backbone organization (Foundry Central Office) and the opening of five Foundry centres as well as the rebranding of the prototype centre, making up a network of integrated youth service centres in all five health regions across British Columbia. Prior to completing the proof of concept phase, an additional five centres were announced and selected, with one site already operational and another providing limited scope services. The investment of government, philanthropists and all engaged stakeholders has led to barrier-free access for youth and young adults to an array of services, both in physical centres and online, that support the health and well-being of young people and their families.

The evaluation findings confirm that the initiative has achieved a high degree of success in meeting the objectives for the proof of concept phase. It was understood from the outset that the key characteristics of successful implementation of integrated Mental Health and Substance Use (MHSU) services should include: the absence of access barriers; youth-friendly staff; youth-appropriate spaces; and navigational ease with embedded family supports. Those characteristics are present in each Foundry centre. The centres are operating consistently with the Foundry service model and are delivering services to the target population. Further, the services being delivered and the centres themselves have been well received by youth and their families. Initial data on service outcomes are promising. While significant work remains to fully understand the impact that Foundry services have on youth and their families, the services appear to be providing a substantive benefit to them.

Based on the results of this evaluation report, several recommendations that are intended to support further development of Foundry as an integrated services initiative emerged. Those recommendations fall along three broad themes; future research and evaluation, enhancing service delivery, and enhancing Foundry Central Office processes, systems and supports.

Future research and evaluation should include:

- 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.
- 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.
- Ensuring that the needs of LGBTQ and Indigenous youth accessing Foundry are being addressed through further evaluation of their needs and service delivery preferences.
- Evaluating how Peer Support services interconnect with and support the delivery of other Foundry services.
- Researching the health economics of Foundry, identifying and quantifying cost savings to the system from early access to services and diversion from more expensive specialist or institutional care.
- Implementing a comprehensive evaluation of client outcomes relative to the established pathways of care for mental health and substance use.
- 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.
- Implementing comprehensive evaluation of services provided at Foundry centres to family members and caregivers of youth experiencing mental health and substance use issues.
- 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.
- Implementing a robust and continuous data collection system for gathering data on service satisfaction and perceptions of care from youth, families, and service delivery partners.
- 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. This work could also be linked to efforts of other provincial initiatives such as the Human Early Learning Partnership (HELP) in BC.

Efforts to **enhance service delivery** should include:

- Developing resources and training or orientation materials to support future Foundry centre leaders to effectively lead the work of service integration in a complex adaptive environment.
- Enhancing the connections between online and centre-based services by both supporting centres in using and referencing web-based resources and enhancing the online portal to better connect youth to centre-based services where available.
- Continuing to actively monitor the state of partnerships within the Foundry initiative and work with Foundry lead agencies to support them in developing and strengthening their partnerships.

- Improving the data collection system (Toolbox) used at Foundry centres in order to better understand the characteristics of youth coming to Foundry and how they interact with services, as well as how those characteristics relate to the outcomes they experience from Foundry services.

Efforts to **enhance Foundry Central Office processes, systems and supports** should include:

- Ensuring that future expansion of Foundry to new communities be staggered to allow time for Foundry Central Office to closely support the site location and partner engagement processes in each community.
- Utilizing information from the developmental evaluation on ideal lead agency characteristics to refine and enhance the selection process for future Foundry lead organizations.
- Developing resources, tools and training that will support centres to engage in quality improvement activities based on evaluation data.
- Implementing centre-specific dashboards and other responsive and impactful reporting tools for real time performance feedback that the centres can use in their quality improvement efforts.
- Ensure that Foundry remains a youth and family led and informed initiative by strengthening engagement of youth and families in ongoing service design/service delivery at Foundry centres and provincially.

INTRODUCTION

Purpose of the report

This report documents the progress made during Foundry's proof of concept period (from October 1, 2015 to March 31, 2018) towards addressing evaluation questions outlined in the project's evaluation framework. The report includes data captured from the developmental, formative and summative aspects of the initiative's evaluation activities.



Context for the Initiative

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 24¹. 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 group². 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 cohort³ representing approximately 1 in 8 young British Columbians aged 0 to 24. Unfortunately, literature suggests that less than 50% of youth with MHSU disorders receive MHSU services⁴.

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 the creation of 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/or long wait lists. Most programs are only adequately staffed to intervene in the most serious or acute cases.

Foundry provides early intervention services that 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 thus forging a new, province-wide culture of care through the development of a network of centres and online tools and resources. 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 BC's young people get the help they need when they need it.

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: 2012/013 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

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 had 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 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 (MHSU) 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, Graham Boeckh Foundation and the Inner Change 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 (Foundry)”.

Evidence from a program in Australia called Headspace indicated that a model of care providing upstream support to youth aged 12 to 24 before their illnesses progressed and their needs become more severe was associated with more positive outcomes. The majority of youth accessing care at Headspace centres reported significant improvements in health and well-being over time⁸.

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.

⁷ BCIYSI Rationale and Overview (Dec 2015) pg3

⁸ Headspace annual report, 2014-2015; Retrieved from <https://headspace.org.au/assets/Annual-Report-2014-2015.pdf>

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 renamed Foundry Central Office) 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 concept 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

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 from British Columbia Integrated Youth Services Initiative to Foundry at the end of 2016.



Announcement of five integrated youth centres in British Columbia

⁹ BC-IYSI Rationale and Overview (Dec 2015) pg4

Foundry Objectives & Guiding Principles

Objectives Identified for the proof of concept phase¹⁰

1. Create and establish a Backbone Organization (Foundry Central Office), with the following functions: guidelines and standards development, knowledge translation and mobilization, research evaluation and common communication strategy;
2. In partnership with five BC communities, establish integrated health service centres, one located in each regional health authority. These centres will offer standard health services (physical and sexual health, MHSU), as well as services addressing determinants of health (e.g., vocational support, income assistance, housing, education, family and youth peer support, etc.);
3. Partner in the expansion of online, web-based and telephone resources for youth in urban, rural and remote sites, all integrated within a stepped care model and with a common communication strategy including branding;
4. Facilitate evaluation, quality improvement and research that will be integrated into all services, providing real-time performance feedback in order to support scaling and expansion of the system of care; and
5. Develop a youth public health strategy for the province of BC, in partnership with the BC Centre of Disease Control (BCCDC).

Guiding Principles for Foundry¹¹

- A comprehensive system of care ensures that health promotion, prevention and early intervention are core components of its services;
- Services need to be timely, accessible, developmentally appropriate, socially inclusive/equitable, and culturally sensitive/congruent/safe;
- Services are youth- and family-centred, collaborative and empowering to both;
- Integration of services should occur through intentional partnerships and collaborative inter-sectorial working relationships, with special attention on the actual process of integration; and
- All services should be evidence- and trauma-informed and effective.

Foundry Vision and Mission

Vision

Foundry will transform how youth and young adults access health and social services within BC.

Mission

Foundry improves care pathways for young people through individualized, integrated health and social services. Guided by shared values and through an evidence-informed approach, we work with communities to improve access to care by establishing one-stop health and social service centres across British Columbia. We offer a unique, consistent experience for every young person and family member who enters our network of centres, empowering youth and families in BC to optimize their health and well-being.

¹⁰ BC-IYSI Proposed Implementation Plan for the Prototype Phase (September 2015)

¹¹ BC-IYSI Proposed Implementation Plan for the Prototype Phase (September 2015)

FOUNDRY CENTRAL OFFICE ROLE & FUNCTIONS

The development of the Foundry service model and implementation of the branded proof of concept centres was guided by a backbone organization – Foundry Central Office (FCO). Based on a collective impact model, the backbone organization operates as an independent body that provides ongoing leadership, support, planning, and management by a dedicated staff group. Foundry Central Office has been critical in both realizing the creation of the proof of concept centres and in moving towards the full realization of Foundry's vision – transformed access to health and social services for youth and young adults in BC.

Key Functions of Foundry Central Office Team

- Leadership and management
- Community and ministry partnerships
- Capital/site development
- Service model development and implementation
- Knowledge exchange and mobilization
- Youth and family engagement
- Fundraising
- Branding and communications
- Policy development and strategic alignment
- Data management and evaluation
- foundrybc.ca (powered by partner, BC Children's Hospital)
- Research and innovation

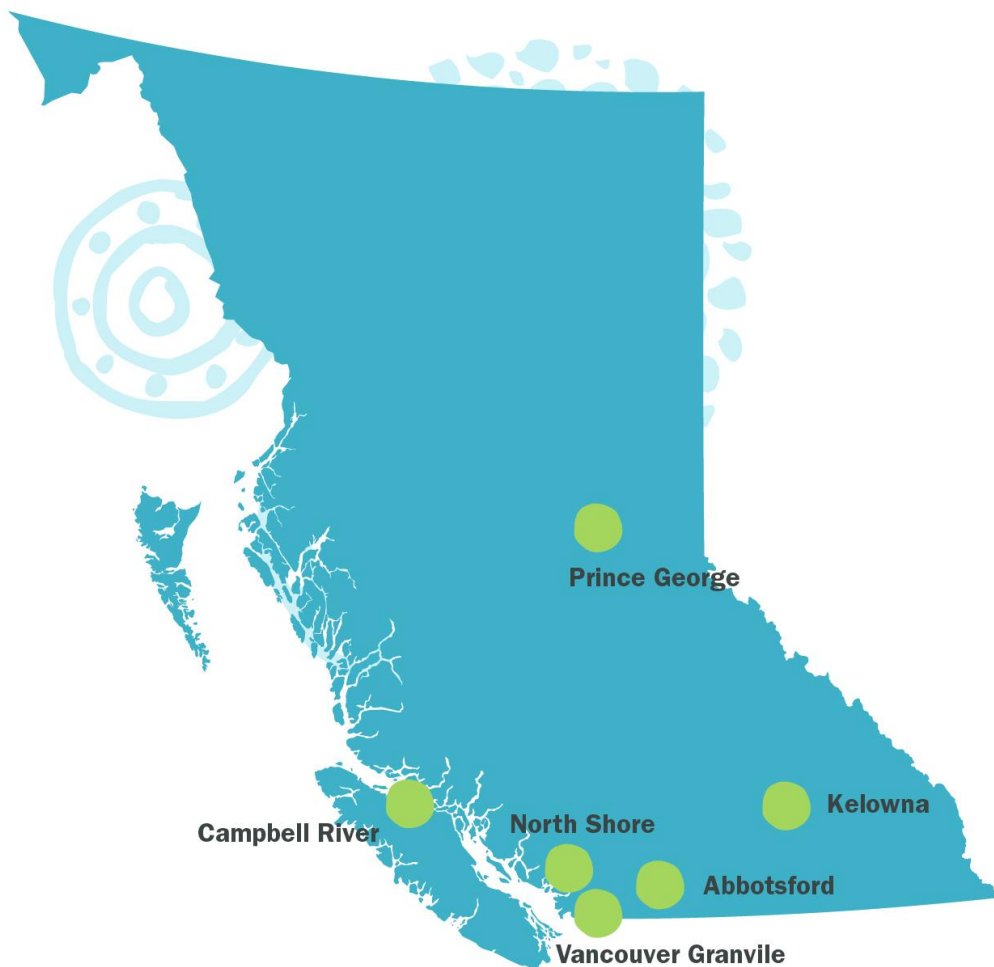
FOUNDRY CENTRAL TEAM IS THE BRIDGE BETWEEN OPERATORS, HEALTH AUTHORITIES AND GOVERNMENT



FOUNDRY COMMUNITIES & LEAD AGENCIES

As noted above, a convening process was led by Foundry Central Office to identify potential communities and support the process of bringing together partners in each community that expressed interest in the initiative. Each community outlined their vision for an integrated health and social services centre for youth and young adults. Out of thirteen communities initially invited to the convening process, five were chosen to move forward with developing Foundry centres in the proof of concept phase.

- Prince George - led by the YMCA;
- Kelowna - led by the Kelowna Branch of the Canadian Mental Health Association;
- Abbotsford - led by Abbotsford Community Services;
- North and West Vancouver (North Shore) - led by Vancouver Coastal Health
- Campbell River – led by the John Howard Society of North Island



FOUNDRY SERVICE MODEL

Core centre services & foundrybc.ca

As noted above, one of Foundry's key objectives was to establish integrated health centres for youth that brought together a variety of health and social services under one roof in a one-stop shop model. Foundry's service model identifies five specific service types that each Foundry centre includes; primary care (including sexual health services), mental health, substance use, youth and family peer support and navigation, and social services (e.g. employment or housing services). These core services may be offered as 'stand-alone' or in a holistic, integrated way under the Foundry brand so that young people and their families can have most of their health needs met in one place. Service providers and partners are co-located, and the various disciplines from the five core services work together in an inter-disciplinary, collaborative and integrated fashion so that young people experience seamless care. In addition to services offered at the centre, foundrybc.ca provides online tools and resources to young people who may need additional after-hours support through chat/text/phone, or who only require e-services (e.g. self-care apps, online therapies).



Integrated Stepped Care & Walk-in Counselling

Grounded in a stepped care approach, the model includes multiple care pathways specific to both mental health and substance use challenges within an integrated service delivery framework. A range of services, from low to high intensity, are available at each centre. Placement of youth on a pathway and one of the four steps in each pathway is based in part on results from standardized tools that are administered for youth seeking mental health, substance use and physical health care services. Each pathway includes care options for each step that are based on available evidence. For example, step one care options may include services delivered by peer support workers or step two options such as support to access self-guided materials through foundrybc.ca. Step three and four care options typically involve more intense mental health and substance use services. Easy access to services is key, whether they are specialist services on site, walk-in counselling or primary care.

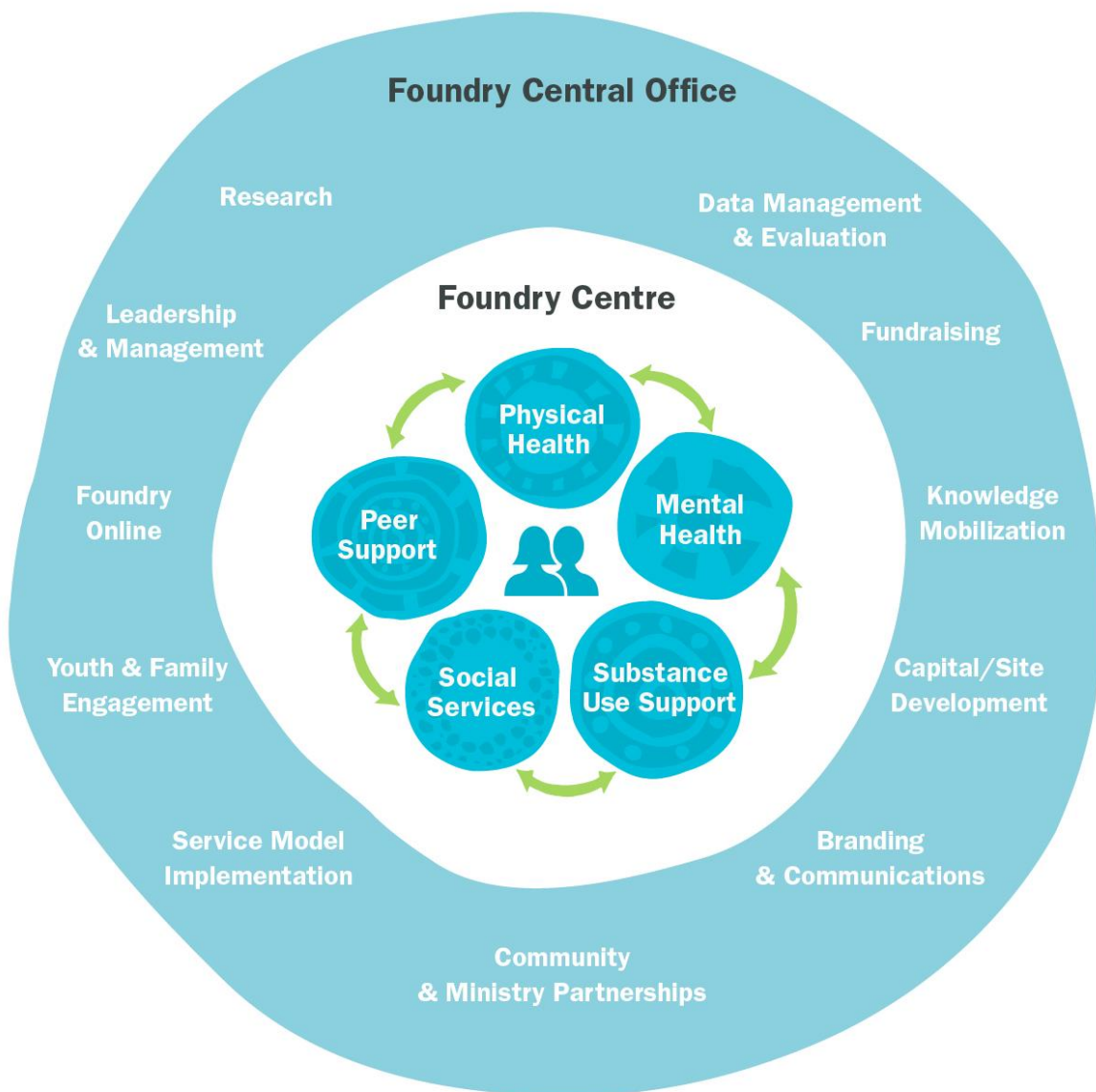


Walk-in counselling is a core element of Foundry’s service model. It is viewed as both a first line intervention by itself, and as a point of entry for other specific care options that are articulated on the integrated stepped care pathways. The service design is based on work originating in Calgary, Alberta in the 1980s at the Eastside Clinic¹² and replicated in multiple jurisdictions, including a network of youth specific sites in the Toronto area (“What’s Up Walk-in Counselling”). Foundry’s walk-in counselling services use a Solution-Focused Brief Therapy approach that is evidence-based.

¹² Slive et. Al, 1995

FOUNDRY THEORY OF CHANGE

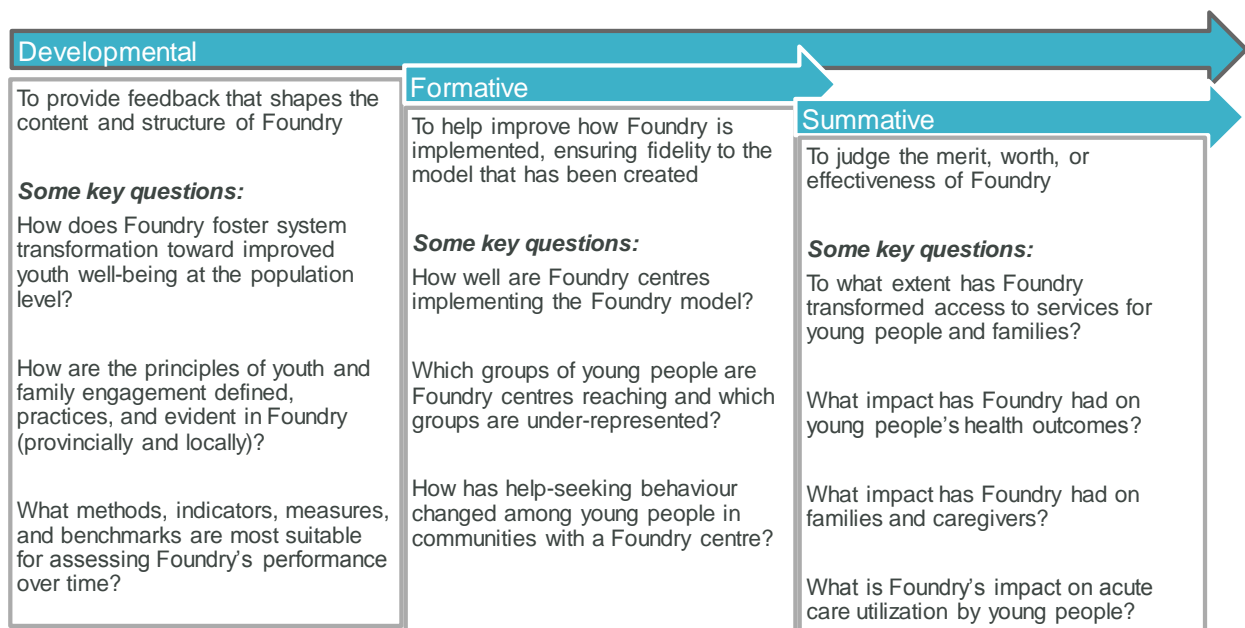
Achieving Foundry's vision – transforming access to health and social services for youth and their families in BC – requires the full and meaningful integration of services in each Foundry centre. Efforts to achieve integration began with the BC Integrated Youth Services Initiative (BCIYSI) proposal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



EVALUATION APPROACH & QUESTIONS

Evaluation of the proof of concept phase involved using three distinct evaluation approaches in order to gain a reasonably complete picture of the successes and challenges of bringing the centres together, how youth accessed and experienced their care at the centres, and what changes occurred at the systems level in terms of moving towards fully integrated care. The three approaches were developmental, formative, and summative evaluation. Specific evaluation questions were identified for each. A partnership was established with the Centre for Health Evaluation and Outcome Sciences (CHEOS) to conduct an independent developmental evaluation, which occurred between February 2016 and August 2018. The goal of the developmental evaluation was to support evidence-informed decision making on the adaptive development of the “Foundry model”, its essential components, and how this model adapts to and performs in different community contexts. This included analysis of emerging understandings about the role and function of Foundry Central Office as a backbone organization, as well as Foundry centres. In addition, emerging findings from the developmental evaluation were provided to inform the methods, measures, and indicators selected for the formative and summative evaluation. While some findings are included in this report where appropriate, a more comprehensive reporting of developmental evaluation findings are detailed in its Summary Report¹³.

The specific methods and data sources for the developmental, formative, and summative evaluations were developed through a consultative process with partners in the initial phases of the project and further articulated through the development of a logic model and theory of change. Those documents included process and outcome evaluation questions and referenced developmental evaluation questions. The formative and summative evaluations of the proof of concept phase were conducted internally by Foundry Central Office, and it is the results of this work that are the focus of this report.



¹³ Salmon, A., Berger, M., and Fernando, S (2018). Developmental Evaluation of Foundry's Proof-of-Concept: Summary Report. Vancouver, BC: Centre for Health Evaluation and Outcome Sciences.

Formative and summative evaluation focus

Addressing the extent to which Foundry has been able to achieve its vision is at the core of this evaluation report. Our overarching evaluation question is,

“How has Foundry transformed access to health and social services for youth and families in BC?”

In order to address this overarching evaluation question, we have outlined four specific evaluation questions that encompass the elements of the Foundry initiative during its proof of concept phase that were intended to transform access:

1. Have the major elements of Foundry been implemented as planned?
2. To what extent has Foundry been accessed by the target population?
3. To what extent has Foundry improved youth experience of care and achieved positive outcomes?
4. Is systems transformation – through delivering integrated care – being achieved?

DATA SOURCES

As noted above, the evaluation used a mixed-methods design by drawing on multiple lines of evidence, which included both primary and secondary data sources. Qualitative and quantitative data from various sources were triangulated where possible to answer each of the evaluation questions.

Quantitative Data Sources

- **Service Utilization & Client Characteristics data** from Foundry first visit and return visit forms administered to clients accessing services at each Foundry centre.
- **National Youth Health Services Survey:** Commissioned by Graham Boeckh Foundation and Foundry – conducted by Corporate Research Associates in August 2016 (**n=1460 youth and 1460 parents**).
- **Environmental Scan** in Foundry communities prior to opening of centre (conducted by McCreary Society) through anonymous youth and family surveys (**n=2047 youth and 289 caregivers**).
- **Partnership Self-assessment Survey:** completed by leadership representatives from Foundry centres and partner leadership (**n=45**)
- **Clinical Microsystem Assessment Survey:** completed by Foundry centre staff including partner staff working out of Foundry centres (**n=90 staff**)
- **Youth Experience Survey** completed by youth who had accessed services at any of the Foundry centres (**n=109 youth**)

Qualitative Data Sources

- **Service and staffing data:** Centre service composition template submitted by Foundry centre Leads.
- **Ethnographic data:** The developmental evaluation used a variety of qualitative methodologies, primarily ethnographic in nature. These included semi-structured individual interviews, and focus groups (**n=115 individuals**). Interview data was collected with the aid of semi-structured interview guides prepared to examine: current and future state issues regarding access to services in each community; current state concerns regarding the quality and experience of services for young people and families; how plans for each centre seek to address these concerns; experience with the Foundry initiative to date; lessons learned (including changes made and needed); and any other issues participants wished to discuss related to Foundry. While these data elements were collected and analysed at CHEOS for the purpose of the developmental evaluation, secondary use of these interviews was made for formative and summative evaluation purposes. These data were provided to FCO in summary form after they had been analysed at CHEOS, with identifiers removed.
- **Document review** of FCO program development and implementation documents: The document and file review focused primarily on foundational development and program planning documents and other relevant program files.

Data Analysis & Collection Systems

The approach to data analysis was specific to the type of data. Descriptive statistics and simple cross tabulations were primarily utilized for quantitative data. With consent, all interviews conducted for the developmental evaluation were audio-recorded and transcribed verbatim, and analyses performed using inductive and thematic coding, aided by N-Vivo.

A significant portion of the evaluation data utilized for this report was gathered through a paper-based and electronic interim data collection solution that was developed and implemented by the Foundry Central Office evaluation team. The system was needed to bridge between the launch of the proof of concept sites and the implementation of a customized data collection platform called Foundry Toolbox. That platform was developed during the proof of concept phase by Foundry Central Office in partnership with a vendor chosen through an exhaustive process. The core software platform used for Foundry Toolbox was also used for the electronic portion of the interim solution, which allowed Foundry Central Office staff to gain critical experience and expertise in its use. Foundry Toolbox was deployed at all operating sites in April through June of 2018. It provides a common registry for all youth and caregivers interacting with services at Foundry centres. It allows for the collection of a common evaluation and quality improvement data set and supports clinical practice consistent with Foundry's service model.



Foundry Toolbox was deployed at all operating sites in April-June 2018.

EVALUATION FINDINGS

1. Foundry Centres as Gateways to Care

EVALUATION QUESTION 1:

Have the major elements of Foundry been implemented as planned?

Foundry sites successfully launched across BC



Figure 1: Foundry Vancouver-Granville – Prototype site established in 2015

A key objective of Foundry was to establish centres located in each regional health authority by March 2018. A staggered approach was taken in the development of the five centres over the proof of concept phase. This supported effective management of each project and to ensure that the centres were able to deliver the core services and maintain the guiding principles of the initiative.¹⁴ Between June 2016 (following the provincial announcement) and March 2018, four new Foundry centres – Campbell River, North Shore, Kelowna and Prince George – in addition to Foundry Vancouver-Granville were operational. The announcement of funding support for another five Foundry sites in 2017 allowed FCO to take advantage of a shovel-ready project in Victoria that had participated in the original Foundry convening process, resulting in the launch of a sixth site in March of 2018 that was not part of the original proof of concept group of sites. Foundry Abbotsford, the last of the five proof of concept sites, officially opened in June of 2018 following a series of unforeseen delays related to securing an appropriate physical location. The lead organization in Abbotsford (Abbotsford Community Services) was involved in delivering accessible drop-in based health care services to youth and young adults through its Abbotsford Youth Health Centre (AYHC) during the entire proof of concept phase. These services are now part of Foundry.

¹⁴ BC-IYSI Proposed Implementation Plan for the Prototype Phase (September 2015) Pg 53



Figure 2: Timeline showing progress made from prototype site to launching of proof of concept centres across the province.

The centres provide core health (mental health, substance use, primary care, and peer support) and social services (e.g. income assistance, employment, housing support, navigation of developmental disabilities resources). They are operated by a community non-profit organization or health authority that receives annualized funding to operate the centre, bring together existing community resources and identify service gaps to be filled by the funding. This has meant that Foundry centres have a consistent suite of services, reflecting both the Foundry service model and the local community.

The following section provides a snapshot profile of each of the Foundry proof of concept centres:

Foundry Campbell River



Youth profile in brief: Higher population of Indigenous youth, youth with substance use challenges and homeless youth

Lead agency: John Howard Society of North Island

Unique feature: Strong emphasis on partnerships and social services. Peer support includes an Elder in Residence and an Aboriginal Youth Navigator

Identified gaps in services: Nurse practitioner; increase adult mental health counselling coverage on site and a part-time youth peer support worker

Foundry North Shore



Youth profile in brief: Serves mostly inner-city youth and school aged youth dealing with social trauma

Lead agency: Vancouver Coastal Health

Unique feature: The centre offers a range of mental health support services including concurrent disorder clinicians, occupational therapist, rehabilitation therapist, family counselling and other specialized services

Identified gaps in services: Need additional concurrent disorders clinicians due to increasing demand and Youth Care Worker to support vocational rehabilitation services

Foundry Kelowna



Youth profile in brief: Many younger clients come to the centre with a parent, leading to higher parental involvement at the site. There is extended support for youth attending the local university

Lead agency: Canadian Mental Health Association Kelowna

Unique feature: Emphasis on partnerships (25 partner organizations). Strong involvement of community partners providing a range of services, including after-hours groups and weekend services

Identified gaps in services: Nurse practitioner, youth and family peer support workers

Foundry Prince George



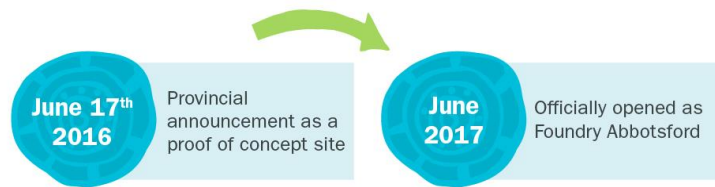
Youth profile in brief: Higher population of Indigenous youth, youth in care, youth parenting and homeless youth. Centre serves youth who come from all over Northern BC

Lead agency: YMCA of Northern British Columbia

Unique feature: Centre serves as access point to services for young people across Northern BC

Identified gaps in services: Psychiatrist, concurrent disorders clinicians, youth and parent peer support workers

Foundry Abbotsford



Youth profile in brief: Significant Indigenous and South Asian youth population, youth with higher needs and high distrust of the medical system

Lead agency: Abbotsford Community Services

Unique feature: Centre recently opened but positioned to serve youth from surrounding areas such as Chilliwack and Boston Bar

Identified gaps in services: Parent peer support/navigation worker, additional dedicated mental health clinicians

Youth-friendly accessible spaces created with youth and families



Expectations Include:

Be recognizable both in look, feel and experience

Be welcoming, safe, comfortable unhurried and non-judgmental with individuals who truly listen

Offer extended hours of operation

Be unique to each community

Figure 3: Foundry Kelowna reception area

To achieve the expectations noted in the sidebar above, Foundry Central Office facilitated a design charrette in October of 2016 with youth, families and service providers. The goal of the charrette was to inform the creation of a set of guiding design principles that would serve as a framework for the design of individual Foundry centres across British Columbia. The session engaged youth and families (service users) as well as service providers on their thoughts and desires about the physical space and interior design of the integrated youth health centres. The findings from the charrette were put together into an interior design framework¹⁵. With support from Foundry Capital Project Leads, efforts were made to ensure that every Foundry centre established aligned their space planning to meet the guiding design principles.

Welcoming: From the moment youth walk in the door, youth should feel at home, and free to find quiet spaces to be alone or communal spaces to engage with others.

Youth Ownership: Foundry exists to serve the needs of youth. Youth involvement and expression is central in the design process at each Foundry centre and should reflect the cultural and social diversity of the local youth population.

Simple and Accessible: Centres should be easy to navigate with clear wayfinding and access to services. The reception, common areas, primary care spaces and work areas are functional, easy to navigate and easy to use

Healthy: Centres implement design principles that promote safety and security for people. This includes adhering to best practices for designing for healthcare and violence prevention.

Flexible: Space is flexible to suit the needs of the many individuals who come through the doors. Open offices are encouraged to promote collaboration amongst staff and satisfy dynamic needs.

¹⁵ Signals (October 14th 2016): Foundry Design Charrette findings - Proposed Interior Design Principles

Foundry centres are designed and built in accordance with the Foundry Central Office’s environmental design guidelines and functional programming developed specifically for each centre. The project learnings from the establishment of the first six centres contributed to the development of a comprehensive Detail Specification and Design Guide for all future sites. As centres grow and continue to work with partners to meet the needs of youth, we continue to refine our processes to produce state-of-the-art facilities for integrated service delivery that are functional, accessible, safe, healthy, flexible, and give a sense of ownership of the space to the youth we serve.

While meeting design criteria is important in terms of achieving a consistent look and feel, the more important consideration is how youth themselves view the Foundry environment. The feedback to date has been highly positive. The sense of connection to “Foundry” as a youth-friendly and accessible place is evident in youth’s willingness to access a new Foundry centre in a new community they have moved to based on their positive experiences in the community they moved from. It is evident in the sense of connection and ownership that staff take in referring to the centres as being owned by the community (i.e. “Foundry [Our Town], not Foundry [Our Agency]”).

“In the Youth Experience Survey youth appreciated the attention paid to the design of the physical space, describing it as “friendly, welcoming, chill”.

Partners brought together around a common vision of Integrated services

Youth, families, FCO leadership and staff, Foundry lead organizations in each community, community partners, and a range stakeholders including funders worked together to establish a branded network of youth health centres that offer one-stop access to integrated service delivery for youth and young adults aged 12-24. Foundry centres were established in each BC regional health authority, supported by a common vision and agenda, shared and consistent collection of data, and a range of mutually reinforcing activities and vehicles for continuous communication¹⁶.

The number and range of partners and stakeholders brought together in each community took enormous effort on the part of each lead agency with the support of Foundry Central Office. Table 1 below provides a profile of breadth of partners and range of services available at each site.

¹⁶ BC-IYSI Developmental Evaluation Convening Report 2016

Table 1: Snapshot of Foundry Service Delivery Partners by Centre

Primary Care Services	Mental Health Services	Substance Use Services	Social Services	Youth & Family Peer Support /Navigation
Foundry Abbotsford				
<ul style="list-style-type: none"> GP NP RN LPN Physician Leader Dietician Program Coordinator MOA/Reception/Office Manager Family Practice Residents, IMGs, Medical Students 	<ul style="list-style-type: none"> Psychiatrist RPN YRC Counsellor YRC Youth & Family Workers MCFD - CYMH Clinicians FH AMH <p>Co-located specialized service: FH sub-regional teams - EPI Program, START, ADTP</p>	<ul style="list-style-type: none"> Impact SU Counsellors, SU Supervisor 	<ul style="list-style-type: none"> Youth Employment Case Manager Youth Outreach Worker Youth & Family Outreach Worker Outreach and Integration Worker STADD Navigator MCFD Social Worker SD34/ADTP Teacher Aboriginal Child Service Social Worker Advocacy Social Worker 	<ul style="list-style-type: none"> Youth & Family Engagement & Empowerment Coordinator Youth Peer Support Worker Youth - Adult Partnership Facilitator
Foundry Campbell River				
<ul style="list-style-type: none"> GP VIHA PH - GP 	<ul style="list-style-type: none"> MH clinicians Psychiatrist MCFD - CYMH Clinician VIHA - MH Coordinator, Rehab Worker, OT, EPI 	<ul style="list-style-type: none"> SU Counsellor SU Outreach Withdrawal Management services SD #720.2 SU Prev/EI 	<ul style="list-style-type: none"> Homelessness Prevention Worker Independent Living Worker Employment Counsellor School to Work Transition Coordinator Career Dev/Work Exp Cooperative SD #72 - Learning Facilitator CR Family Services - Pregnancy Outreach Collaborative Planning Coord SW Intensive Support & Supervision CR Literacy Assn - Literacy Worker KidStart - EI Coordinator STADD Navigator Coordinator for LGBTQ2S Youth and Family Mediation 	<ul style="list-style-type: none"> Elder in Residence Sasamans Aboriginal Youth Navigator Patient Navigator North Island College Aboriginal Navigator
Foundry Kelowna				
<ul style="list-style-type: none"> GP Options- Nurse 	<ul style="list-style-type: none"> MH Clinicians IH - Psychiatrist & Youth Psychiatrist, 	<ul style="list-style-type: none"> IH - SU Clinicians ARC - SU Counsellor 	<ul style="list-style-type: none"> Youth Housing Worker 	<ul style="list-style-type: none"> Youth Navigator Family Navigator

	<ul style="list-style-type: none"> EPI Clinician, ASTAT Clinician OBGC - Outreach MH Clinician ReachOut – Clinical Counsellor Bridge – Clinical Counsellors Stepping Stones – Clinical Counsellor Kelowna Youth and Family Counsellors MCFD - CYMH Intake Clinician UBC Okanagan Masters Social Work Interns 	<ul style="list-style-type: none"> YD 33/Bridge – Counsellor 	<ul style="list-style-type: none"> ARC - Youth Services/Agreement worker Bridge - Transition Counsellors YMCA – Employment Counsellor Maximus Canada Vocational Counsellor OBGC – Reconnect Workers Employment & Assistance Worker Community Educator/MH Prom & Prevention Bridge –Community Support Worker KCR - Settlement Worker Food Bank Brain Trust - Community Support 	
Foundry North Shore				
<ul style="list-style-type: none"> GPs NP Public Health Nurse 	<ul style="list-style-type: none"> Concurrent Disorders Clinicians CA Psychiatrists Occupational Therapist Rehab Assistant Youth Support Worker MCFD – CYMH Clinicians North Shore Family Services – Family Counselling Parkgate Community Services, NS Neighborhood House, & Capilano Community Services - Youth Workers Hollyburn iYOS urgent response & ICM Eating Disorders Clinic Hospital Liaison Worker Diabetes Outreach Tseil Waututh Outreach OAT Nurse 	<ul style="list-style-type: none"> Alcohol & Drug Prevention Educators 	<ul style="list-style-type: none"> Hollyburn Youth Housing Support Worker WorkBC Youth Employment Case Manager 	<ul style="list-style-type: none"> CMHA – Youth peer support worker CMHA – Parent Navigator
Foundry Prince George				
<ul style="list-style-type: none"> NH - GPs or NP RN 	<ul style="list-style-type: none"> MCFD – CYMH Clinician 	<ul style="list-style-type: none"> NH YCAS Clinician 	<ul style="list-style-type: none"> YMCA Youth Works Employment 	<ul style="list-style-type: none"> Family Involvement Worker (Native)

	<ul style="list-style-type: none"> • Intersect – MH Clinicians • NH – EPI Program, ACT Team, Car 60 	<ul style="list-style-type: none"> • NH Concurrent Disorders Clinician (YCAS & EPI) 	<ul style="list-style-type: none"> • Program-Coordinator/Facilitator • Street Spirits (social justice theatre evening group) • Income Assistance Worker • STADD Navigator • SD 57 Alternative Education Program for youth up to 19 Youth Care Worker/Teacher 	<ul style="list-style-type: none"> • Friendship Centre sub-contract) • YAP – Access Worker • Foundry - Access Worker
Foundry Vancouver-Granville				
<ul style="list-style-type: none"> • GPs • NPs • Clinic Nurse 	<ul style="list-style-type: none"> • MHSU Clinicians (ICM focused, rotate through WIC) • Psychologist • Psychiatrists • Rehab Assistants • Intake Coordinator • MHSU NP • Drug Checking Program 	<ul style="list-style-type: none"> • Housing Worker • Occupational Therapist • Income Assistance Worker • STADD Navigator 	<ul style="list-style-type: none"> • Youth Peer Support Workers • Coast Mental Health YPSW x 3-month paid practicum placements 	

Understanding Lead Agency success factors through developmental evaluation

All of the proof of concept sites participated in the developmental evaluation, which included evaluation of the convening and onboarding process. Some of the attributes found to contribute to a successful onboarding of a Foundry centre were¹⁷:

- Community readiness evidenced by alignment of community’s needs and with Foundry’s vision, and existing collaboration between community agencies to reach common goals;
- Strong, collaborative leadership through the Lead Agency; and
- Lead agency’s social capital, fundraising capacity and readiness to change.

Based on proof of concept period learning, it was found that an ideal lead agency possessed the following characteristics:

- A non-profit, community-based organization with a strong track record of leading cross-sectorial work in the community, with the ability to leverage its legacy, accomplishments, and capacity to create a Foundry centre
- The organizational resources (human and financial) to take on an initiative of this size
- A priority on collaborative approaches and willingness to seek and implement solutions outside their system/sector
- The ability to be flexible and nimble (not hampered by large bureaucracy and its requirements)
















¹⁷ FCO - Key Learnings for Site Selection (Jan 2018)





















- A strong vision, supported by a diverse portfolio of programs (not a single focus organization).

FCO successfully supports launch of centers and the service model

In parallel to the design and build (capital site development) process for the Foundry proof of concept centres described above, the Foundry Central Office team led the development of Foundry's service model and provided leadership in core areas including partnership engagement and development, communications, fundraising, knowledge mobilization, youth and family engagement, and evaluation. A snapshot of the key outputs of the FCO over the proof of concept phase is provided below in Table 2.

Table 2: FCO Activity & Output Snapshot

FCO Functional Area	Activity	Output Measure	Target Met?
Community & Ministry Partnerships	MOU development	<ul style="list-style-type: none"> • MOU developed and signed by all sites • Templates for local MOU's developed 	
	Local Leadership Table support (in person, all sites at least quarterly)	<ul style="list-style-type: none"> • Active Leadership Tables at all proof of concept sites • In-person FCO support at all sites 	
	Ministry and system partner engagement	<ul style="list-style-type: none"> • Regular meetings/contact and updating for MCFD, MOH, MMHA 	
Capital/Site Development	Support for site selection and design	<ul style="list-style-type: none"> • 6 sites selected & developed during POC phase 	
	Support for functional program compliance	<ul style="list-style-type: none"> • All sites achieve functional compliance 	
Model Development	Development of Integrated Stepped Care Model & pathways	<ul style="list-style-type: none"> • 3 pathways complete • 1 pathway near completion 	
	Development of training/curriculum packages	<ul style="list-style-type: none"> • Walk-in/SFBT Curriculum & Training package • Integrated stepped care & associated tools training package • Peer Support curriculum & training package • Peer Support train-the-trainer curriculum & training package 	
	Development of practice profiles & associated service standards for core interventions	<ul style="list-style-type: none"> • 2 practice profiles completed (7 in development) • 2 sets of service standards completed 	
	Development of operational reference tools	<ul style="list-style-type: none"> • 10 developed and disseminated • Additional tools & resources in development 	
	Clinical Working Group facilitation	<ul style="list-style-type: none"> • 28 meetings facilitated 	
Model Implementation	Operational/clinical consulting for model implementation	<ul style="list-style-type: none"> • ISCM implemented or partially implemented in all sites • Monthly support for implementation (24 hours/month on average across all sites) 	
	Training sessions	<ul style="list-style-type: none"> • 12 (Walk-in/SFBT, ISCM including screening and assessment tools, peer support) 	
	Program orientation sessions	<ul style="list-style-type: none"> • All sites oriented (6 sites) 	
	Onboarding & implementation meetings	<ul style="list-style-type: none"> • 450 meetings across all sites 	
Knowledge Mobilization	Knowledge Exchange/Community of Practice teleconference calls	<ul style="list-style-type: none"> • 2 active KE/CoP groups developed and implemented • 48 KE/CoP calls (353 attendances) 	

	Provincial presentations/posters	<ul style="list-style-type: none"> 8 presentations/posters 	
	International presentations/posters	<ul style="list-style-type: none"> 5 presentations/posters 	
	Publications	<ul style="list-style-type: none"> 1 publication 	
Youth & Family Engagement	Support for Youth & Family Advisory Groups in network	<ul style="list-style-type: none"> 18 advisory group meetings, 90 participants 	
	Youth & Family Engagement Working Group	<ul style="list-style-type: none"> 1 meeting to date 	
	Site visits and consultations	<ul style="list-style-type: none"> 15 visits/consultations 	
Fundraising	Donor development	<ul style="list-style-type: none"> Over \$4.5 million raised centrally (central fundraising goal achieved) 	
	Campaigns	<ul style="list-style-type: none"> 3 of 5 campaign goals reached to date 	
	Fundraising partners	<ul style="list-style-type: none"> 4 	
Branding & Communications	Naming and brand development	<ul style="list-style-type: none"> 13 focus groups (7 BC, 6 national) 1 national market research survey 1 name and brand identity package 1 design charrette 1 environmental guideline package 	
	Communications products	<ul style="list-style-type: none"> 7 internal, 4 external newsletters 5 local centre print tools 3 provincial print promotion tools 7 communication templates 	
	Social media	<ul style="list-style-type: none"> 2 social media campaigns (Stories project, Hockey Talks), 4 active social media channels for Foundry across BC 	
	News releases	<ul style="list-style-type: none"> 11 news releases 	
	Media events/press conferences	<ul style="list-style-type: none"> 7 events 	
Evaluation & Data Management	Development of evaluation framework documents	<ul style="list-style-type: none"> Evaluation framework Theory of change Logic model Tools and measures definition 	
	Develop & implement interim data management solution	<ul style="list-style-type: none"> Paper and electronic solution developed Solution implemented at all sites 	
	Develop long term data management solution (Foundry Toolbox)	<ul style="list-style-type: none"> Vendor identified Development work for long term solution (V1) completed and ready for deployment 	
	Evaluation data collection activities	<ul style="list-style-type: none"> Administer Youth Experience Survey Oversee McCreary Data collection Work with CHEOS on developmental evaluation 	
	Evaluation Reporting	<ul style="list-style-type: none"> Develop and implement monthly site-based infographic 	
	Evaluation Working Group facilitation	<ul style="list-style-type: none"> 12 meetings facilitated 	

Discussion

The initiative achieved significant success in implementing the major elements of Foundry as planned. Although there were some unforeseen delays in the opening of some sites, all proof of concept centres are now open and delivering the full suite of Foundry services consistent with the Foundry service model. More importantly, Foundry has established itself as a branded network of youth friendly, inviting one-stop centres that bring together numerous partners to deliver a wide range of services that meet the needs of youth and their caregivers.

The work to develop the proof of concept centres required a substantial effort on the part of the local lead organizations, their community partners, and the FCO. Sometimes referred to internally at FCO as ‘building a plane in mid-air’, the work involved developing multiple components of the Foundry model while implementing or deploying those elements in real time in each community. This highly complex work resulted in significant learning on the part of the FCO, aided by access to real-time developmental evaluation findings. The substantial output of the FCO, both in terms of developing core products to support implementation and actually implementing and deploying those products, is a notable achievement in and of itself.

The importance of brand identity for youth, caregivers and the staff that work in the centres is an area of emerging importance in terms of Foundry’s evaluation efforts. Youth and young adults are perhaps the most brand conscious demographic in Canadian society. While the fact that youth appear to be very comfortable at Foundry is a positive start, having a deeper understanding of both their perceptions of the Foundry brand and how it influences health care decisions will be important for future efforts to engage them and their caregivers. It may also play a role in breaking down barriers to integrated care. The degree to which staff coming from multiple partner organizations are able to successfully address barriers to integration locally and create a highly integrated service delivery environment may be heavily influenced by their sense of connection to – and identification with – Foundry as a brand that transcends the individual organizations they come from.



While the fact that youth appear to be very comfortable at Foundry is a positive start, having a deeper understanding of both their perceptions of the Foundry brand and how it influences health care decisions will be important for future efforts to engage them and their caregivers.

1. Transforming Access to Services

EVALUATION QUESTION 2:

To what extent has Foundry been accessed by the target population?

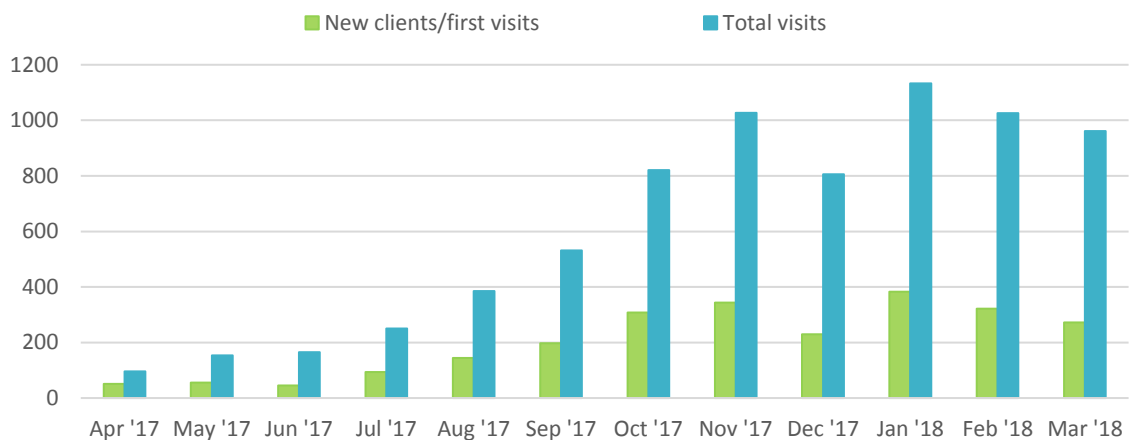
Youth accessing new Foundry services

Since the opening of the first proof of concept site in Campbell River, the number of youth seen and services provided steadily increased from the first 51 clients in the first month to over 2500 at the four new Foundry centres over the proof of concept phase as the sites became operational¹⁸.

Figure 4: Total New Clients (First Visits) & Total Visits/Month

Sites Included: Four of Five Proof of Concept Sites

Data Source: Interim Data Solution Visit Forms



During the period of January 2017 – March 2018, the four new Foundry centres along with the Vancouver-Granville prototype site and the Abbotsford site (operating as Abbotsford Youth Health Centre) provided services to **4783 unique** youth. Total visits recorded for the period was **35,791**¹⁹.

Teachers and counsellors (23%), family members (21%) and friends (18%) were the most frequently cited referral sources, making up nearly two out of every three referrals to Foundry. Only 5% of youth indicated online sources (the internet and foundrybc.ca) as their referral source.

¹⁸ Data from 4 centres operational proof of concept sites

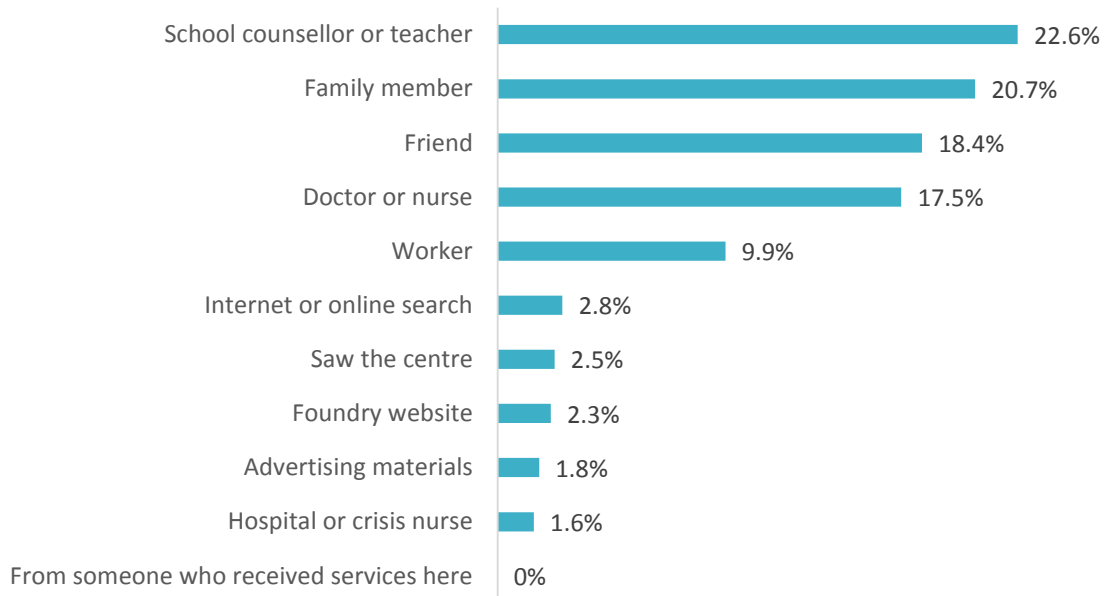
¹⁹ Data from 6 centres (1 prototype & 5 proof of concept sites)

Figure 5: Foundry Referral Sources

Sites Included: Four of Five Proof of Concept Sites

Data Source: Interim Data Solution First Visit Form

n = 1782



Roughly three quarters (76%) of youth accessing services were aged 19 years or younger. Of note, nearly two thirds (62%) were between 15 – 19 years of age²⁰.

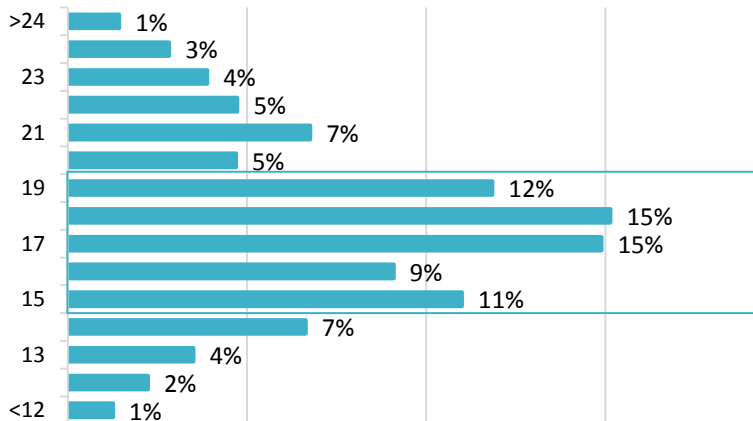


Figure 6: Age of Youth at First Visit (Registration)

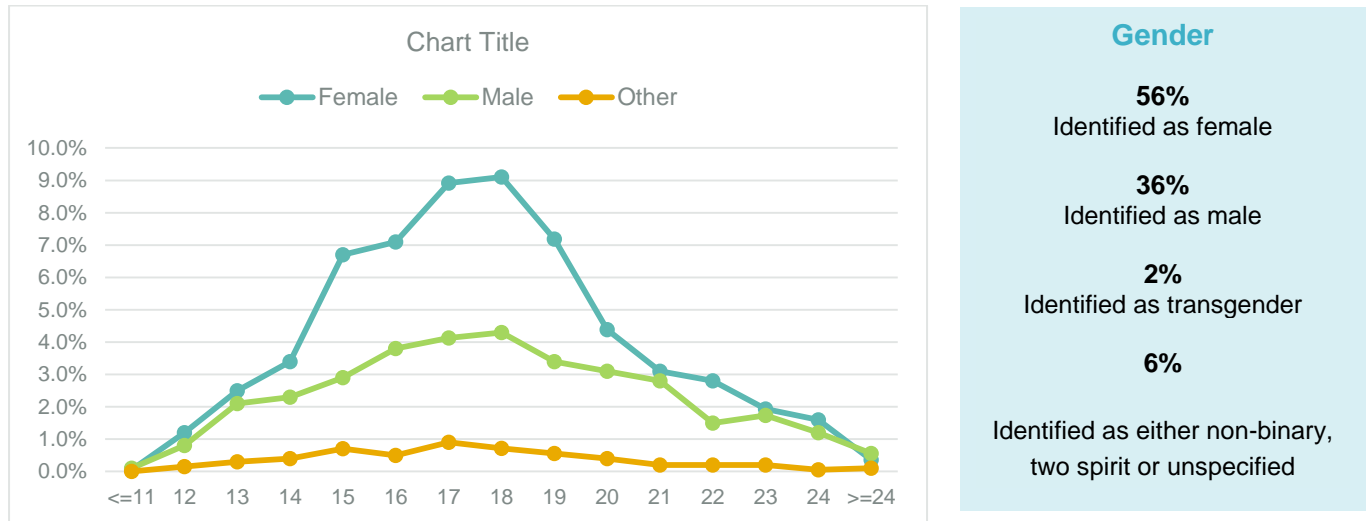
Sites Included: Four of Five Proof of Concept Sites

Data Source: Interim Data Solution First Visit Form

n = 1963

²⁰ Data from 4 proof of concept sites – First Visit form (n=1963)

Figure 7: Age Distribution by Gender at Registration
 Sites Included: Four of Five Proof of Concept Sites
 Data Source: Interim Data Solution First Visit Form
 n = 1963



Closer examination of the age and gender distribution of youth accessing services at the 4 proof of concept sites showed a similar pattern for male and female clients aged 11 – 13 years and 21 – 24 years. A relatively higher proportion of females accessed services in the 14 to 19 age range (from 3% - 5% more). However, a closer review of the data reveals that a substantial portion of this difference is accounted for higher utilization of sexual health services among females in that age range.

Two thirds (66%) of youth self-identified as white. The next largest category of cultural or ethnic identification was Indigenous youth at 14%. The specific portion of the general population between the ages of 12 and 24 that is Indigenous varies in each of the communities where Foundry centres exist. Although 46% of Indigenous people are below the age of 24 nationally (compared to 29% for the non-Indigenous population), individuals identifying as Indigenous make up just 5.4% of the general population in BC. So while the Indigenous population is generally younger, Indigenous youth do appear to have been over-represented as service users at Foundry centres during the proof of concept phase.

Nearly one in three (30%) youth accessing Foundry services self-identified as having a sexual orientation other than heterosexual. Data from the Canadian Community Health Survey²¹ found that just 1.7% of Canadians 18 years and over identified as gay or lesbian and just 1.3% identified as bisexual. While those age ranges do not match the range served by Foundry centres, and having an orientation other than heterosexual may be more common in youth than older adults, this still appears to be a higher rate than the general youth population between the ages of 12 and 24. Self-reported sexual orientation in the Foundry user group other than heterosexual included 14% bisexual, 4% gay or lesbian, 3% pansexual and 1% questioning. Seven percent identified as 'other' from listed categories.

²¹ Statistics Canada. 2014. Canadian Community Health Survey. Ottawa, Canada.

Figure 8: Youth Self-Reported Ethnicity
 Sites Included: Four of Five Proof of Concept Sites
 Data Source: Interim Data Solution First Visit Form
 n = 1886

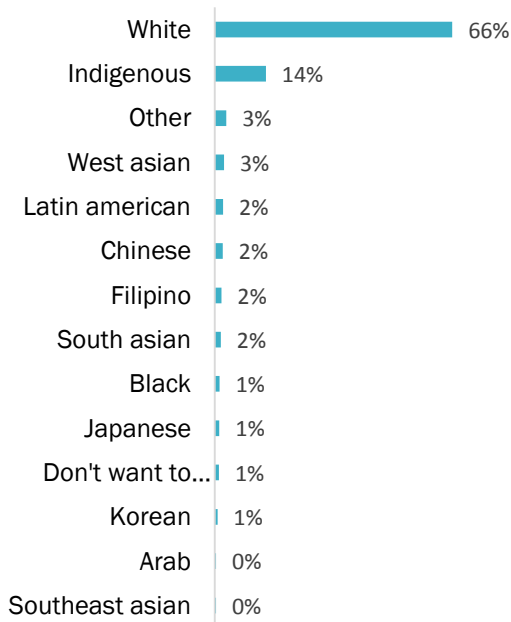
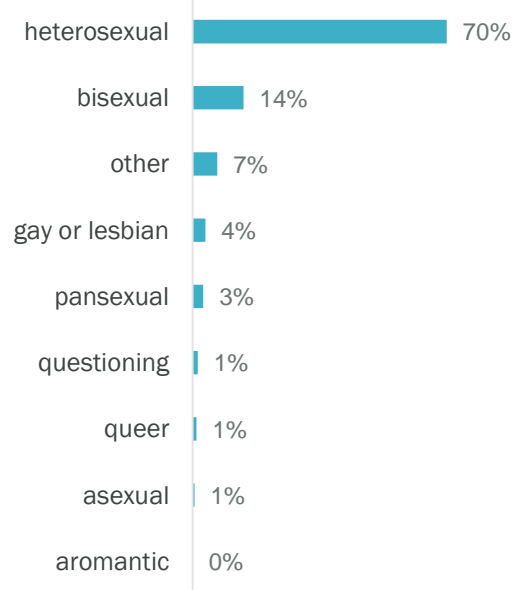
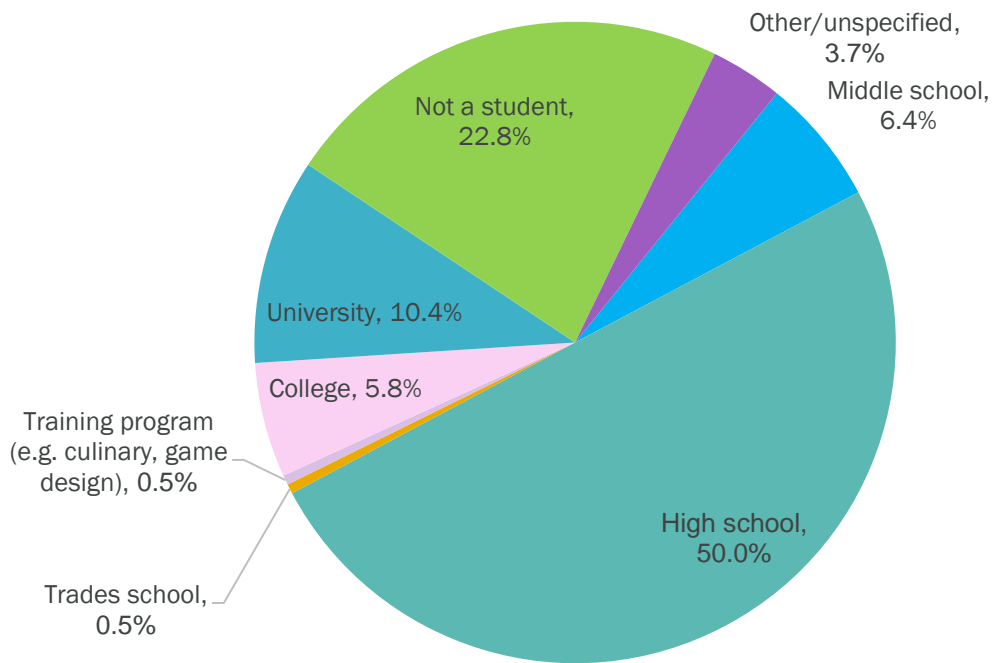


Figure 9: Youth Self-Reported Gender Orientation
 Sites Included: Four of Five Proof of Concept Sites
 Data Source: Interim Data Solution First Visit Form
 n = 1592



Roughly 3 out of every 4 youth (77%) accessing Foundry centres were attending some form of schooling. Just over half of youth (56%) were in middle or high school. Another 17% were in some form of post-secondary education, including college, university, trades school or a training program.

Figure 10: Youth Academic/Vocational Status
Sites Included: Four of Five Proof of Concept Sites
Data Source: Interim Data Solution First Visit Form
n = 1639



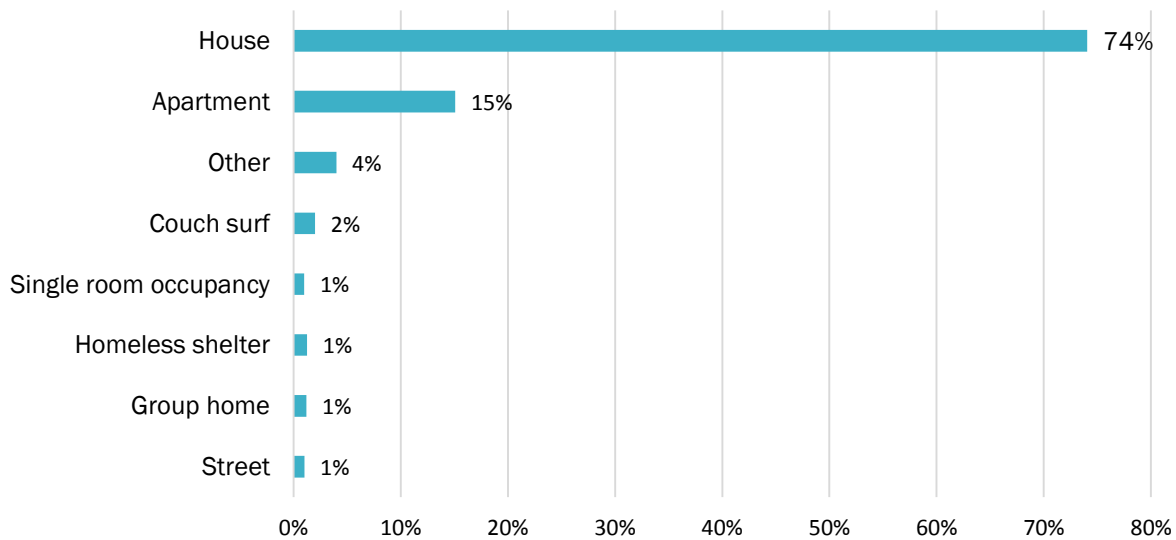
One in ten youth (10%) reported living in insecure housing situations and 13% reported not having any income source. The vast majority of youth (91%) reported parents or other family members as their guardian. 7.2% reported that their guardian was a social worker, service agency or other. Only 1% of youth reported living with foster parents.

Figure 11: Youth Living Situation

Sites Included: Four of Five Proof of Concept Sites

Data Source: Interim Data Solution First Visit Form

n = 1579

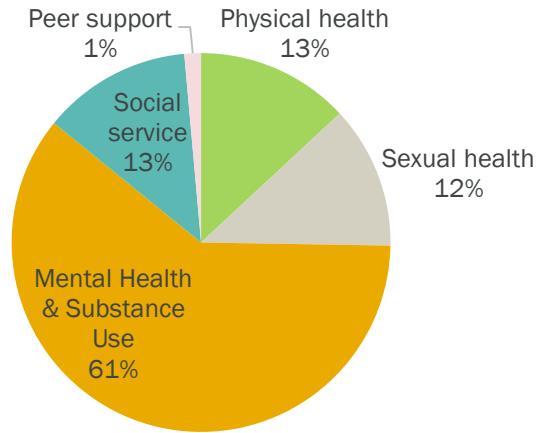


Youth aged 18 – 21 were more likely to report having insecure housing. There were also observable gender differences; youth that identified as male, transgender or other were more likely to report having insecure housing than females. Indigenous youth reported the highest levels of housing insecurity.

Youth accessing all Foundry services, with an emphasis on MH/SU

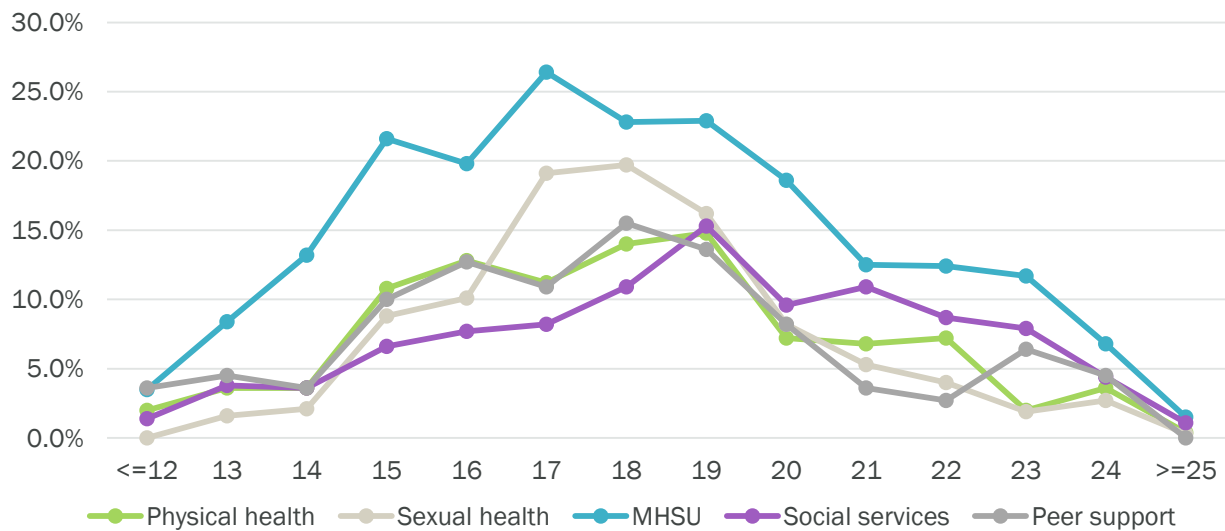
As noted above, Foundry’s service model provides access to five distinct types of service; mental health services, substance use services, physical health services, peer support services, and social services. In addition, it is not uncommon for youth to access more than one of these types of services in a single visit. The most common services requested and accessed across all Foundry centres were mental health and substance use (5936 times across all four proof of concept sites). The overwhelming majority of youth accessed MHSU services at least once.

Figure 12: Foundry Services Accessed
 Sites Included: Four of Five Proof of Concept Sites
 Data Source: Interim Data Solution First Visit Forms
 n = 9797



In the same period, primary care services (physical health and sexual health) were requested and accessed 2475 times by young people in the 4 proof of concept centres, making up one out of every four services delivered to youth. Due to limited access to psychiatry and other more specialized mental health services in many communities in the province, providing access to primary care in Foundry centres allows for greater continuity of care for young people who may need ongoing psychiatric prescriptions.

Figure 13: Services Accessed by Age
 Sites Included: Four Proof of Concept Sites
 Data Source: Interim Data Solution First Visit Forms
 n = 3089



MHSU services were accessed by the majority of youth. Youth aged 17 and 18 years accessed sexual health services at a relatively higher rate than younger and older peers. Youth aged 21 years and older accessed social services nearly as much as they accessed MHSU services.

Youth accessing foundrybc.ca

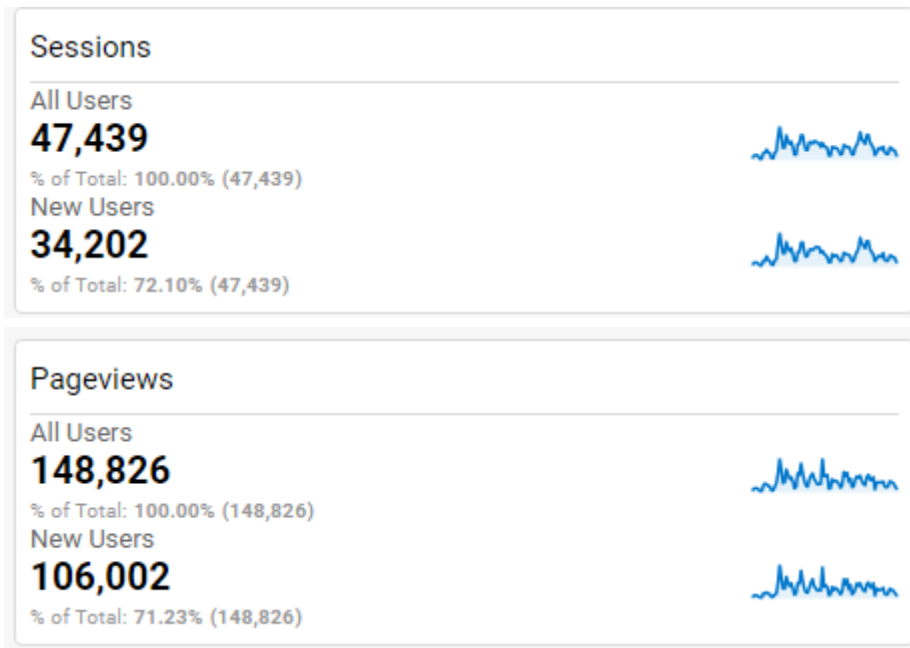
Developed by BC Children’s Hospital, foundrybc.ca complements services offered on the ground at Foundry centres by providing easy access to apps and online tools, self-checks, and tips and strategies for wellness. Foundrybc.ca was launched in January 17, 2018, accompanied by a social media campaign.

Total Sessions and New Visitors – Sessions represents total visitors to foundrybc.ca (including new and returning visitors) and new visitors represent the number of first-time visitors to the site. 87% of visitors to foundrybc.ca were from British Columbia, with more than 34,000 new users and a total of more than 47,000 visits. Those visitors viewed nearly 150,000 pages.

Table 3: Sessions & Page Views @ foundrybc.ca

Data Source: Website Analytics

Dates: January 17 – March 31, 2018



Top page views – Table 4 below represent the top page views in the first quarter. These change regularly depending on what content is being promoted via social media or other channels. The top page is the homepage. The table below shows the sections of the site where pages are accessed. The “resources” page is mental health and substance use topics. Beyond ‘top page’ visits, accessing the ‘get support’ page, ‘resources’ page and the ‘info/tools’ page made up one third (33%) of all page visits on the site.

Table 4: Top 10 Web Pages Visited @ Foundrybc.ca

Data Source: Website Analytics

Dates: January 17 – March 31, 2018

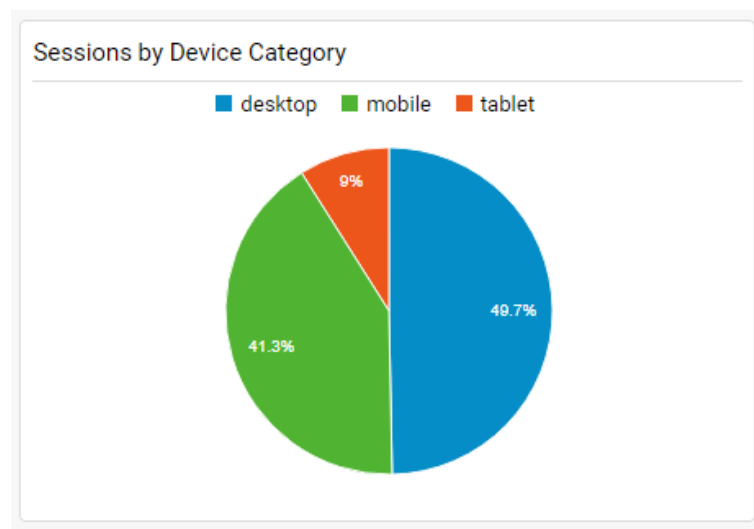
Page path level 1 ?	Pageviews ? ↓
	148,826 % of Total: 100.00% (148,826)
1. /	28,654 (19.25%)
2. /get-support/	17,796 (11.96%)
3. /resource/	16,752 (11.26%)
4. /info-tools/	14,647 (9.84%)
5. /stories/	14,494 (9.74%)
6. /articles/	8,264 (5.55%)
7. /supporting-others/	8,023 (5.39%)
8. /quiz/	7,965 (5.35%)
9. /who-we-are/	7,050 (4.74%)
10. /kelowna/	3,341 (2.24%)

Access type - Approximately 50% of visits to foundrybc.ca are through a mobile phone or tablet which highlights the impact of our approach of offering the site in a format that is appropriate for young people and their preferences.

Figure 14: foundrybc.ca Access by Type of Device Used

Data Source: Website Analytics

Dates: January 17 – March 31, 2018









Total Self-Checks Completed - Almost 8,000 self-checks were accessed on foundrybc.ca.

Table 5: Number and Type of Online Self Checks Completed

Data Source: Website Analytics

Dates: January 17 – March 31, 2018

	7,965 % of Total: 5.35% (148,826)
1.  /reality-check/	1,813 (22.76%)
2.  /mood-self-check/	1,433 (17.99%)
3.  /social-anxiety-self-check/	1,298 (16.30%)
4.  /anxiety-self-check/	1,168 (14.66%)
5.  /stress-self-check/	889 (11.16%)
6.  /eating-body-image-self-check/	597 (7.50%)
7.  /alcohol-use-self-check-under-19/	487 (6.11%)
8.  /alcohol-use-self-check/	145 (1.82%)
9.  /drug-use-self-check/	122 (1.53%)
10.  /	5 (0.06%)

From January to March 31, our social media efforts reached over 680,000 people and led to a substantial increase in our followers including over 1000 new followers on Facebook and over 2000 new followers on Instagram.

Reaching youth that are not accessing services

Foundry's vision is to transform access to care for youth and young adults. This means not only having youth in the target age range access services, especially those services targeting mental health and substance use concerns, but that there is evidence that many of these youth would have chosen not to access services at all in the absence of having Foundry as an option. When youth were asked where they would have gone if they had not come to receive service at Foundry, nearly half (44%) responded 'nowhere'. Another 1 in 5 (22%) would have turned to their family or friends (i.e. not accessed a professional helping service) for assistance. Additionally, the majority of youth (58%) that accessed Foundry during the proof of concept phase reported that they had not accessed a mental health or substance use service in the past year.

A recurring comment from youth was that they felt safe and their voices were heard at Foundry:

"There was a sense of safety."

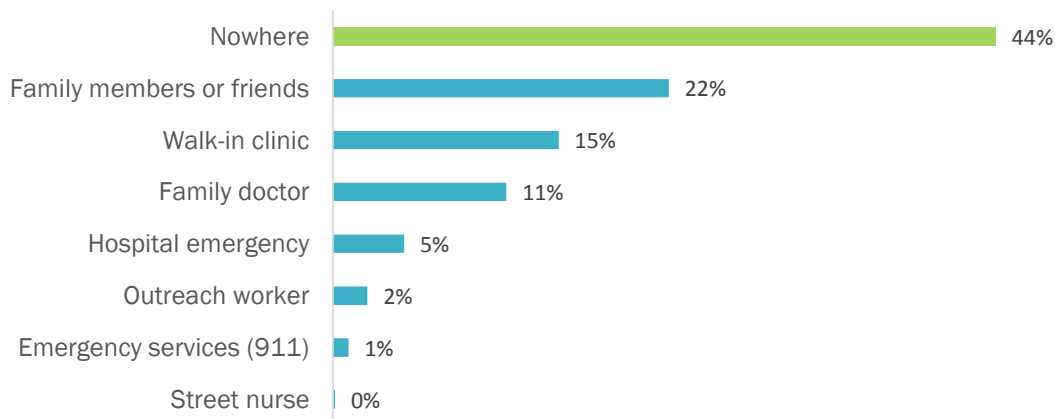
"Having Youth Advisory Committee is great, knowing our opinion matters."

Figure 15: Where youth would have accessed service without Foundry as an option

Sites Included: Four of Five Proof of Concept Sites

Data Source: Interim Data Solution First Visit Form

n = 1368



These findings align with those from the environmental scan conducted in the Foundry communities prior to the launch of Foundry centres. The surveys conducted as part of that scan indicated that youth were most likely to use a friend, family member or a physical health service (i.e. family doctor or walk-in clinic) for support in dealing with a mental health or substance use concern.

Additionally, youth that accessed Foundry services indicated a high level of comfort with Foundry services. A youth experience survey conducted with youth that had participated in at least one Foundry service found that all but a few (99.1%) felt welcomed and comfortable at Foundry. Youth also reported Foundry centres were easy to access (93.6%) and described them as youth-friendly (97.2%). At least 78% of youth considered Foundry accessible on all access measures.

The results above demonstrate that Foundry centres are providing services in a way that addresses some of the critical factors that youth considered important with regard to accessing care. When asked in the Youth Experience Survey what the most helpful thing about the services they received had been, responses included:

“They felt open and welcome, very friendly and not judgmental at all.”

“I felt like I have my space and what I talk about stays here [at Foundry].”

“I can talk to someone about what is going on and not have to worry about money.”

-Comments from youth

Discussion

Within the very short proof of concept period, Foundry centres have been successful in reaching the target age group of youth between the ages of 12 and 24 primarily seeking support for mental health and substance use concerns. It is encouraging that the highest levels of service utilization are from youth ages 15 to 19 when the majority of mental health issues begin to appear. It is also encouraging that Foundry centres appear to be serving a relatively large proportion of youth with characteristics that increase their vulnerability for mental or physical health issues, such as being gay, lesbian or bi-sexual, identifying as indigenous, or having insecure housing status.

The observed variation in utilization pattern by age further supports the importance of having an integrated one-stop health and social service delivery approach to appropriately address the varying needs of young people. The fact that the majority of those currently accessing services at Foundry centres are female points to the need to continue efforts to normalize help seeking behaviors for males, especially those between the ages of 15 and 19 years.

Both the findings reported above and results of the environmental scan suggest that Foundry centres have the potential to take some pressure off of medical services that are arguably better suited to managing physical health concerns, such as walk-in clinics and hospital emergency departments. Further evaluation and health economics research is needed to understand the cost and client outcome effectiveness of Foundry in supporting youth experiencing mental health and substance use issues in comparison to medical services.



Pictured above: Peer support workers at Foundry Abbotsford.

While peer support was not frequently noted as a service requested and accessed on the visit forms used in the interim data collection solution, observation at Foundry centres suggest that it was accessed more frequently. Peer supports were very often woven in with other services. Peer Support Workers would engage youth in waiting areas or be brought in to support youth accessing other types of services. The new data collection system (Foundry Toolbox) will allow for all providers (including Peer Support Workers) to indicate what actual services were delivered in every

single visit to gain a more accurate picture of the patterns of service use rather than relying solely on the request made by youth when they initiate a visit.

Foundry's online portal was intended to complement the services that youth could access in physical centres, extending the reach of Foundry to support youth and their caregivers through a common brand and suite of services. From its launch in January of 2018, traffic to foundrybc.ca has steadily increased. The sections that provide resources and support as well as the self-check tools have been amongst the most accessed elements of the site. While more research and evaluation is needed to understand the impact of the online services and how they connect with or complement the services offered at the physical centres, the initial popularity of foundrybc.ca is a promising start.

Foundry appears to be becoming the place a significant number of youth rely on for health and social services. Nearly half of these youth indicated that would not have sought help had Foundry not been an option. This is evidence of the potential of Foundry to transform access for youth and their caregivers across BC.



2. Youth Experience and Outcomes of Care

EVALUATION QUESTION 3:

To what extent has Foundry improved youth experience of care and achieved positive outcomes?

A key component of Foundry's vision is a youth friendly approach that prioritizes young people's participation in their own health care and well-being. Findings from the National survey commissioned by the Graham Boeckh Foundation and Foundry²² as well as the environmental scan conducted by McCreary Society²³ in each Foundry community prior to the opening of a centre in those communities provided a profile of what mattered most to youth regarding having a positive experience of care. At least 80% of youth surveyed indicated that the key characteristics included:

- Treat me with respect
- Talk in a way I understand
- Listened to me
- Welcome all youth
- Non-judgmental
- Understand my needs
- Someone to talk to about any topic
- Protect my privacy

As noted above, a Youth Experience Survey²⁴ was administered in the four Foundry proof of concept centres and the Foundry prototype centre in the month of March 2018. The survey aimed to gather preliminary feedback from youth regarding the support they received at Foundry. A total of 109 youth from the centres completed the survey. The age and gender distribution of youth who responded to the survey was similar to the age distribution of clients visiting Foundry centres (i.e. a high proportion are between the ages of 15 and 19 and a higher proportion of females).

²² Corporate Research Associates (Aug 2016); Youth Health Services Study

²³ McCreary Society (Oct 2017) Foundry Environmental Scan Preliminary report

²⁴ Adaptation of the headspace Youth Satisfaction Scale with addition of questions from the GYHC satisfaction survey

Youth report highly positive experiences of care

Youth consistently reported that they felt involved in their care, and that staff made an effort to listen to and respect their wishes. Over 70% of youth felt their cultural and/or spiritual beliefs were respected. Research indicates that client-centered care "... is evidenced as respectful of and responsive to individual client preferences, needs, and values, and ensuring that client values guide all clinical decisions" (Institute of Medicine, 2001). Responsiveness to clients' individual needs reflects a respect for human dignity (de Silva & Valentine, 2000).

Two areas with the least positive responses were for wait times and flexibility of providing care. Roughly 1 in 4 youth had neutral or negative responses when asked about wait times and flexibility to their schedule. Due to the 'on-demand' nature of service delivery for many of Foundry's services (e.g., walk-in counselling, some primary care services) centres have continued to work on managing client flow so that wait times are kept to a minimum. Centres are also looking at ways to increase evening and weekend hours to support greater access to services.

Comments from youth regarding service experience:

"Being genuinely listened to about my concerns was very nice."

"Most people just speak on my behalf. Here I can talk and be heard."

"They have been very caring and sensitive."

"The genuine care that is involved with the whole institution, from front desk to the doctors and nurse practitioners. I have love in my heart for all those who work here."

"[Foundry] isn't open on weekends and sometimes, there is a long wait for primary care."

"Doctors' hours only start at 2:30pm, not earlier."

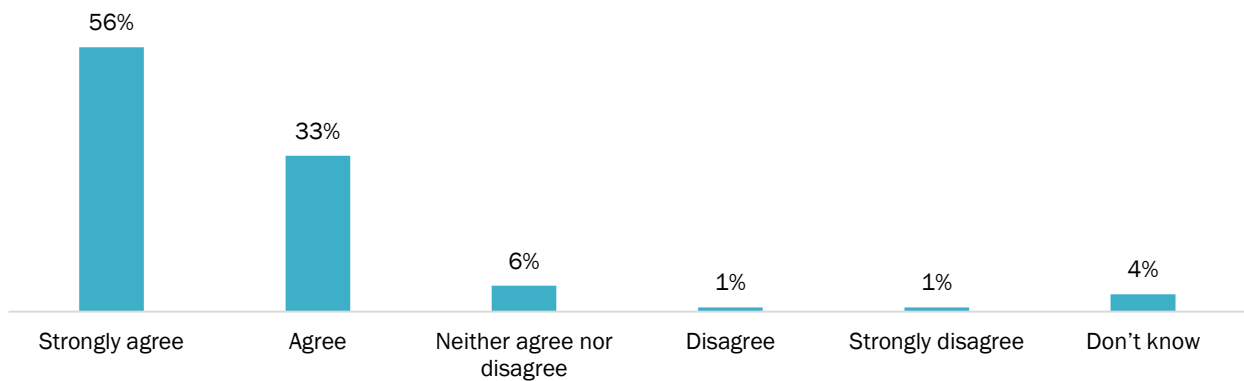
"Increase the amount of medical staff; they are overwhelmed in drop-in because so many of my peers use these services."

Table 6: Youth Feedback on Experience of Care Sites Included: Four Proof of Concept Sites & Prototype Site Data Source: Youth Experience Survey n = 109		Strongly agree or agree (%)
I felt that my views and worries were taken seriously	96.3%	
I felt that staff listened to me	95.4%	
I felt that staff talked to me in a way that I understood	95.4%	
I felt comfortable asking for help with my health concerns	87.2%	
I felt that I was able to raise any concerns that I had	84.4%	
I felt that staff involved me in making decisions about what would happen next	84.4%	
I was given the option to have my family/caregiver involved in my care as much as I would like	74.3%	
Staff were sensitive to my cultural/ethnic background	73.4%	
My religious/spiritual beliefs were respected	72.5%	
The centre was flexible to my schedule (i.e. appointments didn't interfere with study or work)	86.3%	
When I came to the centre, I did not have to wait a long time to see one of the centre staff	78.9%	

Youth received Integrated services that met their needs

In addition to being youth friendly and welcoming, Foundry has also focused on ensuring that youth experience a seamless and integrated approach to care, especially when multiple professionals and disciplines or service providers are involved. The overwhelming majority of youth (97.2%) responding to the Youth Experience Survey felt that having multiple services in one place made it easier for them to get the help they needed. Reflecting on the actual services they received, most youth (89%) indicated that staff were able to work together to meet their needs.

Figure 16: Staff Working Together to Meet Youth Needs
Sites Included: Four Proof of Concept Sites & Prototype Site
Data Source: Youth Experience Survey
n = 109



“There’s all the services in one place that you need.”

“I like how Foundry doesn’t just focus on one aspect of our lives and how to help it, but rather all the factors in my physical, mental, emotional health, as well as housing, work, school etc.”

- Comments from youth

Youth report positive outcomes

Given the relatively short time frame for the proof of concept evaluation and the fact that openings of centres and the full operationalization of their services consistent with the Foundry service model were staggered over that timeframe, data on client outcomes for this report are limited to self-reported outcomes on the Youth Experience Survey and a small-scale pilot evaluation of walk-in counselling services. The results from both of these data sources are promising.

Roughly 4 out of 5 youth reported a positive outcome with respect to their ability to manage their health (78%), manage their life (82%), and deal more effectively with their problems (78%) as a direct result of accessing Foundry services.

More than three quarters of youth (77%) reported an increase in knowledge about mental health after their contact with Foundry.



“It helps me to cope knowing I can come here for my health.”

“[The staff] show me ways to deal with anxiety.”

“I learned new information I didn’t know before coming.”

“I got a good amount of info that I didn’t know before which helped me understand and feel comfortable.”

- Comments from youth

Table 7: Patient Reported Outcomes Sites Included: Four Proof of Concept Sites & Prototype Site. Data Source: Youth Experience Survey n = 109	Strongly agree or agree (%)
I feel that other aspects of my life are more manageable because of my contact with Foundry	81.6%
I feel more prepared to manage my mental health because of the help I received	78.0%
I feel that I can deal more effectively with my problems because of attending Foundry	78.0%

Youth experience Improvements In functioning

In addition to asking for feedback from youth regarding their self-reported care outcomes, an evaluation protocol was piloted using a pre-test, post-test, and follow-up design with a group of service users that accessed walk-in counselling at the Foundry North Shore site over a two-week period. Data was collected from clients at three points in time: 1) immediately before they started the walk-in counselling session; 2) immediately after they completed the counselling session; and 3) two weeks after they had completed the counselling session.

The Outcomes Rating Scale (ORS)²⁵ and the Session Rating Scale (SRS)²⁶ were utilized as measures. The ORS measures a client’s life functioning across four unique domains: individually, interpersonally, socially, and overall. Each scale has a range of values from 0-10, which are summed to compute the overall ORS score.

²⁵ Miller et. al, 2003

²⁶ Miller, Duncan, Johnson, 2002

The maximum combined score is 40. The clinical cut-off score is 25, where combined scores above the clinical cut-off indicate global clinically significant distress. Reliable reduction in symptoms is considered to occur when,

- The client's score reduces to below the clinical cut-off, and
- When there is a 5 or more point change observed over the course of treatment.

The Session Rating Scale measures four dimensions of therapeutic alliance: a relational bond between the therapist and client; agreement on the goals of therapy; agreement on the tasks of therapy, and overall client perceptions of the session. Each scale has a range of values from 0-10, which are summed to compute the overall SRS score, with a maximum score of 40 indicating high therapeutic alliance. Overall scores below 36 or below 9 in an individual scale are considered indicative of a source of concern, as in general clients tend to rate therapeutic alliance very highly

A total of 16 youth were approached to participate in the evaluation. Of those, 4 (25%) chose not participate. Of the 12 youth that participated in the pre and post-test, a total of 9 (75%) responded to the request for a follow-up measure. The characteristics of those that participated included;

- 4 identified as female, 4 as male, and 1 as non-binary
- The average age was 18, with a range of 13 to 24

Most youth (7 out of 9) only accessed one walk-in counselling session in the two-week period.

The ratings provided by youth on the four domains of the ORS prior to the start of their walk-in counselling session were, on average, above 5 on the 10-point ORS individual scales. The 'Interpersonal' domain was typically rated the highest, with an average score of 6.11 out of 10. The 'Individual' domain was rated the lowest on average at 5.22 out of 10.

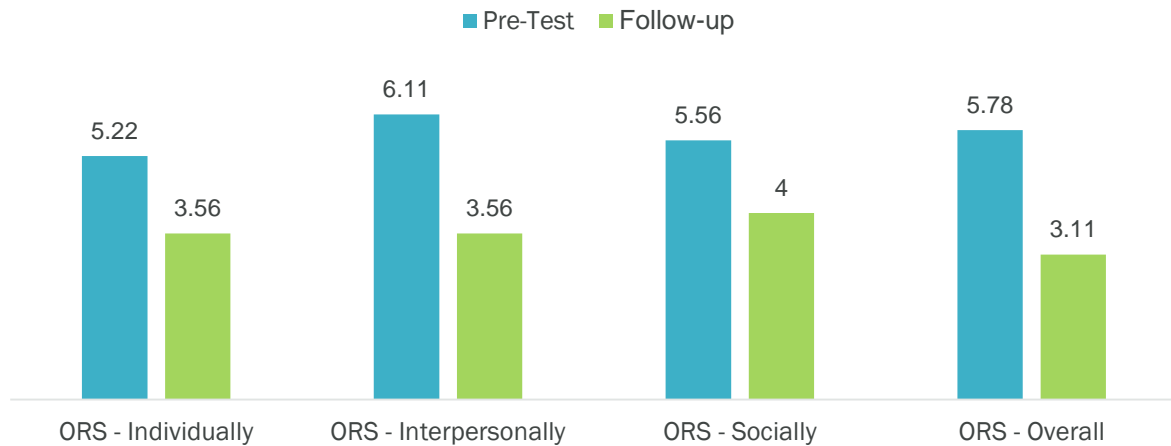
Youth reported substantial improvements in their self-rated functioning on all ORS domains at two-week follow-up. Youth reported experiencing the most positive changes in the 'Overall' and 'Interpersonal' domains, with an average decrease in scores of 2.67 points and 2.55 points respectively. There were improvements on all domains, with an average decrease of more than 2 points. All 9 youth that participated in the follow-up experienced positive change. The two youth that accessed another walk-in session during the follow-up period experienced an average decrease of 2.37 points, which was slightly more positive than their peers.

Figure 17: Pre to Two Week Follow-up Outcome Rating Scale (ORS) Results

Sites Included: One Proof of Concept Site

Data Source: ORS pre-test and two week follow-up

n = 9



Of the 9 youth that participated in the evaluation, 4 (44%) were above the clinical cut-off of 25 for the ORS total score prior to their walk-in counselling session. The average total ORS score at pre-test across all 9 youth was 22.67. All but 2 of the 9 youth experienced a greater than 5 point decrease in their scores from pretest to two week follow-up, indicating a reliable reduction in symptoms. All of the youth rated themselves below the clinical cut-off of 25 at follow-up, with an average score of 14.22 across all clients.

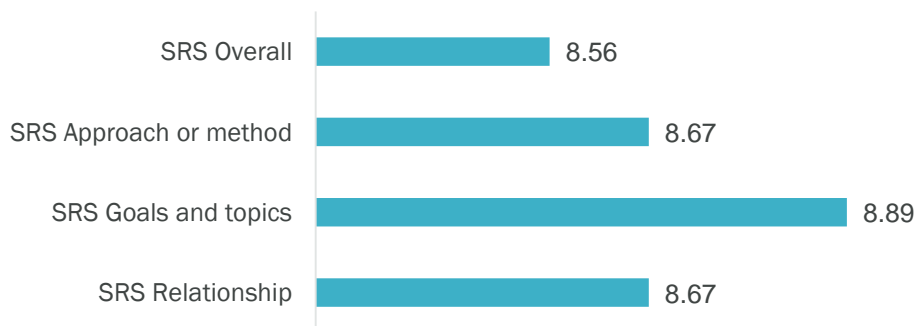
Consistent with the survey findings reported above, youth accessing walk-in counselling indicated having very positive experiences of their session based on the results of the Session Rating Scale (SRS) measured at the time of exit. The average rating across all domains was 8.69 on a 10 point scale, with all but two individuals rating their experience above 9 on average across all domains. One of the nine individuals rated their experience poorly, which heavily skewed the results given the small sample size.

Figure 18: Post Session Rating Scale (SRS) Results

Sites Included: One Proof of Concept Site

Data Source: SRS immediately post-session

n = 9



Youth are satisfied with their care

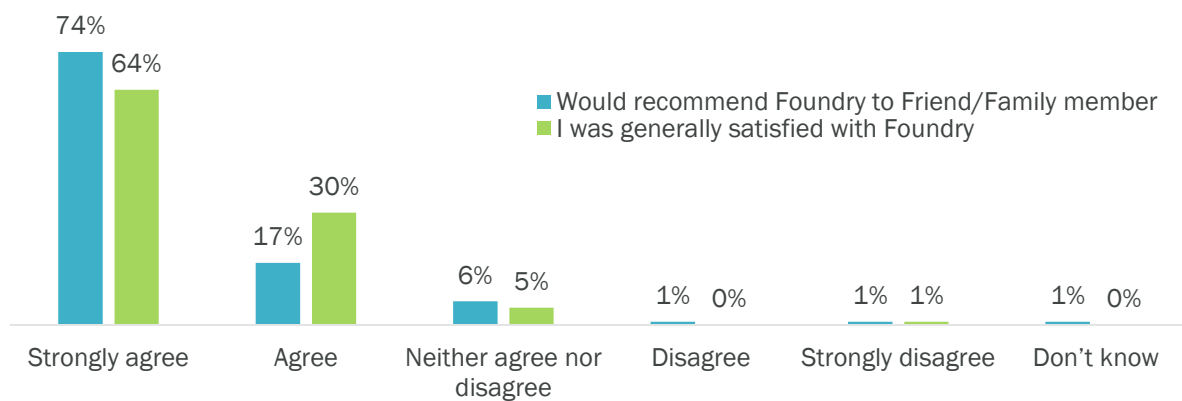
Overall, 94% of youth agreed or strongly agreed that they were satisfied with their care. Another indicator for clients' satisfaction is their willingness to refer a family member or friend²⁷. Nine out of ten youth (91%) responded that they would refer their friends or family members to Foundry, a strong proxy indicator of satisfaction with services.

Figure 19: Satisfaction with Care

Sites Included: Four Proof of Concept Sites & Prototype Site

Data Source: Youth Experience Survey

n = 109



Cultural safety and relationship-building support youth experience of care: findings from developmental evaluation²⁸

Providing a culturally safe environment for youth: In Foundry centres serving larger numbers of Indigenous youth, cultural safety was promoted by expanding cultural competencies, providing lower barrier services such as walk-in-counseling, and redefining relationships between clients and care providers. The range of services provided for youth allow for targeting diverse needs, thus expanding reach. Cultural safety is also promoted by incorporating Elders into care for youth, and demonstrating an awareness of the historical and contemporary issues unique to Indigenous youth, families, and communities that inform their needs, preferences, and experiences when seeking care.

²⁷ Smith, S. (Dec 2012). How to Measure Customer Satisfaction: Do You Overlook these 4 Key Customer Satisfaction Measurements? Retrieved on June 06, 2018 at: <https://www.qualtrics.com/blog/customer-satisfaction-measurement/>.

²⁸ Amy Salmon (2018). Developmental Evaluation reflective session summary

Pictured: Through a partnership with Sasamans Society, Foundry Campbell River has Elders in Residence and Aboriginal Youth Navigators on site to support youth and families.



The importance of relationship:

Experiences across all six centres repeatedly underscore the importance of relationship-building as a core component of Foundry’s model of care. Relationship-building happens through a variety of ways in and beyond the clinical services offered at each centre: through outreach in the community, peer support and navigation at centres, wellness and skills-building groups, recreational and cultural outings, and by offering services that are flexible, responsive, and tailored to

“meeting youth where they’re at”. Equally important is the ability to foster relationships between professionals within Foundry centres, and through their participation in established and emerging community networks. Currently, there has been a perceived shift in relationships between youth and health care providers within Foundry as anxiety and fear surrounding accessing services has been diminished through relationship and trust building, leading to improved care trajectories.

Additional learnings include:

- Observed snowball effect reflected through more and more youth finding out about Foundry through word of mouth
- Youth are finding Foundry as a place to get support and be empowered to make informed decisions
- Youth are getting linked to accessible, streamlined and appropriate care

Discussion

The initial findings from five fully operating Foundry centres demonstrate promising results with regards to improving youth’s experience of care and achieving positive outcomes. Youth consistently reported high levels of positive feedback about their experiences at Foundry centres. Having negative attitudes and beliefs about mental health services has been identified as a key barrier to seeking help²⁹. Mitchell et al in their article on help seeking behaviours in young adults noted that “while there is a paucity of research into facilitators to

Youth consistently reported high levels of positive feedback about their experiences at Foundry centres. Having negative attitudes and beliefs about mental health services has been identified as a key barrier to seeking help.

²⁹ Rickwood D, Deane FP, Wilson CJ, Ciarrochi J. Young people’s help-seeking for mental health problems. Aust E J Adv Ment Health 2005; 4 (3 Suppl.): 218-51.

mental health help-seeking in young people, 'positive past experiences with help-seeking' were the most important across all the literature.³⁰ The findings from this first youth experience survey provide an early indication of the positive impact the Foundry centres are making on the youth they are supporting. It is important that as Foundry's service model matures, ongoing systematic data collection on positive health outcomes should include regular measures of youth experience of care to support the centres in tailoring the improvement of service provision to areas where youth might report lower levels of satisfaction. Routine use of youth feedback will also ensure that Foundry maximizes the engagement of young people in having a say in their own care which is a key component of Foundry's approach to care.

The small number of youth that participated in the evaluation of walk-in services experienced very positive results, both in terms of their experience of the counselling session and their self-rated improvements in functioning over the two-week period after the session. All nine youth reported improvements and there were improvements in all four ORS domains. Most youth (seven of nine) experienced a reliable reduction in symptoms during the two-week follow-up period. Most of the youth only accessed one session, though those that accessed another session during the follow-up period experience slightly more positive results. While these results should be viewed with caution given the very small sample size, they provide an indication of the potential of Foundry – and Walk-in Counselling in particular – as an effective frontline intervention for youth experiencing mental health and substance use concerns.

The data collection processes in place for the proof of concept phase yielded very little data on the experiences and outcomes of families. Due to the lack of sufficient data across all centres, it is not included in this report. Efforts are currently underway to close this gap, including the development of tools and measures that will be a part of the Toolbox data collection system.

³⁰ Mitchell, C., McMillan, B., & Hagan, T. (2017). Mental health help-seeking behaviours in young adults. *The British Journal of General Practice*, 67(654), 8–9. <http://doi.org/10.3399/bjgp17X688453>

3. Achieving System Transformation

EVALUATION QUESTION 4:

Is systems transformation – through delivering integrated care – being achieved?

Through the work to bring together the initial proposal for the Integrated Youth Services Initiative (Foundry) and through the convening process that identified the five proof of concept sites, it became increasingly clear that the work of integration was at the heart of achieving Foundry's vision – transforming access to care. The pathway to integration began with bringing together partners in each community in an intentional process guided by a common vision and principles. The collaborative process of building each Foundry centre and physically co-locating partner services further deepened relationships among partners in each community. From the time of opening their doors, each centre then began the hands-on work of truly integrating how services are delivered, beginning with 'services as usual' and moving towards seamless care across the five service types offered at all Foundry centres and guided by the Integrated Stepped Care model for mental health and substance use services.



Foundry partnerships support fully integrated care

Forming, building and maintaining partnerships is the foundation of the integration process. This began in the convening stage where existing partnerships were leveraged and new ones formed in each community. The process brought different kinds of people and organizations together as was noted in the partner profiles provided in relation to the first evaluation question above. A particularly challenging characteristic of Foundry was the bringing together of a highly diverse range of partners delivering a wide range of services. In each community, it involved participants from very different backgrounds, such as professionals, service providers, and community residents directly affected by problems.

“I have experienced this Leadership Table to be very effective and collaborative.”

“Administration and communications have improved significantly... Had I been rating this several months ago, the rating would have been much lower.”

The Partnership Self-Assessment Tool³¹ was chosen to help partners at each Foundry centre assess how well their collaborative process was working. The tool was administered in March of 2018 to provide a snapshot of the current state of partnerships for each centre. The tool measures a key indicator of a successful collaborative process – the partnership's level of synergy. Synergy is defined as a process that enables a group of people and organizations to combine their complementary knowledge, skills, and resources so they can accomplish more

“One of the areas of struggle has been securing skilled and experienced ‘staff in kind’ contributions from partner agencies.”

- Comments by partners

³¹ Retrieved from: http://depts.washington.edu/ccph/pdf_files/project%20site%20final.pdf

together than they can on their own. The tool also provides information that helps partners take action to improve the collaborative process. It identifies the partnership's strengths and weaknesses in areas that are known to be related to synergy - leadership, efficiency, administration and management, and sufficiency of resources. It also measures partners' perspectives about the partnership's decision making process, the benefits and drawbacks they experience as a result of participating in the partnership, and their overall satisfaction with the partnership.

Forty-five participants representing leadership from different partner agencies completed the Partnership Self-Assessment survey across all five proof of concept centres. Unfortunately, none of the centres achieved “target” results for any of the construct measures for partnership functioning. A number of centres fell within the “headway” category while most fell within the “work” category. A few centres fell into the “danger” category for some of the constructs, notably administration and management and financial resources.

Table 8: Summary of Partnership Functioning
 Sites Included: Five Proof of Concept Sites
 Data Source: Partnership Self-Assessment Tool
 n = 45

Area	Description	Count of Foundry centres per zone			
		Target	Headway	Work	Danger
Synergy	The extent to which the partnership can do more than any of its individual participants	–	2	3	–
Leadership Effectiveness	Leadership that promotes productive interactions among diverse people and organizations	–	1	4	–
Partnership Efficiency	Measure of how well a partnership optimizes the involvement of its partners	–	2	3	–
Administration and Management Effectiveness	Administration and management that supports collaboration. This has been described as very different from bureaucratic forms of management	–	–	3	2
Sufficiency of Non-financial Resources	Adequacy of non-financial resources	–	–	4	1
Sufficiency of Financial Resources	Adequacy of financial resources	–	–	4	1

Work to build strong partnerships that support integrated care requires sustained effort and the results suggest that this process is still underway at all of the proof of concept centres. Although some of the comments offered by survey participants and results of the developmental evaluation suggest that substantive progress has already been made, this snapshot only forms a baseline for future evaluation efforts. It will be used for comparisons at annual intervals.

“The process from EOI to convening submission was valuable for our community. It allowed us to solidify tangential partnerships and strengthen core partnerships. Philosophically, the approach fits well with our community, and it will be exciting to see how the approach develops over the next few years. There was considerable passion at [the] local community, as well as from the larger convening context. To see the potential for real change, and to contribute in a small way to this process has been an important part of our work.”

- Convener



Foundry partners satisfied with their participation in the initiative

Despite the need for ongoing work towards the “target” range of functioning in all proof of concept communities, the partners expressed a high level of satisfaction with their involvement to date. Three out of four partners surveyed (75%) reported overall satisfaction with the partnership. Further, they expressed a high level of satisfaction with planning (81%), achieving goals (78%), their influence (76%) and roles (82%) and the way people and organizations have worked together (85%).

“It’s amazing what we have accomplished with the current funding levels but it’s clear there is a need for more...”

“Increase in financial resources would definitely assist in the yearly deficits.”

- Comments by partners

Figure 20: Partnership Satisfaction

Sites Included: Five Proof of Concept Sites

Data Source: Partnership Self-Assessment Tool

n = 45





Achieving clinical services integration

Integrated care has been widely advocated as an approach that allows healthcare providers to organize and provide services that are better tailored to clients' needs. Singer et. al. define integrated patient care as "patient care that is coordinated across professionals, facilitates, and support systems; continuous over time and between visits; tailored to the clients' needs and preferences; and based on shared responsibility."³²

The Clinical Microsystem Assessment Survey (CMAT³³) is a validated instrument that assesses ten key characteristics of health care delivery systems that have been consistently linked to high quality, cost effective care delivery. Overall, high rankings on all ten dimensions are considered to be reflective of a highly functional and integrated clinical services microsystem³⁴.

The CMAT was administered to staff working in the prototype and four proof of concept fully operating Foundry centres in March 2018. A total of 90 staff from the sites responded. The survey asked staff to rate their centre on each of the 10 success characteristics on a 3 point scale. The survey provided a quick snapshot of where staff perceived the Foundry centre to be along these key success characteristics.

³² Singer, SJ, Burgers, J, Friedberg, M, Rosenthal, MB, Leape, L and Schneider, E. Defining and measuring integrated patient care: Promoting the next frontier in health care delivery. *Medical Care Research and Review*, 2011; 68(1): 112-127. DOI:

<https://doi.org/10.1177/1077558710371485>

³³ Julie Mohr (2003): Retrieved from: <http://www.dhcs.ca.gov/provgovpart/initiatives/nqi/Documents/AssessmentTool.pdf>

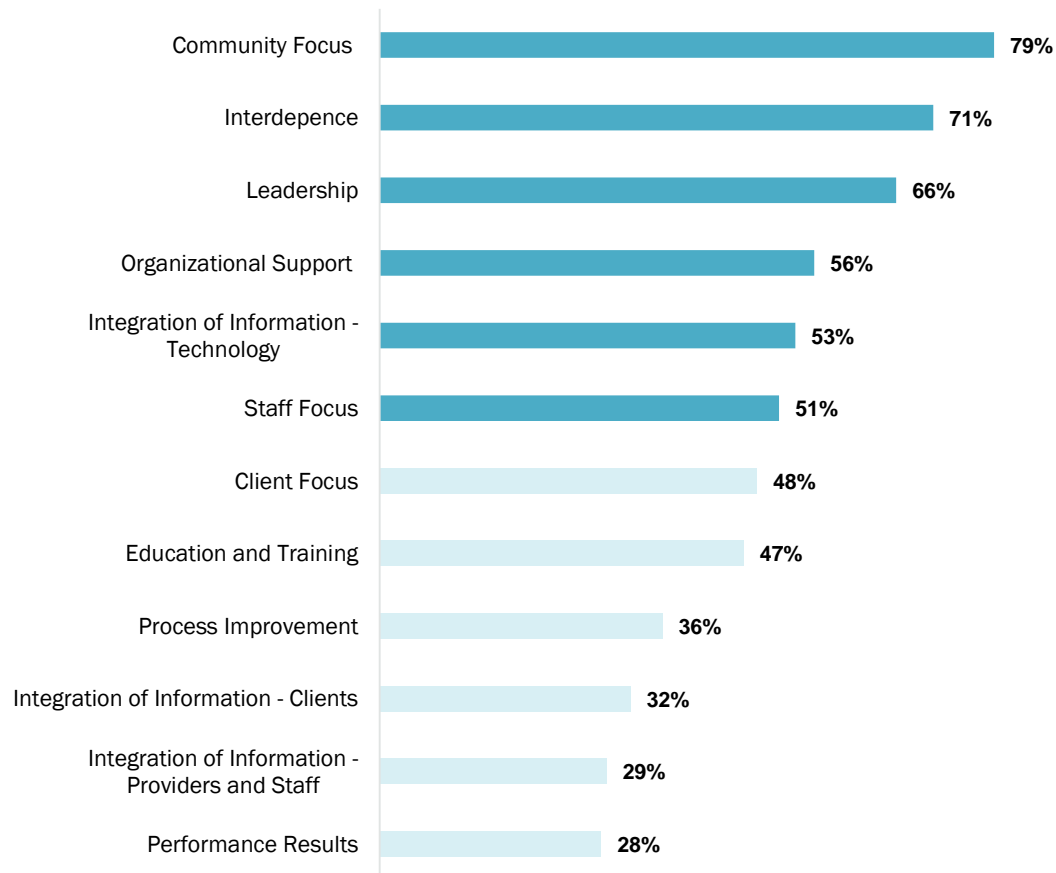
³⁴ Lyngsø AM, Godtfredsen NS, Høst D, Frølich A. Instruments to assess integrated care: A systematic review . *International Journal of Integrated Care* .2014; 14 (3):None . DOI: <http://doi.org/10.5334/ijic.1184>

Figure 21: CMAT Dimensions Ratings

Sites Included: Prototype & Four Proof of Concept Sites

Data Source: The Clinical Microsystem Assessment Tool

n = 90



High ranking amongst staff for the “Community Focus”, “Interdependence” and “Leadership” areas highlights the community and partner-focused nature of the initiative and fact that it has required strong leadership on the part of each lead organization to make their Foundry centres a reality. Lower ratings for “Integration of Information for Providers, Staff & Clients”, “Performance Results” and “Process Improvement” are all operational issues which points to the early developmental phase of the centres and a need to continue to build stronger information infrastructure to support information flow and improvement activities to achieve higher levels of integration.

As with the Partnership Self-Assessment Tool, findings from this first evaluation of the Foundry centres provides useful baseline data that will help Foundry leadership better understand key areas that will need attention and support as centres continue to work towards achieving systems transformation through optimal integrated service delivery.



Understanding what is changing in communities through developmental evaluation

The developmental evaluation yielded a number of ‘lessons learned’ with respect to partnership and services integration. It also resulted in the development of a model of emerging core service delivery characteristics.

Lessons learned about partnerships from the convening include³⁵:

- All participants reported that their participation in this initiative created strong partnerships, started new conversations, and enhanced existing relationships between participating agencies.
- Participants reported that the convening process has acted as a catalyst to reach out to others in ways they had not before.

Lesson learned about collaboration as partnerships deepened³⁶:

- It’s all about relationships: strong relationships with partners were built on give-and-take exchanges, mutual respect, ease of communication as well as a willingness to tackle difficult issues together and ability to both give and receive advice.
- Lead agencies create, mediate, and maintain relationships to ensure service gaps are filled, needed resources are leveraged, problems get solved collaboratively, and partners are engaged throughout the process.
- “It’s Foundry (Our Town), not Foundry (Our Agency)”: To achieve “effective collaboration”, participants indicated that it was important for Lead Agencies to allow partners to have a voice in creating the Foundry and sharing ownership of the initiative.
- Bringing partners together in a community setting was perceived as an important catalyst for dismantling silos and forming connections with other community partners. The major challenge with maintaining partnerships was described as “collaborative work is hard.”

Lessons learned about integration as centres developed³⁷:

- Finding common ground and having a shared vision among partners is key to integration and relationship building.
- Though the vision and passion for creating Foundry was palpable among stakeholders, the enormity of the project required greater time and resources from stakeholders.
- Though emphasis on the “one-door” to services was valued, a significant component of Foundry is integrated processes, which is still in progress.
- The Foundry centre space facilitates integration via staff-to-staff engagement while also housing all the services under one roof. Staff identify the creation of clear pathways to care, and the ability to collaborate in

³⁵ Amy Salmon (May 2016) Developmental Evaluation Convening Report

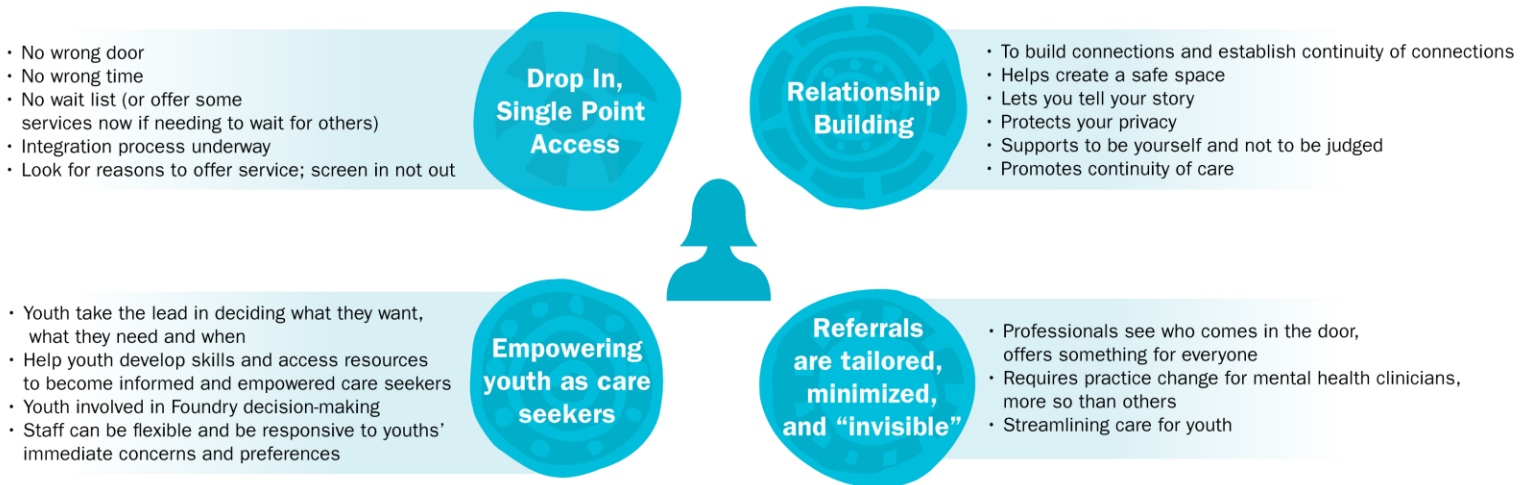
³⁶ Amy Salmon (2018). Developmental Evaluation reflective session summary

³⁷ Amy Salmon (2018) Developmental Evaluation- Reflective sessions Cycle 1

new ways between services and systems that was facilitated by being “under one roof” as an indicator for system transformation.

- Increasing recognition by staff and partners that Foundry aims to reduce contact points for youth at the entry point and minimize referrals to outside services.

Figure 22: Emerging core service delivery characteristics from the Developmental Evaluation



Discussion

Foundry has made substantial progress towards meaningful systems transformation through efforts – both in local Foundry centres and provincially – to move towards integrated care. Partners are highly satisfied with the initiative to date, but work remains to move partnerships towards a more ideal level of functioning. The results of the CMAT suggest that there is considerable strength in areas such as leadership, but more work to be done in other areas including integration of information. Existing systems and the people within those systems can be highly resistant to shifting away from business as usual. The work of truly shifting from siloed service delivery with multiple barriers to integrated, easily accessible care will continue to be monitored now that baseline measures are in place.

The importance of strong and trust-based relationships as a foundation for both partnerships and for the work with youth and their families emerged through the developmental evaluation findings. While functional integration through information technology or putting in place policies, procedures and structures that support integration may facilitate the process, relationships are the foundation on which integration rests. Where trust-based supportive relationships exist amongst centre partners, team-based care is strengthened. For youth, relationship building allows for connectivity and safety at Foundry centres, fostering their access to care.

“It’s awesome because when you show up to the health centre it’s not just seeing your case manager or your psychiatrist. I find it easier to go to one place instead of going to many places to see a ministry person, someone for primary care, or attending a recreation group. Having described all the services under one roof is nice but having awesome staff who treat you like a real person, no matter what situation, is totally AWESOME.”

- Comment by youth

An important element of achieving systems transformation during the proof of concept phase was active engagement of youth and families in all aspects of the design and implementation of Foundry centres. Groups of youth and families were involved both locally and at the provincial level in service design and bringing the centres into existence. While this work has been acknowledged both locally and provincially, the impact of family and youth engagement on the success of the initiative during the proof of concept phase was not specifically evaluated. This is a gap that should be addressed in future evaluation efforts. More broadly, youth and family engagement should remain a priority for the Foundry initiative to ensure that it remains informed by their input and needs.

SUMMARY AND RECOMMENDATIONS

From the establishment of the prototype site and the submission of the BC Integrated Youth Services Initiative proposal, the past two and a half years have seen the successful build out of a multi-function backbone organization (Foundry Central Office) and the opening of five Foundry centres as well as the rebranding of the prototype centre, making up a network of integrated youth service centres in all five health regions across British Columbia. Prior to completing the proof of concept phase, an additional five centres were announced and selected, with one site already operational and another providing limited scope services. The investment of government, philanthropists and all engaged stakeholders has led to barrier-free access for youth and young adults to an array of services, both in physical centres and online, that support the health and well-being of young people and their families.

The evaluation findings outlined above confirm that the initiative has achieved a high degree of success in meeting all of the objectives for the proof of concept phase. It was understood from the outset that the key characteristics of successful implementation of integrated Mental Health and Substance Use (MHSU) services should include: the absence of access barriers; youth-friendly staff; youth-appropriate spaces; and navigational ease with embedded family supports. Those characteristics are present at each Foundry centre. The centres are operating consistently with the Foundry service model and are delivering services to the target population. Further, the services being delivered and the centres themselves have been well received by youth and their families. Initial data on service outcomes are promising. While significant work remains to fully understand the impact that Foundry services have on youth and their families, the services appear to be providing a substantial benefit to them.

As described in Table 2 above and highlighted throughout the report, the backbone organization has been critical to both launching and supporting the ongoing operations of each Foundry centre. Through the course of the proof of concept phase, Foundry Central Office has gained substantial expertise in creating successful Foundry centres. That expertise is being deployed in the development of the five additional Foundry centres that were announced. It is critical that this knowledge continue to be translated into resources such as manuals and guides that can be easily accessed and used by others over time, both for integrated youth services and potentially for services to other populations.

Foundry Central Office, along with youth, their families, lead organizations and other partners, expended considerable time and energy to arrive at the Foundry brand and its associated brand story. Those efforts appear to be paying off as there are indications of positive brand recognition amongst youth in the communities where Foundry operates and strong identification with the brand amongst service providers that deliver services in Foundry centres. While more research is needed to understand how the brand may influence healthcare decision making behavior amongst youth, the initial positive identification youth have with the Foundry brand provides a solid foundation to build upon.

Bringing together partners and working towards the full integration of the services they provide has involved a significant amount of work on the part of lead organizations in each community and Foundry Central Office. The learning from that process and the ongoing work at each site confirmed not only the importance of robust relationships, but the reality that work to maintain those relationships will be an ongoing feature of Foundry as an initiative. Since individuals from the organizations involved change over time, relationships need to be renewed and expectations continuously reaffirmed.

As the developmental evaluation highlighted, Foundry centres are best thought of from a complex adaptive systems lens. As a complex adaptive system, the relationship between any given input and its desired output can be highly unpredictable and the rules that govern relationships and networks of relationships become extremely important. This points to the central role that leadership within centres plays and the reality that leading a Foundry centre requires a unique approach grounded in relationships and a willingness to find working solutions that move towards fully integrated care amongst partners. For these reasons, the idea of creating a leadership curriculum grounded in change management, complex adaptive systems thinking and emphasizing partnership building practices for Foundry centre leads emerged and is being pursued by Foundry Central Office.

The focus of evaluation efforts is currently shifting away from implementation and towards the degree and manner in which youth and their families are benefiting, including how that information can be utilized for quality improvement, and potentially inform provincial policies. It is also shifting towards gaining a deeper understanding of the role that relationships, partnerships and service integration play in providing effective services and promoting systems change. As noted above, further evaluation is needed to understand the role of brand in health care decision-making behaviour amongst youth. Foundry's Toolbox data collection platform – developed during the proof of concept phase and now deployed in seven centres – is resulting in a large and growing database that will support the answering of many of these questions.

Based on the results of this evaluation report, several recommendations that are intended to support further development of Foundry as an integrated services initiative emerge. Those recommendations fall along three broad themes; future research and evaluation, enhancing service delivery, and enhancing Foundry Central Office processes, systems and supports.

Future research and evaluation should include:

- Researching the role that brand and brand identity has on influencing health care decision making amongst youth and supporting services integration (i.e. breaking down barriers) amongst service delivery partners.
- Researching the impact of gender on help seeking behavior to gain a greater understanding of the factors that result in lower rates of male help seeking and service participation for mental health and substance use issues.
- Ensuring that the needs of LGBTQ and Indigenous youth accessing Foundry are being addressed through further evaluation of their needs and service delivery preferences.
- Evaluating how Peer Support services interconnect with and support the delivery of other Foundry services. While Peer Support can be – and is – accessed as a stand-alone service, it also appears to play a role in facilitating the delivery of other services through navigation, supporting transitions and active mentoring. Understanding these roles would support Foundry centres to maximize the use of Peer Support.
- Researching the health economics of Foundry, identifying and quantifying cost savings to the system from early access to services and diversion from more expensive specialist or institutional care.
- Implementing a comprehensive evaluation of client outcomes relative to the established pathways of care for mental health and substance use.
- 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.
- Implementing comprehensive evaluation of services provided at Foundry centres to family members and caregivers of youth experiencing mental health and substance use issues.
- 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.
- Implementing a robust and continuous data collection system for gathering data on service satisfaction and perceptions of care from youth, families, and service delivery partners.
- 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. This work could also be linked to efforts of other provincial initiatives such as the Human Early Learning Partnership (HELP) in BC.

Efforts to **enhance service delivery** should include:

- Developing resources and training or orientation materials to support future Foundry centre leaders to effectively lead the work of service integration in a complex adaptive environment. The current cohort of Foundry centre leaders have a vast amount of knowledge that could inform these resources and materials.
- Enhancing the connections between online and centre-based services by both supporting centres in using and referencing web-based resources and enhancing the online portal to better connect youth to centre-based service where available.
- Improving the data collection system (Toolbox) used at Foundry centres in order to better understand the characteristics of youth coming to Foundry and how they interact with services, as well as how those characteristics relate to the outcomes they experience from Foundry services.

Efforts to **enhance Foundry Central Office processes, systems and supports** should include:

- Utilizing information from the developmental evaluation on ideal lead agency characteristics to refine and enhance the selection process for future Foundry lead organizations.
- Ensuring that future expansion of Foundry to new communities is staggered to allow time for Foundry Central Office to closely support the site location and partner engagement processes in each community.
- Developing resources, tools and training that will support sites to engage in quality improvement activities based on evaluation data, addressing the degree to which information for providers, staff and clients is integrated, how performance results are used, and how process improvement is occurring in collaboration with partners.
- Implementing centre-specific Toolbox dashboards and other responsive and impactful reporting tools for real time performance feedback that the centres can use in their quality improvement efforts.
- Ensure that Foundry remains a youth and family led and informed initiative by strengthening engagement of youth and families in ongoing service design/service delivery at Foundry centres and provincially. This includes completing work on Foundry's Youth and Family Framework for Engagement.

APPENDICES

1. Foundry Check In – First Visit Form – Interim

Foundry collects and protects my personal information consistent with the BC Freedom of Information and Protection of Privacy Act (FIPPA).

The information I choose to provide in this and other Foundry questionnaires will be shared with my care provider and care team to support continuous and consistent service.

It will also be used to evaluate Foundry services and to potentially inform future research, with consent or as permitted by law. In order to protect my privacy, the information that may be used to identify me, like my name or PHN, will be removed for evaluation purposes.

My privacy will be respected. Foundry will not release any information to anybody else that could be used to identify me, unless I allow them to or they are required to do so by law. For example, staff are required to report if a client is believed to be at risk for harming him/herself or others, or if a court of law requests these records.

For answers to any questions about the privacy of my information, I can contact or by speaking with someone at the front desk.

I have read and I understand the above information:

Printed name: _____

Signature: _____

Today's date: (dd/mm/yyyy) _____

Please answer the following questions so we can get to know you better.

Today's date: (dd/mm/yyyy) _____

Are you here to see a worker or service that you were already connected to? Yes No

Last Name: _____ First Name: _____ Preferred Name: _____

Date of Birth: (dd/mm/yyyy) _____ Age: _____ Preferred Pronoun: _____

Address:

Street Name

Unit #

City

Province

Postal Code

Personal Health Care Number: _____

Phone Number: _

Is it okay to text you? Yes No

Is it okay to leave a message? Yes No

Email: __

Can we contact you through e-mail? (usually to send reminders) Yes No

Out of Country? Yes/address/country _____

Out of Province Yes/which province _____ How long have you been in BC? _____

Parent/guardian or other responsible adult (Name): _____

Phone Number: _____

Is it okay to contact this adult? Yes No

Do you identify as Aboriginal? Yes No

If yes, does one apply? Metis Inuit First Nations

Are you: Status Non-Status

What brings you into the clinic today?

How did you find out about this centre?

- | | |
|---|--|
| <input type="checkbox"/> My worker | <input type="checkbox"/> My family member |
| <input type="checkbox"/> My doctor/nurse | <input type="checkbox"/> foundrybc.ca |
| <input type="checkbox"/> My friend | <input type="checkbox"/> Internet/online search |
| <input type="checkbox"/> Social media | <input type="checkbox"/> My school counselor/teacher |
| <input type="checkbox"/> Saw the centre | <input type="checkbox"/> Advertising/promotional materials (e.g. pamphlet, poster) |
| <input type="checkbox"/> Hospital/crisis nurse | <input type="checkbox"/> From someone who received services here |
| <input type="checkbox"/> Other (please specify) _____ | |

I Identify as: (please check all that apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Cis |
| <input type="checkbox"/> Male | <input type="checkbox"/> Not Sure / Questioning |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Do Not Wish To Answer |
| <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Other (please specify) . |
| <input type="checkbox"/> Non-Binary | |

I Identify as:

- | | |
|---|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Gay or Lesbian | <input type="checkbox"/> Other (please specify) |

How would you describe your ethnic or cultural background? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Indigenous (First Nations, Métis, Inuit) | <input type="checkbox"/> South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan) |
| <input type="checkbox"/> White | <input type="checkbox"/> Southeast Asian (e.g. Indonesian, Vietnamese) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> West Asian (e.g. Afghan, Iranian) |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Black (e.g. African, Haitian, Jamaican) |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Korean | <input type="checkbox"/> I don't want to answer |
| <input type="checkbox"/> Immigrant/Refugee | <input type="checkbox"/> Other (please specify) . |
| <input type="checkbox"/> Latin American | |

My guardian is: (Please skip question if you are 19 years or older)

- | | |
|---|---|
| <input type="checkbox"/> Parent(s) | <input type="checkbox"/> Service Agency |
| <input type="checkbox"/> Other family members | <input type="checkbox"/> Other (please specify) . |
| <input type="checkbox"/> Social Worker MCFD | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Social Worker, Aboriginal Child & Family | |

I live with: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Other adults related to me |
| <input type="checkbox"/> Father | <input type="checkbox"/> Brother(s) / sister(s) |
| <input type="checkbox"/> Both parents at different times | <input type="checkbox"/> Partner / boyfriend / girlfriend |
| <input type="checkbox"/> Stepmother or stepfather | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> I live alone |
| <input type="checkbox"/> Foster parent _____ | <input type="checkbox"/> Other (please specify) _____ |

I currently live:

- | | |
|--|---|
| <input type="checkbox"/> In a house | <input type="checkbox"/> On the street |
| <input type="checkbox"/> In an apartment | <input type="checkbox"/> In a single room occupancy |
| <input type="checkbox"/> In a group home | <input type="checkbox"/> I couch surf |
| <input type="checkbox"/> In a homeless shelter | <input type="checkbox"/> Other (please specify) _____ |

I am a student: Yes No

If yes, I am going to:

- | | |
|---|---|
| <input type="checkbox"/> Middle School | <input type="checkbox"/> College |
| <input type="checkbox"/> Trades School | <input type="checkbox"/> University |
| <input type="checkbox"/> Training program
(e.g. Culinary, Game Design) | <input type="checkbox"/> Other please specify _____ |
| <input type="checkbox"/> High School | |

Do you have a Job? Yes No

My main sources of income are: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Full-time job | <input type="checkbox"/> Employment insurance |
| <input type="checkbox"/> Part-time job | <input type="checkbox"/> Panhandling / binning / scavenging / recycling |
| <input type="checkbox"/> Casual work (e.g. Labor Ready) | <input type="checkbox"/> Sex work |
| <input type="checkbox"/> Student loan | <input type="checkbox"/> Crime |
| <input type="checkbox"/> Family gives me money | <input type="checkbox"/> No source of income |
| <input type="checkbox"/> Income / social assistance (welfare) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Disability assistance | |

If I couldn't have come here today, I would have gone to:

- | | |
|---|--|
| <input type="checkbox"/> Family members/friends | <input type="checkbox"/> Street nurse |
| <input type="checkbox"/> Hospital emergency | <input type="checkbox"/> Outreach worker |
| <input type="checkbox"/> Walk-in clinic | <input type="checkbox"/> Nowhere/I wouldn't have gotten help |
| <input type="checkbox"/> Family doctor | <input type="checkbox"/> Other (please specify) . |
| <input type="checkbox"/> Emergency services (911) | |

Have you accessed mental health or substances use services in the last year?

- Yes No Not Sure

Today I am here to discuss:

- | | |
|--|--|
| <input type="checkbox"/> Eating/nutrition | <input type="checkbox"/> Family |
| <input type="checkbox"/> Alcohol/drugs | <input type="checkbox"/> School/work |
| <input type="checkbox"/> Sexual health | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Finances |
| <input type="checkbox"/> My feelings (stress, anxiety, depression) | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Other (please specify) . | |

I have a family doctor:

- Yes No Not Sure

If yes, what is your family doctor's name:

Permission to Contact:

From time to time, young people attending Foundry will be contacted to participate in a research or evaluation activity to help provide information to improve Foundry service and find out more about the people who use Foundry. If I am willing to hear about these opportunities I will mark the "yes" box. This does not mean that I will have to take part, just that Foundry will let me know about it. If I do not want to be contacted for research or evaluation I will mark the "no" box. If I say yes, I can change my mind at any time by telling someone at the front desk.

Are you willing to be contacted by Foundry for evaluation or research activities?

YES - What is the best way to contact you?

NO

TO BE COMPLETED BY STAFF:

Client's PHN: _____

Alternative Identification Number: _____

Did client have an appointment today? Yes No Not Sure

Services client received today

- 1. Primary Care – Physical Health
- 2. Primary Care – Sexual Health
- 3. Mental Health
 - Walk-in Counselling
 - Intensive Case Management (ICM)
 - Psychiatry
 - Counseling/psychology
- 4. Substance Use Services
- 5. Social Services
 - Ministry Worker
 - STADD Navigator
 - Employment
- 6. Youth Peer Support
- 7. Groups (please specify) _____
- 8. Client - left centre without receiving service (Please specify why below)
 - i. Client was given appointment for another day
 - ii. Client was referred to alternative community service
 - iii. Client chose to leave without being seen
 - iv. Other:

2. Foundry Check In – Return Visit - Interim

Today's date: (dd/mm/yyyy) _____

First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: (dd/mm/yyyy) _____

Do you have an appointment? Yes No

If you don't have an appointment, what brings you to the clinic today?

What service are you here for today? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 1. Primary Care – Physical Health | <input type="checkbox"/> 5. Social Services |
| <input type="checkbox"/> 2. Primary Care – Sexual Health | <input type="checkbox"/> Ministry Worker |
| <input type="checkbox"/> 3. Mental Health | <input type="checkbox"/> STADD Navigator |
| <input type="checkbox"/> Walk-In Counselling | <input type="checkbox"/> Employment Support |
| <input type="checkbox"/> Intensive Case Management (ICM) | <input type="checkbox"/> 6. Youth Peer Support |
| <input type="checkbox"/> 4. Substance Use Service | <input type="checkbox"/> 7. Groups (please specify) _____ |

TO BE COMPLETED BY STAFF:

Client's PHN: _____

Alternative Identification Number: _____

Did client have an appointment today? Yes No Not Sure

Services client received today

- 1. Primary Care – Physical Health
- 2. Primary Care – Sexual Health
- 3. Mental Health
 - Walk-in Counselling
 - Intensive Case Management (ICM)
 - Psychiatry
 - Counseling / psychology
- 4. Substance Use Services
- 5. Social Services
 - Ministry Worker
 - STADD Navigator
 - Employment
- 6. Youth Peer Support
- 7. Groups (please specify) _____
- 8. Client - left centre without receiving service (Please specify why below)
 - i. Client was given appointment for another day

- ii. Client was referred to alternative community service
- iii. Client chose to leave without being seen
- iv. Other:

Foundry Youth Experience & Satisfaction Survey³⁸

Thank you for taking a few minutes to answer some questions. We are interested in your experiences accessing services at Foundry. We want to hear how we can make our service better for young people attending Foundry.

This survey is voluntary, you can stop taking part at any time and can skip questions you don't feel comfortable answering. It's important for you to know that your individual answers will not be seen by any of the staff at the centre and are not linked to your personal details. Rather, your answers will be combined with those from other youths who complete the survey and the results will be reported as a group. Your comments may be used to provide feedback but we will ensure that these do not contain any information that would identify you. This survey should take around 10-15 minutes to complete.

About you

How old are you?

- | | | | |
|-------------------------------------|--------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> 11 or younger | <input type="radio"/> 15 | <input type="radio"/> 19 | <input type="radio"/> 23 |
| <input type="radio"/> 12 | <input type="radio"/> 16 | <input type="radio"/> 20 | <input type="radio"/> 24 |
| <input type="radio"/> 13 | <input type="radio"/> 17 | <input type="radio"/> 21 | <input type="radio"/> 25 or older |
| <input type="radio"/> 14 | <input type="radio"/> 18 | <input type="radio"/> 22 | |

What is your gender identity?

- Male Female Transgender Other (please explain): _____

How would you describe your ethnic or cultural background? Please check more than one if needed.

- | | |
|---|-----------------------|
| White | <input type="radio"/> |
| Indigenous (First Nations, Métis, Inuit) | <input type="radio"/> |
| Chinese | <input type="radio"/> |
| Filipino | <input type="radio"/> |
| Japanese | <input type="radio"/> |
| Korean | <input type="radio"/> |
| Latin American | <input type="radio"/> |
| South Asian (eg. East Indian, Pakistani, Punjabi, Sri Lankan) | <input type="radio"/> |
| Southeast Asian (eg. Indonesian, Vietnamese) | <input type="radio"/> |
| West Asian (eg. Afghan, Iranian) | <input type="radio"/> |
| Black (eg. African, Haitian, Jamaican) | <input type="radio"/> |
| Arab | <input type="radio"/> |

³⁸ Adaptation of the Headspace Youth Satisfaction Scale with addition of questions from the GYHC satisfaction survey

- Other please specify _____
- I don't want to answer

About how many sessions have you attended at Foundry? _____

Did someone bring you or do you bring someone with you to the centre today? Yes _____ No _____

Today, I am here to discuss (tick up to three that apply)

- Eating / nutrition
- Alcohol / drugs
- Sexual health
- Physical health
- My feelings (stress, anxiety, depression)
- Housing
- Family
- School/work
- Relationships
- Finances
- Other please specify _____

Experience with Foundry

Please indicate the degree to which you agree or disagree with the following statements by ticking the relevant box (If the question is not relevant or you are unsure, choose N/A or I don't know)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A or I don't know
1. Experience with Foundry centre						
I felt comfortable/welcomed at Foundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was easy for me to get to the Foundry centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could attend appointments at times that suited me (i.e. didn't interfere with study or work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I came to the Centre, I did not have to wait a long time to see one of the Foundry centre staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would describe the Foundry centre as 'youth friendly'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having multiple services in one place at the Foundry centre makes it easier for me to get the support I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Experience with Foundry Staff	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A or I don't know
I felt that Foundry staff listened to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that my views and worries were taken seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that Foundry staff talked to me in a way that I understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that Foundry staff involved me in making decisions about what would happen next	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was able to raise any concerns that I had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundry staff helped me feel comfortable asking for help with my health concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundry staff respected my family's religious/spiritual beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundry staff were sensitive to my cultural/ethnic background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Satisfaction with the help Foundry provided you	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A or I don't know
I got help for the things I wanted to get help with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundry staff work together to help/support me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family members/caregiver were involved in decisions about my health care as much as I would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more able and prepared to manage my mental health because of my contact with Foundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that other aspects of my life are more manageable because of my contact with Foundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I can deal more effectively with my problems because of attending Foundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I know more about mental health problems in general because of attending Foundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. General satisfaction and Feedback

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A or I don't know
I was generally satisfied with Foundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a friend needed this sort of help, I would suggest Foundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General Feedback

What has been the most helpful thing about the services you received?

What do you like best about Foundry?

What do you like the least about Foundry?

What could we have done to make your visit better today?

Thank you, we would like to hear from you again. Would you like to participate in Future Foundry Projects?

From time to time, young people attending Foundry will be approached to participate in a research or evaluation activity to better understand your experiences and get feedback on how we might improve the Foundry service or to improve knowledge about young people attending the service. You do not have to leave your contact details if you do not want to.

If you do wish to participate in future projects, a Foundry staff will contact you and explain what is involved in the research or evaluation activity you are being invited to participate in. You can ask any questions you like and then decide if you want to participate. If you choose not to participate, it will not affect your relationship with Foundry or the care you receive in any way.

Your Name:

Email:

Phone number:

Thank You!

4. Partnership Self-Assessment Tool

Center for the Advancement of Collaborative Strategies in Health. (2002). Partnership self-assessment tool questionnaire. Retrieved from:

https://atrium.lib.uoguelph.ca/xmlui/bitstream/handle/10214/3129/Partnership_Self-Assessment_Tool-Questionnaire_complete.pdf?sequence=1&isAllowed=y.

5. Clinical Microsystem Assessment Tool

Julie Mohr (2003): Retrieved from:

<http://www.dhcs.ca.gov/provgovpart/initiatives/nqi/Documents/AssessmentTool.pdf>