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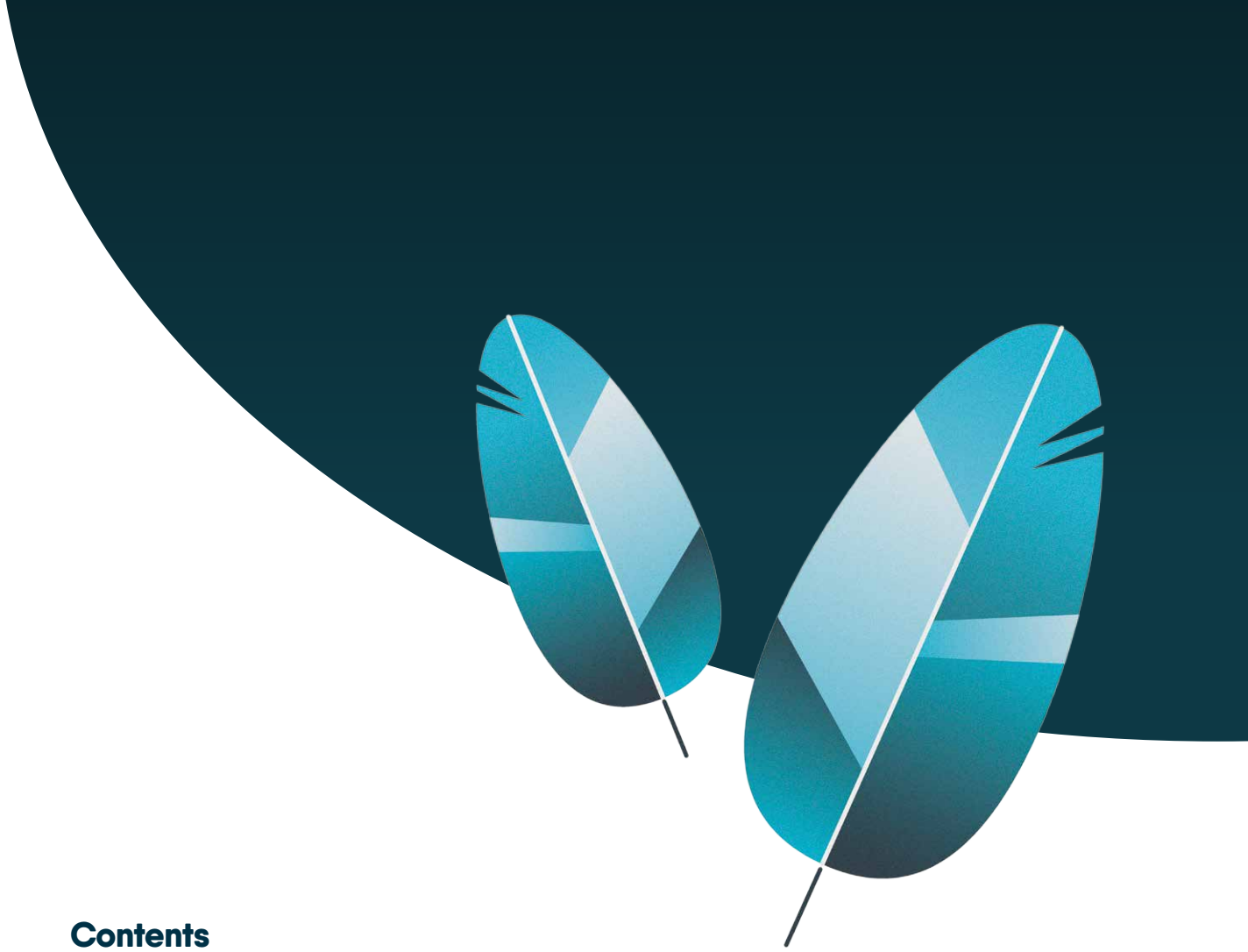
Integrating with Intention

April 2024



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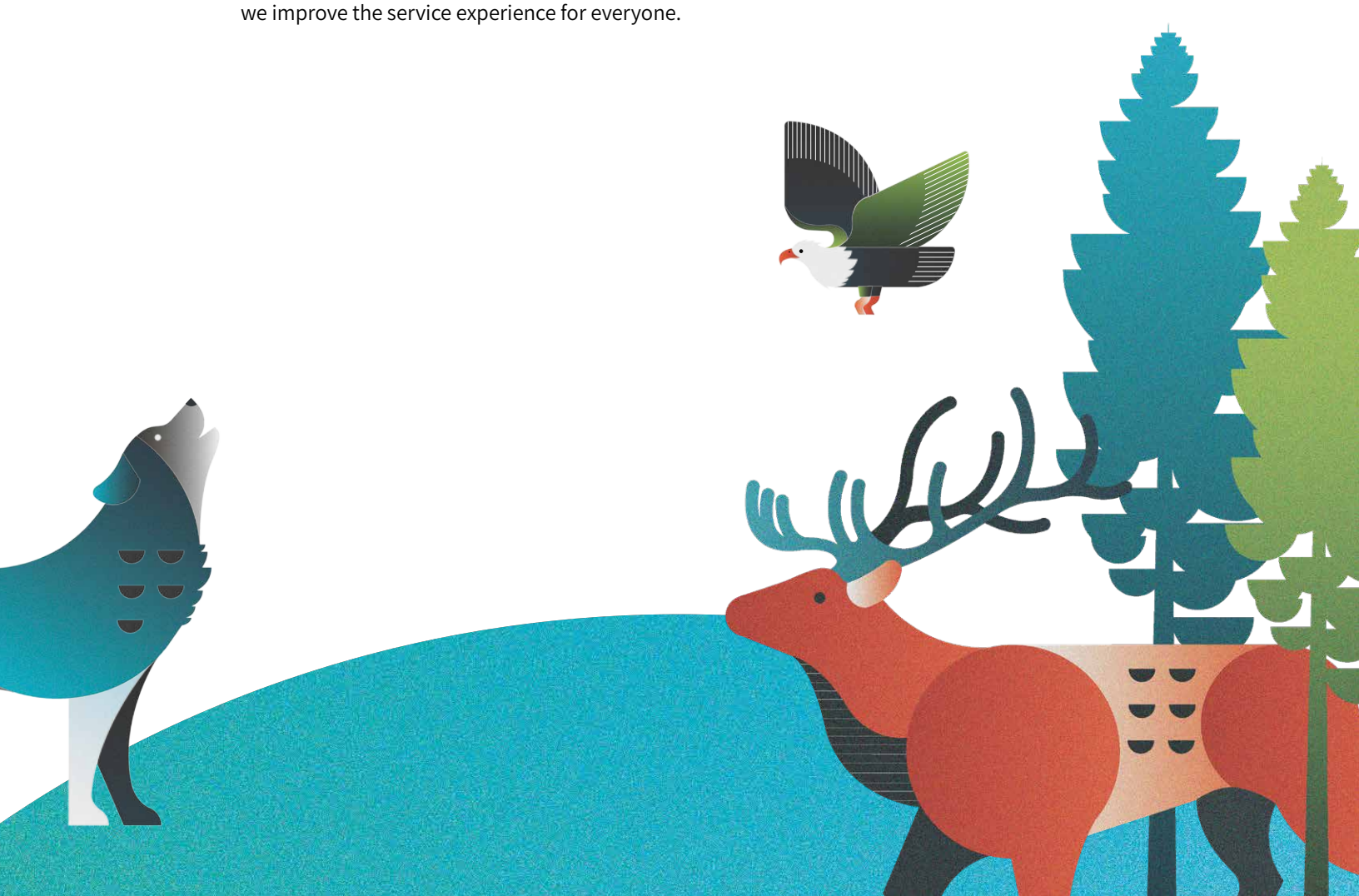
Introduction

This guide explains what integration is and why it's important at Foundry. When we talk about being integrated, we mean that services in a centre—and in a community—are linked and coordinated. Integration means everyone is communicating and working together to provide a seamless experience for young people and families/caregivers.

Integration doesn't just affect young people—it also impacts families/caregivers, service providers and community partners. When we collaborate and communicate effectively, we improve the service experience for everyone.



The Integrated Approach

Foundry is part of the integrated youth services (IYS) pan-Canadian and international movement that has focused on establishing youth-focused, integrated services based on common guiding principles, brought together to treat a young person wholistically.

These services are not merely co-located but work together collaboratively in an integrated approach, with shared pathways for care and information. Foundry brings together five core service streams for young people ages 12–24: physical and sexual health, mental health care, substance use support services, youth and family peer support and social services (i.e., Foundry Work and Education Program, housing or income supports, recreation and leisure activities). In Foundry centres, service providers work together as a single team to support a young person and also provide access to more specialized services when required.

IYS offers an enormous benefit both to young people and to service providers. With integrated care, young people are able to move through services without having to tell their stories over and over or needing to navigate complex referral systems. Young people can be confident that their service providers are communicating about their goals, needs and options, and that they will not be left on their own to connect to service providers.

Service providers working in an integrated system are coordinated around the young person's goals for care. They share and receive vital information with others in the young person's circle of care, so they know what interventions the young person has received and what recommendations other service providers have made. Integrated care allows service providers to collaborate with other providers regardless of which agency employs them.

Health and social service partners collaboratively delivering Integrated Youth Services is key to improving access to care and transforming communities.

Why integration?

When we say integration, what we mean is that our role as leaders is to take a close look at systemic internal processes and consider whether these are conducive to creating a seamless experience for young people and their families/caregivers. Integration is about removing systemic barriers and facilitating access to care for young people. One of the means of achieving this is to offer services that are flexible and responsive to the presenting need. Integrating existing health and social services in the community is critical to ensuring the sustainability of Foundry's service model.

Although integration is built into the very fabric of Foundry, we are taking a renewed focus to ensure that our services are working optimally and collaboratively and are meeting the needs of youth and families/caregivers in a seamless way. In our experience supporting communities implementing a Foundry centre, we have found that there is a significant change to the way health services are delivered. One of those fundamental changes is bringing together service providers from a variety of agencies to work together as one team. To assist with integration, we use the evidence-informed Integrated Stepped Care Model.

How does Foundry's Integrated Stepped Care Model support integration?

The Integrated Stepped Care Model (ISCM) is a way to give order to the services we provide at Foundry centres. The ISCM supports young people to access personalized services and supports that best meet their needs, readiness and preferences. The ISCM has four steps, ranging from low- to high-intensity services. Services are offered along a trajectory, and young people can access them in a manner aligned with their changing needs. To address young people's needs wholistically, other services and supports outside of mental health and substance use are available within the Foundry centre and can be incorporated as appropriate.

The model supports service providers by giving them a systematic way to offer the most effective interventions, working together as a team around the young person. Achieving the system transformation necessary to implement Foundry's ISCM requires early engagement from stakeholders, forming partnerships and building trust-based, supportive relationships from the beginning. Service providers learn from each other and learn from young people, by having intentional conversations to ensure they're all moving in the same direction. At Foundry, we believe it is crucial that all partners involved in each community are actively engaged in shaping the specifics of their local services to ensure full integration and effective interventions.

Why is integration important to...?:

Youth:

- Able to receive multiple services in one place
- Experience services as seamless and wholistic rather than fragmented
- Do not have to repeat their story unnecessarily
- Do not have to complete numerous intake forms to receive services
- Can receive services throughout adolescence and early adulthood with minimal disruption
- Able to feel supported and share the responsibility of navigating complex systems
- Feel a sense of choice and autonomy, with a range of services meeting their varying needs
- Reduced stigma and increased confidentiality when accessing a variety of health and wellness services

Families/caregivers:

- Receive support at the same place as young people
- Simplified system navigation
- Reduced need for transportation to multiple places for services

Centre staff:

- Team-based care creates opportunities for learning alternative approaches and perspectives to health and wellness service delivery
- Reduced feelings of isolation and responsibility for being the sole service provider for a young person
- Integrated Stepped Care Model creates clarity on referral options and low barrier access to different service streams
- The right people for the right job are available onsite
- Wholistic approach to care, rooted in collaboration, leads to better outcomes for young people
- Information and data collected from a variety of disciples can inform better health outcomes regionally and more broadly
- More clarity on job responsibilities and less duplication when using the Integrated Stepped Care Model to inform scope of practice and streamline services

Community partners:

- Knowing who to call and what services are available saves time and better equips service providers to refer to appropriate services
- Less duplication of services when collaboratively determined as a community
- Flexibility to address regional or timely needs within the community
- Meeting in a youth friendly space creates a sense of safety and distances staff from organizations that have been historically (or currently) harmful to young people

Integration doesn't just mean "everything under one roof," but also "everyone working together." Co-location is not the same as integration.

The Stages of Integration

Integration work has several stages, as shown below.

Stages	Description
Stage 1: Discovery and Assessment	Working with the community and centre to learn and understand the current state.
Stage 2: Analysis	Exploring the information and learnings from stage 1 to co-create a customized plan for the centre.
Stage 3: Training	Exploring training options for optimizing integration.
Stage 4: Implementation of Learnings	Developing strategies to implement changes to enhance integration.
Stage 5: Sustainment	Monitoring progress through ongoing observation.

Stage 1: Discovery and Assessment

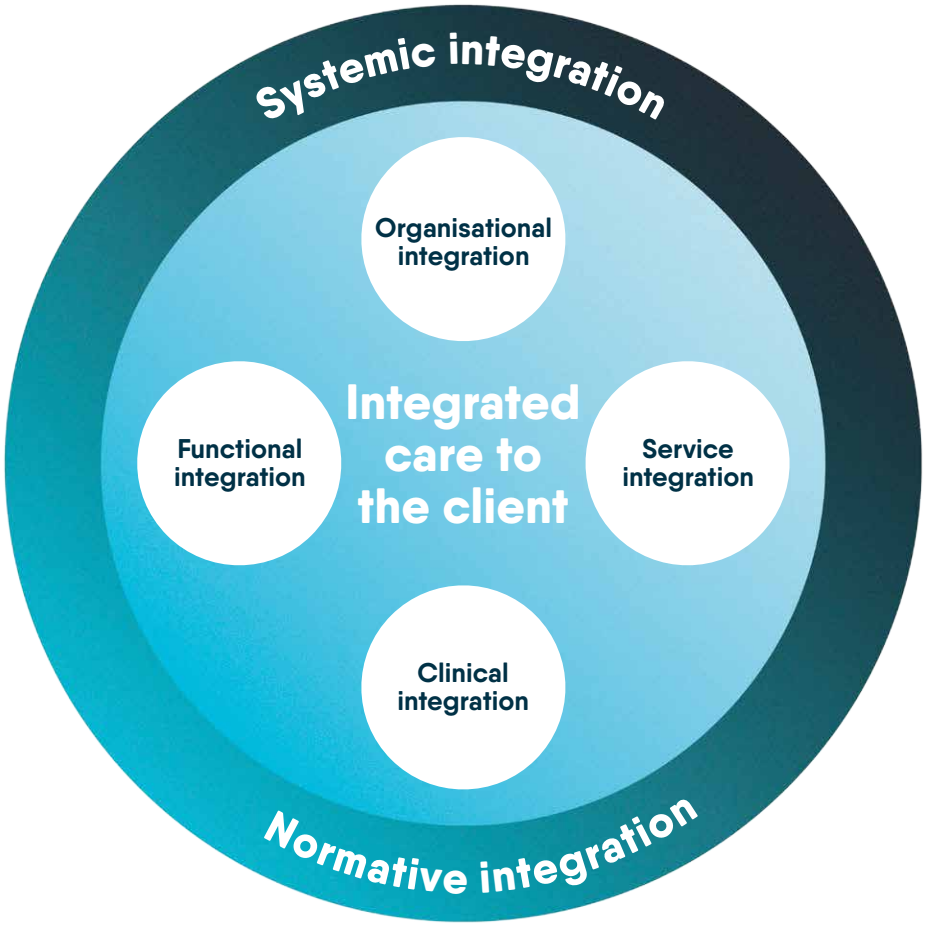
To better understand the work involved in achieving integration of services, Foundry has adopted a framework based on the Fulop Typology, which categorizes integration into six domains and outlines key elements of effective integration (see "Figure 1: Fulop Model of Integration" on page 8). Findings from our 2018 developmental evaluation support this approach and illustrate the complexity involved in establishing and sustaining systemic change through integration. The Fulop Typology provides a practical and comprehensive framework for planning and evaluating integration.

The Fulop Typology includes:

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

Please see “Applying the Fulop Typology” on page 16 for a full illustration of how the Fulop Typology is applied to support the integration of health and social services at a Foundry centre.

FIGURE 1: FULOP MODEL OF INTEGRATION



In this discovery and assessment stage, an **integration dialogue** is conducted based on Fulop's six domains, to learn and understand the current state of integration in a centre and to identify gaps and areas for improvement.

Stage 2: Analysis

After the integration dialogues, FCO meets with the centre lead or Lead Agency team and reviews together:

- The strengths and challenges in the community and the centre using the six domains of integration;
- Ideas for actions that will increase integration in the community and the centre; and
- Resources that are available, including specific FCO team members who can support integration.

Following this meeting, a plan is drafted to work from to address the actions to be taken. It will include a review period and a plan to communicate back to the community and agencies involved in the integration dialogue.

Integration Dialogues

At Foundry, we use **integration dialogues** to help centres understand how integrated their services are and find ways to improve how they work together. Integration dialogues are intentional meetings hosted by a Lead Agency and facilitated by Foundry Central Office, bringing together Foundry service providers, centre leaders, centre staff including Medical Office Assistants, receptionists, clerks and community partners. As the group explores how integration is working, they discover strengths and areas for improvement. They also review internal processes to consider whether they make it easy for youth and families/caregivers to access and receive services.

The collected information is distilled into actions and activities that can improve the way they work together and increase integration in the centre.

Stage 3: Training

Next, FCO and the Lead Agency explore what training might be available to optimize integration within centre operations. FCO will also provide training on implementing the Integrated Stepped Care Model, which assists with integration.

Stage 4: Implementation of Learnings

The next stage is developing strategies to implement changes to enhance integration in each domain. Some centres create working groups to address specific topics or gaps, such as establishing a working group to improve pathways with emergency departments. Centres may also address some of the structural barriers such as how and where providers are documenting their contacts with young people they have seen. Updates from these working group and Lead Agency efforts are shared with centre leadership and at youth and family advisory tables to get feedback and to improve the transparency of decision making.

Stage 5: Sustainment

Integration dialogues are not a one-and-done exercise. They provide a roadmap for ongoing improvement activities, as everyone comes together to create the best possible service experience for young people and families/caregivers. In the last stage, centres focus on ongoing monitoring and observation, to ensure they continue to learn and evolve.

When to Do Integration Dialogues

Integration dialogues are useful at different stages of developing a Foundry centre.

For new centres that have not opened yet, the dialogues are helpful for planning how everyone will work together. With multiple agencies coming together in one centre, how will you determine operational procedures? Do you start with one agency's existing procedures and adapt them? How will everyone chart notes? Which EMR will be used?

We recommend providing an overview of integration early on in the development of a Foundry centre, so that leaders come to a shared understanding of how their services can integrate in a centre. Foundry recommends waiting until the partners and staffing model are drafted to host an integration dialogue (occurs approximately 6–9 months prior to a centre opening) so that there is time to complete the associated tasks.

After a Foundry centre has opened and all the services are operating, we recommend hosting another integration dialogue 12–18 months later, as a way to review partnerships, highlight areas that are working well and discover areas that might need further discussion.

For centres that are already open and have not yet held an integration dialogue, these dialogues can help service providers find more integrated ways to work together as well as better systems for the centre. Although the dialogues create an action list for the ongoing development of the centre, they also help build relationships among partners, giving them an opportunity to share more about their services and how they can support the Foundry centre. The findings from the dialogues are also useful for staff check-ins as they continue to learn and evolve.

What We Know So Far

The following learnings were gathered through integration dialogues with Foundry centres.

What does poor/low integration look like? What are the barriers to integration?

Service Barriers that Prevent Equity and Access

In multiple ways, participants described low integration as a system in which young people do not have access to the services they need. As one person noted, low integration is "telling clients, youth, families 'sorry we don't have that service here.'" Another person highlighted that this leads to "people falling through the cracks." It was clear that multiple services were necessary for integration and, without them, integration would remain low.

"[Low integration means] not interacting with other agencies to close the gap between services."

There was recognition of the many reasons why service barriers that prevent integration may exist. Some of the reasons discussed were barriers within a centre, such as not having enough service providers, not being able to meet the local demand and not offering the necessary streams of services. Other barriers surrounded partnerships outside a centre, such as not knowing about other community services — a "missed partnership opportunity," as one person put it — and poor or fractured relationships among existing community services.

"Typically, those who are accessing services struggle to keep appointments or have literacy issues. Expecting the same from everyone does not work. I recall a picture showing equality over equity. So in my mind not focusing on equity would be poor integration."

A key barrier to integration that continually came up among participants was service barriers that made it difficult for people to access the help they need. In this way, participants described low integration as both program-specific barriers — such as complicated online applications or multiple intake or eligibility criteria — and geographical and social barriers — such as service hours that are not flexible and appointments that are difficult to both make and keep.

"Instead of walking-in to see the doctor youth are sometimes asked to come back in at 10:00 am to get on a list then come back at 2:30 pm when the doctor arrives. This is unrealistic for youth with issues around motivation and executive function, as well as street-entrenched youth. Because of this, some youth may miss out on essential services."

Teams Working in Silos

Participants also discussed how teams working in silos leads to low integration. As one person put it, low integration is "members of different interdisciplinary teams inefficiently working in the same centre but not actually working together." This may involve a lack of shared mandates or contracts, unclear roles, low or no communication and a lack of follow-up and planning.

"Even though programs are under the same umbrella, they don't feel or appear cohesive. Inconsistent engagement efforts lead to feelings of distance/low motivation to be integrated. It starts to feel like more work than it is."

In other cases, participants discussed how services may aim to integrate but falter in this aim for a range of reasons. Examples of low integration provided included "team members not understanding or following rules and roles," "everything halting when disagreements or misunderstandings happen," "bickering over who is doing what," "not sharing work or resources," "not being on the same page" and a "lack of communication between service providers."

"No communication leads to lack of respect and others doing what they think is best without consulting others."

Service providers also saw low integration as the maintenance of inside and outside groups. In this sense, integration may be taking place among certain service providers but not others. There may also be situations where key stakeholders and community partners, such as youth and families/caregivers, do not feel fully included. Participants discussed how the feeling of who is "inside" and "outside" is often due to space (e.g., "get rid of the wall!") and knowledge constraints (e.g., "stop using acronyms!")

"Quite often you are talking in a different language. Each industry has their own acronyms, which is why the monthly meetings help. Youth and family members as well may not know what we are talking about."

What does excellent/high Integration look like? What facilitates integration?

Community-Centred Inclusion

From the perspective of participants, high and excellent integration took the form of community-centred inclusion. This meant offering programs and services to diverse groups, especially families/caregivers. It also meant ensuring lived experiences inform service delivery and programs. As one person wrote, high integration means "being here for the youth, letting the youth have a voice and to be heard and respected."

High integrations means "opportunities for caregivers both in programs and counseling offered and the family advisory. Caregivers can access workshops, programing, and counselling separate from youth even if their youth is not coming in."

People also described community-centred inclusion as working in an inclusive manner with other agencies and ensuring everyone feels welcome and respected at a centre. One participant described high integration as something that resulted in "youth telling another youth that Foundry is good. By providing a good service, we can bring more people in." As another person noted, high integration means "being in the community where needed and having community to our site when needed, for free with the welcome mat out."

A Web of Strong Leadership and Governance

Participants noted how a "strong community vision" and "open, honest relationships between community leaders" support high and excellent integration. People highlighted that strong leadership increases integration by promoting accountability and opening up coordinated approaches to change and resource allocation. Participants described strong leadership and governance as necessary for all disciplines and to ensure people work together towards common organizational goals.

"At Foundry, it would look more like a web, it is not like people are at the top or the centre. Actually, maybe George [the dog] is at the centre."

A discussion on the role of branding in promoting high integrated service delivery connects to leadership and governance. Participants mentioned both the positive and negative sides of branding. As one person mentioned, if people expect the same service at each location, a bad experience at one location may prevent visiting another centre. That is, "there is an assumption that we are all the same."

"From an integration model [the brand] can open the door a little wider to building partnerships. As people know about Foundry as an initiative, there is interest. Other organizations understand it. Other organizations are like 'hey, maybe we can do something together.' The brand leverages these relationships."

As a positive result of branding, participants also discussed how a brand facilitates partnerships by setting expectations with other organizations that may be interested in partnering — something that is important for a new integrated service centre opening in a community. As one person mentioned, "you know what it is going to look like inside, what to expect, what I can get there." As something that supports high and excellent integration, another meeting participant also mentioned that a brand generates a sense of ownership among service providers at the centre.

Ongoing Learning and Flexibility

Participants discussed how high and excellent integration involves ongoing learning and flexibility in the programs and services offered. As one person observed, it means "listening, hearing, and acting on what is said by community, clients, and parents." Participants noted how on-going learning and flexibility meant "constantly assessing the situation" and "consulting youth and peer support to gather data, having fun activities to get youth in the door, being flexible in how youth access services (i.e., outreach, scheduled appointments, walk-in services)."

"There is also a lot of flexibility with the services and activities we offer, if someone has an idea, the team does their best to make it happen."

Participants also emphasized that easily sharing information was a necessary component of learning and flexibility between and within services. People highlighted several ways to promote information sharing to ensure integration is high and excellent. People described shared documentation and client data as necessary. Others suggested offering group training for service providers from across different organizations. As one person said, "instead of sending one person to Vancouver, bring the training here for everyone."

Interconnected Services

Participants noted the multiple ways high and excellent integration must involve interconnected services to ensure there is "no wrong door for youth and families" and there is "seamless access to services for community members." More than just simply connecting services together, people commented on how eligibility criteria (i.e., age) should be uniform to ensure there is high integration. In this sense, all service providers can see the same clients without "needing a label or diagnosis to access service."

"Excellent/High Integration is connection. Everyone on the team feels appreciated and respected. Everyone agrees to their role and follows the rules outlined. Everyone on the team participates and are heard to accomplish goals. Everyone is on the same page."

Participants also described interconnected services as responsiveness and openness, as well as appreciation for all team members. As one person noted, high and excellent integration is "being able to wheel around in your rolly chair and talk to anyone on the team." For another, it meant "tagging the next service provider or agency in during follow-up." Participants highlighted how working with others means also appreciating their roles. In this sense, people viewed a culture of appreciation as a key component of high and excellent integration.

Applying the Fulop Typology

Domain of Integration	Description	Items/Activities	Identified Challenges
Organizational Integration Organizations brought together formally by mergers or structural change or through contracts between separate organizations	Integrating services relies on the development of intentional partnerships and collaborative working relationships with a shared commitment to transform access to health and social services. Organizational integration sets the stage for systemic integration which describes how agreements at the organizational level are actualized at the centre level.	The following structures support organizational integration and are in place to support decision making and communication between key community stakeholders at the local community level: • Funders/Governance Table; • Local Leadership Table; • Local Service/Clinical Working Group; • Youth and Family Engagement Working Group; • Memoranda of Understanding; • Service Agreements or Contracts; and • Information Sharing Agreements.	• Decision-making protocol between agencies, who is the ultimate decision maker; • Up and down communication between staff, leadership tables, working groups; and • Circling back to youth and families when a decision has been made.
Functional Integration Nonclinical support and back-office functions are integrated	Service partners including the Lead Agency negotiate terms of use on operational matters that support service delivery.	Key areas for discussion: • Electronic Medical Records (EMR) (shared); • Toolbox; • Admin office space and use; • Room booking; • Licensing cost contributions; • Operational costs (phones, computers, printers); and • Lease cost contributions.	• Multiple EMR platforms and shared access; • Training staff to use multiple data platforms (Toolbox & EMR); • Cost for software licensing for computers as number of users and accounts required increases; and • Cost for medical supplies particularly for those expanding to include primary care services.
Clinical Integration Care by professionals and providers to clients is integrated into a single or coherent process within and/or across professionals such as through use of shared guidelines and protocols	Walk-in counselling and the Integrated Stepped Care Model (ISCM) present key opportunities for integration. The overall goal is that the care of young people and families is integrated in a single process in terms of inter-professional and inter-agency communication.	• Service providers identify leaders/champions who are willing to support training and knowledge mobilization; • Partner agreements for core service provisions within ISCM: Emotion-Focused Family Therapy (EFFT), Cognitive Behavioural Therapy (CBT), Solution-Focused Brief Therapy (SFBT), Motivational Interviewing (MI) and core groups; • Adoption of operational requirements for ISCM; and • Walk-in counselling is offered by various partners.	• Following common processes/approaches to guide the care pathway: huddles, triage meetings, shared care plans, assessment and screening; • Duplication of mental health assessment; • Team-based care is inclusive of all disciplines (including physicians, Peer Support Workers); and • Myths and misconceptions about ISCM and walk-in counselling.
Normative Integration Shared values and commitment to coordinating work enables trust and collaboration in delivering health care	Service partners adopt Foundry's vision and guiding principles by developing a shared understanding of how this translates locally at the centre and in the community. **Vision:** Transform access to services for young people ages 12–24 in BC.	• Developing team agreements that highlight shared values and beliefs; • Creating Terms of Reference for various groups; and • Leaders are critically aware of organization culture and monitor the impact of shared assumptions on organizational culture.	• Community organizations with different philosophies of care, values and beliefs.

Domain of Integration	Description	Items/Activities	Identified Challenges
Service Integration Different services provided are integrated at an organizational level, such as through teams of multi-disciplinary professionals	Services delivered at Foundry are complementary, cohesive and comprehensive so that young people and families/caregivers experience seamless service coordination. Processes are in place allowing service providers to coordinate services in a way that minimizes duplication.	Streamlined processes across partner agencies including: • Registration; • Referral (internal and external); • Service/program schedule; • Screening and assessments; • Release of Information (shared); Roles, responsibilities and scope of practice for providers — people need to understand each other's roles and what they do in order to minimize assumptions and promote culture of integration; • Staff meetings include all service partners; and Team meetings for frontline providers and administration to facilitate communication on operational matters.	• Mandated screens/assessments that duplicate information (e.g., Brief Child and Family Phone Interview (BCFPI), other specialized assessments); • Inclusion of Peer Support Workers and access to client records (Toolbox & EMR); • Consent and privacy: Personal Information Protection Act (PIPA) and Freedom of Information and Protection of Privacy Act (FOIPPA) (service providers may fall under different legislation); • Following common processes/approaches to guide the care pathway — huddles, triage meetings, shared care plans, assessment and screening; and • Repeated initial Mental Health and Substance Use (MHSU) assessment.
Systemic Integration Coherence of rules and policies at all organizational levels	There is a system-wide commitment to integrating with intention, and agreements made at the organizational level (aka governance) are supported by protocols and procedures that support integration at the centre level.	Examples for consideration: • Shared reporting requirements across service providers; • Transparent conversations re: eligibility requirements and how to "service in"; • Service transition protocols; • Hiring process includes representation from multiple service partners and youth and families/caregivers; • Vacation coordination between service partners; • Supervision (clinical and administrative); and • Policies and procedures — big P (organizational) and little p (centre).	• Matrix reporting lines across organizations and flow of communication; • Staff shortages affecting Foundry centre operations (i.e., Lead Agency having to fill the gap when partners are unable to recruit for positions offered in-kind); and • Adopting Foundry Brand Guidelines and developing a culture of shared accountability.

Getting Support

For more support with integration or if you have any questions, please contact your Manager, Service Implementation and Integration.

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info@foundrybc.ca | foundrybc.ca