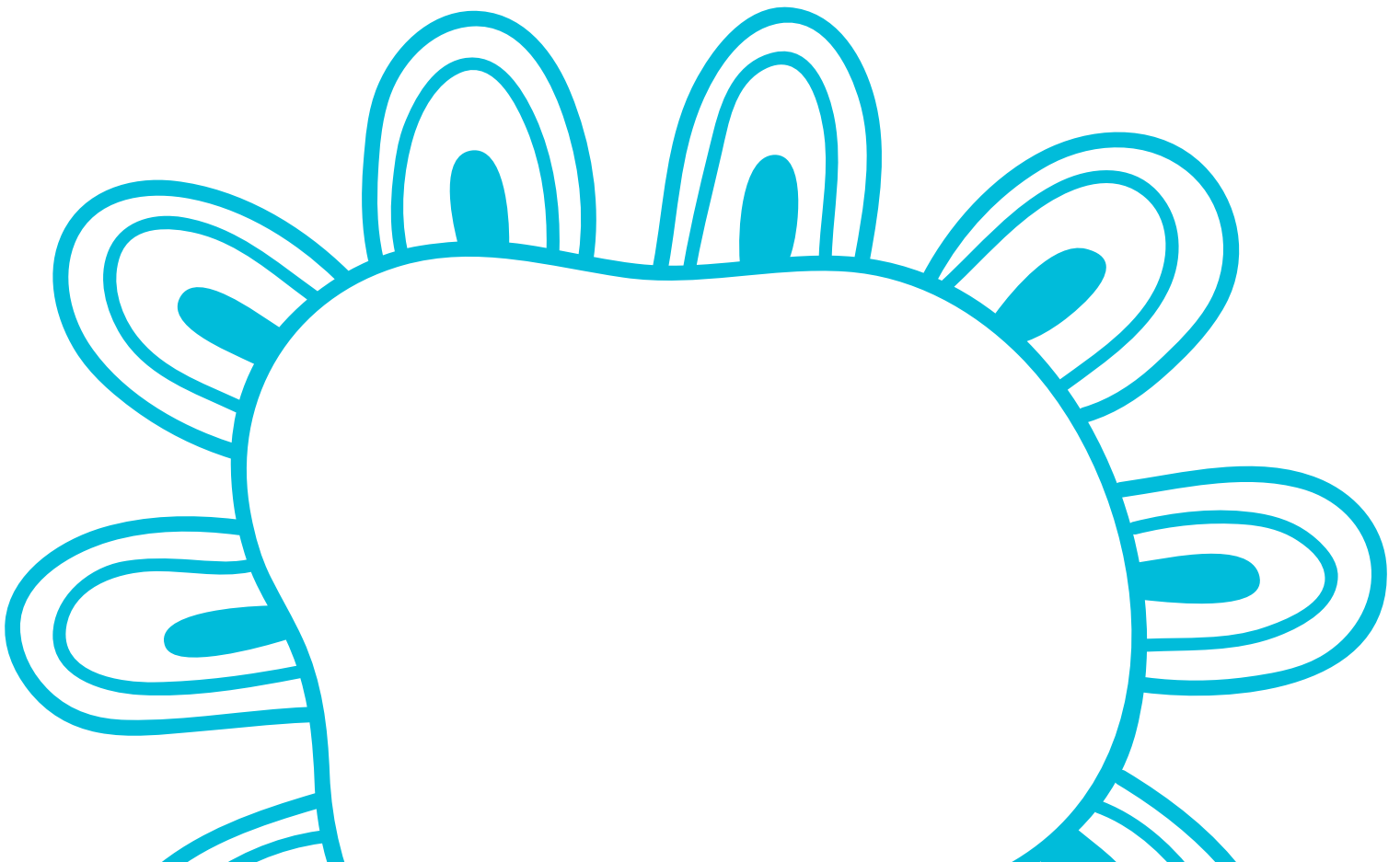


# Appendices

Supplementary Materials for the Foundry Start-Up Guide | June 2020



# Supplementary Materials

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- A.2 Template: Project Charter
- A.3 Foundry Centre Workplan Guidance Notes
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- A.5 Template: Foundry Centre High-Level Timeline\*
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\*Available as Microsoft Excel files

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- F.6** Foundry Brand Story
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- \*Available as Microsoft Excel file

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- L.8** Foundry Early Learnings: Proof of Concept Evaluation Report

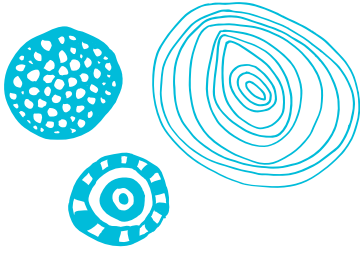
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### **Appendix M online only**

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- M.1** Foundry Research and Innovation Strategic Plan (under development)
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- M.3** Procedure for communicating with FCO about research activities happening locally at your centre (under development)





## APPENDIX A

# Project Planning Overview

### **A.1 Project Charter Guidance Notes**

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### **A.2 Template: Project Charter**

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### **A.3 Foundry Centre Workplan Guidance Notes**

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### **A.4 Template: Foundry Centre Workplan\***

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### **A.5 Template: Foundry Centre High-Level Timeline\***

---

### **A.6 Risk Analysis and Management Guidance Notes**

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### **A.7 Template: Partnership Inventory and Analysis\***

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\*Available as Microsoft Excel files.

# Project Charter - Guidance

## Context – When to use

- The Charter is developed after discovery in the planning phase of a project to provide a framework and obtain agreement. It outlines what you are trying to achieve—goals, objectives, roles and responsibilities, stakeholder identification, project organization, scope, etc.
- Revisit the Charter at key transition points in the project (ie. Change in sponsor, change in project manager).

## Purpose – Why to use

- It serves as a reference of authority for the future of the project and outlines key components of the project's goals, key members, stakeholders, constraints, etc. It serves the purpose of designing and authorizing the project.

## Guidance for use – How to use

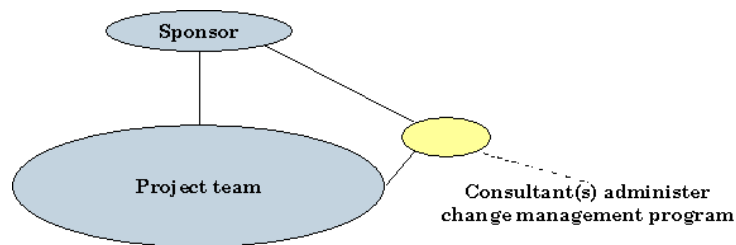
- After the Discovery stage, create a draft; then review with Sponsors/key project members to develop further through consultation.
- Following consultation, take to Executive Sponsor for sign-off and final authorization. The Charter can evolve during the project lifecycle (i.e., if scope changes), but key components of the charter should be complete prior to workplan development.
- Refer to definitions embedded within the Project Charter for further clarity on key charter components.

## Charter Section Notes

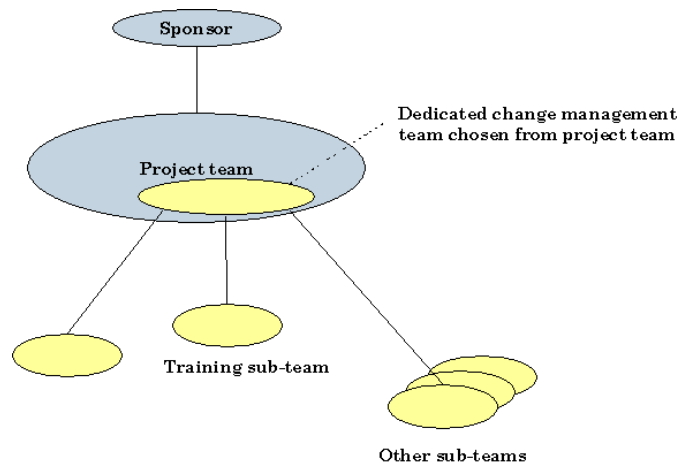
- Remove "DRAFT- CONFIDENTIAL" after approval.
- Revision Log version formats: v1.1 signifies a minor change. v2.0 signifies a significant change (i.e. major shift in goal, objective, scope).
- Use a sign off sheet for approval – including Date and Executive Sponsor.
- Goal Statement – this can be the same as the "end outcome" on an outcome map.
- Desired Outcomes – Identify and document business, technical, health, and people outcomes.
- Change Description – At the charter stage, this is a high-level description based on what you know. As you learn more, this description will be refined In Scope – this may include project deliverables/outputs.
- Rationale for Change – Consider the rationale for change from multiple frames of reference; the executive, the patient, the employee. Include evidence/data if available.
- Project Interdependencies – this may include activities/actions that the project depends on for success (i.e. cannot proceed with certain aspect of the project until external activity is complete).
- Assumptions - these often become risks.
- Constraints are known, vs. risks which are unknown. A risk is an assumption that you as the project manager are not willing to live with, since if it occurs, it would jeopardize project outcomes.
- Risks – develop risk management strategies for risks that have a high probability of occurring, or a high impact if they do occur. Be sure to include change-related risks (eg, lack of adoption, utilization, proficiency, inability to sustain etc...)
- Risk – List the top 3-5 risks. Use the Risk Register for deeper analysis.

- Stakeholder– List the top 5 critical stakeholders where significant energy/effort is required. Use the Stakeholder Inventory and Analysis template for deeper analysis.
- Org Chart – ensure this aligns with role descriptions. You have many options for the structure of your change management effort, ranging from an existing resource on the project team that spends only part time on change management to a separate change management team with dedicated resources.
- Org Chart: Below are six models that show examples of possible team structures that you may use. The models are presented in order from the simplest to the most complex. Combinations of these models are also viable solutions. The organization and complexity of your team structure will depend on the size of your change, the organizational attributes and the available budget for your project.

### Team structure 1



### Team structure 2



- Consider Prosci's PCT Triangle and the 3 "legs of the stool" – leadership/sponsorship, PM, CM, and where the strengths and weaknesses of your project lie. Use this information to help shape your roles and responsibilities.
- Roles and Responsibilities – this may also include roles such as: Project Lead, Clinical Planner, Project Director, and Facilities Lead. Roles may also shift depending on the phase of the project i.e. between project design and implementation.
- Roles and Responsibilities for STT: 'Menu' of responsibilities in Charter template has been updated to reflect STT's evolution from more of a pure PM service to a strategic transformation consulting service. The PM responsibilities remain as sponsors often require this skillset, and additional responsibilities have been added.
- Roles and Responsibilities for Sponsors: need to be negotiated as they may vary somewhat depending on the project and the sponsor. Expectations for when changes will occur may also shift depending on the project and the sponsor.
- Appendix to Charter may include budget information.

## Reference

n/a

## Related Tools

Core Discovery Questions: Can be used to consult with key stakeholders to inform the charter.

STEP Assessment: can be used to assess the change impacts and inform the change description.

Prosci Org attributes, change characteristics: Can be used to assess the change impacts.

Prosci PCT Triangle



## *Project Charter*

<b>Project:</b>	<b>Title</b>
-----------------	--------------

<b>Version</b>	<b>1.0</b>
<b>Document Owner</b>	
<b>Start Date</b>	

<b>Approvals/Reviews</b>	<b>Signature</b>	<b>Date</b>
<b>Executive Project Sponsor(s)</b> <i>Project Sponsor – is a person or group who provides resources and support for the project to enable success</i> [Name & Contact]		
<b>Project Manager/Lead</b> <i>Project Manager/Lead – is responsible for the day to day operations of the project</i> [Name & Contact]		

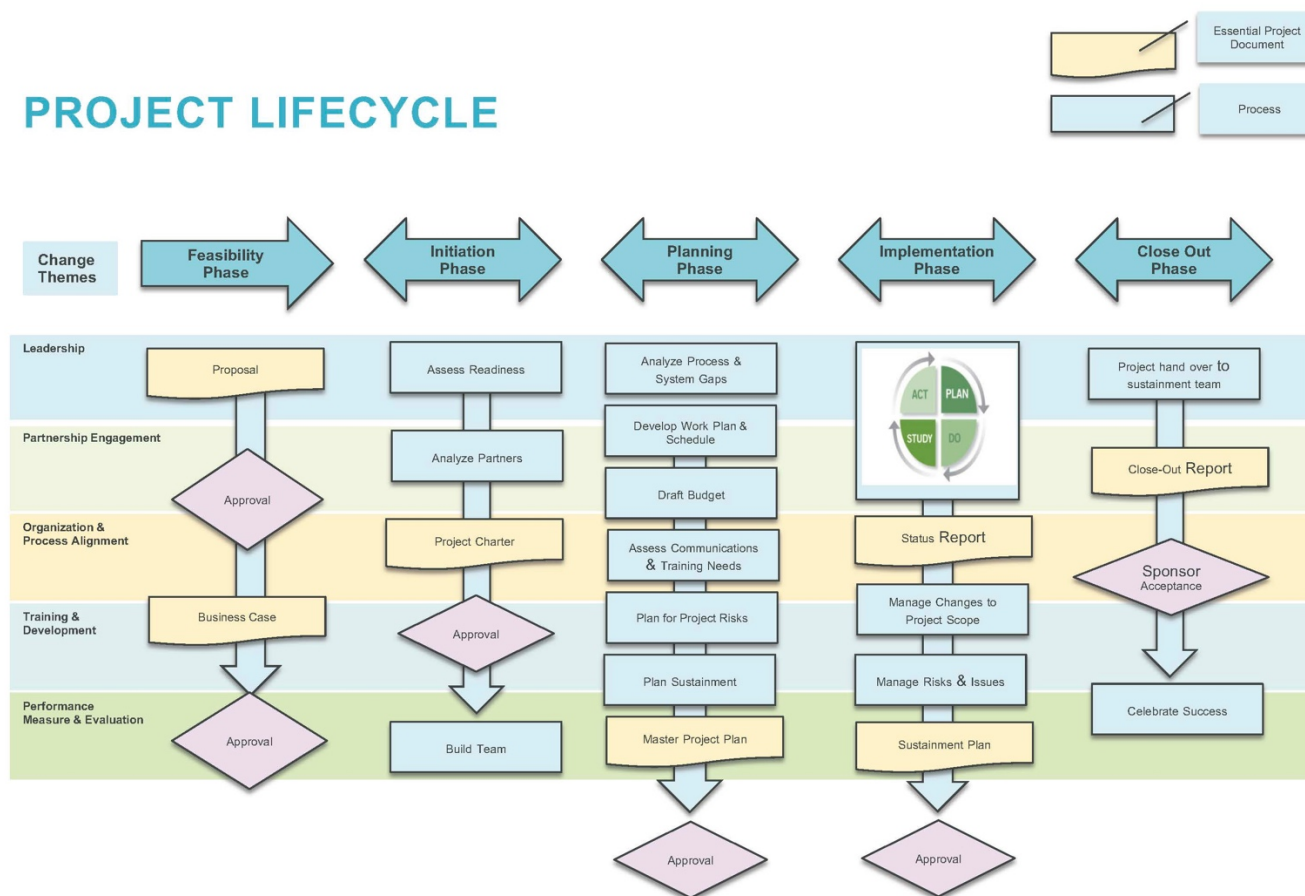
## Note to Author

This template serves as a guide; sections can be added or deleted to fit the needs of the project. The level of detail is therefore flexible and the effort required to complete this document should be gauged according to the size and complexity of the proposed project. All sections within this template can be easily modified or sized to facilitate customization.

Any important information that does not readily fit within the structure of this template can be included at the end of the document. Inclusion of other supplementary material (supporting documentation, etc.) should be incorporated into the Appendix.

This general instruction page and the guidelines/examples that follow throughout the document indicated by *[blue italics]* should be deleted when this document is complete and submitted for final review.

## PROJECT LIFECYCLE



## **Project Charter Template**

The Project Charter is a formal statement of the purpose, objectives and scope of the proposed project. The Charter also represents a commitment to dedicate the necessary time and resources to the project. The Charter provides the basis for approval to proceed with detailed project planning and serves as an agreement between the various partners that the project will be planned and executed in accordance with the content of the document.

The Charter has four important functions:

1. Provides a high level and common understanding of the project.
2. Establishes the partnership between the project sponsor, project manager, partners and the project team.
3. Provides the input to the various project planning templates available.
4. Identifies the Project Manager and gives them the authority to recruit project personnel and proceed to the Project Planning Phase.

## Contacts

<b>Project Title</b>	[Insert Project Title]
<b>Project Manager</b>	[Insert Project Manager Name] [Title (If Appropriate)] [Email address] [Phone Number]
<b>Project Sponsor(s)</b>	[Insert Primary Project Sponsor Name] [Title (If Appropriate)] [Organization or Agency] [Email address] [Phone Number]
<b>Document Owner</b>	[Insert Principal Author Name] [Title (If Appropriate)] [Email address] [Phone Number]
<b>Contributing Authors and Distribution</b>	[Insert Contributing Author Name] [Title (If Appropriate)] [Email address] [Phone Number]
<b>Funding Source</b>	
<b>Version</b>	Use the format n.n. Change the first number for major changes Change the second number for minor revisions
<b>Status</b>	Draft

## Document History

Version	Date	Author	Description of Changes / Comments
			<i>Log each version of the document created</i>



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## 1. Project Purpose

*This section is one concise statement of the project's goal or mission and can be drawn from the Business Case.*

[Insert text]

## 2. Background

*This section contains a brief discussion of the business need for the project, its customers or users, their interest in its completion, and the problem or opportunity that has made the project necessary or viable. This section should be brief and should only contain historical background information relevant to the project.*

*Include why the project is needed (e.g. to address corporate objective), who will use the product, how it will be used, and what the expected life-span of the product will be.*

[Insert text]

## 3. Objectives

*The objectives of a project are high-level or strategic goals of the project. They should be as SMART (Specific, Measurable, Attainable, Relevant and Time-bound) as can be articulated at this point of the project lifecycle. They must be SMART by the time they are revisited in the project planning stage. All stakeholders (project client, target users, steering committee, etc.) must be informed of, and agree on the objectives.*

*Enter the strategic level objectives of the project, focusing on how the project will make a difference.*

### Objectives

(1) [Insert text]

(2) [Insert text]

(3) [Insert text]

(4) [Insert text]

## 4. Scope

*Scope is a critical element of a project as it describes the project boundaries in terms of its activities and the work to be performed and sets the stage for managing stakeholder expectations.*

*To meet each objective, identify the scope (the high-level work that is to be completed, including the tangible products that may be produced as a result of the work, if known ). Scoping a project includes explicitly stating what this project will not do, (i.e. what is out of scope), particularly if it helps the reviewers further understand the project. Include appropriate rationale, for out of scope work, where possible. Scope is a key input to defining the work in a Work Breakdown Structure (WBS) which ultimately forms the basis for the project schedule (see the WBS How-To on the Strategic Planning & Transformation Support section of the portal for more information about the WB). As the project is planned further, the scope should be verified and iteratively revised with sponsor approval.*

### Within Scope

- 
- 
- 

### Out of Scope

- 
- 
- 

## 5. Measures & Metrics (optional)

*List the quantifiable measures that this project will track or affect. E.g. % decrease in turn-around time from X to X in the XXX department, % of employees using the system etc.*

[Insert text]

## 6. Key Milestones and Deliverables

*A milestone is a marker in a plan that represents a significant event in a project such as the completion of a critical activity, a decision point, or the creation of a significant deliverable,*

*A deliverable is a measurable tangible verifiable outcome result or item that must be produced to complete a project or a portion of a project.*

Project Phase	Milestone/Deliverable	Completion Date
Initiation Phase		
Planning Phase		

<b>Implementation Phase</b>		
<b>Close out Phase</b>		

## 7. Links and Dependencies

*This section describes other projects or initiatives that could affect the outcome of project deliverables, cost or timeline. It also identifies other projects that depend on the output of this project and describes the nature of the relationship.*

### Projects that this initiative is dependent on

	<b>Linked Project</b>	<b>Possible Impact (TIME COST SCOPE QUALITY, OTHER)</b>	<b>Project Manager Name/Contact Info</b>
<b>1</b>	[Insert text]	[Insert text]	
<b>2</b>	[Insert text]	[Insert text]	
<b>3</b>	[Insert text]	[Insert text]	

## 8. Budget (high-level)

<b>Item</b>	<b>Budget Estimate</b>	<b>Notes</b>

## 9. Risk Register

*Include link to Risk Register so it can be continually updated – if maintaining a Risk Register.*

<b>Risk</b>	<b>Probability (Low, Med, High)</b>	<b>Impact (Low, Med, High)</b>	<b>Mitigation</b>
<i>An uncertain event or condition that, if it occurs, has an effect on at least one project objective</i>	<i>What is the likelihood of this risk occurring?</i>	<i>If the risk occurs, how much of an impact will it have on the project?</i>	<i>Indicate what the team will do to prevent the risk from happening in the first place.</i>

## 10. Project Team

<b>Name</b>	<b>DARCI</b>	<b>Resource Role</b>	<b>Project-Specific Knowledge and Experience</b>	<b>Time Estimate Range</b>
	<i>D</i>	<i>Project Sponsor</i>		<i>Define the most likely range of effort (e.g. %FTE)</i>
	<i>A</i>	<i>Project Manager</i>		
	<i>R</i>	<i>Project Team Members - Core</i>		
	<i>R</i>	<i>Project Team Members - Extended</i>		
	<i>C</i>	<i>Subject Matter Experts/Consultants</i>		
	<i>R/C</i>	<i>Contractors/Vendors</i>		
		<i>Other</i>		

## 11. Committees

Committee	Purpose of Committee	Membership
<i>Steering Committee</i>	<ul style="list-style-type: none"> <li>Ensures stakeholder interests by providing project direction &amp; guidance through the review of project progress and by addressing critical project issues.</li> </ul>	<i>Project Sponsor (chair) (positions likely to be included)</i>
<i>Advisory Committee</i>	<ul style="list-style-type: none"> <li>Provides expert advice to the project sponsor and/or steering committee</li> </ul>	<i>External and internal representatives May or may not be stakeholders</i>
<i>Working Committee</i>	<ul style="list-style-type: none"> <li>Provides expert advice to the project manager [and/or specific project teams or groups]</li> </ul>	<ul style="list-style-type: none"> <li>[internal experts]</li> <li>[may or may not be stakeholders]</li> </ul>

## 12. Project Stakeholders

Stakeholder	Role	How to Engage	Notes
<i>Name of stakeholder</i>	<i>Stakeholder's role in the project</i>	<i>How will you engage this stakeholder in the project?</i>	

### **13. Project Organizational Chart (optional)**

*Insert schematic representing organizational structure of the project.*

# Workplan – Guidance

## Context – When to use

Once project deliverables and outcomes of an initiative have been clearly defined in the Project Charter, and required supports have been identified, a workplan should be developed.

## Purpose – Why to use

A workplan:

- Identifies milestones and corresponding actions/tasks to achieve them.
- Confirms key project supports.
- Assigns responsibilities to individuals and/or groups.
- Allows the monitoring of progress, and status and holds individuals accountable.
- Ensures that critical timelines are being met and assigned tasks are being completed.
- Can influence or become the agenda for the core project team meetings.

## Guidance for use – How to use

*Note: The level of detail and use of a particular tool will depend on the complexity of the project and the need to adhere to tight timelines.*

- The workplan is developed through consultation with the project team and/or key supports.
- Determine key milestones and the logical critical path. Milestones are generally articulated as completed (i.e. Project Budget Developed).
- Corresponding key tasks/activities to meet the milestones should be action oriented (i.e. develop, implement, approval, identify, present, validate, engage, report, etc).
- The workplan key tasks should include enough detail that someone new to the project would understand the activity required.
- Negotiate agreement of assigned responsibility and action completion dates.
- Where possible, the person assigned to a particular key task/activity will be a member of the project team, and will be expected to report back as per the teams agreed expectations.
- Where possible, avoid having more than one person responsible for a key task/activity.
- Update Status and Progress columns as required for project monitoring. The workplan should be updated regularly as per the needs of the core project team.
- Identify task related obstacles, risks, constraints or important details in the "Issue/Comments" column.
- It is helpful to understand your starting point for change management when you are integrating change milestones and activities into a project workplan as there are many entry points for change management. Examples:



1. Project underway and implementation has started. Change management is added after to fix issues when the project encounters resistance.
  2. Project has planned and designed solution and decided to apply change during implementation phase. Change is being layered onto an existing project structure.
  3. Project has just started and change management will be applied from the beginning.
- Remember, it is always easier to PREVENT than to FIX.

### **Integrating Change Management into the Workplan:**

- Change management milestones and activities should be included in your workplan. If the size and complexity of the change warrant a unique, separate change plan, ensure key change management milestones are still captured in the overall Project workplan to demonstrate alignment and integration.
  - A change workplan is informed by the creation of your change strategy which identifies your unique change needs and challenges and the special tactics you will use to address them. In general, the following outline can guide you in developing your change workplan.
- 1. Change management strategy defined**
    - 1.1. Assess the size and nature of the change
    - 1.2. Assess the organization affected by the change and conduct employee readiness assessments
    - 1.3. Develop a change management strategy
  - 2. Change management team prepared**
    - 2.1. Acquire change management resources
    - 2.2. Assess team competencies in change management
    - 2.3. Prepare the change management team
  - 3. Sponsorship model developed**
    - 3.1. Identify necessary project sponsors
    - 3.2. Assess sponsor positions and competencies
    - 3.3. Develop the sponsor model and prepare sponsors to manage the change
  - 4. Change management plans developed:**

*Note: Some of these plans may be led by other Corporate Supports – ie. OD, Communications, etc..*

Option A: Develop change management plans by change levers:

- 4.1. Develop communications plan
- 4.2. Develop sponsor roadmap
- 4.3. Develop coaching plan
- 4.4. Develop training plan
- 4.5. Develop resistance management plans

Option B: Develop change management plans by ADKAR:

- 4.6. Develop Awareness Plan
- 4.7. Develop Desire Plan
- 4.8. Develop Knowledge Plan
- 4.9. Develop Ability Plan
- 4.10. Develop Reinforcement Plan

**5. Change management plans implemented**

**6. Feedback collected and analyzed**

- 6.1. Gather employee feedback
- 6.2. Audit compliance with new processes, systems and roles
- 6.3. Analyze change management effectiveness

**7. Gaps diagnose and resistance addressed**

- 7.1. Identify root causes and pockets of resistance
- 7.2. Develop corrective action plans
- 7.3. Enable sponsors and coaches to manage resistance

**8. Corrective action implemented and successes celebrated**

- 8.1. Implement corrective action
- 8.2. Celebrate early successes
- 8.3. Conduct after-action reviews

**Reference**

Prosci's Pilot Pro License – an online resource of all change tools and templates.

Prosci's Change Management Plan - Level 1 and Level 2 CHANGE activities

**Related Tools**

n/a

## FOUNDRY Workplan - Master Plan On-boarding and Operations

Topic	Task	Status	Start Date	End Date	Assigned to	Support	Budget Notes	Comments
Project Management								
	Complete project charter/business case							
	Establish project team / resources and PM/CM approach							
	Complete workplan (PM/CM)							
	Communicate charter/workplan to internal FCO and External Centre project team							
Initiation								
	FCO and site leadership call- site award notification							
	<b>Orientation</b>							
	#1 orientation session with FCO, Lead Agency and Key Partners							
	#2 Kick-off meeting with partners #2 Orientation							
	#3 Orientation Community cont'd as appropriate							
	Establish funders table							
	Establish leadership table							
	Establish Operations Working Group							
	Establish youth advisory group							
	Establish family advisory group							
	Establish TOR for all working groups							
	Contract execution (LOI, Capital Contract, ISA, HA service contract, MOU, etc.,)							
Partnership Engagement	ID & develop partnership engagement and analysis							
	ID & develop youth engagement strategy							
	ID champion (leadership capacity to lead youth engagement)							
	ID & develop family engagement strategy							
	ID champion (leadership capacity to lead family peer support & family engagement)							
Change Leadership	Develop Foundry Centre specific story to coincide with the Foundry story (Vision & Awareness & Desire)							
	Orientation - Change Leadership - Sponsor - what it means to be an active/visible sponsor							
Capital Project	Perform commercial real-estate scan							
	Identify physical location							

	Review foundry space planning guide								
	Develop functional program- capital								
	Perform post occupancy evaluation								
Communications	Orientation to the brand (branding process, DNA, etc.)								
	Develop communications plan								
	Develop announcement plan and event strategy with LA and Ministry								
Budgets/Contracts	<b>Budget/Contracts</b>								
	Capital budget								
	Contract execution (LOI, Capital Contract, ISA, HA service contract, MOU, etc., )								
Fundraising	<b>Fundraising</b>								
	ID fundraising partners and develop plan								
	Fundraising capacity assessment								
	Confirm philanthropic dollars								
	Close out fundraising campaign, announce results								
	Support LA to finalize donor wall, as needed								
Center Operations Governance Development									
	<b>Centre Service Support Scan</b>								
	ID which services Lead Agency								
	ID services available in the community that support Foundry model								
	Solicit in-kind resources to support delivery of services at Foundry Centre								
	Develop strategic partnership to compliment existing agency services and fill gaps								
	MOU (renew)								
	<b>Educate partners on the Foundry Service Model including ISCM as the core framework of service partnership development</b>								
	<b>Foundry Support Planning</b>								
	<b>Determine if partners can contribute to:</b>								
Operational Partnership Development	Software lease costs								
	Lease costs & shared services								
	Shared administrative staff								
Tool - Service scan									
	Orientation to KE for Operations managers and training plan (high level)								
	<b>Foundry, ISCM and walk-in services</b>								
	Develop infrastructure for WIC								
	Develop infrastructure for ISCM								
	<b>Create an organizational chart and identify reporting structure</b>								
	<b>Policy and procedure development</b>								
	Review existing policies and procedures								
	Establish shared agreements on for service delivery commitments								
	<b>IT requirements</b>								





Foundry Centre High-Level Timelines									
	3 month	6 month	9 month	12 month	15 month	18 month	21 month	24 month	On-going
Post award									On-going
Contracts									
MOU									
Capital contract									
Information sharing agreement									
Partnership development									
Governance									
Funders table									
Leadership table									
Service working group									
Youth and family working group(s)									
Planning									
Service and Operational Planning									
Develop Fundraising plan									
Develop communications plan									
Develop Youth and Family engagement plan									
Capital/Physical Space									
Service Implementation									
Peer Support									
Primary Care									
Social Services									
Walk-in-Counselling									
Family Services									
Integrated Stepped Care Model (ISCM)									
Evaluation									
Toolbox									
Experience surveys									
Partnerships surveys									
Quality Improvement									
Quality Assurance/Fidelity									
Research									



# Risk Analysis & Management – Guidance

## Context – When to use

- To be used in the planning phase of a project and is referred to in the project charter (high probability and impact risks listed).
- Continue to revisit and update throughout the project's execution and control phases.

## Purpose – Why to use

- To understand factors which might contribute to project issues or negative outcomes, the analysis is a systematic and proactive approach to understand and manage risk by developing solutions or mitigation strategies.

## Guidance for use – How to use

- A risk is any unknown factor, uncertain event or condition that, if it occurs, may have a positive or negative effect on a project objective, the patient population, or the organization and its personnel. Some risks have likely been identified in the discovery phase of work and should be recorded.
- Projects are generally made up of some type of change, along with the processes and structures required for it to occur. The type and magnitude of risk will differ with each project, but could include technical, facility-based, infrastructure or people related changes.
- Potential risks can stem from any of the factors undergoing change as part of the project and could be: technical or people oriented, external or internal, organizational or project-related.
- Use the risk analysis document to identify all risks as well as to develop strategies to manage them.
- A suggested approach to completing the risk analysis is as follows:
  - **Session 1** (with project team): Schedule meeting(s) with the sponsors and/or project leads to review and complete the Risk Register template. Brainstorm potential risks events, the drivers or source of the risk, specific impacts, as well as any current mitigation plans in place. Drivers should be descriptive and concrete to identify the 'root cause' of the risk and assist in defining mitigation and prevention strategies. This information can be entered in columns D.
  - **Session 2** (with sponsor): Estimate likelihood and impact for each identified risk, ranking each from 1-5. Enter the scores in columns E and F. Column G will populate automatically based on information from the Heat Map (see the Heat Map tab for further information)



- Begin developing a risk response plan in column H by choosing to:
  - Accept the risk - minimal impact expected
  - Avoid it - by altering the project plan
  - Transfer it - i.e. to a third party
  - Mitigate it - the probability, the impact or both, before the event occurs
- Include high risk items in the charter.
- Embed high risk (red, orange, select yellow) items into work plan with specific actions targeted at mitigating the risk.
- Risks can be classified as outlined below; categories can include:

Health Care Delivery and Support	Resource Risk	Compliance Risk
Quality & patient safety	Human Resources & Staff Relations	Environment, Health & Safety
Corporate Governance & Strategic Development	Financial	Legal & Regulatory
Operations & Business Support	Information, Systems, & Technology	Policies
Reputation & Public Image	Physical Assets	Standards

- Other examples of some risk themes are:
  - deadlines/year end
  - delays due to any of the above
- **Session 3 / 4** (with project team): Review the risk response plan and assign responsibility for the mitigation of each risk identified. Develop additional mitigation plans if the risk rating is still higher than desired.
- Risks may be added throughout the project journey and actions required to mitigate high priority risks should be included in the work plan. Once a risk has been realized, transfer it to the **Issue Log** and track resolution accordingly.

## Helpful Hints and Things to Think About Regarding Change Management Risks:

- For a project, thinking about risk from a people perspective (change management) may help to assess the magnitude of the change management effort required to undergo successful implementation. Change-risk events can be expressed in soft or hard terms and can often be mitigated by change management efforts: Will this be a large, disruptive change or a small, incremental change? Will the change impact change-ready groups or change-resistant groups? The answers to these types of questions will inform the development of a risk response plan and ultimately your change strategy and plan.
- Quantifying risks can be done by working through some of the initial change management worksheets such as:
  - Change characteristics assessment
  - Organizational attributes assessment
  - Stakeholder Inventory and Analysis
- Consider your audience when stating your risks. Example of change-related risks are:
  - Softer examples
    - People are not motivated and committed to the change.
    - Turnover of valued employees
    - More people taking sick days or not showing up
    - Changes not fully implemented
    - People revert to the old way of doing things
    - The change being totally scrapped
    - Reinforcing a cultural resistance to change
  - Harder examples: The three people-side ROI factors which can be measured are:
    - **Speed of adoption** - How fast do people adopt the new processes or behaviours?
    - **Ultimate utilization** - How many impacted employees made the change (and how many did not)?
    - **Proficiency** - How effective were employees at following the new processes or behaviours?
- Example of Change-related drivers: Consider root-cause using a change model perspective or best practices.
  - Change Model: It may be helpful to diagnose the root cause of a change issues using the **ADKAR model**:
    - Lack of awareness of the need for change
    - Lack of desire to participate and support the change
    - Lack of knowledge on how to change

- Lack of ability to implement required skills and behaviours
  - Lack of reinforcement to sustain the change
- Change Model: Consider David Rock's **SCARF Model** which gives a structured approach to thinking about how an event (or a change, or a project) may be interpreted from a personal point of view. Each dimension can generate either a threat or a reward:
  - **Status** – relative importance to others
  - **Certainty** – being able to predict the future
  - **Autonomy** – sense of control over events
  - **Relatedness** – sense of safety with others
  - **Fairness** – perception of fair exchanges between people
  - A risk mitigation and response plan will aim to minimize perceived threats and maximize perceived rewards in each dimension
- Best Practice: Consider the flip-side of the Prosci top 6 greatest contributors of change success.
  1. Lack of active and visible senior leadership
  2. Lack of frequent and open communication about the change
  3. Absence of a structured change approach
  4. No dedicated resources and funding to support the change
  5. Limited employee engagement and participation
  6. Limited engagement with and support from managers and supervisors
- Example of Change-related mitigation plan: A structured change approach is will increase a projects likelihood of success by 6 times. Consider the 5 levers of change management:
  - Communications: Send the right message to the right audience from the right sender through the right channel; answer the questions that employees have.
  - Sponsorship: Outline the specific actions that leaders need to take to support an initiative; active and visible involvement by a senior leader is the greatest contributor to success.
  - Coaching: Outlines the interactions you need your manager and supervisors to have with their direct reports; manager and supervisors are crucial allies in times of change.
  - Training: Documents the requirements for people to transition. Ensures that training occurs in the necessary context; create an environment where training will be the most effective.
  - Resistance Management: Helps teams be more proactive in mitigating and reacting to resistance. Resistance is normal and should be expected, anticipated and planned for.

- Assigned responsibility for change-related mitigation plan. Actions from this mitigation plan should be embedded into the workplan. Consider best practices (Prosci Research) when assigning responsibility:
  - Active, visible sponsorship cannot be delegated.
  - People want to hear the reason for change from the Sponsor.
  - People want to hear the impact of change from their immediate Manager.

## **Related Tools**

Issue Log

Work Plan

Change Management Plan – under development

## Partnership Inventory & Analysis Template

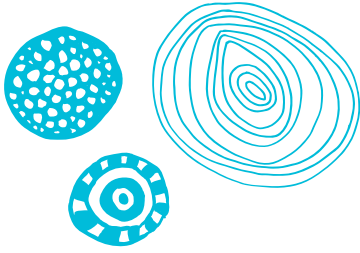
<b>Project</b>	
<b>Version</b>	
<b>Date</b>	

Identify Partners	Step 1: Describe potential impact	Step 2: Describe potential reaction	Step 3: Describe potential influence	Step 4: Describe potential support	Step 5: Describe desired engagement	Step 6: ADKAR Outcome Required	Step 7: Qualitative information
Identify the specific stakeholder or stakeholder group. Partners are defined as individuals and groups affected by and capable of influencing the project outputs and outcomes.	Describe the impact the project will have on the partners as high / medium / low	Describe the partner's reaction to the project as enthusiastic / neutral / concerned	Describe the level of influence (i.e. ability to impact the project) the partners has as high / medium / low	Describe the level of support for the project required from the partners as necessary / desirable / unnecessary	Indicate the appropriate level of engagement with the partners as inform / consult / involve / collaborate / empower	Describe the level of Awareness, Desire, Knowledge, Ability, Reinforcement you need from the partners to accomplish the project.	Describe any other important information which will impact your approach with the partners and/or rationale for scoring in the previous steps.
1 Lead Agency	High	Enthusiastic	High	Necessary		Awareness	
2 Health Authority						Awareness	
3 First Nations Health Authority							
3 Ministry of Child and Family Development (MCFD)							
4 School District/Superintendent							
5 Division of Family Practice							
6 Youth Rep							
7 Family Rep							
8 FCO							
Ministry of Social Innovation and Poverty Reduction (e.g. they have provided STADD Navigators at some sites – so this tends to be a local relationship with the Ministry)							

Partnership Inventory & Analysis Template

Project	
Version	
Date	

Identify Partners	Step 1: Describe potential impact	Step 2: Describe potential reaction	Step 3: Describe potential influence	Step 4: Describe potential support	Step 5: Describe desired engagement	Step 6: ADKAR Outcome Required	Step 7: Qualitative information
WorkBC service organizations and/or employment services organizations							
11 Aboriginal Friendship Centre(s)							
12 Local Indigenous community/ies							
13 CMHA							
14 Non-Profit Orgnaizatons							
15 Municiple Governments							
16 First Nations - Bands							
17							
18							
19							



## APPENDIX B

# Leadership and Governance

**B.1** Template: Change Management Plan/Framework

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**B.2** Example: Funder's Council Terms of Reference

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**B.3** Example: Leadership Advisory Committee Terms of Reference

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**B.4** Example: Service Working Group Terms of Reference

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**B.5** Example: Family/Caregiver Advisory Committee Terms of Reference

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# Change Management Framework for Foundry Centres

## INTRODUCTION TO PROSCI ADKAR® MODEL

This document provides a basic framework that can be followed to support initiatives resulting in change by highlighting the use of the Prosci ADKAR® Model.

Good change management practices ensure that the “people side” of change — in addition to the operational side — is considered and addressed within project management and leadership activities.

Change is often a complex and difficult process. Leading successful change in other people and across organizations requires new thinking and new tools. The ADKAR Model is a valuable framework for leaders and managers to effectively lead a wide variety of changes. The lens of ADKAR reveals both key concepts that influence successful change and actionable insights for implementing these concepts.

ADKAR is an acronym that represents the five milestones or outcomes an individual must achieve for change to be successfully realized: **awareness, desire, knowledge, ability and reinforcement**. When applied to organizational change, this model allows leaders and teams to focus their activities on what will drive individual change and produce organizational results collectively.

The goals or outcomes defined by ADKAR are sequential and cumulative. They must be achieved in order. For a change to be implemented and sustained, an individual must progress through each of the milestones, starting with awareness. (© Prosci Inc)

## Individual Change

Understanding the phases of transition that people experience — and the accompanying resistance — helps leaders to address the people side of change. To support people through this process, leaders should use the ADKAR model, which asks them to apply tailored activities to facilitate people’s transition towards commitment to the change.

**Awareness** of the need for change

**Desire** to participate and support the change

**Knowledge** on how to change

**Ability** to implement required skills and behaviours

**Reinforcement** to sustain the change



In the absence of:	You will see:
<b>Awareness and Desire</b>	<ul style="list-style-type: none"> <li>• More <b>resistance</b> from staff</li> <li>• Staff asking the same questions <b>over and over</b></li> <li>• Lower <b>productivity</b></li> <li>• Higher staff <b>turnover</b></li> <li>• Hoarding of <b>resources</b> and <b>information</b></li> <li>• <b>Delays</b> in implementation</li> </ul>
<b>Knowledge and Ability</b>	<ul style="list-style-type: none"> <li>• Lower utilization or incorrect usage of new processes, systems and tools</li> <li>• Staff worry if they are prepared to be successful in future state</li> <li>• Greater impact on clients and partners</li> <li>• Sustained reduction in productivity</li> </ul>
<b>Reinforcement</b>	<ul style="list-style-type: none"> <li>• Staff will revert back to old ways of doing work</li> <li>• Ultimate utilization is less than anticipated</li> <li>• The organization creates a history of poorly managed change</li> </ul>

## Resistance to Change

Resistance is a natural response to change, and recognizing and managing resistance is a key skill for the effective change leader or manager.

Resistance is a healthy part of any change process. Manage it effectively, and it can strengthen your change initiative. Ignore it, and it can quietly undermine all your great intentions.

### Questions for leaders and managers to ask in assessing resistance:

- Why do you think the change is happening? (Awareness)
- Do you support this change? What is influencing that choice? (Desire)
- Do you have training you need? (Knowledge)
- Are you having any difficulty implementing this training? If yes, what area? (Ability)
- Are you getting the support you need? (Reinforcement)

### Action steps for managing resistance:

- Listen and understand objections (turn judgment into curiosity)
- Focus on the “what” and let go of the “how”
- Remove barriers to A, D, K, A and R
- Provide simple, clear choices and consequences
- Create hope: what the vision of improved client care will look like
- Show benefits from the change in a tangible way
- Make a personal appeal for support.
- Convert the strongest dissenters — listen to them, act on their requests if possible, and show empathy

## Sponsors and Leadership

Executives and senior leaders play an essential role in times of change. An organization looks to its leaders to be visible sponsors of change and to demonstrate why change is necessary. Senior leaders provide the authority and credibility necessary for successful change.

The Primary Sponsor is the person who charters and authorizes the change. For large changes, this person is typically a Senior Executive, Senior Leader or Office Manager. For smaller changes, this person could be a Supervisor or Lead Clinician.

The primary sponsor has two qualities:

**Authority** to authorize the change

**Resources** to enable and support the change

### Role of the Sponsor:

- Active, visible sponsorship for the change:
  - Advocate consistently through usual channels
  - Clarify expectations for success
  - Determine accountabilities and communicate them
  - Remove barriers
  - Influence — acknowledge successes and early wins
- Build a coalition of change leaders and champions:
  - Enable them to advocate for the change, coach and train employees, look for signs of passive or active resistance and manage it, and spend time listening and answering questions
- Communicate directly with staff:
  - Be present and visible, speak honestly about the change, bring forward a positive vision for the future, and acknowledge staff's contributions

## TEMPLATE:

## PROJECT NAME CHANGE MANAGEMENT PLAN:

Last updated: XXX

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### Reasons for Utilizing Change Management Practices on a Project:

- Change management — with its focus on increasing Awareness, Desire, Knowledge, Ability and Reinforcement (ADKAR) for impacted staff, managers and leaders — is proven to lead to increased successful project outcomes during times of change and transition.
- A change management approach decreases uncertainties that may exist for staff that could negatively affect job proficiency, speed of adoption of new processes, use of resources, potential for benefits realization and staff morale and absenteeism.
- Areas of active or passive resistance must be identified and monitored so they can be managed through communications channels, training and coaching. When staff and leaders have a level of comfort in and understanding of change, evidence indicates a reduced rate of overall project risk, less chance of non-compliance, faster adoption and enhanced ability to optimize new processes.

### Objective and Measures for Success:

Before you can identify objectives and measure for success, you must have a clear understanding of what is changing.

The primary objective of the Change Management Plan for a project needs to be identified. Some examples can be based on individual staff assessment metrics, such as adoption, usage, compliance, proficiency and the like.

*Example: Counsellors to see 18 walk-in clients a week within three months of opening.*

*Example: Groups are offered at step 2 and step 3 levels within six months of opening.*

## Potential Change Management Activities:

Phase	Activities	Deliverables	Responsibilities	Time Frame
Planning	<ol style="list-style-type: none"> <li>1. Identify Sponsor, change agents and roles and responsibilities</li> <li>2. Prepare a draft change plan: <ul style="list-style-type: none"> <li>• Engage key stakeholders/staff</li> <li>• Assess the change <ul style="list-style-type: none"> <li>○ Define what is changing?</li> <li>○ What are the knowledge gaps?</li> <li>○ Define the impact of the change for all stakeholders</li> </ul> </li> <li>• Identify who needs to change; assess change readiness</li> <li>• Identify areas of potential resistance and areas of support for the change</li> </ul> </li> <li>3. Clarify Leaders/sponsors expectations for change and ensure conditions for success for managers/staff. For example: <ul style="list-style-type: none"> <li>• Assess workload and timing</li> <li>• Assess resource requirements (training, communications, time for training, ability and capacity to coach staff)</li> <li>• Is timing for this change feasible and realistic?</li> <li>• Are we creating conditions for success?</li> <li>• Review and adjust this plan to increase feasibility and enhance likelihood of success.</li> </ul> </li> <li>4. Create timeline</li> </ol>	<ul style="list-style-type: none"> <li>• Stakeholder assessment</li> <li>• Change Activities list</li> <li>• Change timeline</li> </ul>	Leadership/Sponsors Project Managers	
	<ol style="list-style-type: none"> <li>5. Obtain resources to successfully roll out plan, such as trainer, super user, change champion</li> </ol>	<ul style="list-style-type: none"> <li>• Change team and supports</li> <li>• Change Management Activities, Timeline</li> </ul>		

Awareness	<p>Develop awareness among staff of the need for change</p> <p>Develop scripted messaging about the project to deliver face-to-face in team meetings:</p> <ul style="list-style-type: none"> <li>• Why this, why now, why it's important</li> <li>• What happens if we don't do this? What is the risk?</li> <li>• How does this fit into the whole system? How does it bring value to clients, to Foundry?</li> <li>• What's in it for me (WIIFM)? — aimed at staff, leads, managers</li> <li>• How leaders, managers will be enabled to make this change and complete the necessary activities (attend training, act as a super user/mentor) within the timeline</li> </ul>	<p>Develop:</p> <ul style="list-style-type: none"> <li>• Communications Plan</li> <li>• Scripts and messaging</li> <li>• Stories</li> <li>• FAQ sheet for staff with examples of WIIFM</li> <li>• Timeline sheet for managers, including clear messaging on accountabilities, responsibilities</li> </ul>		
Desire	<p>Determine the motivating factors behind the change(s) such as improved client care; standardization; increased engagement through team culture</p> <p>Determine WIIFM for all team members</p> <p>Determine potential challenges to creating Desire such as staffing changes; change in processes; historical negative experience of change;</p> <p>Develop a plan to mitigate challenges</p>	<ul style="list-style-type: none"> <li>• Defined roles and responsibilities and accountabilities (staff, managers)</li> <li>• 1:1 coaching meetings with staff as needed</li> <li>• A forum for Q&amp;A (anonymous box, meetings)</li> </ul>		
Knowledge	<p>Train staff on new processes and tools</p> <p>Provide clear messaging about responsibilities and accountabilities</p>	<ul style="list-style-type: none"> <li>• Develop training plan and timelines</li> </ul>		
Ability	<p>Remove any barriers for using new tools and processes</p> <p>Ensure there are regular 'temperature checks': opportunities for managers and staff to provide feedback, offer peer coaching, ask questions, acknowledge wins.</p>	<ul style="list-style-type: none"> <li>• Meetings for staff to provide feedback</li> <li>• 1:1 coaching</li> </ul>		

Reinforcement	Develop and use tools and methods to measure compliance Ensure there is follow up and consequences for those not complying Accountability and 'checks and balances' Celebrate compliance, early wins	<ul style="list-style-type: none"><li>• Celebration event(s)</li><li>• Personal recognition</li></ul>		
	Lessons Learned debrief			

Funders Council - FOUNDRY Richmond  
TERMS OF REFERENCE: FUNDERS COUNCIL – FOUNDRY Richmond

**1. Background**

FOUNDRY's provincial vision is to transform how youth people access health and social services within British Columbia. As part of this, we work with partners and communities to open FOUNDRY centres – making services available to young people, aged 12-24 in appropriate environments.

FOUNDRY aims to increase access to services by fostering cross-system and inter-sectoral integration of the range of supports young people and their families need to thrive in their communities. FOUNDRY centres practice and promote new ways of working with youth, young adults and caregivers that make it easier to access the right care at the right time.

For FOUNDRY to be successful, it is critical that our many partners share and champion our provincial vision. And, we ask our Lead Agencies to develop local visions for their FOUNDRY Centres together with their communities, partners, youth and families.

**2. Purpose**

The purpose of the Funders Council for the FOUNDRY Richmond Centre is to provide the overarching governance and oversight for FOUNDRY Richmond. Included in this role is to ensure that high level communications and contracts to the Core Operating Partners of FOUNDRY Richmond are in line with outcomes and objectives for FOUNDRY Richmond. Decision making will assist in meeting service delivery objectives and expectations, and to maintain strong engagement with the community and local stakeholders, in relation to Richmond Addiction Services Society's role as a Lead Agency of FOUNDRY Richmond and operator of the FOUNDRY Richmond.

A critical role for this council is to elevate issues from a community level in Richmond to a regional or even a provincial level when appropriate.

Project continuity is a significant outcome for this table to ensure succession planning and guarantee the longevity of FOUNDRY Richmond regardless of internal changes that occur in local agencies and governments.

**3. Membership**

Membership in the Funders Council – FOUNDRY Richmond is listed in Appendix A to these Terms of Reference and consists of:

- 3.1. The senior staff person of the Lead Agency will have direct operational accountability for FOUNDRY.
- 3.2. One representative from each of the following organizations will fully commit to meaningful engagement by each organization as a constructive contributor towards the FOUNDRY Richmond Center's vision. Individuals will be appointed with seniority in accordance with the level appropriate to the decision-making function of their organization, from:
  - 3.2.1. Vancouver Coastal Health Authority – Director of Mental Health and Substance Use
  - 3.2.2. The BC Ministry of Child and Family Development – Richmond (Executive Director of Service Richmond / Vancouver)
  - 3.2.3. The BC Ministry of Child and Family Development – Richmond (Director of Operations, MCFD; Richmond / Vancouver CYSN; Regional Director, ECD)
  - 3.2.4. Richmond School District (SD#38) - Director of Instruction – Learning Services
  - 3.2.5. Richmond Addiction Services Society – Executive Director
  - 3.2.6. A representative of the FOUNDRY Central Office. The representative is to provide a mechanism to support developmental evaluation and knowledge exchange, and allow for strong communication between the FOUNDRY Central Office and FOUNDRY Richmond and support potential Leadership challenges in real-time.

#### **4. Leadership**

- 4.1. The Chair of the Funders Council – FOUNDRY Richmond will be Executive Director of Richmond Addiction Services Society as part of its role as a Lead Agency of the FOUNDRY Richmond

#### **5. Mandate and Duties (See Appendix B – Charter)**

- 5.1. The Funders Council – FOUNDRY Richmond is convened by and reports to the Lead Agency.
- 5.2. The Funders Council – FOUNDRY Richmond has the authority to:
  - 5.2.1. Review and evaluate the effectiveness of its own activities;
  - 5.2.2. Ensure adherence to, abide by and uphold all relevant Lead Agency policies and procedures;
  - 5.2.3. Consider and make recommendations on any issues referred to the Funders Council – FOUNDRY Richmond by the Lead Agency and Funders Council;
  - 5.2.4. Establish such working groups or task forces as it deems relevant to accomplish its responsibilities; create and approve Terms of Reference for such bodies; direct their tasks; and receive the reports and recommendations from them.
- 5.3. The Funders Council – FOUNDRY Richmond has the responsibility to:
  - 5.3.1. Advise on the development, monitoring and review of the objectives of the FOUNDRY Richmond



- 5.3.2. Advise the Lead Agency on future directions in respect of the FOUNDRY Richmond;
- 5.3.3. Advise and assist in defining opportunities, identifying partners and developing collaborative links for the FOUNDRY Richmond;
- 5.3.4. Promote the interests of the FOUNDRY Richmond;
- 5.3.5. Disseminate authorized information regarding the strategies, decisions and achievements of the FOUNDRY Richmond Centre through developed communication channels;
- 5.3.6. Facilitate effective communication processes between and amongst its members;
- 5.3.7. Provide input to the Richmond annual plan, and make recommendations to support the effectiveness of the FOUNDRY Richmond.
- 5.3.8. Monitor the Richmond work plan and key performance indicators as agreed by the LAC-Richmond.

## **6. Voting and Decision-Making**

- 6.1. The Funders Council – FOUNDRY Richmond shall aim to operate by consensus.
- 6.2. Members are responsible for raising issues of concern prior to committing to final decisions.
- 6.3. If consensus is not possible, a majority decision shall be reached with the majority consisting of votes from the number of representatives eligible to vote.
- 6.4. In the event of disagreement or divergence of views, members will at all times make best efforts conduct themselves in a manner consistent with their Role Description, and in particular to be guided by the FOUNDRY principles laid out therein.
- 6.5. Decisions made at the Funders Council – FOUNDRY Richmond meetings will be final, based on the assumption that all members have sufficient notification to ensure representation at the meeting and the opportunity to raise issues of concern to enable them to be addressed.
- 6.6. All decisions endorsed by a meeting of the Funders Council – FOUNDRY Richmond for which five days' notice has been given will be considered a final decision

## **7. Operations and Documentation**

- 7.1. The Funders Council – FOUNDRY Richmond will meet monthly during the preparation stage of the development of FOUNDRY Richmond, and at the call of the Chair.
- 7.2. A minimum of fourteen working days' notice shall be provided as part of the call for convening of any meeting
- 7.3. For any Funders Council – FOUNDRY Richmond meeting to proceed and be considered duly constituted, the Chair and a representative of the Lead Agency must be present (regardless of quorum).
- 7.4. A quorum of 50% plus 1 is necessary for any decision made at Funders Council – FOUNDRY Richmond meetings. If no quorum is present within half an hour of the time

of the appointed meeting time, the meeting may continue on the basis that decisions will be ratified at the next duly constituted Funders Council – FOUNDRY Richmond meeting. Any such decisions will not be considered binding until such ratification has occurred.

- 7.5. All members shall serve voluntarily, without remuneration.
- 7.6. All members will be reimbursed for travel expenses as incurred, at rates not to exceed those currently approved for public sector employees in British Columbia, upon submission of original invoices.
- 7.7. Delegates are permitted.
- 7.8. Guests may be invited to attend with prior notice and the agreement of the Chair
- 7.9. A majority of members (50% plus one) will constitute quorum for Funders Council – FOUNDRY Richmond meetings.
- 7.10. Administrative support for Funders Council – FOUNDRY Richmond will be provided by the Lead Agency including recording of minutes.
- 7.11. With respect to minutes of Funders Council – FOUNDRY Richmond meetings:
  - 7.11.1. Draft minutes for each meeting will be presented to members electronically within 30 days of the meeting, and brought forward to the next meeting for Funders Council – FOUNDRY Richmond approval.
  - 7.11.2. Approved minutes will serve as the official record of Funders Council – FOUNDRY Richmond deliberations.

## 8. Monitoring and Evaluation

The Funders Council – FOUNDRY Richmond will conduct a self-evaluation at least once annually to determine the effectiveness in meeting its mandate and duties, as outlined in the Terms of Reference. The results of the self-evaluation will be discussed and any recommended changes will be enacted.

## 9. Document Control

Original approved per	Richmond Addiction Services Board of Directors and FOUNDRY Central Office	December 17, 2018
<hr/>		
RASS Board President		

FOUNDRY Central Office Executive Director
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## Appendix A

### Membership

Vancouver Coastal Health – (VCH – Richmond)

Ministry for Children and Family Development (MCFD – Richmond)

FOUNDRY Central Office (FCO)

Richmond Addiction Services Society (RASS)


Richmond School District (SD#38)

Appendix B

**PROJECT CHARTER**

<b>Project Title:</b>	Foundry – Richmond Youth Centre	<b>SITE:</b>	Richmond
<b>Project Start Date:</b>	October 2, 2017	<b>Project End Date:</b>	January 2020
<b>Author:</b>	Alfonso Cuyegkeng	<b>Date of Sign-Off:</b>	September 2018
<b>Charter Revision Details:</b>	September 24, 2018		
<b>PROBLEM STATEMENT</b>			
<p>Early childhood development is an important driver in the health status of youth and can provide predictive information about future needs. Early Development Instrument (EDI) results for Richmond show high overall vulnerability. Other vulnerabilities/risk factors relevant to service delivery for Richmond youth are: discomfort seeing family physician for sexual health concerns: 71%; physical victimization at school or physical abuse: 57%; went to bed hungry: 47%. Access to a general practitioner (GP) may be a contributor to this and is a big issue in Richmond given that it has fewer GPs per capita than neighboring municipalities (Richmond: 1/1,257 residents vs. Vancouver: 1/949 residents). Due to this 32% of young mothers (under 24) do not have a GP and frequently use walk-in clinics, while 10% of youth were unable to access medical help when they felt they needed it.</p> <p>Mental health wellness in Richmond is also an issue of concern with 20% of Richmond youth rating their mental health as “poor” or “fair”. Of the youth surveyed: 10% had not accessed mental health services when they thought they needed to; 59% reported feeling despair in the past month (52% increase since 2008); 8% of males and 20% of females reported self-harm; and 6% of males and 13% of females experienced suicidal thoughts. Delayed access to timely care presents a barrier to help-seeking. Currently, there are 56 youth (12+ years) on the waitlist for the VCH-Richmond Child &amp; Youth Mental Health Program. The average wait for those not triaged at the highest acuity level is 156 days.</p> <p>In 2015/16, 33% of Richmond Hospital admissions for ages 10-24 years were MHSU related, higher than medical (27%) or surgical (17%). For the 15-19 year age group, the MHSU admission rate was 49%, higher than medical and surgical combined. The increase in mental health cases is also evident in the community with 41 Richmond Youth (ages 19-24) currently having to receive case management from the Richmond Adult Mental Health Team. In the last year alone, Richmond Addiction Services’ referrals have increased by 17%. Likewise, the Richmond RCMP report that youth calls have increased by 150% over the last 4 years.</p>			
<b>GOALS</b>		<b>METRICS</b>	
<b>Primary Care</b>		<b>Primary Care</b>	
Improve access to:		<ol style="list-style-type: none"> <li>1. 50% increase in utilization and attachment to primary care GP</li> <li>2. 85% of care is delivered within target times</li> <li>3. 90% of youth/families satisfied with their care experience</li> <li>4. 5% reduction of youth ED visits (avoidable MHSU or Primary Care Issues)</li> </ol>	
<b>Mental Health Services</b>		<b>Mental Health Services</b>	

<p>Improve access to:</p> <ol style="list-style-type: none"> <li>1. Assessment, treatment, case management</li> <li>2. Psychiatry consults</li> <li>3. Appropriate care /specialized care</li> <li>4. Parents/Family sessions and groups</li> </ol> <p><b>Substance Use Services</b></p> <p>Improve access to:</p> <ol style="list-style-type: none"> <li>1. Assessment, treatment, case management</li> <li>2. Connection to appropriate care/ specialized care</li> <li>3. Enhanced connection to Richmond Schools</li> <li>4. Outreach and Engagement Services</li> <li>5. Parent/Family sessions</li> </ol> <p><b>Capacity Building</b></p> <p>Increase the number of:</p> <ol style="list-style-type: none"> <li>1. Youth/Parent peer programming and supports</li> <li>2. Employment and volunteer opportunities</li> </ol> <p><b>Access to Specialized Services</b></p> <p>Improve access to:</p> <ol style="list-style-type: none"> <li>1. Housing supports/services</li> <li>2. Trauma Counselling</li> <li>3. Access to immigrant, newcomers and refugee supports</li> </ol>	<ol style="list-style-type: none"> <li>1. 75% Mental Health consults and/or treatments delivered within target times</li> <li>2. 85% connection to appropriate care within target times (30 days)/time to referral</li> <li>3. 90% of youth/families satisfied with their care experience</li> <li>4. 10% of RCMP involvement of youth with MHSU involvement</li> </ol> <p><b>Substance Use Services</b></p> <ol style="list-style-type: none"> <li>1. 85% of care delivered within target time (48 hours to initial engagement)</li> <li>2. 85% increase in connection to appropriate care within target times (7 days)/time to referral</li> <li>3. 25% increase in referrals from Richmond Schools</li> <li>4. 90% of youth/families are satisfied with the experience of care</li> </ol> <p><b>Capacity Building</b></p> <ol style="list-style-type: none"> <li>1. 10% increase in the number of methadone and suboxone starts</li> <li>2. 250 hours of peer support work/year</li> <li>3. 25% of youth attached to employment, training and volunteer opportunities</li> <li>4. 15% increase in youth accessing primary care, MHSU visits/year</li> </ol> <p><b>Access to Specialized Services</b></p> <ol style="list-style-type: none"> <li>1. 50% increase in access to housing supports/services within target times</li> <li>2. 50% increase in access to trauma counseling within 30 days</li> <li>3. 90% increase in utilization and satisfaction rates</li> </ol>
<b>DELIVERABLES</b>	
<ul style="list-style-type: none"> <li>● Identification of all clinical services and programs (Gaps Analysis)</li> <li>● Identification of youth centre location</li> <li>● Clinical services plan (CSP) and functional plan (FP)</li> <li>● Architectural and construction plan</li> <li>● Request for proposal (RFP) for build</li> <li>● Built/renovated youth centre</li> <li>● Move-in of youth centre staff</li> <li>● Operationalization of youth centre</li> </ul>	
<p><b>SCOPE - From:</b></p> <p>Planning and community engagement to inform what the Foundry-Richmond Youth Centre will look like.</p>	<p><b>SCOPE - To:</b></p> <p>Establishment and operationalization of Foundry-Richmond Youth Centre</p>

SCOPE - In:		SCOPE - Out:	
<ul style="list-style-type: none"> <li>Establishment and operationalization of Foundry-Richmond Youth Centre</li> <li>Referral (inflow and outflow) process for the youth centre</li> <li>Workflow for youth centre operations, administration, and management</li> <li>Workflow for community partners and other stakeholders, as it relates to the operations of the youth centre</li> </ul>	<ul style="list-style-type: none"> <li>Workflows not linked to the youth centre</li> <li>Capital activities not associated with the building of the youth centre</li> <li>Project work in the community health space that is not linked with the establishment of the youth centre</li> <li>Other VCH project or operational work not connected with the creation and establishment of the youth centre</li> </ul>		
<b>RESOURCES (Name, Title, Project Roles, e.g. Communications, IMIS, Working Group)</b>		<b>RESOURCES' ALLOCATION (e.g. 0.5 FTE)</b>	
Project Sponsor: FOUNDRY Central Office/Natalie McCarthy			
Project Owner: Richard Dubras, ED of RASS			
Project Champion: Natalie McCarthy, Director of Mental Health and Addictions			
Project Lead: Richard Dubras, ED of RASS			
Project Manager: Tania Wicken			
Funders Council (all): VCH – Richmond, MCFD – Richmond, SD#38, RASS & FCO			
Leadership Advisory Committee: Richmond Addiction Services, VCH – Richmond, FamilySmart, Family Services of Greater Vancouver, Richmond School District No. 38, Chimo Community Services, Touchstone Family Association, Connections Community Services, Turning Point, Pathways Clubhouse, City of Richmond, RCMP – Richmond, Division of Family Practice, SUCCESS, AVIA WorkBC (Back in Motion), MCFD – Richmond, CLBC, RSCL, RMCS, MSDPR, Richmond Family Place, City of Richmond Youth Services			
Other:			
<b>STAKEHOLDERS</b>			
Richmond Addiction Services, VCH – Richmond, FamilySmart, Family Services of Greater Vancouver, Richmond School District No. 38, Chimo Community Services, Touchstone Family Association, Connections Community Services, Turning Point, Pathways Clubhouse, City of Richmond, RCMP – Richmond, Division of Family Practice, SUCCESS, AVIA WorkBC (Back in Motion), MCFD – Richmond, CLBC, RSCL, RMCS, MSDPR, Richmond Family Place, Youth, Parents and the community of Richmond			
<b>SPONSOR(S) SIGN-OFF</b>		<b>DATE</b>	01.21.2019

On behalf of \_\_\_\_\_ (Member Agency), I \_\_\_\_\_ agree to

the above Terms of Reference dated on, \_\_\_\_\_.

## Leadership Advisory Committee – FOUNDRY Richmond

### TERMS OF REFERENCE: LEADERSHIP ADVISORY COMMITTEE – FOUNDRY Richmond

#### 1. Background

FOUNDRY's provincial vision is to transform how youth people access health and social services within British Columbia. As part of this, we, committee members, work with partners and communities to open FOUNDRY centres – making services available and accessible to young people, aged 12-24.

FOUNDRY aims to increase access to services by fostering cross-system and inter-sectoral integration of the range of supports young people and their families need to thrive in their communities. FOUNDRY centres practice and promote new ways of working with youth, young adults and caregivers that make it easier to access the right care at the right time.

For FOUNDRY Richmond to be successful, it is critical that FOUNDRY Richmond partners share and champion the provincial vision as well as develop local visions for their FOUNDRY Centres together with their communities, partners, youth and families.

2. **This committee member's table reports to the FUNDERS Council;** FOUNDRY Central Office; Richmond Addiction Services Society (Lead Agency); Vancouver Coastal Health Mental Health and Addictions; Ministry for Children and Family Development – Richmond; & the Richmond School District

#### 3. Purpose

The purpose of the Leadership Advisory Committee for the FOUNDRY Richmond Centre (LAC – FOUNDRY Richmond) is to support operational leadership, provide advice and work in partnership with the FUNDERS Council, Lead Agency and Program Manager of FOUNDRY Richmond. This advice and support is to enable FOUNDRY Richmond to meet service delivery objectives and expectations, and maintain strong engagement with the community and local stakeholders, in relation to Richmond Addiction Services Society's role as the Lead Agency of FOUNDRY Richmond and operator of the FOUNDRY Richmond.

#### 4. Membership

Membership in the LAC - FOUNDRY Richmond is listed in Appendix A to these Terms of Reference and consists of:

- 4.1. The senior staff person of the Lead Agency will have direct operational accountability for FOUNDRY.

- 4.2. One representative from each of the following organizations will fully commit to meaningful engagement by each organization as a constructive contributor towards the FOUNDRY Richmond Center's vision. Individuals will be appointed with seniority in accordance with the level appropriate to the decision-making function of their organization, from:
  - 4.2.1. Vancouver Coastal Health Authority – MHSU
  - 4.2.2. Vancouver Coastal Health Authority – Public Health & Primary Care
  - 4.2.3. The BC Ministry of Child and Family Development in Richmond
  - 4.2.4. Richmond School District (SD#38)
  - 4.2.5. Richmond Division of Family Practice
  - 4.2.6. City of Richmond
  - 4.2.7. CHIMO Community Services
  - 4.2.8. SUCCESS
  - 4.2.9. Touchstone Family Association
  - 4.2.10. Pathways Clubhouse
  - 4.2.11. Coast Mental Health
  - 4.2.12. Richmond Family Place
  - 4.2.13. Richmond Multicultural Community Services
  - 4.2.14. Richmond Society for Community Living
  - 4.2.15. Family Services of Greater Vancouver
  - 4.2.16. Turning Point Recovery Society
  - 4.2.17. FamilySmart
  - 4.2.18. Ministry of Social Development Poverty Reduction – Outreach and Advocacy
  - 4.2.19. Metro Vancouver Aboriginal Executive Council
  - 4.2.20. Connections Community Services
  - 4.2.21. Division of Family Program
  - 4.2.22. Community Living of BC (CLBC)
  - 4.2.23. At least two individuals with lived experience as a youth with mental health and/or substance use concerns.
  - 4.2.24. At least one individual with lived experience as the parent/guardian of adolescent(s) with mental health and/or substance use concerns.
  - 4.2.25. A representative of the FOUNDRY Backbone Organization as ex-officio. The purpose of the Backbone representative is to provide a mechanism to support Developmental Evaluation and knowledge exchange, and allow for strong communication between the FOUNDRY Central Office and FOUNDRY Richmond and support potential Leadership challenges in real-time.
- 4.3. Such other individuals as are appointed from time to time by mutual agreement of the Chair and Vice-Chair.
- 4.4. As a condition of appointment to the LAC-Richmond, nominees for membership shall review and acknowledge their agreement to abide by the LAC - FOUNDRY Richmond See Member Role Description in Appendix A.
- 4.5. Members of this committee are leaders from the Partnering Agencies. Other members of the partnering agencies may be included to inform Strategic directions
- 4.6. Action Groups made up of members or additional members will be created from time to time



- 4.7. Committee members are responsible to engage their respective organizations by providing updates/communication and ensuring committee representation at FOUNDRY- Richmond

## **5. Leadership**

- 5.1. The Co-Chair of the LAC - FOUNDRY Richmond shall be nominated in collaboration with the Executive Director of Richmond Addiction Services Society as part of their role as a Lead Agency of the FOUNDRY Richmond and operator of the FOUNDRY Richmond Centre and Co-Chair of the LAC.
- 5.2. The Co-Chair of the LAC - FOUNDRY Richmond shall be voted on by the members of the LAC - FOUNDRY Richmond from amongst the members.
- 5.3. The term of office of the partnering Co-Chair shall be one year, renewable, with a maximum of three concurrent terms.
  - 5.3.1. After three years of service, an individual serving as the partnering Co-Chair shall not be eligible for re-appointment to that role until a minimum of one year has elapsed.

## **6. Mandate and Duties**

- 6.1. Partnering agency members are accountable to their home agency and Board of Directors but agree to fully participate in the operations of the LAC – FOUNDRY Richmond which means that LAC members are committed to the outcomes set forth by FOUNDRY Richmond
- 6.2. Members who are not associated with a home agency are accountable to the LAC - FOUNDRY Richmond and will work to achieve the outcomes set by FOUNDRY Richmond
- 6.3. The LAC - FOUNDRY Richmond is convened by and reports to the Lead Agency.
- 6.4. The LAC - FOUNDRY Richmond has the authority to:
  - 6.4.1. Review and evaluate the effectiveness of its own activities;
  - 6.4.2. Ensure adherence to, abide by and uphold all relevant Lead Agency policies and procedures;
  - 6.4.3. Consider and make recommendations on any issues referred to the LAC - FOUNDRY Richmond by the Lead Agency, Funders Council and Program Manager of the FOUNDRY Richmond;
  - 6.4.4. Establish such working groups or task forces as it deems relevant to accomplish its responsibilities; create and approve Terms of Reference for such bodies; direct their tasks; and receive the reports and recommendations from them.
- 6.5. The LAC - FOUNDRY Richmond has the responsibility to:
  - 6.5.1. Advise on the development, monitoring and review of the objectives of the FOUNDRY Richmond
  - 6.5.2. Advise the Lead Agency on future directions in respect of the FOUNDRY Richmond;
  - 6.5.3. Advise and assist in defining opportunities, identifying partners and developing collaborative links for the FOUNDRY Richmond;
  - 6.5.4. Promote the interests of the FOUNDRY Richmond;

- 6.5.5. Disseminate authorized information regarding the strategies, decisions and achievements of the FOUNDRY Richmond Centre through developed communication channels;
- 6.5.6. Facilitate effective communication processes between and amongst its members;
- 6.5.7. Provide input to the Richmond annual plan, and make recommendations to support the effectiveness of the FOUNDRY Richmond.
- 6.5.8. Monitor the Richmond work plan and key performance indicators as agreed by the LAC-FOUNDRY Richmond.

## **7. Voting and Decision-Making**

- 7.1. The LAC - FOUNDRY Richmond shall aim to operate by consensus.
- 7.2. Members are responsible for raising issues of concern prior to committing to final decisions.
- 7.3. If consensus is not possible, a majority decision shall be reached with the majority consisting of votes from the number of representatives eligible to vote.
- 7.4. In the event of disagreement or divergence of views, members will at all times make best efforts conduct themselves in a manner consistent with their Role Description, and in particular to be guided by the FOUNDRY principles laid out therein.
- 7.5. Decisions made at the LAC - FOUNDRY Richmond meetings will be final, based on the assumption that all members have sufficient notification to ensure representation at the meeting and the opportunity to raise issues of concern to enable them to be addressed.
- 7.6. All decisions endorsed by a meeting of the LAC - FOUNDRY Richmond for which five days' notice has been given will be considered a final decision of the whole LAC-Richmond.

## **8. Operations and Documentation**

- 8.1. The LAC - FOUNDRY Richmond will meet at least six times annually, and at the call of the Chair.
- 8.2. A minimum of five working days' notice shall be provided as part of the call for convening of any meeting of the LAC- FOUNDRY Richmond.
- 8.3. For any LAC - FOUNDRY Richmond meeting to proceed and be considered duly constituted, the Chair and a representative of the Lead Agency must be present (regardless of quorum).
- 8.4. A quorum of 50% plus 1 is necessary for any decision made at LAC - FOUNDRY Richmond meetings. If no quorum is present within half an hour of the time of the appointed meeting time, the meeting may continue on the basis that decisions will be ratified at the next duly constituted LAC - FOUNDRY Richmond meeting. Any such decisions will not be considered binding until such ratification has occurred.
- 8.5. All members shall serve voluntarily, without remuneration.
- 8.6. All members will be reimbursed for travel expenses as incurred, at rates not to exceed those currently approved for public sector employees in British Columbia, upon submission of original invoices.
- 8.7. Delegates are permitted.

- 8.8. The FOUNDRY Richmond Manager (*or relevant position*) will attend LAC - FOUNDRY Richmond meetings and report on the performance and operations of the centre according to a structure determined by the LAC-Richmond.
- 8.9. At its sole discretion, the LAC - FOUNDRY Richmond may meet without the Centre Manager (*or relevant position*) being present.
- 8.10. Guests may be invited to attend with prior notice and the agreement of the Co-Chairs.
- 8.11. A majority of members (50% plus one) will constitute quorum for LAC - FOUNDRY Richmond meetings.
- 8.12. Administrative support for LAC - FOUNDRY Richmond will be provided by the Lead Agency including recording of minutes.
- 8.13. With respect to minutes of LAC - FOUNDRY Richmond meetings:
  - 8.13.1. Draft minutes for each meeting will be presented to members electronically within 30 days of the meeting, and brought forward to the next meeting for LAC - FOUNDRY Richmond approval.
  - 8.13.2. Approved minutes will serve as the official record of LAC - FOUNDRY Richmond deliberations.
  - 8.13.3. Copies of meeting minutes will be circulated to the [Lead Agency's Executive Director] and following their approval by LAC- FOUNDRY Richmond.

## 9. Monitoring and Evaluation

The LAC - FOUNDRY Richmond will conduct a self-evaluation at least once annually to determine the LAC – FOUNDRY Richmond's effectiveness in meeting its mandate and duties, as outlined in the Terms of Reference. The results of the self-evaluation will be presented to LAC - FOUNDRY Richmond for discussion and development of recommendations to the Lead Agency.

## 10. Document Control

Original approved per	Richmond Addiction Services Board of Directors and FOUNDRY Central Office	December 14, 2018
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RASS Board  
President

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FCO – Executive  
Director

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## Appendix A.

Chair: Richard Dubras, Lead Agency

Co-Chair: TBA

### Members Role Descriptions:

Core Operating Partner – offering core services within FOUNDRY Richmond

Co-Location Partners – regularly using space within FOUNDRY Richmond offering social services

Community Partners – supporting, referring, partnering but not utilizing space regularly at FOUNDRY Richmond

### Membership

Richard Dubras – Richmond Addiction Services Society (Chair)

Natalie McCarthy - Vancouver Coastal Health Authority – Community

Karen Barclay – Vancouver Coastal Health Authority – Community

Tania Wicken – Vancouver Coastal Health Authority/FOUNDRY Richmond

Tamara Salih – Vancouver Coastal Health Authority – Mental Health

Chris Salgado - Vancouver Coastal Health Authority – Public Health

David Phillips & Sheila Robinson - The BC Ministry of Child and Family Development in Richmond

Richard Steward & Sherry Elwood - Richmond School District (SD#38)

Alvin Li & Kim Somerville - City of Richmond

Tabitha Geraghty - CHIMO Community Services

Mary Kam & Amy Cheung - SUCCESS

Judy Valsonis - Touchstone Family Association

Dave MacDonald & Pascale Jendral - Pathways Clubhouse

Darrell Burnham - Coast Mental Health

Janice Lambert - Richmond Family Place

Parm Grewel - Richmond Multicultural Community Services

Janice Barr - Richmond Society for Community Living

Lise Beauchesne - Family Services of Greater Vancouver

Brenda Plant - Turning Point Recovery Society

Lonnie Belfer - AVIA Employment Services/Back in Motion

Rainer Nicdao - Ministry of Social Development Poverty Reduction – Outreach and Advocacy

Kevin Barlow - Metro Vancouver Aboriginal Executive Council

Marshall Thompson - Connections Community Services

Denise Ralph - Division of Family Program

Gabby Cometa – Youth – Lived Experience

Jamie Agtarap – FamilySmart and Family Representative

Keli Anderson - FamilySmart

Pamela Fennell - A representative of the FOUNDRY Backbone Organization as ex-officio.

## Appendix B

### PROJECT CHARTER

<b>Project Title:</b>	Foundry – Richmond Youth Centre	<b>SITE:</b>	Richmond
<b>Project Start Date:</b>	October 2, 2017	<b>Project End Date:</b>	January 2020
<b>Author:</b>	Alfonso Cuyegkeng	<b>Date of Sign-Off:</b>	September 2018
<b>Charter Revision Details:</b>	September 24, 2018		
<b>PROBLEM STATEMENT</b>			
<p>Early childhood development is an important driver in the health status of youth and can provide predictive information about future needs. Early Development Instrument (EDI) results for Richmond show high overall vulnerability. Other vulnerabilities/risk factors relevant to service delivery for Richmond youth are: discomfort seeing family physician for sexual health concerns: 71%; physical victimization at school or physical abuse: 57%; went to bed hungry: 47%. Access to a general practitioner (GP) may be a contributor to this and is a big issue in Richmond given that it has fewer GPs per capita than neighboring municipalities (Richmond: 1/1,257 residents vs. Vancouver: 1/949 residents). Due to this 32% of young mothers (under 24) do not have a GP and frequently use walk-in clinics, while 10% of youth were unable to access medical help when they felt they needed it.</p> <p>Mental health wellness in Richmond is also an issue of concern with 20% of Richmond youth rating their mental health as “poor” or “fair”. Of the youth surveyed: 10% had not accessed mental health services when they thought they needed to; 59% reported feeling despair in the past month (52% increase since 2008); 8% of males and 20% of females reported self-harm; and 6% of males and 13% of females experienced suicidal thoughts. Delayed access to timely care presents a barrier to help-seeking. Currently, there are 56 youth (12+ years) on the waitlist for the VCH-Richmond Child &amp; Youth Mental Health Program. The average wait for those not triaged at the highest acuity level is 156 days.</p> <p>In 2015/16, 33% of Richmond Hospital admissions for ages 10-24 years were MHSU related, higher than medical (27%) or surgical (17%). For the 15-19 year age group, the MHSU admission rate was 49%, higher than medical and surgical combined. The increase in mental health cases is also evident in the community with 41 Richmond Youth (ages 19-24) currently having to receive case management from the Richmond Adult Mental Health Team. In the last year alone, Richmond Addiction Services’ referrals have increased by 17%. Likewise, the Richmond RCMP report that youth calls have increased by 150% over the last 4 years.</p>			
<b>GOALS</b>		<b>METRICS</b>	
<b>Primary Care</b>		<b>Primary Care</b>	
Improve access to: <ol style="list-style-type: none"> <li>1. Family physician and NP appointments</li> <li>2. MH screening and early intervention</li> <li>3. Referrals to specialized care</li> <li>4. Youth Health Clinic appointments</li> </ol>		<ol style="list-style-type: none"> <li>1. 50% increase in utilization and attachment to primary care GP</li> <li>2. 85% of care is delivered within target times</li> <li>3. 90% of youth/families satisfied with their care experience</li> <li>4. 5% reduction of youth ED visits (avoidable MHSU or Primary Care Issues)</li> </ol>	
<b>Mental Health Services</b>		<b>Mental Health Services</b>	

<p>Improve access to:</p> <ol style="list-style-type: none"> <li>1. Assessment, treatment, case management</li> <li>2. Psychiatry consults</li> <li>3. Appropriate care /specialized care</li> <li>4. Parents/Family sessions and groups</li> </ol>	<ol style="list-style-type: none"> <li>1. 75% Mental Health consults and/or treatments delivered within target times</li> <li>2. 85% connection to appropriate care within target times (30 days)/time to referral</li> <li>3. 90% of youth/families satisfied with their care experience</li> <li>4. 10% of RCMP involvement of youth with MHSU involvement</li> </ol>
<p><b>Substance Use Services</b></p> <p>Improve access to:</p> <ol style="list-style-type: none"> <li>1. Assessment, treatment, case management</li> <li>2. Connection to appropriate care/ specialized care</li> <li>3. Enhanced connection to Richmond Schools</li> <li>4. Outreach and Engagement Services</li> <li>5. Parent/Family sessions</li> </ol>	<p><b>Substance Use Services</b></p> <ol style="list-style-type: none"> <li>1. 85% of care delivered within target time (48 hours to initial engagement)</li> <li>2. 85% increase in connection to appropriate care within target times (7 days)/time to referral</li> <li>3. 25% increase in referrals from Richmond Schools</li> <li>4. 90% of youth/families are satisfied with the experience of care</li> </ol>
<p><b>Capacity Building</b></p> <p>Increase the number of:</p> <ol style="list-style-type: none"> <li>1. Youth/Parent peer programming and supports</li> <li>2. Employment and volunteer opportunities</li> </ol>	<p><b>Capacity Building</b></p> <ol style="list-style-type: none"> <li>1. 10% increase in the number of methadone and suboxone starts</li> <li>2. 250 hours of peer support work/year</li> <li>3. 25% of youth attached to employment, training and volunteer opportunities</li> <li>4. 15% increase in youth accessing primary care, MHSU visits/year</li> </ol>
<p><b>Access to Specialized Services</b></p> <p>Improve access to:</p> <ol style="list-style-type: none"> <li>1. Housing supports/services</li> <li>2. Trauma Counselling</li> <li>3. Access to immigrant, newcomers and refugee supports</li> </ol>	<p><b>Access to Specialized Services</b></p> <ol style="list-style-type: none"> <li>1. 50% increase in access to housing supports/services within target times</li> <li>2. 50% increase in access to trauma counseling within 30 days</li> <li>3. 90% increase in utilization and satisfaction rates</li> </ol>
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Project Owner: Richard Dubras, ED of RASS		
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Leadership Advisory Committee: Richmond Addiction Services, VCH – Richmond, FamilySmart, Family Services of Greater Vancouver, Richmond School District No. 38, Chimo Community Services, Touchstone Family Association, Connections Community Services, Turning Point, Pathways Clubhouse, City of Richmond, RCMP – Richmond, Division of Family Practice, SUCCESS, AVIA WorkBC (Back in Motion), MCFD – Richmond, CLBC, RSCL, RMCS, MSDPR, Richmond Family Place, City of Richmond Youth Services Other:		
<b>STAKEHOLDERS</b>		
Richmond Addiction Services, VCH – Richmond, FamilySmart, Family Services of Greater Vancouver, Richmond School District No. 38, Chimo Community Services, Touchstone Family Association, Connections Community Services, Turning Point, Pathways Clubhouse, City of Richmond, RCMP – Richmond, Division of Family Practice, SUCCESS, AVIA WorkBC (Back in Motion), MCFD – Richmond, CLBC, RSCL, RMCS, MSDPR, Richmond Family Place, Youth, Parents and the community of Richmond		
<b>SPONSOR(S) SIGN-OFF</b>		<b>DATE</b>

On behalf of \_\_\_\_\_ (Member Agency), I \_\_\_\_\_ agree to

the above Terms of Reference dated on, \_\_\_\_\_.





## YMCA of Northern BC

P.O. Box 1808  
2020 Massey Drive  
Prince George, BC - V2L 4V7  
[www.nbcy.org](http://www.nbcy.org)

### Foundry Prince George Service Delivery Working Group

**Frequency:** Bi-Weekly, Wednesdays from 9:00-10:00. First meeting March 21, 2017.

**Location:** Revolving amongst stakeholders, location in outlook will be up to date.

#### Purpose:

- Develop service delivery processes for young people accessing core services at Foundry.
- Define roles and functions of members of the Foundry Team in Foundry service delivery.
- Determine service delivery times, schedules of services.
- Develop plans for transition services for young people aged 19-24.
- Determine reporting structures of staff and needs/roles of clinical supervision.
- Identifying training needs for staff to delivery services at Foundry.
- Identify safety risks and policy requirements.
- Share information from service delivery working group with the Core Partners Group and Foundry central.
- Focus on service delivery at time of opening and identify future needs for planning and consideration.

#### Guiding Principles:

- A comprehensive system of care ensures that health promotion, prevention and early intervention are core components of our services.
- Services are timely, accessible, developmentally appropriate, socially inclusive and equitable, and culturally safe, congruent, and trauma-informed.
- Services are youth- and family-centered, collaborative, and empowering to both.
- Integration of services occurs through intentional partnerships and collaborative inter-sectorial working relationships, with special attention on the actual process of integration.
- All services are evidence-informed and effective.
- Services will pay particular attention to diversity and cultural safety

#### Foundry Youth Health Centres Core Services

1. Primary Care –i.e., physical health, sexual health
2. Mental Health Services
3. Substance Use Services
4. Social Services –i.e., vocational, educational, financial, housing/shelter
5. Youth and Family Peer Support and Navigation



Foundry SDWG  
Meeting Minutes Te

#### Meeting Minutes:

Building healthy  
communities



# FOUNDRY CENTRAL FAMILY AMBASSADOR TEAM

## Terms of Reference

September 27, 2018 – March 28, 2019



**Purpose** To provide opportunities for integrating meaningful family engagement in shaping the development, implementation, operations and evaluation of Foundry Centres/Provincial Network. Our intention is to engage families as integral partners within the Network and to expand the provincial leadership role of members working directly with FCO, ensuring that the voice of families and caregivers informs all the work we do at Foundry.



## Membership

Foundry Abbotsford. [REDACTED]

Foundry Campbell River. TBD

Foundry Central Office. [REDACTED]

Foundry Kelowna. [REDACTED]

Foundry North Shore. [REDACTED]

Foundry Penticton. [REDACTED]

Foundry Prince George. [REDACTED]

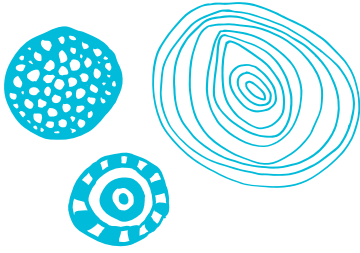
Foundry Richmond. TBD

Foundry Ridge Meadows. [REDACTED]

Foundry Terrace. TBD

Foundry Vancouver-Granville. TBD

Foundry Victoria. [REDACTED]



## APPENDIX C

# Partnerships and Community Development

### **C.1 Partnership Self-Assessment Tool**

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### **C.2 Template: Partnership Self-Assessment Report**

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# ☐ **PARTNERSHIP**

## SELF-ASSESSMENT ☐

### ☐ TOOL

## Questionnaire

### Instructions

This questionnaire asks questions about different aspects of your partnership. It will take about 15 minutes to complete.

The questionnaire allows you to express your opinions and provide information about your experiences anonymously. **DO NOT WRITE YOUR NAME ANYWHERE ON THE QUESTIONNAIRE** and your name will not be attached in any way to the responses you give.

By answering the questions, you will help your partnership learn about its strengths and weaknesses and about steps that your partnership can take in order to improve the collaboration process. The answers that people in your partnership give will be used to generate a report for your partnership. Only the people in your partnership will have access to this report.

There are no right or wrong answers to the questions. Thoughtful and honest responses will give your partnership the most valuable information. **Please answer every question, and please check only one answer per question.**

To complete the questionnaire:

- Please use a BLUE or BLACK ink pen.
- Be sure to read all the answer choices before marking your answer.
- Answer each question by placing a legible check mark or “X” in the box to the left of your answer, like this:

[ √ ] Extremely well

OR

[ X ] Extremely well

- Please return the completed questionnaire in a manner that protects your anonymity, as instructed by your coordinator.

## **Synergy**

Please think about the people and organizations that are participants in your partnership.

- a. By working together, how well are these partners able to identify new and creative ways to solve problems?

☐ Extremely well  
☐ Very well  
☐ Somewhat well  
☐ Not so well  
☐ Not well at all

- b. By working together, how well are these partners able to include the views and priorities of the people affected by the partnership's work?

☐ Extremely well  
☐ Very well  
☐ Somewhat well  
☐ Not so well  
☐ Not well at all

- c. By working together, how well are these partners able to develop goals that are widely understood and supported among partners?

☐ Extremely well  
☐ Very well  
☐ Somewhat well  
☐ Not so well  
☐ Not well at all

- d. By working together, how well are these partners able to identify how different services and programs in the community relate to the problems the partnership is trying to address?

☐ Extremely well  
☐ Very well  
☐ Somewhat well  
☐ Not so well  
☐ Not well at all

- e. By working together, how well are these partners able to respond to the needs and problems of the community?

☐ Extremely well  
☐ Very well  
☐ Somewhat well  
☐ Not so well  
☐ Not well at all

- f. By working together, how well are these partners able to implement strategies that are most likely to work in the community?
- ☐ Extremely well
  - ☐ Very well
  - ☐ Somewhat well
  - ☐ Not so well
  - ☐ Not well at all
- g. By working together, how well are these partners able to obtain support from individuals and organizations in the community that can either block the partnership's plans or help move them forward?
- ☐ Extremely well
  - ☐ Very well
  - ☐ Somewhat well
  - ☐ Not so well
  - ☐ Not well at all
- h. By working together, how well are these partners able to carry out comprehensive activities that connect multiple services, programs, or systems?
- ☐ Extremely well
  - ☐ Very well
  - ☐ Somewhat well
  - ☐ Not so well
  - ☐ Not well at all
- i. By working together, how well are these partners able to clearly communicate to people in the community how the partnership's actions will address problems that are important to them?
- ☐ Extremely well
  - ☐ Very well
  - ☐ Somewhat well
  - ☐ Not so well
  - ☐ Not well at all

### ***Leadership***

Please think about all of the people who provide either formal or informal leadership in this partnership. Please rate the total effectiveness of your partnership's leadership in each of the following areas:

a. Taking responsibility for the partnership

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

b. Inspiring or motivating people involved in the partnership

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

c. Empowering people involved in the partnership

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

d. Communicating the vision of the partnership

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

e. Working to develop a common language within the partnership

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

Please rate the total effectiveness of your partnership's leadership in:

f. Fostering respect, trust, inclusiveness, and openness in the partnership

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

g. Creating an environment where differences of opinion can be voiced

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

h. Resolving conflict among partners

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

i. Combining the perspectives, resources, and skills of partners

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

j. Helping the partnership be creative and look at things differently

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

Please rate the total effectiveness of your partnership's leadership in:

k. Recruiting diverse people and organizations into the partnership

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

### ***Efficiency***

1. Please choose the statement that best describes how well your partnership uses the partners' financial resources.

- ☐ The partnership makes excellent use of partners' financial resources.
- ☐ The partnership makes very good use of partners' financial resources.
- ☐ The partnership makes good use of partners' financial resources.
- ☐ The partnership makes fair use of partners' financial resources.
- ☐ The partnership makes poor use of partners' financial resources.

2. Please choose the statement that best describes how well your partnership uses the partners' in-kind resources (e.g., skills, expertise, information, data, connections, influence, space, equipment, goods).

- ☐ The partnership makes excellent use of partners' in-kind resources.
- ☐ The partnership makes very good use of partners' in-kind resources.
- ☐ The partnership makes good use of partners' in-kind resources.
- ☐ The partnership makes fair use of partners' in-kind resources.
- ☐ The partnership makes poor use of partners' in-kind resources.

3. Please choose the statement that best describes how well your partnership uses the partners' time.

- ☐ The partnership makes excellent use of partners' time.
- ☐ The partnership makes very good use of partners' time.
- ☐ The partnership makes good use of partners' time.
- ☐ The partnership makes fair use of partners' time.
- ☐ The partnership makes poor use of partners' time.



### ***Administration and Management***

We would like you to think about the administrative and management activities in your partnership. Please rate the effectiveness of your partnership in carrying out each of the following activities:

a. Coordinating communication among partners

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

b. Coordinating communication with people and organizations outside the partnership

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

c. Organizing partnership activities, including meetings and projects

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

d. Applying for and managing grants and funds

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

e. Preparing materials that inform partners and help them make timely decisions

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

Please rate the effectiveness of your partnership in:

f. Performing secretarial duties

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

g. Providing orientation to new partners as they join the partnership

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

h. Evaluating the progress and impact of the partnership

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

i. Minimizing the barriers to participation in the partnership's meetings and activities (e.g., by holding them at convenient places and times, and by providing transportation and childcare)

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

### ***Non-financial Resources***

A partnership needs non-financial resources in order to work effectively and achieve its goals. For each of the following types of resources, to what extent does your partnership have what it needs to work effectively?

- a. Skills and expertise (e.g., leadership, administration, evaluation, law, public policy, cultural competency, training, community organizing)
  - ☐ All of what it needs
  - ☐ Most of what it needs
  - ☐ Some of what it needs
  - ☐ Almost none of what it needs
  - ☐ None of what it needs
  - ☐ Don't know
  
- b. Data and information (e.g., statistical data, information about community perceptions, values, resources, and politics)
  - ☐ All of what it needs
  - ☐ Most of what it needs
  - ☐ Some of what it needs
  - ☐ Almost none of what it needs
  - ☐ None of what it needs
  - ☐ Don't know
  
- c. Connections to target populations
  - ☐ All of what it needs
  - ☐ Most of what it needs
  - ☐ Some of what it needs
  - ☐ Almost none of what it needs
  - ☐ None of what it needs
  - ☐ Don't know
  
- d. Connections to political decision-makers, government agencies, other organizations/groups
  - ☐ All of what it needs
  - ☐ Most of what it needs
  - ☐ Some of what it needs
  - ☐ Almost none of what it needs
  - ☐ None of what it needs
  - ☐ Don't know

For each of the following types of resources, to what extent does your partnership have what it needs to work effectively?

e. Legitimacy and credibility

- ☐ All of what it needs
- ☐ Most of what it needs
- ☐ Some of what it needs
- ☐ Almost none of what it needs
- ☐ None of what it needs
- ☐ Don't know

f. Influence and ability to bring people together for meetings and activities

- ☐ All of what it needs
- ☐ Most of what it needs
- ☐ Some of what it needs
- ☐ Almost none of what it needs
- ☐ None of what it needs
- ☐ Don't know

***Financial and Other Capital Resources***

A partnership also needs financial and other capital resources in order to work effectively and achieve its goals. For each of the following types of resources, to what extent does your partnership have what it needs to work effectively?

a. Money

- ☐ All of what it needs
- ☐ Most of what it needs
- ☐ Some of what it needs
- ☐ Almost none of what it needs
- ☐ None of what it needs
- ☐ Don't know

b. Space

- ☐ All of what it needs
- ☐ Most of what it needs
- ☐ Some of what it needs
- ☐ Almost none of what it needs
- ☐ None of what it needs
- ☐ Don't know

For the following type of resources, to what extent does your partnership have what it needs to work effectively?

c. Equipment and goods

- ☐ All of what it needs
- ☐ Most of what it needs
- ☐ Some of what it needs
- ☐ Almost none of what it needs
- ☐ None of what it needs
- ☐ Don't know

***Decision Making***

a. How comfortable are you with the way decisions are made in the partnership?

- ☐ Extremely comfortable
- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ A little comfortable
- ☐ Not at all comfortable

b. How often do you support the decisions made by the partnership?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Almost none of the time
- ☐ None of the time

c. How often do you feel that you have been left out of the decision making process?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Almost none of the time
- ☐ None of the time

### ***Benefits of Participation***

For each of the following benefits, please indicate whether you have or have not received the benefit as a result of participating in the partnership.

- a. Enhanced ability to address an important issue

☐ Yes  
☐ No

- b. Development of new skills

☐ Yes  
☐ No

- c. Heightened public profile

☐ Yes  
☐ No

- d. Increased utilization of my expertise or services

☐ Yes  
☐ No

- e. Acquisition of useful knowledge about services, programs, or people in the community

☐ Yes  
☐ No

- f. Enhanced ability to affect public policy

☐ Yes  
☐ No

- g. Development of valuable relationships

☐ Yes  
☐ No

- h. Enhanced ability to meet the needs of my constituency or clients

☐ Yes  
☐ No

- i. Ability to have a greater impact than I could have on my own

☐ Yes  
☐ No

As a result of your participation in the partnership, have you experienced the following benefits:

j. Ability to make a contribution to the community

☐ Yes

☐ No

k. Acquisition of additional financial support

☐ Yes

☐ No

### ***Drawbacks of Participation***

For each of the following drawbacks, please indicate whether or not you have or have not experienced the drawback as a result of participating in this partnership.

a. Diversion of time and resources away from other priorities or obligations

☐ Yes

☐ No

b. Insufficient influence in partnership activities

☐ Yes

☐ No

c. Viewed negatively due to association with other partners or the partnership

☐ Yes

☐ No

d. Frustration or aggravation

☐ Yes

☐ No

e. Insufficient credit given to me for contributing to the accomplishments of the partnership

☐ Yes

☐ No

f. Conflict between my job and the partnership's work

☐ Yes

☐ No

### ***Comparing Benefits and Drawbacks***

So far, how have the benefits of participating in this partnership compared to the drawbacks?

- ☐ Benefits greatly exceed the drawbacks
- ☐ Benefits exceed the drawbacks
- ☐ Benefits and drawbacks are about equal
- ☐ Drawbacks exceed the benefits
- ☐ Drawbacks greatly exceed the benefits

### ***Satisfaction with Participation***

- a. How satisfied are you with the way the people and organizations in the partnership work together?

- ☐ Completely satisfied
- ☐ Mostly satisfied
- ☐ Somewhat satisfied
- ☐ A little satisfied
- ☐ Not at all satisfied

- b. How satisfied are you with your influence in the partnership?

- ☐ Completely satisfied
- ☐ Mostly satisfied
- ☐ Somewhat satisfied
- ☐ A little satisfied
- ☐ Not at all satisfied

- c. How satisfied are you with your role in the partnership?

- ☐ Completely satisfied
- ☐ Mostly satisfied
- ☐ Somewhat satisfied
- ☐ A little satisfied
- ☐ Not at all satisfied

- d. How satisfied are you with the partnership's plans for achieving its goals?

- ☐ Completely satisfied
- ☐ Mostly satisfied
- ☐ Somewhat satisfied
- ☐ A little satisfied
- ☐ Not at all satisfied



e. How satisfied are you with the way the partnership is implementing its plans?

- ☐ Completely satisfied
- ☐ Mostly satisfied
- ☐ Somewhat satisfied
- ☐ A little satisfied
- ☐ Not at all satisfied



**Partnership Self-Assessment Report Template**  
**Foundry (INSERT SITE)**

**Prepared by:**  
[Name]  
[Date]



## Overview

### Survey Description

The Partnership Self-Assessment Tool is a questionnaire that various partners can complete to examine the strengths and weakness of the partnership. Answers can help guide organizations and individuals to make the partnership increasingly successful. The tool measures a key indicator of a successful collaborative process: synergy (partnership synergy).

### Why is this survey needed?

At Foundry, we have chosen to adopt this tool to help partners at each of our Foundry Centre assess how well their collaborative process is working or what they can do to make it work better.

- The Tool measures a key indicator of a successful collaborative process -- the partnership's level of synergy.
- The Tool also provides information that helps partnerships 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.

The survey forms one of the key measures for integration and will be repeated annually to track progress and inform quality improvement activities in the Foundry centre.

### Survey Participants

(INSERT # OF PARTICIPANTS) participants representing different partner agencies completed the Self-Assessment Survey for your Foundry centre.

### Self-Assessment Report Contents

#### Section 1: Overall Results for Partnership Functioning

This section presents an overview of partnership's synergy as well as partnerships' strengths and weaknesses in five areas that are known to be related to synergy.

#### Section 2: Detailed survey results

This section presents the breakdown of aggregated responses to individual questions in the questionnaire

## Section 1: Partnership Functioning

Area	Description	2018 Score	2018 Zone	2019 Score	2019 Zone
<b>Synergy</b>	The extent to which the partnership can do more than any of its individual participants	3.8	Work		
<b>Leadership Effectiveness</b>	Leadership that promotes productive interactions among diverse people and organizations	3.4	Work		
<b>Partnership Efficiency</b>	Measure of how well a partnership optimizes the involvement of its partners	3.3	Work		
<b>Administration and Management Effectiveness</b>	Administration and management that supports collaboration. This has been described as very different from bureaucratic forms of management	3.0	Work		
<b>Sufficiency of Non-financial Resources</b>	Adequacy of non-financial resources	3.4	Work		
<b>Sufficiency of Financial Resources</b>	Adequacy of financial resources	3.8	Work		

### Zones Key

<b>Danger Zone</b>	1.0 – 2.9	This area needs a lot of improvement
<b>Work Zone</b>	3.0 – 3.9	More effort is needed in this area to maximize the partnership's collaborative potential
<b>Headway Zone</b>	4.0 – 4.5	Your partnership is doing pretty well in this area but has potential to progress even further
<b>Target Zone</b>	4.5 – 5.0	Your partnership currently excels in this area and needs to focus attention on maintaining a high score

## Section 2 – Detailed Survey Results

### SYNERGY

How well, by working together, the participants in your partnership are able to:	Partnership Mean
Identify new and creative ways to solve problems	4.2
Include the views and priorities of the people affected by the partnership's work	3.9
Develop goals that are widely understood and supported among partners	3.7
Identify how different services and programs in the community relate to the problems the partnership is trying to address	4.0
Respond to the needs and problems of the community	3.8
Implement strategies that are most likely to work in the community	3.8
Obtain support from individuals and organizations in the community that can either block the partnership's plans or help move them forward	3.5
Carry out comprehensive activities that connect multiple services, programs, or systems	3.8
Clearly communicate to people in the community how the partnership's actions will address problems that are important to them	3.6

Your partnership is achieving a given attribute of synergy *extremely well* if the mean score is 5, *very well* if the score is 4, *somewhat well* if the score is 3, *not so well* if the score is 2, and *not well at all* if the score is 1.

Partnerships that achieve a score of 5 on all of the 9 attributes have a collaborative process that is successfully making the most of collaboration.

### LEADERSHIP EFFECTIVENESS

Leadership Attributes:	Partnership Mean
Taking responsibility for the partnership	3.2
Inspiring and motivating people in the partnership	3.4
Empowering the people in the partnership	3.6
Communicating the vision of the partnership	3.5
Working to develop a common language within the partnership	3.4
Fostering respect, trust, inclusiveness, and openness in the partnership	4.1
Creating an environment where differences of opinion can be voiced	3.5
Resolving conflict among partners	2.8
Combining the perspectives, resources, and skills of partners	3.7
Helping the partnership be creative and look at things differently	3.5
Recruiting diverse people and organizations into the partnership	3.2

The effectiveness of your partnership's leadership is *excellent* if the mean score is 5, *very good* if the score is 4, *good* if the score is 3, *fair* if the score is 2, and *poor* if the score is 1.

Partnerships that achieve a score of 5 on all of the 11 attributes have the kind of leadership that promotes a high level of synergy.

## PARTNERSHIP EFFICIENCY

How well your partnership is using its partners':	Partnership Mean
Financial resources	3.3
In-kind resources	3.5
Time	3.3

A mean score of 5 is *excellent*, a score of 4 is *very good*, a score of 3 is *good*, a score of 2 is *fair*, and a score of 1 is *poor*.

Partnerships that achieve a score of 5 in all 3 areas are optimizing the involvement of their participants in a way that promotes synergy.

## ADMINISTRATION AND MANAGEMENT EFFECTIVENESS

Administration and Management Activities:	Partnership Mean
Coordinating communication among partners	3.7
Coordinating communication with people and organizations outside the partnership	2.5
Organizing partnership activities, including meetings and projects	3.7
Applying for and managing grants and funds	2.6
Preparing materials that inform partners and help them make timely decisions	3.9
Performing secretarial duties	2.1
Providing orientation to new partners as they join the partnership	2.7
Evaluating the progress and impact of the partnership	2.9
Minimizing barriers for participation in partnership meetings	3.0

The effectiveness of your partnership's administration and management is *excellent* if the respondents' mean score is 5, *very good* if the score is 4, *good* if the score is 3, *fair* if the score is 2, and *poor* if the score is 1.

Partnerships that achieve a score of 5 on all the 9 activities have the kind of administration and management that promotes a high level of synergy.

## SUFFICIENCY OF NON-FINANCIAL RESOURCES

Kinds of Non-Financial Resources:	Partnership Mean
Skills and expertise	3.4
Data and information	2.7
Connections to target populations	3.5
Connections to political decision-makers, government agencies and others	2.9
Legitimacy and credibility	4.0
Influence and ability to bring people together for meetings/activities	3.9

Your partnership has *all of what it needs* if the mean score is 5, *most of what it needs* if the score is 4, *some of what it needs* if the score is 3, *almost none of what it needs* if the score is 2, and *none of what it needs* if the score is 1.

Partnerships that achieve a score of 5 for all 6 resources have the basic building blocks to achieve high levels of synergy.

## SUFFICIENCY OF FINANCIAL RESOURCES

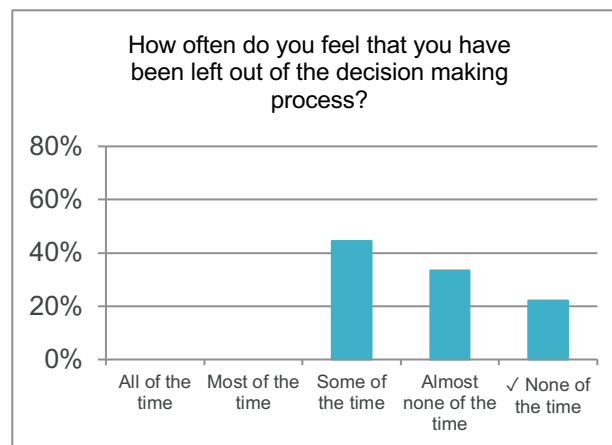
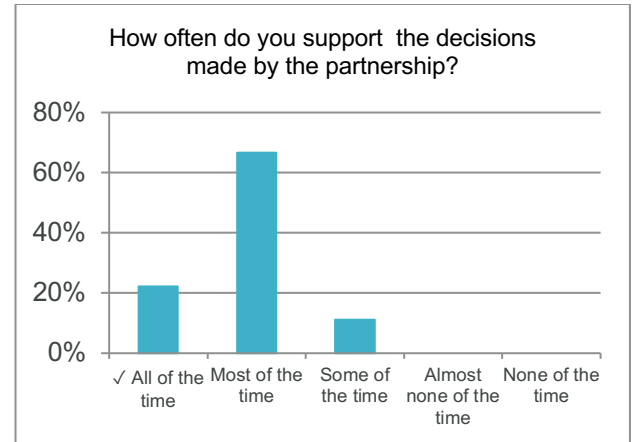
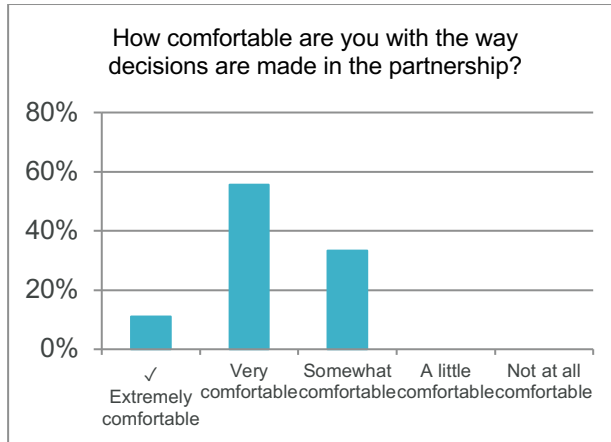
Kinds of Financial and other Capital Resources:	Partnership Mean
Money	3.1
Space	4.6

Your partnership has *all of what it needs* if the mean score is 5, *most of what it needs* if the score is 4, *some of what it needs* if the score is 3, *almost none of what it needs* if the score is 2, and *none of what it needs* if the score is 1.

Partnerships that achieve a score of 5 for all 2 resources have the basic building blocks to achieve high levels of synergy.

## DECISION MAKING PROCESS

(REPLACE)





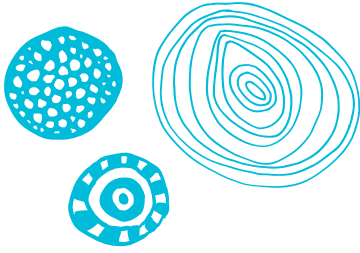
## BENEFITS & DRAWBACKS

(REPLACE)

Kinds of Benefits	Percent Receiving
Enhanced ability to address an important issue	100%
Development of valuable relationships	100%
Ability to have a greater impact than I could have on my own	100%
Ability to make a contribution to the community	100%
Acquisition of useful knowledge about services, programs, or people in the community	94%
Development of new skills	89%
Enhanced ability to meet the needs of my constituency or clients	88%
Heightened public profile	83%
Increase utilization of my expertise or services	83%
Enhanced ability to affect public policy	72%
Acquisition of additional financial support	63%

Kinds of Drawbacks	Percent Experiencing
Diversion of time and resources away from other priorities or obligations	72%
Insufficient influence in partnership activities	61%
Conflict between my job and the partnership's work	61%
Frustration or aggravation	50%
Viewed negatively due to association with other partners or the partnership	50%
Insufficient credit given to me for contribution to the accomplishments of the partnership	50%

OVERALL SATISFACTION

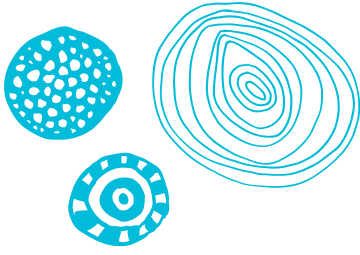


## APPENDIX D

# Master Operating Agreement Overview

Additional material available on the [Foundry Website](#).

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## APPENDIX E

# Youth and Family Engagement

**E.1 Information Sheet: Engagement Roles and Responsibilities**

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**E.2 Foundry Centre Engagement Standards**

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**E.3 Template: Youth Advisory Committee Recruitment Poster**

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**E.4 Template: Community Agreement**

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**E.5 Template: Youth Advisory Committee Meeting Agenda/Notes**

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**E.6 Example: Foundry Maple Ridge Engagement Plan**

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**E.7 Example: Foundry Richmond Community Engagement Plan**

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**E.8 Example: Foundry Prince George Community Agreement**

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## Engagement Roles and Responsibilities

<b>FCO Youth Peer Engagement Coordinator(s)</b>	<ul style="list-style-type: none"> <li>• Staff member(s) of FCO team</li> <li>• Brings lived/ living experience to support youth engagement across Foundry's provincial network</li> <li>• Facilitates and co-leads YFEWG, OG-YAC &amp; FACC</li> <li>• Works closely with the Family Engagement &amp; Service Provider Liaison</li> </ul>
<b>FCO Family Engagement</b>	<ul style="list-style-type: none"> <li>• Staff member(s) of FCO team</li> <li>• Brings lived/ living experience to support family engagement, development &amp; implementation of family services (including family peer support) across Foundry's provincial network</li> <li>• Facilitates and co-leads YFEWG, PFA &amp; Family Services Working group</li> <li>• Works closely with the Youth Peer Engagement Coordinator(s)</li> </ul>
<b>YFEWG</b>  <b>Youth &amp; Family Engagement Working Group</b>	<ul style="list-style-type: none"> <li>• Consists of Foundry centre staff members who lead engagement at the centre level (in most cases, this is the Youth &amp; Family Engagement Coordinators, or equivalent)</li> <li>• Monthly community of practice calls facilitated by FCO</li> <li>• Members support centres in implementing meaningful youth and family engagement within the network</li> <li>• Develops collective vision and common working goals</li> <li>• Provides knowledge exchange opportunities</li> <li>• Connects community peer groups through service provider liaison</li> </ul>
<b>OG-YAC</b>  <b>Organizational Governance-Youth Advisory Committee</b>	<ul style="list-style-type: none"> <li>• Foundry's provincial YAC</li> <li>• Works to expand &amp; strengthen the provincial level of youth in leadership working directly with FCO – to ensure youth participation &amp; youth voice informs the work we do at FCO</li> <li>• 1-2 young people from each local Foundry YAC is invited to join (done through a recruitment process organized between the FCO Youth Peer Engagement Coordinator &amp; the centre Youth &amp; Family Engagement Coordinator, or equivalent)</li> <li>• Members co-lead OG-YAC operations alongside FCO Youth Peer Engagement Coordinator</li> </ul>

	<ul style="list-style-type: none"> <li>• Works to build individual and group capacity – this includes identifying training &amp; skill-specific development opportunities</li> <li>• Act as a liaison between OG-YAC/FCO and local YAC/Foundry centre when necessary</li> </ul>
<b>PFA</b>  <b>Provincial Family Ambassadors</b>	<ul style="list-style-type: none"> <li>• Foundry's provincial family/ caregiver advisory committee</li> <li>• Lead family representatives from each site who work directly with Foundry central office</li> <li>• 1-2 family member/caregivers from each local Foundry PAC is invited to join (done through a recruitment process organized between the FCO Family Coordinator &amp; the centre Youth &amp; Family Engagement Coordinator, or equivalent)</li> <li>• Encourages family voice and participation in Foundry operational decision-making</li> <li>• Expands Provincial level role of families/caregivers in leadership</li> <li>• Creates opportunities for family professional &amp; personal development</li> <li>• Co-creates working goals specific to caregiver needs</li> <li>• Act as a liaison between PFA/FCO and local PAC</li> <li>• Supports community engagement and development</li> </ul>
<b>FACC: YAS</b>  <b>Forging Access to Care Committee: Youth Awareness Strategy</b>	<ul style="list-style-type: none"> <li>• Youth advisory that provides direct support and expertise to Foundry's Clinical Working Group (CWG), led by FCO Director of Services &amp; Innovation</li> <li>• Co-led by FCO Youth Peer Engagement Coordinator and when appropriate, FCO Director of Services &amp; Innovation</li> <li>• Current membership is open to youth living in Vancouver &amp; lower mainland, due to the nature of the work required</li> <li>• Inform the development, implementation &amp; fidelity of service-related matters (documents &amp; processes)</li> <li>• Current 2019-2020 project is the Youth Awareness Strategy (YAS): aims to increase youth awareness of Foundry's services by using social media platforms as a tool</li> </ul>
<b>VC YAC</b>	<ul style="list-style-type: none"> <li>• Project-specific youth advisory that provides direct &amp; ongoing support to the development of Foundry's virtual care project</li> </ul>

**Virtual Care Youth  
Advisory Committee**

- Membership consists of young people from across B.C. – those who have a Foundry centre in their home community and those who do not. Recruitment has finished.
- Committee is co-led by FCO Virtual Care Project Manager, who liaises with FCO Youth Peer Engagement Coordinator(s) when necessary

# Foundry Centre Engagement Standards

Version 1.0- updated April 28, 2020

The following standards were developed by members of Foundry's Youth and Family engagement network. They outline core requirements to align with practice principles and ensure that the voices of young people, family and caregivers remain at the centre.

Role/Group	Engagement Standards
<b>Youth &amp; Family Engagement Coordinator (or equivalent)</b>	<p>This role is a staff member identified by Lead Agency to coordinate &amp; liaise with FCO around youth &amp; family engagement opportunities &amp; activities – this includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Is the identified lead for youth &amp; family engagement at a local level</li> <li>• Attends monthly YFEWG calls &amp; meaningfully contributes to the community of practice by providing feedback, input &amp; support as needed (more on YFEWG below)</li> <li>• Coordinates &amp; supports local YAC &amp; FAC (Youth Advisory Committee &amp; Family Advisory Committee)</li> </ul>
<b>Youth Advisory Committee (YAC)</b>	<p>Consisting of young people accessing the Foundry centre, the YAC works to ensure the centre is for young people, by young people. This is done through not only elevating the youth voice to advise and inform the development of services, resources and other opportunities, but also includes the following:</p> <ul style="list-style-type: none"> <li>• Embedded on the principle of reciprocity</li> <li>• Goals are co-created</li> <li>• Provide and offer a range of engagement activities at varying levels</li> <li>• At minimum, 1 YAC meeting per month</li> <li>• Terms of Reference (ToR) and Community Agreement is developed &amp; reviewed annually</li> <li>• Honoraria is provided to compensate members for their time &amp; expertise</li> <li>• Ongoing feedback loop is maintained between YAC members &amp; Foundry centre staff and decision makers to ensure transparency and the feedback given is action orientated &amp; impacts decision making</li> <li>• Have 1-2 local YAC members join the OG-YAC, Foundry's provincial YAC (more below)</li> <li>• Other tools: Sample YAC recruitment poster</li> </ul>
<b>Family Advisory Committee (FAC)</b>	<p>Consisting of family members/ caregivers of youth accessing the Foundry centre, the FAC ensure that at a family voice and the unique needs of families/caregivers is represented in all aspects of Foundry centre operations.</p>



	<p>The same engagement standards for YACs apply to FACs:</p> <ul style="list-style-type: none"> <li>• Embedded on the principle of reciprocity</li> <li>• Goals are co-created</li> <li>• Provide and offer a range of engagement activities at varying levels</li> <li>• At minimum, 1 FAC meeting per month</li> <li>• Terms of Reference (ToR) and Community Agreement are developed &amp; reviewed annually</li> <li>• Honoraria is provided to compensate members for their time &amp; expertise</li> <li>• Ongoing feedback loop is maintained between FAC members &amp; Foundry centre staff and decision makers to ensure transparency and the feedback given is action orientated &amp; impacts decision making</li> <li>• Have 1-2 local FAC members join the PFA - Provincial Family Ambassadors (more below)</li> </ul>
<b>Local Leadership Table</b>	<p>Foundry centres will ensure that their Local Leadership Table:</p> <ul style="list-style-type: none"> <li>• Has the membership of min. 2 youth &amp; min. 1 family member/ caregiver</li> <li>• Youth &amp; family member/ caregivers are compensated by the Lead Agency for their time on the Local Leadership Table</li> <li>• Identifies an adult ally: this individual is responsible for supporting the youth &amp; family member/ caregiver's meaningful participation and attendance at the leadership table. This includes providing administrative, emotional &amp; accessibility support as well as any other facilitators to support the youth and family member/ caregiver.</li> <li>• Support the youth &amp; family member/ caregiver to liaise between the YAC &amp; FAC and the Local Leadership Table. This may include the involvement of the Youth &amp; Family Engagement Coordinator (or equivalent)</li> </ul>

# Join the Foundry Youth Advisory Council!

...You might be asking, what's a Foundry? Well, Foundry North Shore is a wellness centre that offers many free, confidential health and support services for folks ages 12-24.

**The Foundry YAC is looking for people 12-24 who want to be involved in mental health initiatives and keeping Foundry youth-friendly.**

In the YAC, we...

- ~ Make a meaningful difference in our community
- ~ Discuss topics like youth mental wellness and substance use
- ~ Meet other awesome people
- ~ Have twice-monthly meetings
- ~ Get volunteer hours
- ~ ...And more!

Contact [redacted] if you're interested!

[redacted] / [redacted]  
[redacted]



· FOUNDRY ·  
WHERE WELLNESS TAKES SHAPE



## Provincial Family Ambassadors: Community Agreement

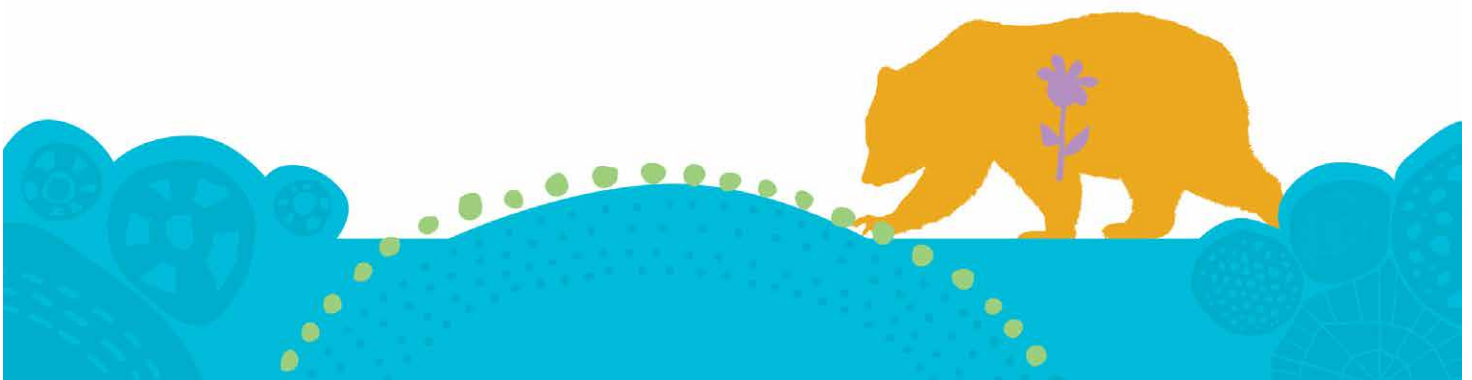
*(Adapted from the Community Agreement used in the Youth and Family Inclusion Group (Y-Fi) at Foundry Abbotsford)*

This Community Agreement provides guidelines for how we want to come together, to work together and to learn from and with each other in the Foundry Central Family Ambassador Team.

Agenda will be sent out before each meeting for review. Members will have the opportunity to amend or add to agenda at beginning of each meeting.

In an atmosphere of mutual respect, we agree to:

- Respect the time of all members, we want to start and end on time.
- One person to speaking at a time, allowing people to finish their thoughts before voicing your own.
- Be as fully present in the meeting as possible. Please consider turning cellphones off and avoid side conversations.
- Welcome and encourage balanced participation, respecting all perspectives, thoughts, feedback and questions.
- Open space where every member feels they have the opportunity to be heard and voice their thoughts.
- Approach differences from a perspective of curiosity rather than judgement
- Address conflict with a focus on the problem not the person
- Communicate with respect, care, empathy and compassion
- Acknowledge and manage any power imbalances that could be impeding open and safe dialogue
- “What’s said here stays here; what’s learned here leaves here”. Anything shared outside of the group needs explicit consent of how it will be shared.
- Ask questions, all questions are good questions and important to our work.
- Take responsibility for ensuring this agreement is respected by speaking up with diplomacy and care when the guidelines are broken.



## Example of YAC Meeting Agendas

### Example 1: meeting agenda from Foundry North Shore YAC



#### Foundry North Shore YAC Meeting Agenda

Feb. 8/18

- 1) Check-in, review of safe space guidelines
- 2) YAC leadership update, brainstorm
- 3) YAC Terms of Reference – review & feedback
- 4) Review of brainstormed activities, prioritizing
- 5) YAC cash: How to spend?
- 6) Leadership Council – youth rep needed
- 7) Closing/wishes for next meeting

## Example 2: Foundry staff/ facilitator notes for meeting agenda from Foundry North Shore YAC

YAC Meeting – Dec. 12/19

### Meeting Agenda & Notes

\*On board: agenda, member responsibilities/safe space guidelines, projects (with space!)

\*Large paper

#### Check-in

- Round intros – name, pronoun, get-to-know-you question (\*Christmas/holiday one? Or ask them?)
- Icebreaker – interview
  - Pairs, find out 3 interesting things about them – at least 2 must be deeper than favourite thing
  - Report back to group on partner after

#### Member responsibilities/safe space stuff

- Put up what we brainstormed last time, as well as what's in our TOR that the YAC has brainstormed before
- Anything people want clarification on/disagree with, anything new they want to include?
- Highlighting assuming good intentions, being open – can be tough sitting in a room with all new ppl and making ourselves vulnerable like this, when we're trying to make decisions together, we might all react differently to that vulnerable feeling – just know that we're all probably feeling somewhat similarly in that way, and probably hoping that we can all connect and get along – you probably wouldn't be here if you didn't want that on some level!

#### Discussion of project options

- Went over these in detail last time – handout for you to reference to jog your memory
- Review [redacted]'s new ideas
  - **Taking on smaller vs. bigger projects** (did briefly mention last time) - [redacted]'s thoughts on this (see email)
    - **Helping to re-design our front waiting room**
      - Organizing games
    - **Hosting an event to gather youth feedback on Foundry**
    - **Organizing real plants**
    - **Making mobiles**
- Otherwise – other projects are as we discussed (handout)
- Other ideas?
- Ideally, want to try and choose a focus
  - E.g. can be one project we all focus on every meeting; can be two where we switch off working on them, like last year; can also be multiple projects that we could strategize how to work on them – i.e. a different project every meeting, members work on projects in-between meetings (as multiple projects will mean stuff will take longer to do, as opposed to focussing on fewer)



## **FOUNDRY MAPLE RIDGE**

**January 16, 2019**

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This engagement plan documents the proposed engagement process which will supplement and enhance the design development of the new Foundry Maple Ridge location. This space will be taking over an existing clinic and diner in the heart of the Maple Ridge community.

Community engagement will be critical to the success of the project, and provide youth and their families the opportunity to have their voices heard. A sense of ownership and belonging transforms the way the community sees themselves in that space; it's elevated from being institutional to integral—inclusive of the thoughts, feelings, and intentions of the people who will be inhabiting it.

### **1.0 Approach**

Engagement for this project will be delivered through a variety of contact points, including a combination of interactive events and digital communications. WORK Design Studio will prepare engagement content specific to each event and stakeholder group, as detailed below.

Format and deliverables will be prepared by WORK Design Studio, and reviewed by the Foundry Maple Ridge Project Team, and distributed by a Foundry representative to the appropriate recipients.

### **2.0 Participants**

The Foundry Maple Ridge Project Team has identified a number of key stakeholder groups to participate in engagement activities. Engagement sessions may be tailored towards specific groups, as outlined below.

- Youth, Parents, Service Providers
- Direct Partners (Specialists and Physicians)
- Fund Development Committee
- Funders Table
- Clinic Operations
- Steering Committee
- Community of Maple Ridge

### **3.0 Contact Points**

Contact points are as follows, outlined by interactive engagement activities and associated communications:

#### **3.1 Pre-Design**

##### **3.1.A Youth Engagement Kick-Off (February, 2019)**

- Provide content for newsletter and e-introduction to project (to be distributed by Foundry)



# ENGAGEMENT PLAN

- \*Youth Tour of Foundry Abbotsford (to be conducted by Foundry) to occur prior to engagement kick-off event
- Informal + Interactive Activity TBD (to be scheduled by Foundry)
  - Act as a Meet + Greet and Ice Breaker between youth and design team
  - Encourage informal conversation and engagement
  - Spark discussion on Foundry Abbotsford: what they liked, what they wish was included, what they reacted to
- Provide findings summary to Project Team

## **3.1.B Direct Partners Discussion (February, 2019)**

- Email introduction to project and design team
- Invitations sent asap (to be distributed by Foundry)
- Review outline of functional program, determined by Foundry Design Guidelines
  - Functional Description
  - Operational Description
  - Staffing + Future Growth
  - Space Requirements + Workflow
  - Equipment Needs
- Thank you and Next Steps email sent one day after discussion

## **3.1.C Steering Committee Meeting (March 7, 2019)**

- Introduction to design team
- Project Update: overall status, schedule, milestone deliverables
- Program Review (space summary, operational and functional descriptions, adjacencies)

## **3.2 Schematic Design**

### **3.2.A Community Town Hall (March, 2019)**

- Community event to introduce project, goals, drivers, project team
- Key attendees may include: Direct Partners, Youth, Committees, City
- Invitations and event awareness to be undertaken by Foundry
- Intent to encourage participation and input on key design elements and principals (approved by Foundry Project Team)
  - Design Charette stations with visuals, pin-up, coloured stickers for preferences, variety of design options
  - Think Tank on ways to reflect community of Ridge Meadows within the space
- Summary of findings for Project Team to review within one week of the event

### **3.2.B SD Report**

- Provide a brief digital report showing design to date
  - Schematic plans/imagery/sketches
- Highlight summary of findings/feedback from pre-design engagement
  - Capture feedback from Town Hall
- Identify next steps
- Request Sign-Off from Foundry Project Team



## **3.3 Design Development**

### **3.3.A Youth Engagement**

- Propose: Pizza Party + Discussion
- Informal round table discussion and presentation to highlight design of Foundry Maple Ridge – emphasis on how input from pre-design has been reflected to date, opportunities for further input (furniture, art, finishes)
- Review of preliminary furniture and finishes

### **3.3.B (Optional) Arts + Crafts Event**

- Opportunity for sponsors/donations, community engagement
- Start foundation for Foundry Maple Ridge Art Bank (rotating works of art for youth centre)
- Identify opportunities for art based on design development. These opportunities are to be reviewed by Foundry Project Team, and could include:
  - Mural
  - Welcome wall
  - Multi-purpose room
  - Kitchen

### **3.3.C Direct Partners Design Review**

- Invitations sent three weeks prior (to be distributed by Foundry)
- Review design development
  - Workflow
  - Coordination with Foundry Design Guidelines
  - Preliminary Furniture, equipment, and finishes
  - Infection Control
  - Safety and security
  - Staff amenities and workspaces
- Thank you and Next Steps email sent one day after discussion

### **3.3.D DD Report**

- Provide a brief digital report to reflect design decisions and progress to date
  - Detailed plans/elevations/imagery/preliminary renderings
  - Branding/wayfinding/furniture/finishes
- Identify next steps
- Request Sign-Off from Foundry Project Team





## ENGAGEMENT PLAN

### 4.0 Sign-Off

Please review and indicate your acknowledgement of the proposed engagement plan.

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**Robert McRudden**

Capital Projects | Foundry Central Office

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**Vicki Kipps**

Executive Directive | Community Services BC

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**Hailey Holloway**

Principal | WORK Design Studio

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**Vanessa Jansen**

Principal | WORK Design Studio

## Foundry Centre for Youth – Richmond

### Community Engagement Plan

#### Vancouver Coastal Health - Community Engagement

October 15, 2018

**Project Leads:** [NAME], Director MHSU and Residential Care, VCH  
[NAME], Executive Director, Richmond Addiction Services Society  
**Project Manager:** [NAME]

**CE Lead:** [NAME], Leader Community Engagement

### 1. Background

Foundry Centres are integrated health and social service centres for young people ages 12-24. Foundry centres provide a one-stop-shop for young people to access mental health care, substance use services, primary care, social services and youth and family peer supports. The goal is to provide safe, non-judgmental care, information and resources, and work to reach young people earlier – before health challenges become problematic. Foundry brings health and social services together in a single place to make it easier for young people to find the care, connection and support they need.

Foundry centres take a prevention and early intervention approach, offering mental health and substance use services, primary care, peer support and social services in 1 place and will improve access and navigation of services by also including peer and family engagement and support. Foundry centres want to reach young people early so that help is available sooner and can address small problems before they become bigger ones.

Richmond Addictions Services will be the lead agency for developing a Foundry centre in Richmond and will be working with VCH as a partner. The Foundry Richmond centre will work in collaboration with the entire community and community agencies to ensure that Richmond young people, ages 12 – 24, will have access to a one-stop-shop for health and social services.

The Richmond Foundry Centre will aim to reduce stigma associated with receiving mental health support by providing a variety of services in one youth-friendly place. The planned centre will greatly enhance the services available to young people, but more importantly, it will bring more services together in one place in an integrated manner.

## **2. VCH-CE Plan for Coordination and Implementation of Engagement Activities**

VCH-CE will provide oversight and continuity for community engagement including:

- planning and logistical support to hold focused discussions with Richmond youth clients, their families, residents of Richmond and community partners to inform design and implementation phases of the project
- planning and logistical support to hold focused discussions with VCH Richmond staff to inform design and implementation phases of the project
- Support long-term engagement through support for advisors on a steering committee.
- Provide dedicated Community Engagement Leader to the project.

Objectives and Key Activities:

- To maintain consistent, quality engagement throughout the duration of project planning, implementation and transitions
- To provide engagement leadership to the VCH Project Team
- To implement and provide oversight of the consultation program
- To work closely with VCH Communications and Foundry Communications to ensure coordinated communications support for all engagement activities
- To maintain relationships with key community stakeholders and if required act as contact for stakeholders throughout the engagement process
- To work with community stakeholders to help mitigate risks to the project and work toward solutions
- To support longitudinal engagement via advisors on steering committees/working groups etc.

**For this project, stakeholders include:**

- Current Clients and users of Youth MHSU services
- Potential clients and users of Foundry services
- Community organizations who provides services to youth
- Staff of services that will be located in Foundry

## **3. Goals of Engagement**

- increase awareness and understanding of Foundry and the services that will be provided
- understand and address concerns related to the Foundry Centre, its services and practice

- support staff understanding of changing practice and address concerns
- inform planning and implementation for site and service model

#### 4. Timelines and Activities

DATE	ACTIVITY	NOTES
October – November 2018	Discussions with project team to plan engagement process.	<ul style="list-style-type: none"> <li>• Consultation planning, identification of scope of project, relevant stakeholders and identification of appropriate locations and timing for engagement processes and activities.</li> </ul>
January 2019	Develop messaging for Foundry Website	<ul style="list-style-type: none"> <li>• Design messaging and promotion for engagement sessions to post to Foundry website and distribute community wide</li> </ul>
February – April 2019	Focus Groups Information and Consultation	<ul style="list-style-type: none"> <li>• Develop invitation for potential attendees.</li> <li>• Develop session facilitation guide</li> <li>• Work with project manager to confirm spaces to hold engagement events</li> <li>• Hold 2-3 sessions with current clients of MHSU youth services and their families (consider holding a session in Cantonese).</li> <li>• Hold 2 sessions with potential clients of Foundry and their families (consider holding a session in Cantonese).</li> <li>• Hold 1 session with community partners and organizations providing services for youth</li> <li>• Hold 2 staff engagement sessions – in conjunction with Project team</li> <li>• Develop and maintain distribution lists of all those interested in Foundry project for future information sharing and engagement</li> <li>• Gather contact info for individuals interested in participating on Advisory Committee</li> <li>• Provide summaries of all sessions to be posted on website and shared broadly</li> </ul>
April 2019	Advisory Committee	<ul style="list-style-type: none"> <li>• Support formation of advisory committee to guide project to completion.</li> <li>• CE to support initial meetings to set terms of reference and goals</li> </ul>
September 2019	Community Information Sessions	<ul style="list-style-type: none"> <li>• Support advisory committee to plan broad community information session with neighbours and other interested groups</li> </ul>

DATE	ACTIVITY	NOTES
Ongoing	Support project team to embed feedback from engagement process into project planning	<ul style="list-style-type: none"> <li>• Attend meetings and debriefs as required.</li> </ul>

## FOUNDRY Team Commitments

Team Member Name: \_\_\_\_\_

Date: \_\_\_\_\_

### FOUNDRY VISION

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

### FOUNDRY PROGRAM PURPOSE

Provide a system of care for youth and young adults through Integrated Youth Service Centres and e-services across British Columbia.

### GUIDING PRINCIPLES

- Be a unified team nurturing the relationship with Foundry.
- Physical, emotional, mental, cultural and spiritual safety are paramount.
- Be accountable to ourselves, each other and the people we serve, using our knowledge and skills to help meet their needs while acknowledging our limitations.
- Be continually responsive and transparent to young people's needs when they enter Foundry.
- Be flexible with our process to prevent barriers to support.
- Strengthen and create connections in the community to empower a young person's ability to navigate their needs in the future.
- Find opportunities to cultivate a balanced, creative and joyful environment.

### MUTUAL COMMITMENTS TO THE TEAM

- We talk to each other not about each other.
- We build each other up through encouragement.
- We value all voices.
- We will respect and support team decisions.
- We strive to be open, honest and non-judgmental with one another.
- We approach each other with continuous compassionate curiosity.
- We reflect to ensure our feedback is thoughtful, honest, necessary and timely.
- We strive to respond rather than react.
- We strive to keep each other's self-esteem and relationships intact.
- We view feedback as an opportunity for growth.
- We look for opportunities to celebrate each other.
- We keep ourselves and each other accountable to follow our commitments.

## CORE VALUES FRAMEWORK

### Am I doing this with:

- Kindness
- Curiosity
- Integrity

### Am I being:

- Inclusive
- Responsive

### Am I promoting:

- Connection
- Empowerment

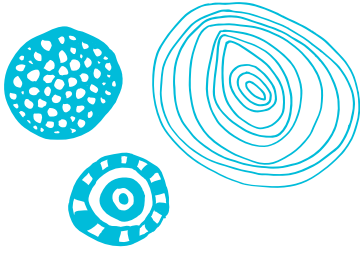
## OUR COMMITMENTS TO THE YOUTH

- We focus on wellness and empowerment of young people to live a balanced and fulfilling life.
- We believe confidentiality and consent are the foundation to creating trust which is paramount to delivering safe and effective services.
- We do not call those accessing Foundry clients or patients; we call them youth or young people.
- We are a voluntary, youth-driven service with no formal referral process.
- We are committed to young people receiving immediate, safe, age appropriate services with minimal barriers to access them.
- We use the word engagement, not intake, to explain a young person accessing services.
- We focus on the young people accessing services creating a relationship with Foundry and identify ourselves as a member of the Foundry team.
- We provide multiple points of access to take immediate advantage of an individual's motivation to access services.
- We will provide opportunities for young people that access to Foundry to leave with a tool or a resource.
- We acknowledge, support and develop the formal and informal strengths and supports young people possess.
- We work with the community and other agencies to support connections and transitions to other services.
- We are committed to the health and wellness of our team members who provide services at Foundry.

**As a member of the Foundry team, I have read and agree to abide by the Foundry Team Commitments.**

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Signature



## APPENDIX F

# Communications and Branding

**F.1** Information Sheet: Foundrybc.ca Website

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**F.2** Template: Communications Plan

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**F.3** Template: Centre Opening Media Event Planning

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**F.4** Example: Foundry Ridge Meadows Draft Communication Plan

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**F.5** Example: Foundry Ridge Meadows announcement

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## Information Sheet: Foundrybc.ca Website

Foundry's online platform, [foundrybc.ca](https://foundrybc.ca), offers information, online tools, resources, and connections to services for young people and their families/caregivers across BC. Foundrybc.ca includes content on mental health and well-being, substance use, social support and services, navigation assistance and self-management. Foundry encourages centre service providers to become familiar with the tools and resources available through this site and to share this content with the youth and families/caregivers they serve.

The [Information and Tools](#) section of the site covers topics related to mental health, substance use, healthy living, everyday life and tough topics. Each section includes selected apps and online tools related to that topic.

<a href="#">Mental Health</a>	<a href="#">Substance Use</a>	<a href="#">Healthy Living</a>	<a href="#">Everyday Life</a>	<a href="#">Tough Topics</a>
<ul style="list-style-type: none"><li>• Anxiety</li><li>• Body Image &amp; Eating</li><li>• Low Mood &amp; Depression</li><li>• Questioning Reality</li><li>• Stress</li></ul>	<ul style="list-style-type: none"><li>• Alcohol</li><li>• Cannabis</li><li>• Opioids</li><li>• Vaping &amp; Tobacco</li><li>• Other Substances</li></ul>	<ul style="list-style-type: none"><li>• Healthy Eating &amp; Active Living</li><li>• Mindfulness</li><li>• Relationships</li><li>• Sexual Wellness</li><li>• Sleep</li><li>• Technology &amp; You</li></ul>	<ul style="list-style-type: none"><li>• Housing</li><li>• Money</li><li>• Online Safety</li><li>• School</li><li>• Work</li></ul>	<ul style="list-style-type: none"><li>• Bullying</li><li>• Loss &amp; Grief</li><li>• Self-Injury</li><li>• Suicide</li><li>• Violence &amp; Abuse</li></ul>

Foundry's website also connects young people and families/caregivers to support services related to the topics above through the [Get Support](#) section, with information and links related to:

- Find a Foundry Centre
- Foundry Virtual
- Find Community Services
- Phone and Online Chat
- Peer Support
- School Counsellors
- Provincial Programs
- Other Health Professionals

All of the [Foundry Centres](#) have a centre-specific page on the foundrybc.ca website with contact information, hours of operation, services and other important centre information.

The [Supporting Others](#) section contains helpful information for friends, families/caregivers, and school and health professionals.

[Foundry Pathfinder](#) is a feature to help navigate the website's support resources. It is a 4-step tool to help young people find personalized support options.

Foundrybc.ca is powered by BC Children's Hospital. For questions about the website, please contact [webinfo@foundrybc.ca](mailto:webinfo@foundrybc.ca).

## Foundry Site-Specific Communications Plan Template

### PURPOSE OF THIS DOCUMENT

*This document is intended to help upcoming Foundry centres develop a strategic communications plan and communication activities. Communications plans vary in style and formats. This is optional for sites – if you have a style you prefer, please feel free to use it. If you would like assistance in filling out this template or support in communications planning, please contact Foundry Central Office for communications support. A communications plan is considered a “living” document and should be continuously updated and adjusted as new information is available.*

### OVERVIEW

*A short synopsis of where you are now.*

### SWOT ANALYSIS

<b>Strengths</b>  <i>Strengths of your organization. What can help you achieve your objectives?</i>	<b>Weaknesses</b>  <i>Weaknesses of your organization. What might hinder your ability to reach your objectives?</i>
<b>Opportunities</b>  <i>External factors that may help you reach your objectives.</i>	<b>Threats</b>  <i>External factors that may negatively affect your ability to achieve your objectives.</i>

## COMMUNICATIONS GOALS

- *This could be what you want people to do differently, desired behaviour changes etc.*
- *Long-term and should support organizational goals*
- *E.g.*
  - o *Key audiences are aware that Foundry is coming and understand what Foundry centre will offer;*
  - o *Foundry's brand is recognizable throughout the community;*

## COMMUNICATION OBJECTIVES

- *Objectives should be SMART (strategic/specific, measurable, achievable, realistic, time-bound)*
- *Objectives are short-term steps to achieve your communication goals. It may be easiest to divide into short-term (e.g.: before centre launch) and long-term (e.g.: post centre launch).*
- *E.g.:*
  - o *Raise \$X and gain # new donors by [date]*
  - o *Engage # new youth and families in a Foundry planning committee by [date]*
  - o *Sign # new contacts up for email updates by [date]*
  - o *Identify # new potential community partners and champions by [date]*

Communication Goal 1	
Objective 1:	
Objective 2:	
Objective 3:	

*Align objectives with communication goals*

## PRIMARY AUDIENCES

**Audience 1:** *Who are you trying to reach (avoid using "general public")*

**Desired Action:** *What do you want them to do?*

**Key Messages:** *What do they need to know? How do you make the message resonate with this specific audience? Try to frame messages from your audiences' values. Messages can be persuasive or informative.*

Audience 2:

Desired Action:

Key Messages:

Audience 3:

Desired Action:

Key Messages:

## COMMUNICATION CHANNELS

*These are channels through which you can reach your audiences. These can be people, places or things.*

*Examples:*

*People: peers, respected authority figures,*

*Places: Schools, community centres, coffee shops, counselling offices, libraries*

*Things: Social media, website, news media, e-mail*

## TOOLS/TACTICS:

*These are the events, activities and materials used to deliver messages through your chosen channels.*

*Examples:*

- |                    |                              |                               |
|--------------------|------------------------------|-------------------------------|
| - Community events | - Newsletter                 | - Info booth/display table    |
| - Open house       | - Direct mail                | - Billboards/advertising      |
| - Press conference | - PSA                        | - Infographics                |
| - Meetings         | - Posters, flyers, brochures | - Building on existing events |
| - Presentations    | - Press release              | - Site tours                  |

## AUDIENCE STRATEGIES

Fill out for each audience:

Audience:	
Messages:	
Channels:	
Tools & Tactics:	

## KEY DATES/MILESTONES:

Key dates or important milestones to consider. These could be opportunities to leverage.

Examples:

- Local announcement of funding
- Major Foundry provincial announcements and/or campaigns
- Donor announcements/events
- Site opening
- Site one-year anniversary

## IMPLEMENTATION

Build out an implementation plan using a similar template as below, this can be embedded in this document or attached as a separate, living document.

Date	Task	Person responsible	Budget	Resources needed	Status

## MONITORING:

How will you track your progress? When will you monitor? How often?

## EVALUATION:

*How will you measure success? What does success look like? When will you evaluate?*

# Centre Opening Media Event Planning Template

## PURPOSE OF DOCUMENT:

This is to help plan for a local media event to announce the centre opening. This is done in partnership with representatives from the Foundry central office, local Foundry centre and lead agency and Ministry of Mental Health & Addictions communications.

## EVENT OVERVIEW:

The purpose of this event is to formally announce the opening of the centre. This generally includes a media announcement and may also involve tours of the centre, open house or local celebrations. The format of these events will vary depending on the community, but in general, they have included a formal media event with the provincial government (usually Ministry of Mental Health & Addictions), and involve different representation Foundry's central office and the local lead agency, youth and families.

## EXAMPLE FORMAT:

- Media announcement with formal remarks from representatives (about 20-30 minutes)
- Q&A for media – usually only involving government and Foundry representatives (not youth/family)
- Media tour and interviews (interviews can include others outside of the formal remarks)
- Guest event and tours (e.g. open house, festival, donor event etc)

## PLANNING TEAM:

The main organizing team includes:

- Communications Lead from Foundry's central office
- Lead agency representative
- MMHA communications contact
- Health authority contact

Each organization may have more than one person involved depending on the size and scope. For example, if there's a larger community event, the local youth advisory group may be involved with planning and organizing.

## ACTION PLAN:

*Note: The following is to be used as a guideline and is loosely based on previous events and may change in the future. Date/timing is just an estimate to begin planning. Timeline will depend on many variables (such as date lockdown) and will need to be adjusted accordingly.*

Date/Timing	Action	Tools	Responsible	Linkages/considerations
Approx 2-3 months prior	Identify potential dates/date range for announcement		Lead agency with Foundry central office	Centre should identify soft opening time range with this announcement to follow. Specific services need to be in place (peer support, walk-in hours etc.)
Approx 2-3 months prior	Discuss potential event format with fundraising partner, YAC, family group, leadership table etc.		Lead agency	Things to determine: - In addition to a media announcement will there be a linked activity or event? Examples: community festival, open house, private donor event, pancake breakfast, youth performance  - Will these events occur same day, following media event, or another day?
Approx 2 months prior	Submit draft event plan to Ministry communications to begin locking down dates	Event plan template	Foundry central office – Communications lead	
1-2 months prior	Begin drafting invite list	Invite list template	Comms lead as point person;	Lead agency to provide their list, Foundry central to add, HA and MMHA will add theirs. Final list to be submitted to Ministry comms
1-2 months prior	Begin identifying potential speakers, presenter for Indigenous welcome, and media interviews		Lead agency	Planning can start on this, and can be confirmed once date is solidified. It is nice to have a few other people (esp. youth and/or family members who are willing to be interviewed).



Date/Timing	Action	Tools	Responsible	Linkages/considerations
1-2 months prior	Community event planning (if applicable)		Lead agency	<ul style="list-style-type: none"> <li>- Planning may depend on solidifying media event date;</li> <li>- consider capacity of team as there will be a lot of work underway in centre during soft launch;</li> <li>- ensure partner, youth &amp; family engagement in planning;</li> <li>- This process would run concurrently with planning for the media announcement with one person being on both planning groups to ensure alignment</li> </ul>
4-6 weeks prior	Develop key messaging, background information and press release	Key messaging document; press release; FAQ	Usually led by MMHA comms, Foundry Comms Lead as main point of contact, with lead agency to review and provide input.	<ul style="list-style-type: none"> <li>- Consider specific messages to the centre (e.g. does the public need to know that only certain services will be offered?), potential issues that might come up etc.</li> <li>- Press release will usually include quotes from: MMHA, Foundry central leadership, lead agency leadership, health authority, youth or family</li> </ul>
4-6 weeks prior	Develop local materials if appropriate	Brochures, banners, information sheets	Lead agency, with communication support from Foundry central	Lead agency to work with Foundry's Communication Lead and Coordinator to determine if any materials are needed for the day – especially if there is a larger event. May also want to check with fundraising leads.
4 weeks prior	Planning meeting called by MMHA comms		Usually led by MMHA comms and involves Foundry central office comms lead, lead agency rep, and health authority rep	Topics covered usually included: venue, set-up logistics, invitations, program, speakers, podium sign, media and photography.

Date/Timing	Action	Tools	Responsible	Linkages/considerations
4 weeks prior	Confirm event speakers and media interviews		MMHA determines gov't representation; Foundry comms lead determines Foundry speaker, lead agency determines lead agency representation and youth/family rep and Indigenous welcome	
4 weeks prior	Determine venue location, speaker pre-brief room and any visuals needed	Photos of space, measurements, pop-up banners, displays etc	Lead agency	Lead agency to provide photos and measurements of space to Ministry to determine best set-up (or coordinate walk-through if possible). Foundry central can help with banners etc.
2-4 weeks prior	Determine podium sign, A/V set-up, podium etc		Usually coordinated through MMHA with HA support	
2 weeks prior	Prepare speakers and potential interviews	Speaking notes, messaging, agenda, photo consent forms	Lead agency with support from Foundry's comms lead	Provide length of speaking time, guidance around remarks (avoid duplication with other speakers), obtain photo consent forms (may include one for Foundry, lead agency and Ministry if under age 19).
2 weeks prior	Media black out		Lead agency	During this time any media inquiries are put on hold until the event. Lead agencies can reach out to comms lead for support if they do receive inquiries and would like guidance with navigating them.
1-2 weeks prior	Finalize guest list		MMHA	Depending on space availability invite list may need to be adjusted accordingly

Date/Timing	Action	Tools	Responsible	Linkages/considerations
1-2 weeks prior	Speaking notes finalized	Speaking notes for all speakers	MMHA – Minister/gov't reps; Foundry Comms Lead – Foundry leadership notes and support for local speakers; Lead agency – lead agency speaking notes & support for local speakers	Communications lead will usually review all speaking notes for accuracy and to help avoid redundancy/duplication between speakers. Lead agency will usually support the local speakers as they have an established relationship, but Comms lead is also available for assistance.
1-2 weeks prior	Arrange for photographer		Lead agency	Sometimes MMHA arranges a photographer, but lead agencies are also encouraged to make arrangements to ensure desired images are captured
1-2 weeks prior	Determine media interviews and tour guides for event		Lead agency, with Comms Lead	Usually people speaking as part of the formal program will be asked to do media interviews afterwards. It is good to have others lined up as well (e.g. peer support workers, family, clinicians). Usually tour is led by the lead agency rep and Foundry's ED and can involve other centre staff if they are comfortable answering questions for their area. Be sure to have signed media consent forms for those doing interviews, especially underage, or non-staff. Youth/family members may find a briefing helpful to prepare.
About 1 week prior	Brief staff on timing and logistics and any further impact to centre operations		Lead agency	Provide staff with an overview of the agenda, logistics, instructions around media, and messaging in case they are asked questions (especially front desk).

Date/Timing	Action	Tools	Responsible	Linkages/considerations
About 1 week prior	Save the date for key stakeholders		Lead agency	Ministry will send out the invite a few days before, but a general “save the date” with basic info (time/location) may be needed for key stakeholders (e.g. donors) to give proper notice. Lead agency to discuss with Comms Lead before sending.
A few days prior	Create media notice posters		Lead agency	For entrance and other appropriate space, it is suggested to put up a notice a day before that a media event will be held and filming/photography will occur. Comms Lead can provide an example template if requested.
Day before	Venue set-up		Lead agency	If possible, clear out room night before to prepare for set-up; post event/media notice posters
Morning of event	Venue set-up	Podium, mic, A/V, banners, podium sign, media notice posters	Lead agency and Ministry/HA leads	Lead agency rep to meet Ministry or health authority rep to set up venue. Ministry/HA usually handle media location, podium, A/V, mics etc. Lead agency usually handles banners, displays, seating, water etc.
Day of event	Greet media		Ministry lead, or Foundry Comms lead	TBD who will be the media point person. Be sure to give media quick run of the event and get the reporter's name and media outlet. This person may also lead the Q&A scrum (usually only for Ministry and Foundry leadership – not youth and family). This person will also give instructions for tour and support one-on-one interviews.

Date/Timing	Action	Tools	Responsible	Linkages/considerations
Day of event	Greet speakers and guests		Lead agency	When speakers are identified ask them to meet in the briefing room before the event and give them the time and location.
Day of event	Distribution of press release		Ministry comms (or Foundry comms)	Printed copies to be distributed at event to media in attendance
15 minutes before start	Speaker pre-brief		Ministry/HA lead, or Foundry Comms Lead	Quick run-down of program with speakers prior to start.
After formal speaking & Q&A	Media tour & interviews		Ministry/HA lead, lead agency, Foundry Comms Lead	Distribute people as required. If youth/families are being interviewed a lead agency/Foundry rep should also be in attendance to support them (and collect media consent if needed).
Post-event	Media monitoring	Media clippings	Foundry communications coordinator	Distribute to lead agency and other channels as appropriate
Post-event	debrief		Foundry comms and lead agency	Quick call to go over event and identify opportunity for improvements, etc.

## Foundry Ridge Meadows Communications Plan

### PURPOSE OF THIS DOCUMENT

*This document is intended to outline Foundry Ridge Meadows' strategic communications plan. A communications plan is considered a "living" document and should be continuously updated and adjusted as new information is available.*

### OVERVIEW

*The Youth Wellness Centre located in Maple Ridge will be transitioning to Foundry Ridge Meadows in late 2019. This plan outlines strategies and tactics to communicate the transition to existing and potential clients and their families.*

### COMMUNICATIONS GOALS

- Existing and potential clients know that:
  - o The Youth Wellness Centre (YWC) will transition into Foundry Ridge Meadows in late 2019.
  - o The Youth Wellness Centre's current location will undergo renovations as it gets ready to open as Foundry. During renovations, the YWC will move to a temporary location and provide scaled back services.
  - o Foundry focuses on early intervention, bringing mental health, substance use, peer support, primary care and social services together in a single place. Foundry makes it easier for young people aged 12-24 to find the care, connection and support they need.
- Existing clients aged 8-11 and their family understand that once the Youth Wellness Centre transitions into Foundry Ridge Meadows, which only provides services for youth 12-24, they will be supported through an alternative care model.
- Youth ages 8-11 interested in receiving care/support understand where to go.

### COMMUNICATION OBJECTIVES AND TACTICS

- Objectives should be SMART (strategic/specific, measurable, achievable, realistic, time-bound)
- Objectives are short-term steps to achieve your communication goals. It may be easiest to divide into short-term (e.g.: before centre launch) and long-term (e.g.: post centre launch).
- E.g.:
  - o Raise \$X and gain # new donors by [date] through Twitter campaign
  - o Engage # new youth and families in a Foundry planning committee by [date] by leveraging our email newsletter

Communication Goal 1	<ul style="list-style-type: none"> <li>- Existing and potential clients know that: <ul style="list-style-type: none"> <li>o The Youth Wellness Centre (YWC) will transition into Foundry Ridge Meadows in late 2019.</li> <li>o The Youth Wellness Centre's current location will undergo renovations as it gets ready to open as Foundry. During renovations, the YWC will move to a temporary location and scale back services.</li> <li>o Foundry focuses on early intervention, bringing mental health, substance use, peer support, primary care and social services together in a single place. Foundry makes it easier for young people aged 12-24 to find the care, connection and support they need.</li> </ul> </li> </ul>
Objective/Tactic 1:	
Objective/Tactic 2:	
Communication Goal 2	<ul style="list-style-type: none"> <li>- Existing clients aged 8-11 and their family understand that once the Youth Wellness Centre transitions into Foundry Ridge Meadows, which only provides services for youth 12-24, they will be supported through an alternative care model.</li> </ul>
Objective/Tactic 1:	<p>Tactics can include:</p> <ul style="list-style-type: none"> <li>o Social media channels</li> <li>o DoFP email newsletter – to communicate to physicians</li> <li>o Youth and family groups</li> <li>o MOAs</li> <li>o Schools/school counsellors</li> <li>o Local newspaper?</li> </ul>
Communication Goal 3	<ul style="list-style-type: none"> <li>- Youth ages 8-11 interested in receiving care/support understand where to go.</li> </ul>
Objective/Tactic 1:	

## PRIMARY AUDIENCES

**Audience 1:** Existing and potential clients (youth ages 12-24) and their families.

**Desired Action:** Understand that the Youth Wellness Centre is transitioning to Foundry and will be moving to a temporary location in the summer. Receive answers to all their questions relating to the transition and move.

**Key Messages:**

*What's happening?*

*The Youth Wellness Centre will transition into Foundry Ridge Meadows in late 2019.*

*Who is Foundry?*

*Foundry is forging a new, province-wide culture of care through the development of a network of centres and foundrybc.ca. Foundry focuses on early intervention, bringing mental health, substance use, peer support, primary care and social services together in a single place. Foundry makes it easier for young people aged 12-24 to find the care, connection and support they need.*

*What do you need to know?*

*The Youth Wellness Centre's current location will undergo renovations as it gets ready to open as Foundry. During renovations, the Youth Wellness Centre will move to a temporary location and provide scaled back services.*

*When will Foundry open?*

*We're aiming to have Foundry Ridge Meadows open in late 2019; connect with us via social media [add handles here] and keep an eye on your local news for the official opening announcement. Once Foundry Ridge Meadows is open, we hope you can drop by to say hi and spread the word!*

**Audience 2:** Existing clients aged 8-11 and their family

**Desired Action:** Understand and feel reassured that once the Youth Wellness Centre transitions into Foundry Ridge Meadows, which only provides services for youth 12-24, they will be supported through an alternative care model.

**Key Messages:**

**Audience 3:** Youth ages 8-11 interested in receiving care/support

**Desired Action:** Understand where to go to receive care/support.

**Key Messages:**



### KEY DATES/MILESTONES:

*Key dates or important milestones to consider. These could be opportunities to leverage.*

*Examples:*

- Local announcement of funding
- Major Foundry provincial announcements and/or campaigns
- Donor announcements/events
- Site opening
- Site one-year anniversary

### IMPLEMENTATION

*Build out an implementation plan using a similar template as below, this can be embedded in this document or attached as a separate, living document.*

Date	Task	Person responsible	Budget	Resources needed	Status

### MONITORING:

*How will you track your progress? When will you monitor? How often?*

### EVALUATION:

*How will you measure success? What does success look like? When will you evaluate?*

# The Youth Wellness Centre is becoming Foundry Ridge Meadows!

We're pleased to announce that more integrated health and social services for young people 12-24 are coming to Ridge Meadows! The Youth Wellness Centre (YWC) is becoming Foundry Ridge Meadows in an effort to provide mental health and substance use support, peer support, physical health and social services from a single place.




Foundry Ridge Meadows' anticipated soft opening is on Wednesday, January 22, 2020 at #2 – 22932 Lougheed Hwy from 1-6pm.

## What is Foundry Ridge Meadows?

Foundry Ridge Meadows is a place where young people 12-24 can access mental health and substance use support, physical health, peer support, and social services. Foundry makes it easy for young people and their families to find the care, connection and support they are seeking. Learn more: [foundrybc.ca/ridgemeadows](https://foundrybc.ca/ridgemeadows)

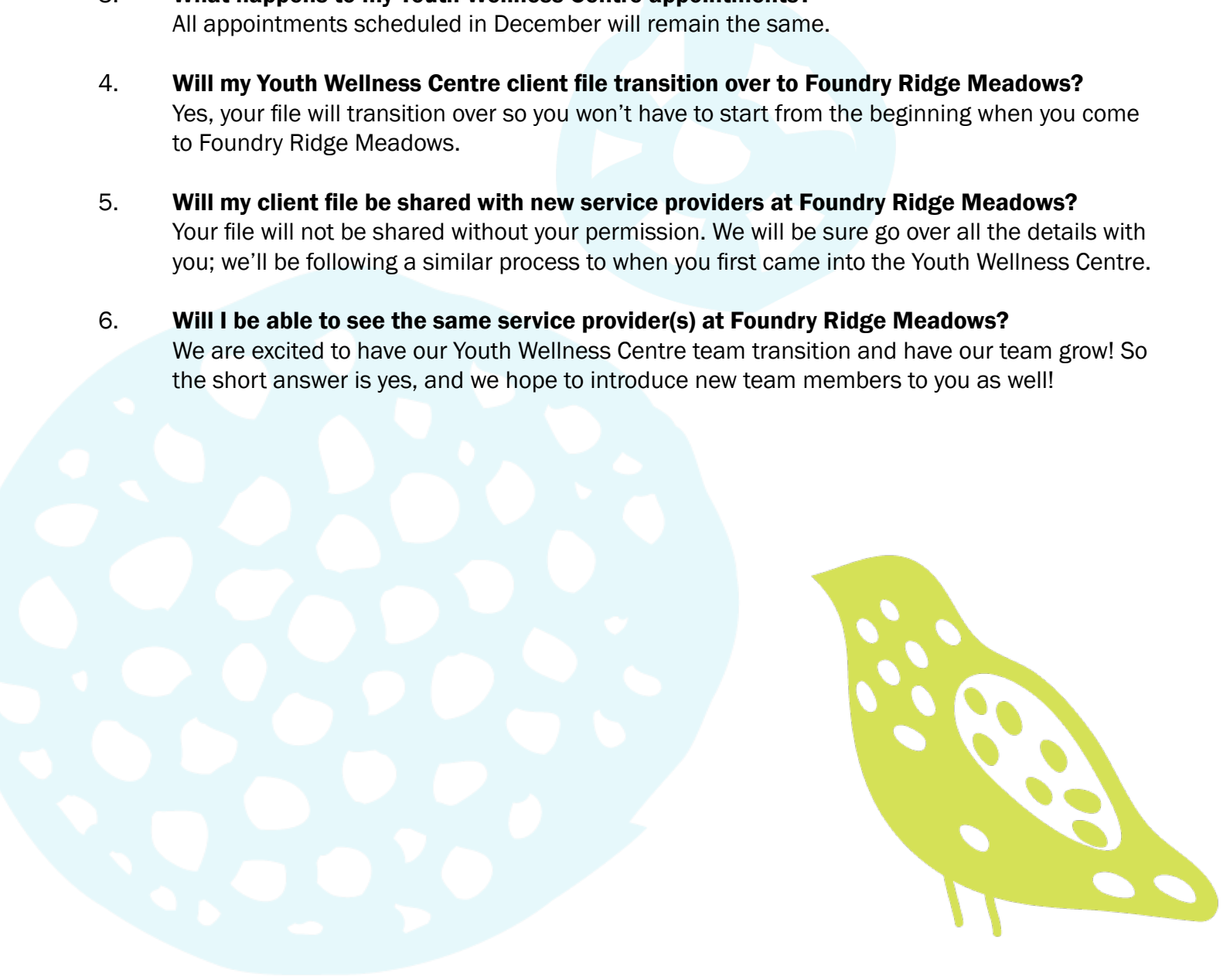
## What do I need to know?

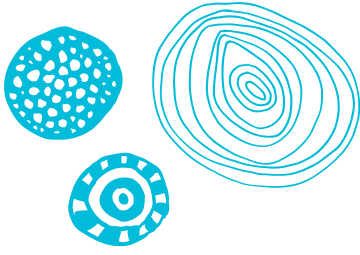
As the YWC becomes Foundry Ridge Meadows, it will be moving from Golden Ears Family Practice to the YWC's original location at #2 – 22932 Lougheed Hwy.

When	Present - Dec. 22, 2019	Dec. 23-31, 2019	Jan. 1-21, 2020	Jan. 22, 2020	Coming Soon!
<b>What</b>	The Youth Wellness Centre will be providing regular service. See schedule at <a href="https://youthwellness.ca">youthwellness.ca</a>	The Youth Wellness Centre will be closed for the holidays.	The Youth Wellness Centre will be closed. YWC will be busy moving and getting ready to open as Foundry Ridge Meadows.	Foundry Ridge Meadows will be open on <b>Tuesdays, Wednesdays, and Thursdays from 1-6pm</b> and will be offering counselling, peer support, substance use support and sexual health support. Schedule will be up on <a href="https://foundrybc.ca/ridge-meadows">foundrybc.ca/ridge-meadows</a> in January 2020!	Stay tuned; Foundry Ridge Meadows will be offering more services and will be open more days in the near future!  Follow us on:  @FoundryRidgeMeadows  @FoundryRidgeMeadows  @FoundryRidge or keep an eye on <a href="https://foundrybc.ca/ridgemeadows">foundrybc.ca/ridgemeadows</a>
<b>Where</b>	Golden Ears Family Practice, 20395 Lougheed Hwy	Golden Ears Family Practice, 20395 Lougheed Hwy	Foundry Ridge Meadows, #2 – 22932 Lougheed Hwy	Foundry Ridge Meadows, #2 – 22932 Lougheed Hwy	Foundry Ridge Meadows, #2 – 22932 Lougheed Hwy

# Frequently Asked Questions (FAQs):

- 1. Why is the Youth Wellness Centre transitioning to Foundry Ridge Meadows?**  
The Youth Wellness Centre is transitioning to Foundry Ridge Meadows in an effort to offer more services (mental health and substance use support, peer support, social services, and physical health from a single place.
- 2. How will Foundry Ridge Meadows be different from the Youth Wellness Centre?**  
Transitioning to Foundry will increase the number of health and social services available in our community, as well as enable young people 12-24 and their families to access a bigger integrated team that will offer support and wraparound care.
- 3. What happens to my Youth Wellness Centre appointments?**  
All appointments scheduled in December will remain the same.
- 4. Will my Youth Wellness Centre client file transition over to Foundry Ridge Meadows?**  
Yes, your file will transition over so you won't have to start from the beginning when you come to Foundry Ridge Meadows.
- 5. Will my client file be shared with new service providers at Foundry Ridge Meadows?**  
Your file will not be shared without your permission. We will be sure go over all the details with you; we'll be following a similar process to when you first came into the Youth Wellness Centre.
- 6. Will I be able to see the same service provider(s) at Foundry Ridge Meadows?**  
We are excited to have our Youth Wellness Centre team transition and have our team grow! So the short answer is yes, and we hope to introduce new team members to you as well!





## APPENDIX G

# Capital Development

### **G.1 Template: Project Schedule**

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### **G.2 Template: SWOT Site Selection Worksheet (5 pages)**

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### **G.3 Example: Functional Program (available upon request from FCO)**

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### **G.4 Example: Schematic Design (available upon request from FCO)**

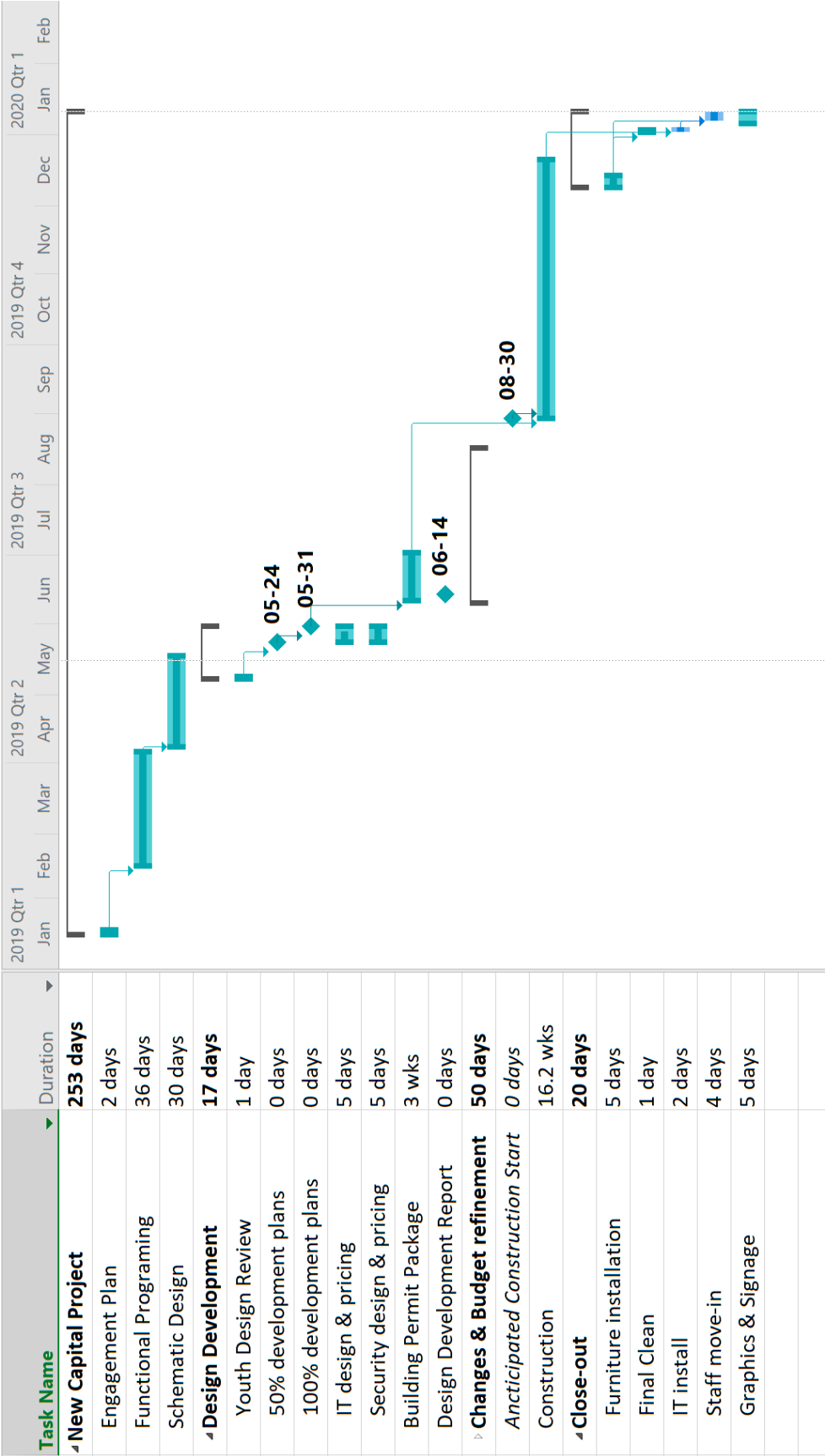
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### **G.5 Template: Capital Budget\***

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\*Available as Microsoft Excel file.

Template: Project Schedule







Site address: \_\_\_\_\_





Date: \_\_\_\_\_

Site address: \_\_\_\_\_

### Weigh your SWOT data

Strengths	
Weaknesses	
Opportunities	
Threats	
Score	

## Example: Functional Program

A Functional Program is described in the *CSA standard Z-8000: Canadian Health Care Facilities* as “a planning document that defines the desired outcome for a building project, informing both operating and capital cost estimates and providing the functional and spatial specifications that provide the primary guide for the subsequent architectural design of a building.”

The creation of the functional program is normally led by a professional interior designer or the architect of the project.”

An example of a Functional Program is available upon request from FCO.

## FCO Support



**Robert McRudden**

Project Manager, Capital Projects

Foundry Central Office

[rmcrudden@foundrybc.ca](mailto:rmcrudden@foundrybc.ca)

## Example: Schematic Design

The design package for a centre includes the construction drawings for municipal permits and for tendering proposals for construction services. The project team reviews drafts of the schematic design with the service implementation team before bringing a final draft to the wider stakeholder audience for feedback. Once a design is approved, it may go to tender through a typical RFP process unless another process has been approved.

A review of proposals may lead to changes to the budget and/or schematic design if early cost estimates are found to be significantly erroneous. It is of critical importance to have reasonable certainty that the design meets all requirements and can be produced on-time and within budget before executing the project. Changes are expensive while a capital budget of donated funds is inflexible.

When the final schematic design, budget, and schedule are complete and signed-off, the construction contract can be awarded, and the design may be presented to the general public through a town-hall event for community stakeholders and donors.

An example of a Schematic Design is available upon request from FCO.

## FCO Support



**Robert McRudden**

Project Manager, Capital Projects

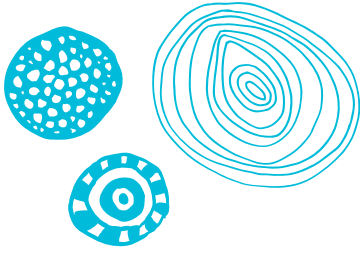
Foundry Central Office

[rmcrudden@foundrybc.ca](mailto:rmcrudden@foundrybc.ca)

## Foundry Centre Capital Budget - Sample

Sample high-level budget based on a leased building and tenant improvement  
approx 6,000 sqft

Budget Item Description	Budget
<b>Construction Costs</b>	<b>1,220,000.00</b>
General Construction Costs	1,000,000
Additional Construction Contingency	150,000
IT Costs	70,000
PHC Data Drops	
<b>Professional Fees</b>	<b>100,000</b>
Architect	6,000
Structural Engineer	3,000
Mechanical Engineer	10,000
Electrical Engineer	10,000
Interior Designer	70,000
Interior Designer Reimbursables	1,000
<b>Other Costs</b>	<b>10,000</b>
Owner's Insurance	10,000
<b>Equipment and Furnishings</b>	<b>157,500</b>
Equipment	15,000
Furnishings	140,000
Signage	2,500
<b>Taxes</b>	<b>37,188</b>
GST (5%)	74,375
GST Rebate (approx 50% Recovery)	-37,188
	<b>1,524,688</b>



## APPENDIX H

# Philanthropy and Fundraising

### **H.1 Prospect Management Practice Guidelines**

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### **H.2 Gift Acceptance Practice Guidelines**

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### **H.3 Donor Recognition Practice Guidelines**

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### **H.4 Sample: Case for Support**

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### **H.5 Sample: Web page**

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### **H.6 Sample: Gift Chart**

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### **H.7 Sample: Pledge or Donation Cards**

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### **H.8 Template: Donor Wall**

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### **H.9 Template: Standardized Donor Plaque**

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## Prospect Management Practice Guidelines

### Foundry

Item	<b>Prospect Management Practice Guidelines</b>
Date created	September 2016
Created by	Principal, Fund Development, Foundry
Reviewed by	Executive Director, Foundry Director, Policy and Partnerships, Foundry Graham Boeckh Foundation President & CEO, St. Paul's Foundation Chief Development Officer, St. Paul's Foundation Campaign Director, St. Paul's Foundation Foundry Lead Agencies: John Howard Society of North Island, Kelowna CMHA, Abbotsford Community Services, Vancouver Coastal Health, and YMCA of Northern BC
Also see	Foundry Donor Recognition Practice Guidelines Appendix #1: Flow of Funds
Revised	December 2016 (to reflect new brand) February 2017 (to reflect change in Governing Council membership)

### **I. INTRODUCTION:**

The purpose of these Prospect Management Practice Guidelines is to optimize Foundry's resource development activities by ensuring that interactions with funders, including donors and government agencies, are as coordinated and strategic as possible. Our coordinated efforts will allow Foundry, our partners and our sites to benefit from the work of the whole. In doing so, we will maximize our ability achieve our shared vision of improving access to mental health, substance use and primary care for young people across BC.

By contrast, a series of uncoordinated solicitations to one funder by different organizations involved in Foundry may undermine our collective fundraising efforts and hinder us from achieving our shared vision.

### **II. DEFINITIONS:**

For the purposes of this document, the following definitions apply:

- **Foundry Central Office (FCO):** Foundry's Central Office team, located in Vancouver (formerly referred to as the BC Integrated Youth Services Initiative Backbone Organization).
- **Lead Agency:** the lead agency hosting the local Foundry centre.
- **Agency Fundraising Organization (AFO):** an organization that partners with a Lead Agency to raise funds for their Foundry centre, such as a local community association or foundation.

- **Donation:** a single-payment financial gift or grant, cumulative annual or lifetime giving, a written pledge to be paid over time, or a documented planned gift.
- **Funder:** any person, organization or government agency who may be asked for, or has made, a Donation to Foundry through the FCO or any Partners.
- **Fundraising:** any activities conducted with the purpose of securing Donations for Foundry.
- **Partners:** refers collectively to all organizations involved in Fundraising for any aspect of Foundry. This includes, but is not limited to, the parties to the Collaboration Agreement signed October 2015, Lead Agencies, and AFOs.

### III. **PRINCIPLES:**

These practice guidelines are designed to ensure any Fundraising for Foundry, conducted by Foundry and its Partners:

- Reflects, and helps to advance, Foundry's vision, mission and values;
- Creates opportunities for resource development and growth;
- Is coordinated and therefore, minimizes Funder confusion;
- Prevents tension amongst Partners;
- Honours Funder privacy; and
- Is as fair and equitable as possible.

All Fundraising activities for Foundry must be carried out in accordance with the ethics and principles set out by Imagine Canada or the Association of Fundraising Professionals, or a similarly recognized set of standards.

### IV. **NOTES:**

The FCO understands and acknowledges that its Partners may each have their own Prospect Management Policies in place, and that they may vary. If anything outlined in this document does not support a Partner's Fundraising needs, the Partner is invited to contact the FCO with their feedback.

### V. **JURISDICTION:**

These practice guidelines apply to all people and organizations Fundraising to support Foundry, including for the FCO, local centres, or e-health.

### VI. **GENERAL:**

1. Fundraising for Foundry will require frequent communication, trust and collegiality between Partners.



2. Funder privacy should remain paramount. The need to maintain Funder privacy will, at times, constrain what information can be shared between Partners and the FCO. This may lead to misunderstandings with Funders, or conflict between Partners. The FCO encourages Partners to update the Principal, Fund Development as soon as any concerns arise so mitigation strategies can be identified as quickly as possible.
3. These practice guidelines may change from time to time.

## **VII. ROLES AND RESPONSIBILITIES:**

1. The Principal, Fund Development will be the FCO point person for prospect management and coordination amongst the FCO and its Partners.
2. Lead Agencies and AFO's will be responsible for prospect management at the local level, i.e. to ensure a coordinated approach within their own communities, and that communication flows, as needed, between all local Partners.
3. Stewardship and recognition of confirmed Funders is the responsibility of the Partner securing and receiving the gift (see Foundry Donor Recognition Practice Guidelines).

## **VIII. PROCEDURES:**

1. The Principal, Fund Development at the FCO will call or meet regularly with a designated Fundraising representative from each Partner to offer support with prospect management and other Fundraising needs.
2. Partners will consult with the FCO in advance of approaching a Funder regarding Foundry, whenever any one of the following criteria apply:
  - a. The Funder is a provincial or national government agency or body;
  - b. The Funder supports organizations outside of a limited local area (e.g. a community foundation vs. a national bank);
  - c. The Funder has a head office or a substantial base of operations outside of the Partner's Health Authority or within another Partner's local area;
  - d. The Funder is already publicly listed as a Funder to Foundry or to another Partner; or
  - e. The proposal will be for any part of Foundry outside of the Partner's scope or authority (e.g. a site not under a Partner's sole jurisdiction, specific operations of the FCO, or future plans for Foundry not yet confirmed).
3. The Principal, Fund Development may also refer a Funder to a Partner if that Funder has interest in a specific site or in working with a particular Partner.

4. The Principal, Fund Development will maintain a list of Funders and their associated Partners and, if there appears to be a conflict (e.g. more than one Partner approaching the same Funder), will contact relevant Partners to discuss next steps.
  - a. Factors for discussion may include:
    - i. Which Partner is best positioned to maximize the opportunity;
    - ii. A Funder's desire to work with a specific Partner; or
    - iii. A Funder's existing relationship with a Partner, such as a volunteer, director, past donor, or personal friend.
  - b. If agreement is reached, and next steps include one Partner approaching the Funder, the assigned Partner should attempt to engage the Funder within three months. If this does not occur, the Partner should update the FCO and recommend a revised strategy or next steps.
  - c. If agreement cannot be reached, the FCO will gather information from each Partner and assess, as collaboratively as possible with them, whether 1) a joint approach can be made, 2) a certain Partner may have the best chance of success, or 3) it would be more effective for the FCO, as a neutral party, to approach the Funder directly.
    - i. If a disagreement occurs, the FCO will prompt a discussion between affected Partners.
    - ii. If the disagreement cannot be resolved between Partners, it will be elevated to the Executive Director of Foundry, who may elect to raise the issue with the following foundations party to the Foundry (BC-IYSI) Collaboration Agreement signed October 2015: Graham Boeckh Foundation and St. Paul's Foundation.
    - iii. If the disagreement cannot be resolved upon consultation with the Graham Boeckh Foundation and St. Paul's Foundation, the Executive Director Foundry may raise the issue with the Foundry Governing Council for final resolution. This option should be reserved for extraordinary circumstances and considered a last resort.
    - iv. The Principal, Fund Development will communicate any resolution to relevant Partners, along with rationale, where not constrained by Funder privacy.
  - d. If a Partner violates an agreement or decision, a meeting (in-person or teleconference) will be called between the affected Partners, the Principal, Fund Development, and, as needed, the Executive Director of the FCO and members of the Foundry Governing Council, to 1) talk through the issue, 2) determine how to resolve it, 3) determine how and avoid a similar issue in future, and 4) discuss how to re-establish trust between affected Partners.
5. Once a Donation of over \$10,000 has been confirmed or received, Partners are requested to 1) ask permission from the Funder to inform the FCO of their Donations, and 2) when permission is granted, to inform the Principal, Fund Development.

Unless otherwise discussed between the Partner and the FCO, the FCO will use this information only 1) for prospect management purposes, 2) for Funder recognition purposes, or 3) if permission is granted, for other Funder relations, including communications, purposes.

**CONTACT:**

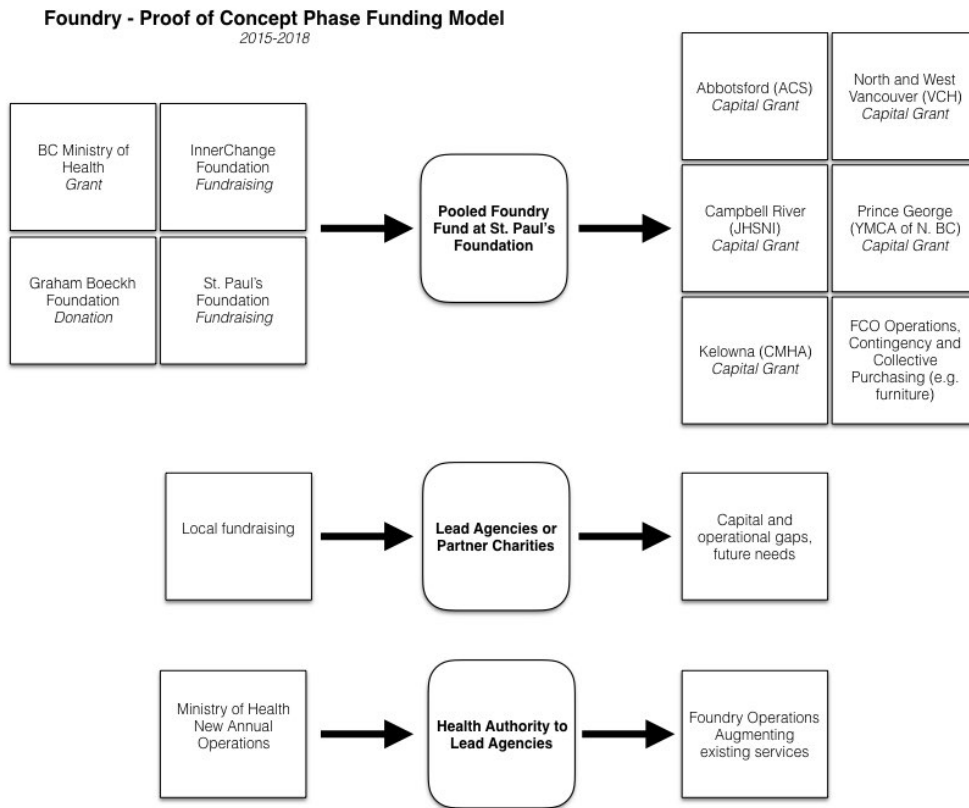
Questions and feedback are welcomed. Please direct to:

Principal, Fund Development  
Foundry Central Office

## Appendix #1: Flow and Designation of Funds

*Note: As part of their fundraising commitments, InnerChange Foundation and St. Paul's Foundation may solicit donors for defined aspects of the project; such as its FCO functions or portions of capital grants for specific sites. In such cases, prospect management becomes even more critical. Good prospect management it ensures all Partners are positioned for success and avoids donor confusion and duplication of asks.*

*Should St. Paul's Foundation or InnerChange Foundation wish to solicit a Donor for a specific FCO function or Foundry site, they are encouraged to speak with the FCO as early as possible. If the solicitation will be for a specific site, the FCO will coordinate a discussion with the Lead Agency(ies). It is recommended that such discussions occur before any proposal is presented, to ensure alignment with local relationships and any relevant Lead Agency policies.*



## Gift Acceptance Practice Guidelines

### Foundry (formerly BC Integrated Youth Services Initiative)

Policy	<b>Gift Acceptance Policy</b>
Date	April 2016
Created by	Principal, Fund Development, Foundry
Also see	Foundry Gift Acceptance Policy Foundry Donor Recognition Policy
Revised	February 2017, to reflect new brand

### **INTRODUCTION:**

The purpose of this Gift Acceptance Policy is to optimize Foundry's fundraising efforts by ensuring that all donations it receives contribute to its brand and reputation – and therefore complement its vision of improving access to mental health, substance use and primary care for youth and young adults across BC.

### **PRINCIPLES:**

This policy is designed to ensure all donations to the Foundry, through the Foundry Central Office or its partners:

- Reflect, and help to advance, the Foundry vision, mission and values;
- Support opportunities for future resource development and growth;
- Align with and support the priorities of the Foundry or its partners;
- Cultivate a culture of philanthropy within and amongst communities impacted by Foundry.

All fundraising activities for Foundry must be carried out in accordance with the ethics and principles set out by Imagine Canada or the Association of Fundraising Professionals, or a similarly recognized set of standards.

### **DEFINITIONS:**

For the purposes of this document, the following definitions will apply:

- **FCO:** the Foundry Central Office.
- **Partners:** refers collectively to all organizations involved in fundraising for any aspect of the Foundry. This includes, but is not limited to, the parties to the Collaboration Agreement signed October 2015, lead agencies hosting local Foundry centres, and any organization working with lead agencies to raise funds for local centres.
- **Donation:** a single-payment gift, cumulative annual or lifetime giving, a written pledge to be paid over time, a gift-in-kind, or a documented planned gift.

- **Donor:** person or organization who may be asked for, or has made, a Donation to the Foundry through its FCO or its Partners (inclusive of prospects).

**NOTES:**

1. The FCO understands and acknowledges that its Partners may each have their own Gift Acceptance Policies in place, and that they may vary. If anything outlined in this document does not support a Partner's fundraising needs, the Partner is invited to contact the FCO to discuss potential solutions.

**JURISDICTION:**

This policy applies to all organizations fundraising to support Foundry, including for the FCO, local centres, or e-health. It applies only to those Donations received for the benefit of, or that are affiliated with, Foundry.

Donations received by the FCO will be directed to the Foundry Fund Manager, St. Paul's Foundation, and will therefore also be subject to their Gift Acceptance Policy.

**ROLES AND RESPONSIBILITIES:**

The FCO anticipates that Partners who are able to accept charitable Donations will 1) have their own Gift Acceptance Policies in Place, and 2) will comply with the Canada Revenue Agency and Income Tax Act with respect to acceptance of Donations and issuance of charitable receipts. The Principal, Fund Development is available for support as needed.

Foundry does not provide any legal, accounting, tax or financial advice to Donors with respect to Donations, and encourages Donors to seek independent legal, accounting, tax or financial advice from professionals. Donors are responsible for costs incurred by obtaining such advice.

**GENERAL:**

1. Donations received by Foundry and its FCO, or benefiting any of its local centres, must complement the Foundry mission, vision and values. Foundry reserves the right to refuse or dissociate itself from any Donation that may compromise its integrity. This may include Donations:
  - a. From individuals or organizations whose philosophy and values are in direct conflict with the vision, mission or values of Foundry or an affected Partner;
  - b. Which in any way violate federal, provincial or municipal laws or regulations;
  - c. Which are considered to have come from illegal or unethical activities;
  - d. Whose acceptance may damage the reputation of Foundry or one of its Partners;
  - e. Which could improperly benefit any individual or organization;
  - f. Where conditions imposed on the gift conflict with the policy, the overall objectives or independence of the Foundry or one of its Partners;
  - g. Would require Foundry or any of its Partners to expend resources on activities that are not consistent with its priorities; and/or

- h. Where acceptance or administration of a gift or payment will impose undue expense on Foundry or one of its Partners, or expose them to liability or embarrassment.
2. From time to time, the FCO or its Partners may be unsure whether acceptance of a particular Donation might conflict with the principles listed above (for example, proceeds of the sale of legal substances, such as alcohol or tobacco). In such cases, the FCO requests that the Partner consult with its Youth and Family Advisory Councils or other youth and family representatives, and local partners such as their Local Leadership Table. Partners are welcome to contact the FCO for support in such decision-making.
3. This policy may change from time to time.

**PROCEDURES:**

1. The FCO and its Partners are each individually responsible for implementing this policy throughout the course of their fundraising activities. Should any concerns arise about a Donor or Donation, they should notify the Principal, Fund Development at the FCO immediately, and prior to accepting such Donation.
2. The Executive Director of Foundry will review and assess all Donations that may negatively impact the brand or reputation of Foundry. They may choose to elevate a decision to the Foundry Governing Council.
3. If any Partner requires additional support, a request can be sent to the Principal, Fund Development at the FCO.

**CONTACT:**

Questions and feedback are welcomed. Please direct them to:

Principal, Fund Development  
Foundry FCO

## Donor Recognition Practice Guidelines

### Foundry

Item	<b>Donor Recognition Practice Guidelines</b>
Date	June 2016
Created by	Principal, Fund Development, Foundry
Reviewed by	Executive Director, Foundry Director, Donor Relations, St. Paul's Foundation Director, Graham Boeckh Foundation Executive Director, InnerChange Foundation Foundry Lead Agencies: Abbotsford Community Services, CMHA Kelowna, John Howard Society of North Island, Vancouver Coastal Health, and YMCA of Prince George (Granville Youth Health Centre captured by St. Paul's Foundation)
Also see	Foundry Prospect Management Practice Guidelines
Revised	January 2017 (to reflect Foundry brand) November 2017 (to include Foundry's online resources)

#### I. PURPOSE

The purpose of these Donor Recognition Practice Guidelines is to ensure Foundry's central office and its partners appropriately and equitably thank, recognize, and steward donors to Foundry and its centres. Our coordinated donor recognition efforts will ensure donors feel informed about, engaged with, and inspired by their giving; and may encourage them to make future donations. In doing so, it will maximize our ability to achieve Foundry's vision of improving access to mental health, substance use and primary care for youth and young adults across BC.

#### II. DEFINITIONS:

For the purposes of this document, the following definitions will apply:

- **FCO:** the Foundry central office.
- **Lead Agency:** the lead agency hosting a Foundry local centre.
- **Founders:** refers to one of the four original non-government parties to the Collaboration Agreement signed October 2015: InnerChange Foundation, St. Paul's Foundation, Graham Boeckh Foundation, and the Michael Smith Foundation for Health Research.
- **Agency Fundraising Organization (AFO):** an organization that partners with a Lead Agency to raise funds for their local Foundry centre; may include for example a hospital foundation or the local chapter of a national nonprofit.
- **Partners:** refers collectively to all organizations involved in fundraising for any aspect of Foundry. This includes, but is not limited to, Founders, Lead Agencies, and AFOs.



- **Donation:** a single-payment gift, cumulative annual or lifetime giving, a written pledge to be paid over time, or a documented planned gift. Typically refers to cash gifts, though extraordinary in-kind contributions may be considered.
- **Donor:** person or organization who has made a Donation to Foundry through its Partners.
- **Donor Recognition:** all Donor recognition types and vehicles, including naming of physical space, programs and positions; branding; communications including web-based; events; thank-you processes, etc.
- **Naming Recognition:** the naming of a physical space, object, program or other entity after a Donor (e.g. the John Smith Resource Room).
- **Signage Recognition:** includes listing of Donor Recognition wording (e.g. names) on a Donor wall or website, placement of a plaque or marker, or other vehicles that may involve a Donor's name, but are not Naming Recognition.

### III. PRINCIPLES:

These Practice Guidelines have been designed to ensure Donor Recognition related to Foundry:

- reflects, and helps to advance, the Foundry vision, mission and values;
- is meaningful for Donors;
- advances relationships with Donors;
- creates opportunities for resource development and growth;
- is as consistent and as equitable as possible;
- aligns with and supports the overarching Foundry branding and communications strategy; and
- cultivates a culture of philanthropy within and amongst communities impacted by Foundry.

### IV. NOTE:

1. The FCO understands and acknowledges that its Partners may each have their own Donor Recognition Policies in place, and that they may vary between organizations and communities. If anything outlined in this document does not support an organization's fundraising needs, the organization is invited to contact the FCO to jointly identify a solution.

### V. GENERAL:

1. Due to the important role brand awareness will play in the success of Foundry, Naming Recognition is not available for the overall Foundry, nor for its local centres. It is available for spaces and activities that are part of the Foundry or its local centres.
  - a. Spaces within facilities or activities supported by Donations may be named after a Donor, or a third party at the wish of a Donor, provided that the Donation represents a significant part of the cost or is regarded as central to the completion of the facility or activity.

- b. Naming associated with a particular space or activity will not preclude further naming opportunities within or related to that space or activity.
2. Foundry Central has established minimum Donation thresholds for Donor Recognition available through Foundry Central. Foundry Central will work with Lead Agencies to develop minimum Donation thresholds for their local centres. While some consistency is desired, these thresholds may vary between communities.
3. Donor Recognition may also be subject to:
  - a. The Income Tax Act and Canada Revenue Agency guidelines;
  - b. The Province of BC's Naming Privileges Policy; and/or
  - c. Naming or Donor Recognition policies of Partners.
4. When Donor Recognition has been offered and approved, it will be honoured in accordance with the agreement that was entered into. In the event of changed circumstances, such as a renovation to a space, Foundry Central is available to consult, if needed, with the Donor and relevant Partners, to determine a suitable alternative.
5. Foundry Central and its Partners reserve the right to decline or revoke Donor Recognition if it has reasonable concern about impact to their brand or reputation.
6. Donors may choose their preferred recognition wording. They may use their own names, their business name, or may wish to celebrate a life or honour a loved one. *(For example: ABC Corporation; John and Jane Smith; In Honour of Jennifer Smith; or In Memory of Jason Smith.)*
7. To avoid the appearance of advertising, corporate logos will not be used for Donor Recognition purposes on buildings or signs, unless approved by the Executive Director of the FCO.
8. Consideration should always be given to the longevity of Naming or Signage Recognition: for example, for the life of a lease, the duration of a program, or to anticipate future fundraising needs. Except for in exceptional cases, Donor Recognition should not be promised in perpetuity. Limited-term recognition may be offered. At the expiration of the term, the Donor may be given the first opportunity to extend the named recognition upon the terms and conditions agreed to amongst the Donor, relevant Partner(s), and the FCO.
9. Lead Agencies may choose to partner with Agency Fundraising Organizations (AFO) to raise funds for their Foundry centre. Such partnerships are valued and reflect the mission of Foundry. In such cases, the leadership role of Foundry Lead Agencies must be included in any publicly-facing communications from the Lead Agency, AFO or otherwise.
10. These Practice Guidelines may change from time to time.

## **VI. JURISDICTION:**

These Practice Guidelines apply to all organizations fundraising on behalf of Foundry and/or its centres and/or Foundry's online resources, for gifts designated to Foundry and/or its centres and/or Foundry's online resources. It applies to gifts of cash or securities. Partners may elect to apply these practice

guidelines to other types of gifts in-kind that are eligible for charitable tax receipting, such as goods or artwork, should the market value of such gifts fall within applicable Donor Recognition thresholds.

These Practice Guidelines do not apply to recognition honouring other types of contributions that are not eligible for charitable tax receipting, such as time, expertise, or leadership.

## **VII. ROLES AND RESPONSIBILITIES:**

Generally, recognition and stewardship of Donors will be the responsibility of the Partner soliciting and receiving the Donation, with support and coordination provided by the FCO.

Naming Recognition must be documented in writing between the Donor and relevant Partner(s), and between the Partner(s) and the FCO. Such documentation will be the responsibility of the Partner soliciting and receiving the Donation.

## **VIII. RECOGNITION TYPES AND OPPORTUNITIES:**

### **1. Naming Recognition**

Naming Recognition generally falls into three categories: 1) Facilities (inside or outside), including rooms, lounges, or gardens, 2) Programs, such vocational training, peer support or life skills, and 3) Online resources, such as e-health websites or tools. In some cases, naming of positions, such as fellowships, may also be a possibility.

### **2. Signage Recognition**

Signage Recognition may include, for example, inclusion on a plaque or Donor wall; placement of a tribute marker, such as on a bench; or listing on a website.

### **3. Communications**

Communications activities may include news releases, social media, other online recognition, listing on a website, or newsletters.

### **4. Events**

Events may be held to celebrate and announce significant Donations to Foundry or its local centres.

### **5. Stewardship Reports**

Stewardship reports include updates to Donors on the outcomes of their Donations. The FCO will provide regular progress updates; which Partners may use for this purpose.

### **6. Thank-You Procedures**

This may include an organization's standard procedures for thanking donors, such as meetings, tours, phone calls, emails, letters, etc.

## **IX. PROCEDURES:**

### **1. Establishing Giving Levels and Recognition Eligibility:**

The FCO will develop recommended giving levels and recognition eligibility in collaboration with its Partners. Such levels and eligibility may change from time to time. (A current schedule is attached as Appendix 1.)

## **2. Approval of Naming Recognition:**

Any Naming or Signage Recognition at Foundry local centres must be approved by the Lead Agency of that centre before a commitment is made to a Donor (i.e., if the Donor Recognition will be for any part of Foundry outside of the Partner's scope or authority).

Any Naming Recognition affiliated with the FCO or provincial initiatives such as Foundry's online resources must be approved by the Executive Director of the FCO. The Executive Director may elect to seek approval from the Foundry Governing Council.

In certain cases, naming may be subject to the Province of BC or other governing bodies. Responsibility for securing this approval, as applicable, will fall to the Partner soliciting and receiving the Donation(s). Assistance may be requested from the FCO.

## **3. Branding:**

All Donor Recognition affiliated with a Foundry centre or online space will be aligned with its common brand. Branding guidelines and their application to Donor Recognition (e.g. plaques) will be available from the FCO. Templates for Donor Recognition walls, signage and plaques will be made available by the FCO.

## **4. Budget:**

The FCO will cover costs associated with 1) the design of template Donor Recognition walls and signage, as part of its overall branding package, and 2) the production of at least one initial Donor Recognition wall in each centre. Any additional costs related to Donor Recognition, such as production of plaques or execution of events, will be the responsibility of the Partner securing the Donation(s).

## **5. Maintenance:**

Maintenance of any Donor Recognition (e.g. updating plaques or donor walls) will be the responsibility of the Partner securing the Donation(s).

## **6. Documentation and Implementation:**

Partners will confirm details of Donor Recognition, including specifics of any commitments the FCO must implement (for example, updates to its website), exact wording and a photo where applicable, with Foundry in writing. This information will be catalogued by the organization receiving the Donation, and by the FCO.

## **X. CONTACT:**

Questions and feedback are welcomed. Please direct to:

Principal, Fund Development  
Foundry Central Office

## APPENDIX 1: MINIMUM DONATION LEVELS FOR RECOGNITION

Donors to Foundry will generally fall into one of the following three categories:

**1. Donors to or through the FCO.** This includes:

- Donors to St. Paul's Foundation;\*
- Donors to InnerChange Foundation;\*
- Donations from Graham Boeckh Foundation;
- Grants or payments from the Province of BC (Ministry of Health); and
- Grants or payments from the Michael Smith Foundation for Health Research.

Donors in this category are eligible for:

- Any recognition offered by the Registered Charity receiving the Donation (most frequently, St. Paul's Foundation or InnerChange Foundation);
- The FCO recognition, as outlined below;
- Recognition at a Foundry centre, as outlined below, if the majority of the Donation is designated to a Foundry centre and it is approved, in advance, by the relevant Lead Agency.

**2. Donors to Foundry Online.** This includes Donors to BC Children's Hospital Foundation.

Donors in this category are eligible for:

- Any recognition offered by the Registered Charity receiving the Donation; and
- Foundry online recognition, as outlined below.

**3. Donors to local sites, through Lead Agencies and/or AFO's.**

Donors in this category are eligible for:

- Any recognition offered by the Registered Charity receiving the Donation (most frequently, a Lead Agency);
- The FCO recognition, as outlined below; and
- Recognition at a Foundry centre, as outlined below and upon approval of the relevant Lead Agency.

### DONOR RECOGNITION MATRIX:

Notes:

1. The FCO's recognition, and support in implementing that recognition, may be limited to the Foundry prototype phase ending March 2018.
2. Giving levels may vary between communities.
3. Donation amounts typically represent cumulative donations and pledges to the prototype phase, and are inclusive of Peer to Peer fundraising efforts or in-memoriam tributes (i.e. cumulative group giving).
4. Should the need arise, a cumulative lifetime giving recognition program will be developed in future.

**Category #1: Central Foundry Recognition, for Funds to the FCO or Foundry's online resources**

*Note that central the FCO recognition and support in implementing that recognition may be limited to the Foundry prototype phase ending March 2018.*

	\$10K	\$25K	\$100K	\$250K	\$500K	\$1M+
<b>Communication and Updates</b>						
<b>Thank you email/letter or phone call from ED</b>	X	X	X	X	X	X
<b>Annual Donor Update</b> (written or in-person, as preferred. If written, material will be provided to charity stewarding the gift)		X	X	X	X	X
<b>Digital and Print</b>						
<b>Social media</b> (once social channels are activated)	X	X	X	X	X	X
<b>Listing on website Donor Recognition page</b> (for current donors only)	X	X	X	X	X	X
<b>Listing on website Background page</b> (to acknowledge contributors to previous and historical iterations of Foundry programs and functions)	X	X	X	X	X	X
<b>Acknowledgement, for a defined term, as Donor to specific product</b> (where the Donation funded the bulk of the project - e.g. peer support training manual)		X	X	X	X	X
<b>Acknowledgement in the FCO presentation materials</b> (e.g. conference PPTs)					X	X
<b>Tours and Events</b>						
<b>Invitations to Foundry Events</b> (if/as scheduled; and upon approval by Lead		X	X	X	X	X

Agencies if events are site-specific)						
<b>Meeting and/or tour with ED</b>			X	X	X	X
<b>Private Recognition Event</b> (if not offered by charity receipting the Donation)						X
<b>Naming</b>						
<b>Naming Level 2</b> (for a limited-scope, limited-term program operating out of the FCO (e.g. peer support knowledge exchange initiative). Naming <b>not</b> available for Foundry centres nor the FCO).				X	X	
<b>Naming Level 1</b> (for a widely-known, ongoing program operating out of The FCO (e.g. youth engagement). Naming <b>not</b> available for Foundry centres nor for the FCO).						X

## Category 2: Funds Flowing to Local Site

\* Lead Agencies are welcome to use the template below to document their recognition thresholds, or to use an existing template.

\* All site-specific recognition must be approved by the Lead Agency before any commitments are made to the Donor. Recognition will not unreasonably be withheld, but must be in alignment with Lead Agency recognition and gift acceptance policies. 2) Lead Agencies at AFO's may wish to add recognition benefits available through their organizations, such as event invitations, donor updates, gift announcements, tours, etc.

	\$1K	\$10K	\$25K	\$100K	\$250K	\$500K	\$1M
<b>Thank-You Procedures</b>							
<b>Thank-you email/letter and/or phone call from (?)</b>	X	X	X	X	X	X	X
<b>Thank you email/letter from the ED of Foundry</b>		X	X	X	X	X	X
<b>Communications and Updates</b>							

<b>Annual Donor Update</b> (written or in-person, as preferred)							
<b>Digital and Print</b>							
<b>Publishing on Lead Agency social media, boosted by Foundry social media</b>							
<b>Listing on Foundry main website</b>		X	X	X	X	X	X
<b>Listing on Lead Agency website</b>							
<b>Physical Recognition</b>							
<b>Listing on site Donor Wall, Level 3</b> Terminology to come with branding)							
<b>Listing on site Donor Wall, Level 2</b> (Terminology to come with branding)							
<b>Listing on site Donor Wall, Level 1</b> (Terminology to come with branding)							
<b>Individual plaque</b>							
<b>Tours, Events and Announcements</b>							
<b>Tour and/or meeting with (?)</b>							
<b>Invitations to Lead Agency Foundry Special Events</b> (if/ as scheduled)							
<b>Private Recognition Event</b>							



<b>Public Donor Announcement, with media release</b>							
<b>Naming</b>							
<b>Naming Level 3</b> (small or low-traffic space or item, e.g. small meeting room. Thresholds vary by site).							
<b>Naming Level 2</b> (medium-visibility local program, e.g. culinary skills; or medium-traffic space, e.g. a resource room or lounge).							
<b>Naming Level 1</b> (highly-visible local program, e.g. peer support; or large, high-traffic space, e.g. foyer, wing)							X (largest space should be reserved for largest possible gift anticipated)

## Sample: Case for Support

# Foundry: Overview

Foundry envisions all our young people having the resources necessary to thrive: outstanding, coordinated, timely and accessible services. Whether it's solution-focused counselling, treatment for depression or problematic cannabis use, a health concern, connections to employment, or a need for supportive peers, young people and their families should know where to go. **In Foundry communities, young people and their families no longer have to ask, “Where can we go for help?”**

Foundry is removing barriers and increasing access to quality care through our province-wide network of integrated youth wellness centres for young people ages 12 to 24, and their families. Foundry centres bring mental health care, substance use services, primary care, youth and family peer support, and social services under one roof, making it easier for young people to find support in their communities. Online resources and virtual care further broaden Foundry's reach.

Foundry's network currently includes 11 community-based, partnership-driven centres across BC – in Campbell River, Victoria, North Shore, Vancouver, Ridge Meadows, Abbotsford, Penticton, Kelowna, and Prince George, with centres in Richmond and Terrace currently in development. An additional eight Foundry centres are set to open by 2023.

Foundry believes that young people should have a voice in their care, and that finding the right support should not be difficult. By bringing together a variety of health and social services under one roof and working in partnership with young people, families, and their communities, Foundry is helping young people in British Columbia get the help they need, when they need it. Foundry is committed to working with our partners to change lives - because young people are our future.



For more information, please visit [foundrybc.ca](https://foundrybc.ca) or contact:

**Dr. Steve Mathias**  
Executive Director  
E: [smathias@foundrybc.ca](mailto:smathias@foundrybc.ca)

**Rebecca Sharma**  
Lead, Philanthropy & Communications  
E: [rsharma@foundrybc.ca](mailto:rsharma@foundrybc.ca)

Foundry was made possible by donors, policymakers, clinicians, and young people and family members working together, sharing a common vision and creating community transformation.

Hosted by Providence Health Care, Foundry BC is supported by the Province of BC, Graham Boeckh Foundation, Michael Smith Foundation for Health Research and donors to St. Paul's Foundation.

## A need – and opportunity

Our young people are full of promise and potential, but face challenges to their wellness – including higher rates of mental illness and substance use than any other age group.

In Canada, an estimated 70% of mental health problems begin during childhood or adolescence.<sup>i</sup> And while one in five young people aged 15-24 report experiencing mental illness or substance use problems,<sup>ii</sup> fewer than 25% actually receive appropriate services.<sup>iii</sup> Sadly, suicide is among the leading causes of death for Canadian young people.

Encouragingly, more young people are seeking help as mental health literacy increases and stigma fades. But there remains an absence of accessible, low-barrier services, so young people don't know where to go, and often resort to walk-in clinics or, worse – their local emergency departments. In some British Columbia regions, there has been an 85% increase in emergency department visits over five years (2009 to 2013) for youth aged 15 to 19.<sup>iv</sup>

Meanwhile, mental ill health, and its economic burden – costs to individuals, families, communities, governments, health systems, and employers – is expected to increase in the coming decades. At the same time, Canada's working-age population will shrink.<sup>v</sup> For a strong future, we need vibrant and healthy young people living full, productive lives.

Foundry makes it easy for young people to find youth-friendly, welcoming and appropriate services – by simply walking into their local Foundry centre; or by exploring the tools and resources at [foundrybc.ca](http://foundrybc.ca). Foundry reaches young people earlier – before their health concerns have a severe impact on their families and their relationships, their health and wellbeing.

**"Foundry is about community, about strength. It's about resilience and it's about being welcoming."**

- Judy Darcy, Minister of Mental Health and Addictions



*"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."*

- Young person accessing Foundry services

## Foundry does things differently

Foundry draws on the strengths of communities by fostering a model that encourages and rewards organizations to work together, and to deliver care that is acceptable and available to youth and families, under one roof. Foundry makes this happen by doing things differently – this is how.

### We are a provincial leadership and standards team.

**Our Foundry central office team facilitates the Foundry provincial network and builds capacity within communities.**

We lead comprehensive site selection and business planning processes, activate knowledge-sharing, coordinate across systems, create clinical pathways and service standards, move evidence into practice, collect and manage consistent data, conduct evaluation, and support local partnership development, governance, capital project management, communications and fundraising.

### We engage partners and communities.

**Foundry is built on partnerships – over 150 of them.** Each Foundry centre is led by a local agency, most often a nonprofit, that has exceptional leadership and a commitment to our vision. Our lead agencies engage deeply with their communities and bring together local partners – including school districts, government agencies, indigenous organizations, and non-profit service providers – to ensure their Foundry centre meets the needs of their young people and families.

### We stand by our commitment to meaningfully engage youth.

**Foundry puts youth and families at the centre and builds systems around them.** Foundry engages with youth and families as decision makers, at the governance, leadership and community levels. Foundry centres are youth-friendly, welcoming, and destigmatizing, and share a visual identity, so young people know where to find help no matter where they are in the province. Foundry's name and identity were developed with input from youth and families from across BC and Canada, and in consultation with Indigenous partners.



“... imagine better ways to respond to young people in need ...[with] an outstanding space where youth feel at home and have their health and social needs addressed in a welcoming, holistic setting.”  
- Federal Minister of Health Jane Philpott, speaking about Foundry.

### **We optimize resources by integrating services.**

**Foundry convenes, streamlines, and builds on existing resources.** Foundry brings together local government and nonprofit agencies as partners, co-locating and integrating services. New annual provincial government funding helps to complete remaining gaps, ensuring centres are sustainable. Donors play a critical role in establishing centres and supporting local programming and innovation. Integration is supported by our Integrated Stepped Care Model (ISCM) – a new way of organizing services so young people receive the right level of care at the right time – improving system efficiency and efficacy, and so that young people have seamless care experiences.

### **We collect data and evaluate meaningful outcomes.**

**Foundry is committed to doing what works.** We are measuring impact provincially through a robust evaluation platform using a shared provincial data collection system – the first of its kind in Canada. This will enable us to measure the outcomes of services, inform policy; and over time, analyze the health and economic outcomes of early intervention. We also employed a developmental evaluation to track our work, course correct in real-time, and capture our learning – so we can share it with others.

### **We foster national and international linkages.**

**Foundry connects across provinces and countries to improve the wellness of youth worldwide.** We are a lead partner with Frayme, an International Networks of Centres of Excellence Knowledge Translation Platform funded by the Government of Canada, to mobilize knowledge about integrated youth services and enable their implementation nationally. Foundry consults for those creating similar models – including in Ontario, Newfoundland, Alberta and Quebec; and also, the state of California.



Foundry Vancouver-Granville

**VISION:** Foundry is transforming how youth and young adults access health and social services in BC, and across Canada and beyond, by sharing our knowledge and experience.

**MISSION:** Foundry aims to improve care pathways for young people through individualized, integrated health and social services. Guided by shared values and through an evidence-informed approach, Foundry works with communities to improve access to quality care by establishing inter-ministerial and multi-sectoral partnerships to create integrated health and social service centres across BC. Foundry offers a unique, consistent experience for every young person and family member who enters its network of care, empowering them to optimize their health and well-being.

## Sustainable partnerships and funding

Foundry is made possible by donors, government, community and nonprofit partners working together. We were launched in 2015, as a proof of concept, with funding from the BC Ministry of Health, the Graham Boeckh Foundation and donors to St. Paul's Foundation, with the goal to demonstrate outcomes and create a platform for scaling. This initial funding created the Foundry central office team, provided capital grants for an initial five – and then five more – new centres, and supported our evaluation.

The Ministry of Health provides additional annual operating funds, complementing an average of \$1-2 million per site in existing community resources, to fill remaining gaps and complete the Foundry model of care.

Foundry Lead Agencies also lead local fundraising campaigns in their own communities, and BC Children's Hospital is providing \$2 million over five years from philanthropic sources, including RBC, for [foundrybc.ca](http://foundrybc.ca).

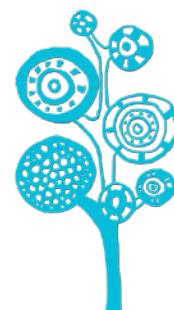
This unique partnership funding model ensures that Foundry centres meet the needs of their local communities and, importantly, are sustainable in the long-term.



**The Foundry network served 9,770 unique youth in 2019.**

Foundry's 2019 Youth Experience Survey found:

- **96%** of young people accessing services either strongly agreed or agreed that they would describe Foundry as a "youth-friendly" place.
- **96%** of young people accessing services either strongly agreed or agreed that if a friend needed this sort of help, they would suggest Foundry.
- **92%** of young people accessing services either strongly agreed or agreed that they got help for the things they wanted to get help with.
- **91%** of young people accessing services either strongly agreed or agreed that they felt more able and prepared to manage their current situation or health condition because of their contact with Foundry.





## What we've accomplished so far

Foundry is an initiative conceived with, and driven by, philanthropy. Its origins go back to 2007, when donors to St. Paul's Foundation provided seed funding to create Providence Health Care's Inner City Youth Program (ICY). ICY was an outreach program, led by psychiatrist Dr. Steve Mathias, serving marginalized inner-city youth. In 2012, philanthropy made it possible for ICY to expand from a handful of staff to a team of 30 interdisciplinary professionals and leveraged sustainable funding through the health system.

Shortly thereafter, the ICY team identified the need for a community-based storefront to serve as an access point, where all staff could integrate their services to provide wrap-around, easily accessible care for clients. Donors again made this happen – providing capital funding for the Granville Youth Health Centre (GYHC), which opened in March 2015. GYHC – now rebranded to Foundry Vancouver-Granville - is the prototype centre informing Foundry.

Following Foundry Vancouver-Granville, five Foundry centres were established across BC during a proof of concept phase, including the establishment of a provincial Foundry central office to oversee the development of Foundry's network. A rigorous evaluation of Foundry's integrated service model and network of centres was commissioned to ensure Foundry was achieving positive outcomes. Click the following links to download Foundry's [Proof of Concept](#) and [Developmental Evaluation](#) reports.

As Foundry continued to expand and demonstrate sustained success in improving the health and wellness of young people and integrating services in communities throughout BC, jurisdictions across Canada and the world have expressed interest in the Foundry model. This includes not only youth mental health organizations, but also health groups that would benefit from integrated services and collaborative care, such as chronic pain, sleep disorders, and geriatric care.



Foundry Campbell River

"Foundry represents a unique opportunity for donors to support innovation in youth mental health services, and to have an out-sized impact by leveraging new funding from the province, along with the assurance of rigorous evaluation and support from Foundry central office."

- Rob Boeckh, Graham Boeckh Foundation

## Our future vision

Foundry's vision is to transform access to services with and for young people in BC – and while we are excited about our progress, the future is even more promising.

As part of the Ministry of Mental Health and Addiction's "A Pathway to Hope" strategy, Foundry is thrilled to partner with communities across BC to open and operate eight additional Foundry centres, bringing Foundry's network to 19 centres province-wide over the next few years.

Donors, government, community, nonprofits, young people and families/caregivers will continue to play an important role in our future. We welcome you being in touch as our plans develop.

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<sup>i</sup> Statistics Canada (2006). *Population and Dwelling Counts, for Canada, Provinces and Territories, 2006 Ad 2001 Censuses – 100% Data*. Retrieved from [www12.statcan.ca/census-recensement/2006/dp-pd/hlt/97-550/Index.cfm?TPL=P1C&Page=RETR&LANG=Eng&T=101](http://www12.statcan.ca/census-recensement/2006/dp-pd/hlt/97-550/Index.cfm?TPL=P1C&Page=RETR&LANG=Eng&T=101)

<sup>ii</sup> Kirby, M. & Keon, W. (2004). *Report 1, Mental Health, Mental Illness an Addiction: Overview of Policies and Programs in Canada*. Interim Report of the Standing Senate Committee on Social Affairs, Science and Technology.

<sup>iii</sup> Canadian Institutes of Health Research Institute of Human Development, Child and Youth Health (CIHR – IHDCYH). (2010). *Access and Wait Times in Child and Youth Mental Health: A Background Paper*. Canadian Association of Paediatric Health Centres, National Infant, Child and Youth Mental Health Consortium Advisory, and Provincial Centre of Excellence for Child and Youth Mental Health at CHEO.

<sup>iv</sup> Canadian Institute for Health Information. (2015). *Care for Children and Youth with Mental Disorders*. Retrieved from: [https://secure.cihi.ca/free\\_products/CIHI%20CYMH%20Final%20for%20pubs\\_EN\\_web.pdf](https://secure.cihi.ca/free_products/CIHI%20CYMH%20Final%20for%20pubs_EN_web.pdf)

<sup>v</sup> Library of Parliament (2013). *Current Issues in Mental Health in Canada: the Economic Impact of Mental Illness*. Retrieved from <http://www.lop.parl.gc.ca/content/lop/ResearchPublications/2013-87-e.pdf>



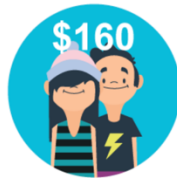
## Sample: Web Page



### Support Foundry



PREScription MEDICATION FOR A  
YOUTH WITHOUT COVERAGE



1 WEEK OF PEER SUPPORT



5 COUNSELLING SESSIONS



COOKING CLASS FOR  
15 YOUTH

#### Foundry Abbotsford

We provide safe, non-judgmental care, information and resources, and work to reach young people and their families where they are at. Foundry brings health and social services together in a single place to make it easier for young people to find support, care and connection.

Make a donation



DONATION DETAILS

AMOUNT

Your donation helps support mental and physical health for youth in our community.

**\$50** – Prescription medication for a youth without coverage

**\$160**– 1 week of peer support

**\$300** – 5 counselling sessions for a

## Sample: Gift Chart

Gift Amount	# of Gifts	# of Prospects	Cumulative Total
\$150,000	1	4	\$150,000
\$75,000	2	8	\$300,000
\$40,000	4	16	\$460,000
\$20,000	8	24	\$620,000
\$10,000	16	32	\$780,000
\$5,000	24	48	\$900,000
\$2,500	40	80	\$1,000,000

## Sample: Pledge or Donation Card

### Front



Operated by Abbotsford Community Services

### Back

Your donation means our young people and their families find connection, care, and support—for all of life's challenges.

· FOUNDRY ·  
WHERE WELLNESS TAKES SHAPE



☐ ONE TIME GIFT

☐ \$50 ☐ \$100  
☐ \$250 ☐ \$1000  
☐ OTHER \$ \_\_\_\_\_

PAYMENT OPTIONS

☐ VISA ☐ MASTERCARD ☐ AMEX  
NUMBER \_\_\_\_\_

☐ MONTHLY SPONSOR

☐ \$30 ☐ \$60  
☐ \$90  
☐ OTHER \$ \_\_\_\_\_  
☐ ANNUAL GIFT \$ \_\_\_\_\_

Expiry \_\_\_\_\_ CVC \_\_\_\_\_

☐ Cash  
☐ Cheque attached (Payable to Abbotsford Community Services)  
☐ Bank Account Withdrawal (VOID Cheque attached)  
☐ 1st of each month (or) ☐ 15th of each month

FIRST \_\_\_\_\_

LAST \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_

PHONE (CELL) \_\_\_\_\_

E-MAIL \_\_\_\_\_

Name on card \_\_\_\_\_ Date \_\_\_\_\_

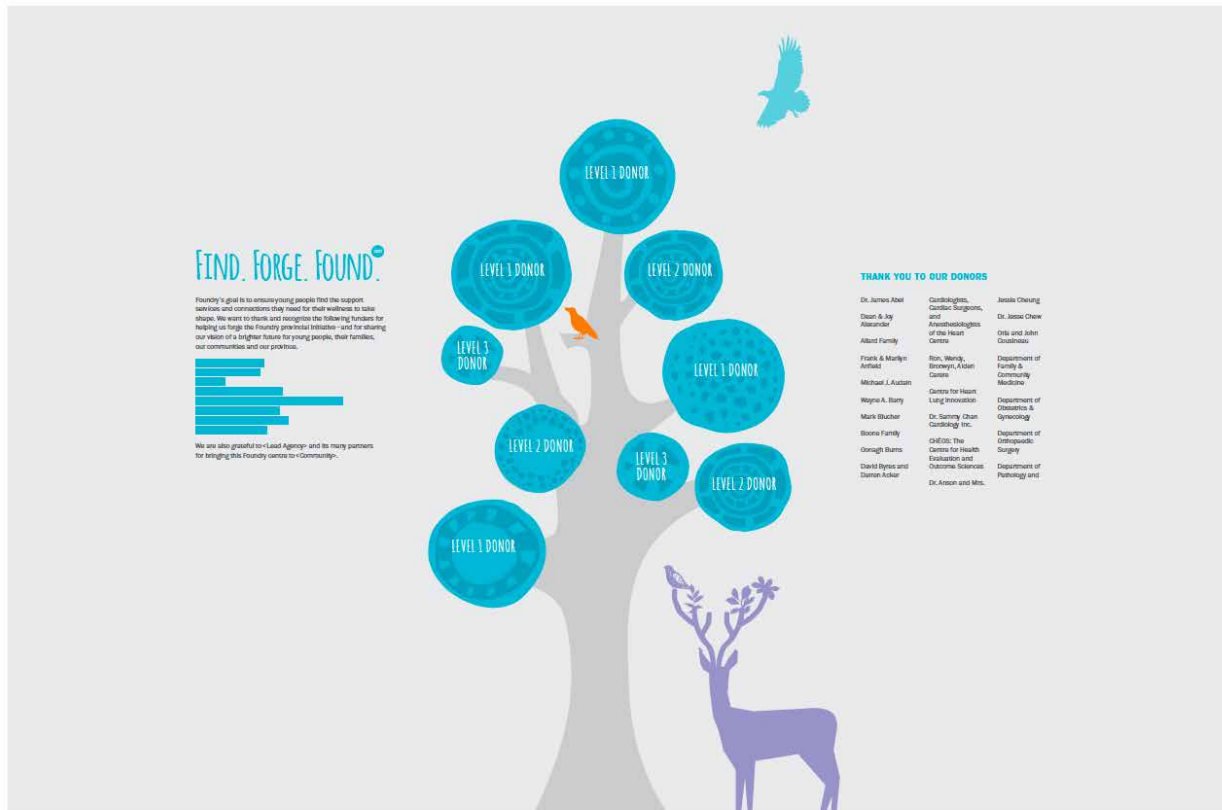
Signature \_\_\_\_\_

**Abbotsford Community Services**  
Address: 2420 Montrose Avenue, Abbotsford BC V2S 3S9 Phone: 604.859.7681  
[www.abbotsfordcommunityservices.com/donate-today](http://www.abbotsfordcommunityservices.com/donate-today)

☐ Please send me your newsletter  
Charitable Registration Number: 10686 3392 RR0001

# Template: Foundry Donor Wall

## Version 1



## FOUNDRY DONOR DISPLAY



### Small Cog

- Blue cog on the donor wall (8.25" x 8")



### Medium Cog

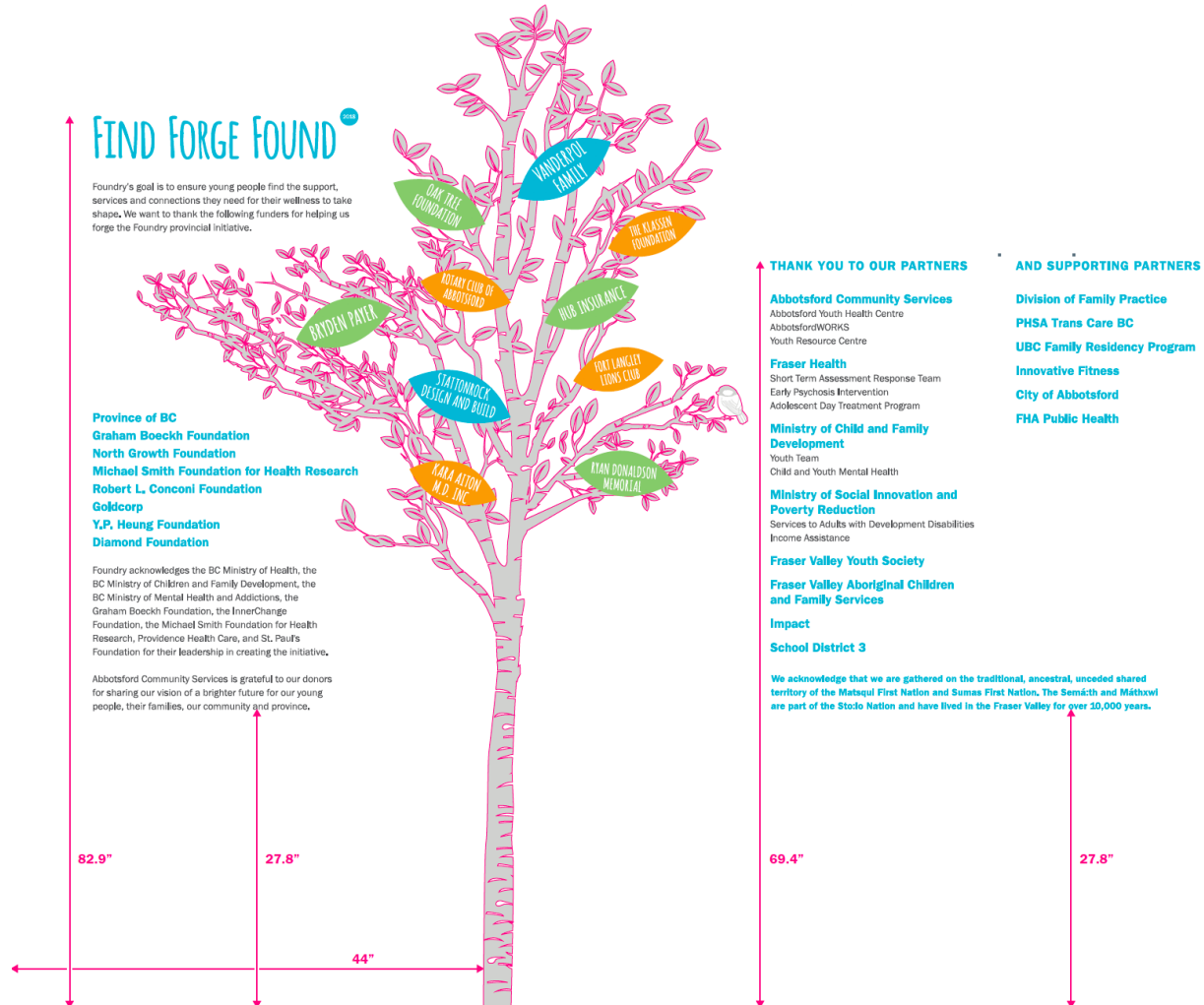
- Blue cog on the donor wall (12.25" x 12")
- Plaque (approx 20" x 9.5", up to 25 words)



### Large Cog

- Blue cog on the donor wall (16.2" x 14.857")
- Plaque (approx 16" x 26", up to 25 words)

## Version 2



# Template: Foundry Standardized Donor Plaque

## LARGE COG



**Donor Wall Cog**  
Blue leaf on the donor wall  
16.2" x 14.85"

## LARGE COG



**Donor Wall Cog**  
Blue leaf on the donor wall  
16.2" x 14.85"



**Plaque**  
**Standard Format**  
• Clear acrylic panel  
• Digitally printed imagery

**Specs**  
Visual size 16" x 26"  
Word count Up to 25 words  
Photo or logo option Yes  
Language option Yes

**Budget Range**  
Layout \$150 – \$200  
Fabrication \$600 – \$900  
Installation n/a



**Plaque**  
**Standard Format**  
• Clear acrylic panel  
• Digitally printed imagery

**Specs**  
Visual size 16" x 26"  
Word count Up to 25 words  
Photo or logo option No  
Language option Yes

**Budget Range**  
Layout \$150 – \$200  
Fabrication \$600 – \$900  
Installation n/a

## MEDIUM COG



**Donor Wall Cog**  
Blue leaf on the donor wall  
12.25" x 12"



**Plaque**  
**Standard Format**  
• Tempered glass panel  
• Digitally printed imagery  
• Text and silver vinyl applied to the backside

**Specs**  
Visual size 20" x 9.5"  
Word count 15  
Photo or logo option No  
Language option Yes

**Budget Range**  
Layout \$125 – \$200  
Fabrication \$400 – \$600  
Installation n/a

## SMALL COG



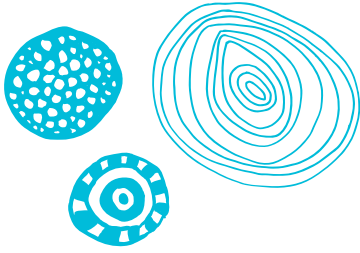
**Donor Wall Cog**  
Blue leaf on the donor wall  
8.25" x 8"



**Plaque**  
**Standard Format**  
• Clear acrylic panel  
• Digitally printed imagery

**Specs**  
Visual size 8" x 2.5"  
Word count 15  
Photo or logo option No  
Language option Yes

**Budget Range**  
Layout \$50 – \$125  
Fabrication \$200 – \$300  
Installation n/a



## APPENDIX I

# Centre Services and Operations

### **I.1 Setting the Foundation for Service Model Implementation**

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### **I.2 Service Elements and Clinical Modalities**

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### **I.3 Centre Services and Supports Scan (Environmental Scan)**

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### **I.4 Centre Operations Guidelines**

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### **I.5 Integrating with Intention**

---

## Setting the Foundation for Service Model Implementation

In our work with communities to date, we have identified 4 themes and development tools to support planning and development. Below are key activities supporting implementation.

### (A) Organizational Development

- Create a governance structure (See Section 2, Leadership & Governance)
- Develop community engagement and communication strategy
  - i. Youth and Family Engagement
  - ii. Regional and Provincial Partners
  - iii. Local Leadership & Centre Partner Development
- Develop a change management strategy to support new service model and practice
- Work with partners to support team development
  - i. How will team members work together to achieve Foundry Vision
  - ii. What does the Foundry Vision mean in in local community context
  - iii. Create team development agreement

### (B) Community partnership development

- Conduct Centre Services Supports Scan
  - i. Identify which services Lead Agency offers
  - ii. Identify services available in the community that support Foundry model
  - iii. Solicit in-kind resources to support delivery of services at Foundry centre
  - iv. Development strategic partnerships to complement existing agency services and fill gaps
- Educate partners on the Foundry Service Model, including ISCM as the core framework for service partnership development
- Determine if partners can contribute to:
  - i. Software lease costs
  - ii. Lease costs & shared services,
  - iii. Shared administrative staff
  - iv. Foundry and ISCM services
- Sign MOUs or Collaboration Agreements with Partners
- Refer to Integrating with Intention document



## (C) Operations Planning

- Create an organizational chart and identify reporting structure
- Develop staffing model
  - Identify Roles and Responsibilities of both lead agency and service partners
- Policy and Procedure Development
  - i. Review exiting policies and procedures
  - ii. Establish shared agreement that fulfills each organizations requirements
  - iii. New staff Orientation and annual training plan for frontline team members
- IT Requirements
  - iv. Assess partner functional requirements (computer, internet access, documentation) to operate on site
  - v. Ensure Toolbox IT requirements accommodated
  - vi. EMR
- Communication
  - vii. Team meetings
  - viii. Internal Referrals (Use of Toolbox or EMR)
  - ix. External Referrals (referral template)

## (D) Service Planning

- Client Care Planning
- Service Pathways
- Most Responsible Care Provider
- Collaborative Care Planning Rounds
- Supervision
- ISCM operational requirements

## Service Elements and Clinical Modalities

Here are the key components of services within Foundry.

The following table is meant to facilitate discussions with community partners, helping identify which services they can offer.

Foundry Centre Services	Mental Health	Substance Use	Primary Care	Peer Support	Social Services
Walk-in (SFBT)	✓	✓			
Screening/ Intake/Assessment	✓	✓			
Brief Intervention (2-6 sessions)	✓ (SFBT)	✓			
Short Term Therapy (6-12 sessions)	✓ (CBT)	✓ (e.g. MI, CBT)			
Psychiatry	✓	✓			
Shared Care	✓		✓		
Addictions Medicine		✓	✓		
Primary Care (Physical Health)			✓		
Primary Care (Sexual Health)			✓		
Health Promotion/Prevention/Harm Reduction	✓	✓	✓	✓	✓
Wellness Groups/Social Groups	✓	✓		✓	✓
Psychoeducation Groups	✓	✓		✓	
Clinical Groups	✓ (CBT, DBT informed)	✓ (MI, CBT)			
SMART Recovery		✓		✓	

Seeking Safety		✓				
After-care Support		✓				
Family Services	✓ (EFFT)	✓ (EFFT)			✓	✓
Peer Support Services					✓	
Outreach					✓	✓
Income Assistance						✓
Housing Support						✓
STADD Navigation						✓
Employment Support						✓

## Centre Services and Supports Scan (Environmental Scan)

Please identify existing health and social services offered in your community and consider whether there is an opportunity for them to operate out of a Foundry center or deliver existing services in an integrated manner. This document will be used to support building out the Integrated Stepped Care Model within your community.

- Please note that this is a working document – focus is on current state at first
- As much as possible, consider contacts for this to include those who are responsible for supporting the direct day-to-day operations (team leaders, coordinators, supervisors)
- Use this as an opportunity to connect with services – understand if there are any changes coming up that need to be considered (workflows, criteria, etc.) and briefly discuss the vision of Foundry in the community
- The last column is typically completed as a second step though ideas/ considerations often come up during the initial phase
- The Foundry central office Manager, Service Implementation and Integration will be available to support and assist where needed
- Following the completion of the first round of discussions it is recommended to bring this document to a discussion with the Manager, Service Implementation and Integration to identify the following:
  - What are the strengths in each service stream?
  - Are there any identified gaps?
  - What are the opportunities such as: supporting walk in services, on site direct service provision, transition between services?
- Based on this information, a plan should begin to build and discussions with key contacts continue to articulate what the future state will look like
- Information pulled from this should be part of a community mapping exercise with a larger group and will be used to support service composition, service pathways and Integrated Stepped Care allocation.

	List the youth/young adult services that are offered in your community and who delivers this service	Primary contact (Name, Role, Phone and E mail)	Briefly describe the service that is provided  Describe model or approach for the service (outreach, appointment based, school based)	Age group	Describe existing intake process for service (walk in, referral based etc.)	Is there an opportunity to deliver existing services at the Foundry centre?  Is there an opportunity to support new services on-site (walk-in counseling, groups, etc.)  Is there an opportunity to support transition between services?
MENTAL HEALTH						
SUBSTANCE USE						

[illegible]

## Centre Operations Guidelines

### Centre Operations Standards for Integrated Service Delivery

Foundry strives to enhance the experience of young people and their families as they access health and social services. Foundry centres are well positioned to streamline access points to care, a process which involves careful planning with service partners and input from young people and families. Critical components are that services are available during times that respond to community needs and offered concurrently.

The following requirements have been developed with feedback from youth, families and Foundry's Provincial Clinical Working Group. They are in place to guide communities as they establish their centres' service schedule, with principles of integration and access at the forefront.

1. The following walk-in services are offered simultaneously: counselling, physical and sexual health, and peer support.
2. Mental health and substance use services are offered a minimum of 20 hours per week on a walk-in and appointment basis, for a total of 40 service hours per week.
3. Last appointment is at 6pm or later a minimum of twice a week.
4. Group services are offered in the late afternoon/evening.
5. Family groups are offered in the early evening hours with accommodations for childcare as needed.
6. Reception (Medical Office/Admin Assistants) are available during all hours of operation.

*Last updated January 2020*

The following document has been developed to illustrate how the *Fulop Typology* is applied to support the integration of health and social services at a Foundry centre. The examples outlined are based on the collective experiences of leaders and direct service providers, including the team at Foundry Central Office.

ORGANIZATIONAL INTEGRATION: Organizations brought together formally by mergers or structural change or through contracts between separate organization	Items/activities	Identified challenges
<p>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.</p> <p>Organizational integration sets the stage for systemic integration which describes how agreements at the organizational level are actualized at the centre level.</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• Funders/Governance Table</li> <li>• Local Leadership Table</li> <li>• Local Service/Clinical Working Group</li> <li>• Youth and Family Engagement working Group</li> <li>• Physician Compensation Agreement</li> <li>• Memorandum of Understandings</li> <li>• Service Agreements or Contracts</li> <li>• Information Sharing Agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Decision-making protocol between agencies, who is the ultimate decision maker</li> <li>• Up and down communication between staff, leadership tables, working groups</li> <li>• Circling back to youth and families when a decision has been made</li> </ul>



FUNCTIONAL INTEGRATION: Non-clinical support and back-office functions are integrated	Items/activities	Identified challenges
Service partners including the lead agency negotiate terms of use on operational matters that support service delivery.	<p>Key areas for discussion:</p> <ul style="list-style-type: none"> <li>• EMR (shared)</li> <li>• Toolbox</li> <li>• Admin office space &amp; use</li> <li>• Room booking</li> <li>• Licensing costs contributions</li> <li>• Operational costs (phones, computers, printers)</li> <li>• Lease cost contributions</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple EMR's platforms and shared access</li> <li>• Training staff to use multiple data platforms (Toolbox + EMR)</li> <li>• Costs for software licensing for computers as # of users and accounts required increases</li> <li>• Cost for medical supplies particularly for those expanding to include primary care services</li> </ul>

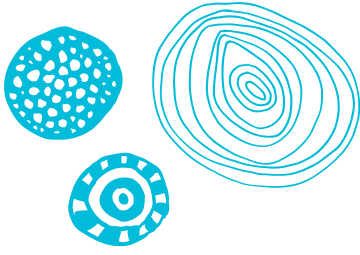
CLINICAL INTEGRATION: care by professionals and providers to clients is integrated into a single or coherent process within and/or across professionals such as through use of shared guidelines and protocols	Items/activities	Identified challenges
Walk-in Counselling and the Integrated Stepped Care model 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.	<ul style="list-style-type: none"> <li>• Service providers identify leaders/champions who are willing to support training and knowledge mobilization</li> <li>• Partner agreements for core service provision within ISCM (EFFT, CBT, SFBT, MI &amp; core groups)</li> <li>• Adoption of operational requirements for ISCM</li> <li>• Walk-in Counselling is offered by various partners</li> </ul>	<ul style="list-style-type: none"> <li>• Following common processes/approaches to guide the care pathway - huddles, triage meetings, shared care plans, assessment and screening</li> <li>• Duplication of mental health assessment</li> <li>• Team based care is inclusive of all disciplines (including physicians, peer support workers)</li> <li>• Myths and misconceptions about ISCM and walk-in counselling</li> </ul>

SERVICE INTEGRATION: different services provided are integrated at an organizational level, such as through teams of multi-disciplinary professionals	Items/activities	Identified challenges
Services delivered at Foundry are complementary, cohesive and comprehensive so that young people and families experience seamless service coordination. Processes are in place allowing service providers to coordinate services in a way that minimizes duplication.	<p>Streamlined process across partner agencies including:</p> <ul style="list-style-type: none"> <li>• Registration</li> <li>• Referral (internal and external)</li> <li>• Service/program schedule</li> <li>• Screening and assessments</li> <li>• Release of information (shared)</li> <li>• Roles, responsibilities and scope of practice for care providers. People need to understand each other's roles and what they do in order to minimize assumptions and promote culture of integration</li> </ul>	<ul style="list-style-type: none"> <li>• Mandated screens/assessments that duplicate information (e.g., BCFPI, other specialized assessments)</li> <li>• Inclusion of peer support workers and access to client records (Toolbox &amp; EMR)</li> <li>• Consent and privacy PIPA and FOIPPA (service providers may fall under different legislations)</li> <li>• Following common processes/approaches to guide the care pathway - huddles, triage meetings, shared care plans, assessment and screening</li> </ul>

	<ul style="list-style-type: none"> <li>Staff meetings include all service partners</li> <li>Team meetings for frontline care providers and administration in order to facilitate communication on operational matters</li> </ul>	<ul style="list-style-type: none"> <li>Repeated Initial MHSU assessment</li> </ul>
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<b>NORMATIVE INTEGRATION:</b> shared values and commitment to coordinating work enables trust and collaboration in delivering health care	<b>Items/activities</b>	<b>Identified challenges</b>
<p>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.</p> <p>Vision: Transform access to health and social services for young people and their families</p>	<ul style="list-style-type: none"> <li>Developing team agreements that highlight shared values and beliefs</li> <li>Creating Terms of Reference for various groups</li> <li>Leaders are critical aware of organization culture and monitor the impact of shared assumptions on organizational culture</li> </ul>	<ul style="list-style-type: none"> <li>Community organizations with different philosophies of care, values and beliefs</li> </ul>

<b>SYSTEMIC INTEGRATION:</b> coherence of rules and policies at all organizational levels	<b>Items/activities</b>	<b>Identified challenges</b>
<p>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.</p>	<p>Examples for consideration:</p> <ul style="list-style-type: none"> <li>Shared reporting requirements across service providers</li> <li>Transparent conversations re: eligibility requirements and how to "service in"</li> <li>Service transition protocols</li> <li>Hiring process includes representation from multiple service partners and youth and family/caregivers</li> <li>Vacation coordination between service partners</li> <li>Supervision (clinical &amp; administrative)</li> <li>Policies and Procedures - big P (organizational) and little p (centre)</li> </ul>	<ul style="list-style-type: none"> <li>Matrix reporting lines across organizations and flow of communication</li> <li>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)</li> <li>Adopting Foundry Brand Guidelines and developing a culture of shared accountability</li> </ul>



## APPENDIX J

# Knowledge Exchange and Training

### **J.1 Foundry Knowledge Exchange and Training Reference Guide**

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### **J.2 Appendix of Foundry ISCM Curriculum and Delivery Pathway**

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## **Foundry Training and Knowledge Exchange Reference Guide**

To provide Foundry centre leaders with resources to orient to the Foundry model and engage in Knowledge Exchange and Mobilization initiatives designed to support their roles and service delivery

Nina Krack,  
Knowledge Exchange and Mobilization Coordinator  
[nkrack@foundrybc.ca](mailto:nkrack@foundrybc.ca)

This guide will be updated as required  
Current Date May 28, 2020

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Foundry Provincial Network Knowledge Exchange (NKE Forum)		
Location & Details.	Target audience, delivery methods & time frame	Mobilizing knowledge
<p>This is a virtual meeting via Zoom</p> <p><b>Facilitators</b></p> <ul style="list-style-type: none"> <li>FCO Nina Krack, <a href="mailto:nkrack@foundrybc.ca">nkrack@foundrybc.ca</a></li> <li>Calendar invites sent out by Nina Krack</li> </ul> <p><b>Centre Expenses</b></p> <ul style="list-style-type: none"> <li>Staff time</li> <li>Access to virtual environment</li> </ul>	<p>The purpose of this forum is to provide to the provincial Foundry centre leaders a peer networking resource with sharing of ideas, experience, knowledge and resources on common themes. Often varying FCO staff attend as well to support with information sharing and networking as required. This forum is coordinated and facilitated by Foundry's central office Knowledge Exchange and Mobilization Coordinator, Nina Krack.</p> <p>Topics are identified by Foundry centre leads and the Foundry central office team. Please send your theme of interest directly to Nina <a href="mailto:nkrack@foundrybc.ca">nkrack@foundrybc.ca</a> or your Implementation Manager. Topics will be confirmed with corresponding emails at least the week prior to the call.</p> <p>From time to time, the topic may be relevant to additional attendees (ie. Clinical staff/partners) which will also be confirmed in the reminder emails.</p> <p>Centre leads may forward the invites to additional centre staff/partners as appropriate.</p> <ul style="list-style-type: none"> <li>Primarily every 2 weeks on Tuesdays 2 – 3 pm.</li> </ul>	<ul style="list-style-type: none"> <li>Interactive discussions, sharing of knowledge and experience.</li> <li>After the session the following will be attached to the topic invite:               <ul style="list-style-type: none"> <li>⇒ Some 'didactic' teaching sessions will be recorded and distributed along with resources</li> <li>⇒ Sharing of resources and tools.</li> </ul> </li> <li>Centre Leads are encouraged to share content of these calls with their teams as they see relevant.</li> </ul>

Toolbox		
Location & Details	Target audience, Pre-requisites, Delivery Methods & Time Frames	Continued Practice Support and Competencies
<ul style="list-style-type: none"> <li>Host Foundry Centre</li> </ul> <p><b>Facilitator(s)</b></p> <ul style="list-style-type: none"> <li>Project Manager + 1 FCO staff</li> </ul> <p><b>Centre Expenses</b></p> <ul style="list-style-type: none"> <li>Staffing time</li> <li>Staff require computers and good Wifi to access virtual training.</li> </ul>	<p>Hands-on and virtual training for frontline staff/users:</p> <ul style="list-style-type: none"> <li>All Foundry clinical staff</li> <li>MOA and Super user</li> <li>Peer Support</li> <li>Primary Care</li> <li>Group Therapists</li> </ul> <ol style="list-style-type: none"> <li>Three months prior to opening: Orientation to partners - Introduction to Toolbox</li> <li>Two months prior to opening: Orientation with lead organization (including ops manager) - Introduction to Toolbox</li> <li>2 Days prior to opening: time TBD</li> </ol>	<ul style="list-style-type: none"> <li>Go Live Support: 2-3 days starting from day of launch</li> <li><a href="#">Toolbox Roster</a> – reference sheet with links to all the video tutorials and cheat sheets (all staff)</li> <li>teaching, feedback and Q &amp; A sessions (all staff)</li> <li>Invites via Nina Krack/Outlook_ (<a href="mailto:nkrack@foundrybc.ca">nkrack@foundrybc.ca</a>)</li> <li>Reflections on Toolbox outcome data shared by Godwin, further planning with FCO supports.</li> </ul>
Foundry Integrated Stepped Care Model (ISCM)		
Location & Details	Target audience, Pre-requisites, Delivery Methods & Time Frames	Continued Practice Support and Competencies
<ul style="list-style-type: none"> <li>Host Foundry Centre</li> </ul> <p><b>Facilitator(s)</b></p> <ul style="list-style-type: none"> <li>2 FCO staff</li> <li>Centre identified ‘champion’ (1 leader &amp; 1 clinical staff)</li> </ul> <p><b>Centre Expenses &amp; Resources</b></p> <ul style="list-style-type: none"> <li>Staff time</li> <li>Staff require computers and good Wifi to access virtual training.</li> <li>Refreshments as determined</li> <li>Training space</li> </ul>	<p>After the centre leads have been oriented and a centre ‘champion’ identified:</p> <ul style="list-style-type: none"> <li>All Foundry clinical staff</li> <li>Peer Support</li> <li>Primary Care</li> </ul> <p>The delivery methods of the curriculum may vary and change to better reflect the context of the audience.</p> <ol style="list-style-type: none"> <li>2 – 3 hour initial in-person or virtual team workshop. This may be broken down into shorter sessions to best meet the needs of the team. Planning will happen through discussions with your Implementation Manager and Knowledge Exch. &amp; Mob. Coordinator.</li> <li>Follow-up training as required and planned with centre leads</li> </ol>	<p>Planned as per post training evaluation</p> <ul style="list-style-type: none"> <li>Centre ‘champion’ conducts on-site coaching as needed</li> <li>On-site or virtual coaching with FCO staff as planned/needed</li> <li>Reference materials</li> <li>Data and evaluation feedback for further education/skills support planning</li> <li>Periodically an ISCM Learning Needs survey can support evaluation and further training.</li> </ul>



## Foundry Walk- in Counselling Solution Focused Brief Therapy (SFBT)

Location & details	Target audience, Pre-requisites, Delivery Methods & Time Frames	Continued Practice Support and Competencies
<p><b>SFBT Initial Training for new Foundry Centre</b></p> <p><b>Facilitators</b></p> <ul style="list-style-type: none"> <li>2 Facilitators organized by FCO to present</li> <li>1 Clinical Centre-leader or designate to support with skills-practice coaching if group is larger than 8 participants</li> </ul> <p><b>Centre Expenses &amp; Resources</b></p> <ul style="list-style-type: none"> <li>On-site organization support (Lead and Clerical for organizing the training with KEMb Coordinator)</li> <li>Staff time</li> <li>Staff require computers and good Wifi to access virtual training.</li> <li>Training space</li> <li>Refreshments as determined</li> <li>Printing/photocopying as required</li> </ul>	<ul style="list-style-type: none"> <li>Clinical staff providing Walk-in Counselling and Brief Therapy at Foundry Centre</li> <li>Clinical Supervisors</li> <li>Max 16 staff (for 2 facilitators and one centre lead)</li> <li>Students and interns are only offered seats when they are available.</li> </ul> <ol style="list-style-type: none"> <li>Prior to opening.</li> <li>In-person training: 1.5 days of (typically first day is 9am-4:30pm, second day is 9am-12:30pm) OR 2(b) Virtual training via Zoom: 3 x 0.5 days (9-12am) max. 20 with 3 facilitators</li> <li>Completion of Learning Needs Survey</li> <li>Pre-reading required</li> <li>Handout practice tools and resources</li> </ol>	<p>Reference material, books</p> <ol style="list-style-type: none"> <li>'Effective therapy for Walk-in Clients' - (one copy per centre):</li> <li>101 Solution Focused Questions - (one copy per centre):</li> <li><a href="#">SFBT Treatment Manual</a></li> <li><a href="#">Foundry Walk-in Counselling Overview</a> <ul style="list-style-type: none"> <li><a href="#">Foundry Walk-in SFBT Community of Practice Calls</a>: teleconference facilitated by Elise Durante <a href="mailto:edurante@foundrybc.ca">edurante@foundrybc.ca</a></li> <li>On-site supervision by centre supervisor or clinical lead.</li> <li><a href="http://elliottconnie.com/">http://elliottconnie.com/</a> a resourceful website for free videos</li> <li>Single Session Video <a href="#">Tom with Dr. Heather Hare</a></li> </ul> </li> </ol>

<p><b>SFBT New staff to your Centre?</b></p> <p>Each Foundry will be required to support the ongoing training needs of new staff.</p>	<p><b>Facilitators</b></p> <ul style="list-style-type: none"> <li>Your experienced SFBT ‘champion’ or recognized Foundry Co-facilitator can provide orientation and ‘start-up’ skill training.</li> </ul> <p><b>Centre Expenses &amp; Resources</b></p> <ul style="list-style-type: none"> <li>Staff time</li> <li>Staff require computers and good Wifi to access virtual training.</li> <li>Travel expenses may be involved for off-site training</li> </ul>	<p>1. Clinical Supervisor, or centre lead/senior/co-facilitator WIC SFBT therapist to provide orientation – skill start up for the new clinicians and any interns or students. (The above utilizes the orientation resource package)</p> <p>2. This can include attendance to local training offered in SFBT in your community or paying for the travel expenses for staff to attend the nearest Foundry centre training as it arises.</p> <ul style="list-style-type: none"> <li>Discuss with Nina: nearest hosting Foundry location that may be having some training Please inform Nina <a href="mailto:nkrack@foundrybc.ca">nkrack@foundrybc.ca</a></li> </ul> <p>3. Connect the new staff to the Foundry WIC SFBT monthly CoP</p>	<ul style="list-style-type: none"> <li><a href="#">Foundry Walk-in Counselling SFBT Orientation resource package:</a></li> <li>Same as above</li> </ul>
<p><b>Recognized Foundry WIC SFBT Co-facilitators</b></p>	<p>To support the training and continuing competencies for this practice, a provincial group of recognized co-facilitators has been developed.</p> <p><a href="#">This achievement includes both pre-requisites and expectations</a></p> <p>Please connect with Nina. <a href="mailto:nkrack@foundrybc.ca">nkrack@foundrybc.ca</a></p>	<ul style="list-style-type: none"> <li>TBD – potential CoP to support both orientation and formal training of new Foundry staff</li> </ul>	

Emotion Focused Family Therapy (EFFT)		
Location & Details	Target audience, Pre-requisites, Delivery Methods & Time Frames	Continued Practice Support and Competencies
<p><b>EFFT Basic level 1</b></p> <ul style="list-style-type: none"> <li>FCO contracted certified facilitators: <a href="#">Mental Health Foundations</a></li> <li>Please inform Nina <a href="mailto:nkrack@foundrybc.ca">nkrack@foundrybc.ca</a> when you have new staff needing training.</li> </ul> <p><b>Centre Expenses &amp; resources</b></p> <ul style="list-style-type: none"> <li>Staff time</li> <li>Computers and good Wifi to access virtual training.</li> <li>FCO pays the online training expenses for 4 new staff (2020 fiscal)</li> </ul>	<ul style="list-style-type: none"> <li>Walk-in Counselling and brief therapy clinicians</li> <li>Foundry Family Peer Support or Ambassadors working with caregivers</li> <li>Foundry staff providing family therapy or working with family members</li> <li>Foundry clinical supervisors</li> </ul> <ol style="list-style-type: none"> <li>In person independently (non-FCO specific) with EFFT certified facilitators. (this is a centre lead decision) <a href="https://www.mentalhealthfoundations.ca/in-person-trainings">https://www.mentalhealthfoundations.ca/in-person-trainings</a></li> <li>Complete identified e- <a href="#">learning courses as available:</a> <ol style="list-style-type: none"> <li>Introduction to Emotion-Focused Family Therapy</li> <li>Teaching Emotion Coaching to Caregivers using Didactic &amp; Experiential Techniques</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>Homework practice as prescribed by facilitators.</li> <li>Centre 1:1 and peer supervision groups</li> <li>Practice support and supervision per centre team plan</li> <li>Recorded tutorial for basic level skills (ask Nina)</li> <li><a href="#">Foundry provincial EFFT Clinical Supervision</a>, facilitated by Natasha Files monthly</li> </ul>
<p><b>EFFT Basic level 2</b></p> <ul style="list-style-type: none"> <li>FCO hosted at pre-determined location depended on the total Foundry provincial training need.</li> <li>Usually offered 1 to 2 times per year.</li> <li>FCO contracted certified facilitators: <a href="#">Mental Health Foundations</a></li> </ul> <p><b>Centre Expenses &amp; resources</b></p> <ul style="list-style-type: none"> <li>Staff time</li> <li>computers and good Wifi to access virtual training.</li> <li>Potential travel expense (please refer to the FCO Travel policy and discuss with Nina)</li> </ul>	<ul style="list-style-type: none"> <li>New Foundry staff, including Family Peer Support, who will be working with Caregivers</li> <li>Staff who have completed Basic level 1</li> <li>Attendee numbers will be determined at time of training event planning</li> </ul> <ol style="list-style-type: none"> <li>In-person or virtual, 2 to 3 day workshop, this will be dependent on centre needs.</li> </ol>	<ul style="list-style-type: none"> <li><a href="#">Foundry provincial EFFT Clinical Supervision</a>, facilitated by Natasha Files monthly</li> </ul>

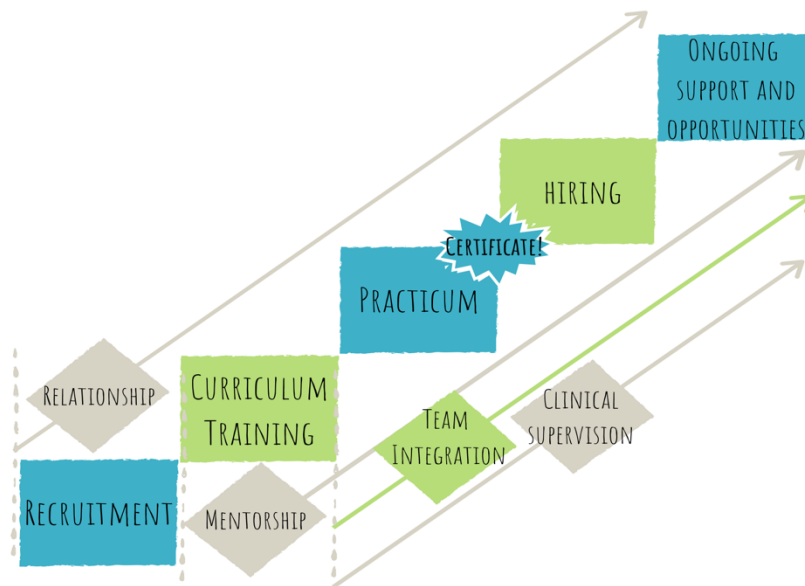
EFFT Caregiver Workshop Training	Target audience, Pre-requisites Delivery Methods & Time Frames	Continued Practice Support and Competencies
<p>The Caregiver Workshop is a 2 full day group for caregivers. When delivered virtually, it is 4 half-days.</p> <p><b>Facilitators</b></p> <ul style="list-style-type: none"> <li>FCO Contracted facilitators Natasha Files</li> </ul> <p><b>Centre Expenses &amp; resources</b></p> <ul style="list-style-type: none"> <li>Staff time as per training outline in <a href="#">Caregiver Workshop Facilitator</a>:</li> <li>Staff require computers and good Wifi to access virtual training.</li> <li>Please refer to the FCO Travel policy and discuss with Nina .</li> </ul>	<ul style="list-style-type: none"> <li>As per Centre's EFFT Caregiver Workshop Plan. This plan is developed by the centre lead with their teams. The facilitators will require support not only for facilitating but for group logistics planning: advertisement, registration, location set up, tech, refreshments, handouts etc.</li> </ul> <p>The lead facilitator for the EFFT Caregiver Workshops <i>must be certified</i>.</p> <p>Foundry provincial certification cohorts will include a maximum of 5 clinicians. Cohorts will be organized based on centre training needs. A minimum of 1 cohort per year will be run.</p> <p>Co-facilitators and Family Peer Support co-facilitators do not need to be certified. They only require to be trained in, practicing and confident in using the basic level EFFT skills. Ideally, they should have participated in or observed a CW prior to co-facilitating.</p> <p>Please discuss with Nina</p> <ol style="list-style-type: none"> <li>Upon review of <a href="#">Caregiver Workshop Facilitator</a>: pre-requisites the Centre Lead selects 1 EFFT 'Champion'.</li> <li>Certification process in this order - as per <a href="https://efftinternational.org/caregiver-workshop">https://efftinternational.org/caregiver-workshop</a></li> </ol>	<ul style="list-style-type: none"> <li>Virtual Foundry provincial supervision (quarterly)</li> <li>For maintenance of certification: clinician must run 2 workshops per year.</li> </ul>

## Youth Peer Support

Youth peer support workers are an integral part of Foundry's multidisciplinary team. With thanks to funding from RBC, Foundry has created a unique Youth Peer Support curricula and training program. As part of this, FCO offers a train-the-trainer session for leaders to deliver peer support training in their local community. In addition to these sessions, FCO staff will continue to offer support to the centre leads to aim for full integration of peer support services in their centre. See Figure 1 below for a sample pathway of a youth peer support training program. Peer support workers hired to work at a Foundry centre will be invited to participate in Foundry's Provincial Youth Peer Support Community of Practice and be connected to our Provincial Youth Peer Support Coordinator for mentoring.

For more information about Peer Support, see Section 9, Centre Services and Operations, of the *Foundry Start-Up Guide*.

*Figure 1. Example of Youth Peer Support Training Program*



# Toolbox Roster of Training Resources

## MOA/Front Desk:

### Video Tutorial: Toolbox 101 for Front Desk/MOA:

<https://www.dropbox.com/sh/esker52jbdjmhnu/AAAVuz0oURutv0ibhqUGntgda?dl=0>

### Cheat sheets:

1. **Registering New Client or Adding a visit for existing client:**  
<https://www.dropbox.com/s/e71nbzejz0utdiu/Add%20new%20client%20or%20Add%20new%20Visit%20MOA%20v1.0.pdf?dl=0>
2. **Push a survey:** <https://www.dropbox.com/s/rpa1m79ucpqgftp/Push%20a%20survey.pdf?dl=0>
3. **Consolidate Duplicate entries:**  
<https://www.dropbox.com/s/crngvzi20zvvrpt/How%20to%20consolidate%20duplicate%20entries%20V1.0.pdf?dl=0>
4. **Why take the surveys (if a young person asks the front desk what the surveys are about – here is a talking points doc that may help answer those questions):**  
<https://www.dropbox.com/s/vpth81atdgs2luc/Why%20take%20the%20Surveys%20V1.4.pdf?dl=0>

## Service Providers:

### Video Tutorial:

#### ▶ **Toolbox 101 for all service providers:**

<https://www.dropbox.com/s/39iis534e1otqps/Toolbox%20101%20-%20Service%20Providers.mov?dl=0>

#### ▶ **Tracking groups on Toolbox for Group Facilitators ONLY:**

<https://www.dropbox.com/s/rfimmglv0pr0lzbb/Toolbox%20Groups%20V1.0.mov?dl=0>

### Cheat sheets:

1. **EOV FAQ- after ISCM Implementation:**  
[https://www.dropbox.com/s/63cd2birzy3byon/End%20of%20visit%20FAQ%20V4.0\\_after%20ISCM\\_inprogress.docx?dl=0](https://www.dropbox.com/s/63cd2birzy3byon/End%20of%20visit%20FAQ%20V4.0_after%20ISCM_inprogress.docx?dl=0)
2. **EOV FAQ- before ISCM Implementation:**  
[https://www.dropbox.com/s/eg8upoxhkew2s13/End%20of%20visit%20FAQ%20V1.0\\_prior%20to%20ISCM\\_inprogress.docx?dl=0](https://www.dropbox.com/s/eg8upoxhkew2s13/End%20of%20visit%20FAQ%20V1.0_prior%20to%20ISCM_inprogress.docx?dl=0)
3. **Accessing my task center to fill out the EOv forms:**  
<https://www.dropbox.com/s/0cxvrrwotup7786/Complete%20my%20End%20of%20Visit%20Forms%20-%20Tasks%20Centre%20V1.0.pdf?dl=0>
4. **View Health Survey Report:**  
<https://www.dropbox.com/s/uhlhfvqpj1xardg/View%20Health%20Survey%20Report.pdf?dl=0>

# Invitation to Foundry Walk-in Counselling Solution Focused Brief Therapy Co-facilitators

Foundry provides training in Solution-Focused Brief Therapy (SFBT) for all new Foundry centres as part of the orientation to the walk-in counseling single-session model. This training is led by a Foundry central team member who has a clinical counselling background and experience using SFBT.

## What is the **purpose** of creating recognized Foundry WIC SFBT Co-facilitators?

As Foundry aims to provide a consistent experience of walk-in services throughout the province, training and orientation to core principles and therapies is critical to the Foundry model. Staff turn-over is inevitable and often, time is of the essence for training so Foundry central is planning on developing a core group of co-facilitators. This group of SFBT co-facilitators will support the ongoing orientation, training and continuing competencies to promote consistency across the province. It's important for Foundry centres to increase their independence and confidence in supporting new staff in learning SFBT. This plan provides an opportunity to support professional development goals for Foundry SFBT clinicians who have an interest in doing so.

In addition, through experience, we have learned that the SFBT training is significantly enriched when it is co- led by a Foundry centre-based clinician.

### **Clinician benefits of being a Foundry SFBT training co-facilitator:**

- Supports professional development opportunities
- Formally recognized by Foundry as a co-facilitator
- Develop teaching and learning facilitation skills
- Increase knowledge and skills in SFBT
- Have opportunity to provide a rich and peer-based teaching/learning environment
- Connect with other Foundry SFBT co-facilitators
- Be involved in the continued planning and delivery of SFBT across the province
- Have the opportunity to visit other Foundry centres
- Be involved in evaluation processes
- Connect with Foundry peers
- Have fun

## What are the **expectations** of a Foundry SFBT Co-facilitator?

1. To provide the SFBT orientation and 'start-up' training (not 1.5 full days) and coaching/mentoring for new WIC clinicians in their centres. *There will be a provincial session to identify and disperse the materials to use, for provincial consistency.*
2. At least once per year co-facilitate a full 1.5 days of SFBT training in the province. Travel may be required. When the Co-facilitator is required to provide the training to staff outside of their Foundry centre community; travel and accommodation will be reimbursed to their home Foundry centre. Please connect with Nina Krack for clarification as needed.

*Please note that the clinicians' primary role at their Foundry centre is the priority and out of town training is a professional development opportunity therefore their time should be supported by the supervisor and centre leader. We will plan far enough in advance to ensure it works for everyone involved.*

1. As the Co-facilitator becomes increasingly comfortable with the model and their facilitation skills, they may lead Foundry SFBT Community of Practice calls.
2. Engage in provincial SFBT planning/evaluation or other opportunities. Your input is valued!

### **3. Role for Co-facilitating with FCO lead facilitator (Elise Durante)**

- Sharing knowledge and experience of Foundry SFBT
- Prepare and work alongside facilitator
- Plan who will do what with facilitation
- Review and be familiar with prepared lesson plan and teaching content
- Prepare clinical examples to share to support learning of content (theory can be delivered by Elise and other lead facilitators until confident)
- Pre-coaching/prep session with Elise or other lead facilitators
- Review pre- and post-learner evaluations.
- Debrief session with Elise or other lead facilitators
- Support the orientation of SFBT with new Foundry staff
- Support the Foundry SFBT CoP calls with rotating facilitation/participation

### **What are the pre-requisites for Foundry SFBT training co-facilitator?**

- The Clinician must have formal SFBT training.
- Understand the context of single session walk-in counselling at Foundry
- Have delivered or supervised SFBT in WIC and single session at Foundry for at least one year (clinician dependent)
- Regular participation in the Foundry SFBT Community of Practice
- Be supported by their supervisor/centre lead for the role
- Some experience in mentoring, orientation or facilitation within the Foundry centre

### **How does a clinician/supervisor decide to be a SFBT Co-facilitator?**

Each Foundry centre providing walk-in single session counselling can offer this opportunity to **one** of their clinicians (or a supervisor). It begins with the clinician learning about this opportunity and taking the time to review the benefits, pre-requisites, expectations and role of SFBT Co-facilitator to decide fit and readiness. Feel free to consult with Nina if you have any further questions. Next step is to provide an expression of interest to the supervisor and/or Foundry centre leader. They will let



## Foundry EFFT Caregiver Workshop Certified Facilitators

EFFT 2-Day Caregiver Workshop Facilitation Certification through the [International EFFT Institute](#) is supported by Foundry when the additional below pre-requisites are met:

- ✓ A Foundry centre (ideally full-time) clinician who has:
- ✓ An unwavering belief in the power of parents and their importance, no matter how they present and what they come with.
- ✓ Will have completed min. 4 days of training (Basic Level 1 & 2 training) provided by FCO and/or via Mental Health Foundations Dr. Adele Lafrance, Natasha Files, and Sheila Paluzzi.
- ✓ Regular practice using EFFT skills with families in single sessions.
- ✓ Partaking in Foundry's EFFT monthly supervision groups.
- ✓ Participating in other regular clinical supervision: 1:1, peer/team with a focus on working on clinician Blocks
- ✓ Experience and confidence in working with family members as there will be a need to establish a collaborative working relationship within the (eventual) co-facilitation dynamic with family peer support.
- ✓ Motivated, interested, and supported by Foundry centre leadership to facilitate family EFFT groups.
- ✓ Supported by their supervisor to participate in 10 – 20 hours of self-learning and preparation time.

Foundry Clinicians who meet the above criteria will be invited into cohorts of no more than 5 Foundry clinician peers from around the province, to fulfill the training guidelines and requirements for the delivery of the two-day general mental health / eating disorders caregiver workshop as per the [International Institute for EFFT](#). The certification cohorts planned by FCO will be offered annually or more often as required.

To **maintain certification:** Clinician will be engaged in peer/group or community of practice for Foundry facilitators of the caregiver workshop. Each clinician should lead two workshops per year to maintain their skills.

For more information please contact:

Nina Krack  
Knowledge Exchange and Mobilization Coordinator  
Foundry Central Office  
[nkrack@foundrybc.ca](mailto:nkrack@foundrybc.ca)

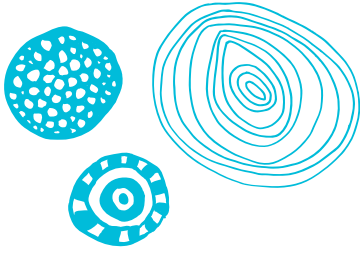
## Provincial Call Schedule Until April 1, 2020

1. **Foundry Walk-in SFBT Community of Practice Calls:** **Tuesdays** 10 – 11 am via Zoom
2. **Emotion Focused Family Therapy (EFFT) Supervision Calls:** monthly **Thursdays** 10 – 11 am via Zoom – details in calendar invite
  - 4th Thursday of every month
3. **Emotion Focused Family Therapy Caregiver Workshop Community of Practice or Supervision:**  
To be confirmed email [nkrack@foundrybc.ca](mailto:nkrack@foundrybc.ca)
4. **Foundry Provincial Network Knowledge Exchange (NKE Calls):** every 2 and 4<sup>th</sup> Tuesday of each month. Email [nkrack@foundrybc.ca](mailto:nkrack@foundrybc.ca) for information

# Appendix of Foundry ISCM Curriculum and Delivery Pathway

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## APPENDIX K

# Foundry Centre Operations Budget Guide

### **K.1** Sample: Project Lead Job Description

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## Start-Up/ Onboarding Job Description Sample: Project Lead

*The function of this position is to lead the overall development of a Foundry centre, from selection (or hire) through to the centre opening. Some Lead Agencies have existing staff who can lead this work for the period required, but most need to hire.*

*Note: This function ends after the centre is open and therefore, will not be funded indefinitely by Foundry dollars. However, if you find a candidate with a strong clinical operations background, who also has the competencies (e.g. project management) required for this position, they may transition into an operations or clinical leadership role after the Foundry centre is open.*

## Sample Role Description for the position of Project Lead, Centre Establishment

### **SUMMARY OF ROLE RESPONSIBILITIES**

[Lead agency mission]

Within the context of a youth and family-centred model of care, and in accordance with the vision and values of the Foundry provincial initiative, this position promotes a collaborative, respectful, accountable and empowering working environment for youth, families, partners, and staff.

Reporting to the [title], the Project Lead is responsible for leading and coordinating the establishment of a new Foundry centre. This involves creating and implementing a project plan, which encompasses a medium-sized capital project, a clinical service model, and thorough engagement with youth, families, and community members. Works with consultants such as architects, contractors, and designers, and with stakeholders including senior health system staff. Develops strong, collaborative relationships with Foundry central office staff, local partners, youth and families, and other members of the Foundry provincial network. Inspires others to achieve goals and deliverables through facilitation, effective communication and addressing potential barriers to success. Communicates with all levels of staff and management to facilitate consensus, consult, negotiate and share information.

### **ROLE RESPONSIBILITIES**

1. Working closely with Foundry central office, and using tools and resources provided, leads the creation and implementation of a complex, multi-stakeholder project plan, with the goal of successfully opening and operating a new Foundry centre in [community]. The project plan will include the development of governance structures, a capital project and a clinical service model, and will involve youth and family engagement, fundraising, brand implementation, communications, and evaluation.
2. Leads the convening of local partners, including health and social service system partners, Indigenous (First Nations, Metis, and Urban Indigenous) partners, and youth and family

advisors, forming governance groups to advise on and participate in the creation and operations of the Foundry centre.

3. Supervises/ liaises with consultants, contractors, and/or project coordination staff to ensure the project plan is proceeding toward a timely opening of the centre, full integration of services and fidelity to the Foundry brand experience.
4. Acts as the agency's primary point of contact for the Foundry central office during the establishment of the Foundry centre. Creates agendas for and attends regular project meetings, participates in knowledge exchange calls, and travels to occasional provincial gatherings, training opportunities, or events. Ensures relevant agency staff are apprised of, and coordinated in, these activities.
5. Ensures meaningful youth and family engagement is integrated throughout the project, from the outset of planning through to the opening of the Foundry centre.
6. Using resources and tools provided by the Foundry central office, creates detailed project charter and project plans outlining goals, objectives, timelines and project deliverables. Tracks project progress according to project plan, monitors and reports on the status of projects and major issues/obstacles encountered. Makes recommendations regarding projects scope changes, rationale for change, seeks consensus and proceeds as needed.
7. Implements and/or contributes to the implementation of effective processes to assess project risks, identify risk mitigation strategies and monitor risk throughout the life cycle of the project.
8. Develops a budget plan for the project that meets the goals and objectives of the project, monitors expenditures, identifies financial issues, and seeks to adhere to budget or take corrective action. Recommends and/or negotiates contracts for provision of goods and services as required.
9. Communicates with stakeholders, project sponsors and the organization on the scope and status of the project, benefits to stakeholders/others, obligations and responsibilities and changes in processes. Ensures questions and concerns are addressed in order to achieve buy in.
10. Performs other related duties as assigned.

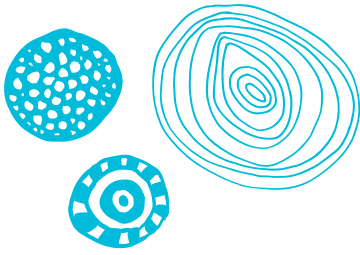
## QUALIFICATIONS

### Education, Training and Experience

Bachelor's Degree in relevant discipline (Master's preferred) and seven (7) to ten (10) year's recent, related experience including experience in a health care setting that includes managing large-scale, multi-stakeholder projects, leading service operations, facilitating and managing consultation processes with a wide range of stakeholder groups, or an equivalent combination of education, training and experience.

### Skills and Abilities

- Knowledge of project management and change management principles and methodologies and ability to coach and coordinate staff.
- Effective communication skills to function within a complex interdisciplinary, cross-sectoral environment involving government, health, nonprofit, and client stakeholders.
- Ability to exercise tact and diplomacy, present as a leader and act with humility when working with partners and stakeholders from across systems and with various backgrounds and perspectives.
- Ability to respectfully empower youth and families, including individuals with lived and living experience with mental health and/or substance use concerns, to ensure their voices and perspectives remain central to the project.
- Experience working in the health or social service systems, or integrated youth service centres, either in an operational management or clinical leadership role, preferred. Experience working with youth or family members with lived or living experience with mental health and/or substance use concerns preferred.
- Ability to use initiative, vision, independent thinking and creative problem-solving abilities to implement project plans and realize project completion.
- Effective facilitation, persuasion and negotiation skills to achieve consensus, resolve conflict and achieve desired outcomes.
- Ability to work effectively under time pressure to meet deadlines, balance work priorities and resolve problems in a timely, respectful and creative manner.
- Functional knowledge of word-processing, spreadsheet, presentation, project management and database applications.



## APPENDIX L

# Evaluation and Quality Improvement



## DEMOGRAPHIC SURVEY

- This survey will take approximately 3 minutes to complete
- If you don't want to answer a question, hit the "next"
- Answering the following questions will help us get to know you better.

### My guardian is:

- Parent(s)  
Other family members  
Service Agency  
Social Worker, Aboriginal Child & Family  
Social Worker MCFD  
Not Sure  
Other (please specify)

I would describe my ethnic or cultural background as

- |   |   |
|---|---|
| <input type="checkbox"/> Indigenous (First Nations, Métis, Inuit) | <input type="checkbox"/> South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan) |
| <input type="checkbox"/> Caucasian (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"/> Prefer not to answer   |
| <input type="checkbox"/> Latin American                           |   |

☐ I don't identify with any of these options (please specify) \_\_\_\_\_

If "Indigenous (First Nations, Métis, Inuit)" selected, show next two questions

**(Answer only if you selected Indigenous) I am:**

- ☐ *Metis*   ☐ *Inuit*   ☐ *First Nations*

**(Answer only if you selected Indigenous) I am:**

- ☐ *Status*   ☐ *Non-Status*

I am a:

- |   |   |
|---|---|
| <input type="checkbox"/> Canadian Citizen   | <input type="checkbox"/> Visitor to Canada    |
| <input type="checkbox"/> Permanent resident | <input type="checkbox"/> Refugee claimant     |
| <input type="checkbox"/> On a work visa     | <input type="checkbox"/> Not Sure             |
| <input type="checkbox"/> On a student visa  | <input type="checkbox"/> Prefer not to answer |

I identify as:

- |  |   |
|--|---|
| <input type="checkbox"/> Female  | <input type="checkbox"/> Two-Spirit             |
| <input type="checkbox"/> Male  | <input type="checkbox"/> Not Sure / Questioning |
| <input type="checkbox"/> Trans female  | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Trans male  |   |
| <input type="checkbox"/> Non-Binary  |   |
| <input type="checkbox"/> Agender   |   |
| <input type="checkbox"/> I don't identify with any of these options (please specify) |   |

My preferred pronoun is:

- ☐ *He/Him/His*
- ☐ *She/Her/Hers*
- ☐ *Ze/Hir/Hirs*
- ☐ *They/Them/Theirs*
- ☐ *Just my name please*

☐ *Other (please specify)* \_\_\_\_\_

**I identify as:**

- |  |   |
|--|---|
| <input type="checkbox"/> Heterosexual  | <input type="checkbox"/> Asexual              |
| <input type="checkbox"/> Gay or Lesbian  | <input type="checkbox"/> Questioning          |
| <input type="checkbox"/> Bisexual  | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> I don't identify with any of these options (please specify) _____ |   |

**I have accessed mental health or substances use services in the last year**

- ☐ Yes      ☐ No      ☐ Not Sure

I found out about this centre/service through

- |  |   |
|--|---|
| <input type="checkbox"/> <i>My worker</i>                                    | <input type="checkbox"/> <i>Internet/Online search</i>                |
| <input type="checkbox"/> <i>My healthcare provider (e.g. doctor / nurse)</i> | <input type="checkbox"/> <i>Social Media (Facebook, twitter etc.)</i> |
| <input type="checkbox"/> <i>My family member</i>                             | <input type="checkbox"/> <i>My school counselor / teacher</i>         |
| <input type="checkbox"/> <i>My Friend</i>                                    | <input type="checkbox"/> <i>Saw the centre</i>                        |

- |   |  |
|---|--|
| <input type="checkbox"/> Foundry website              | <input type="checkbox"/> Advertising/Promotional Materials (e.g. pamphlet, poster) |
| <input type="checkbox"/> Hospital/Urgent Care Clinic  | <input type="checkbox"/> From someone who received services here                   |
| <input type="checkbox"/> Crisis line/Information line | <input type="checkbox"/> Cultural/Spiritual Support Person                         |
| <input type="checkbox"/> Other (please specify) _____ | please specify   |

**If this centre/service was unavailable, I would have gone to \_\_\_\_\_ to get the help I needed today:**

*Your response to this question will help us better understand resources that are available in your community on where to go for help*

- |   |  |
|---|--|
| <input type="checkbox"/> Family members/friends                                   | <input type="checkbox"/> Street nurse                        |
| <input type="checkbox"/> Hospital emergency                                       | <input type="checkbox"/> My Worker                           |
| <input type="checkbox"/> Walk-in clinic   | <input type="checkbox"/> Nowhere/I wouldn't have gotten help |
| <input type="checkbox"/> My healthcare provider (e.g. family doctor)              | <input type="checkbox"/> My school counselor/teacher         |
| <input type="checkbox"/> Emergency services (911)/Crisis Line                     | <input type="checkbox"/> Online Support                      |
| <input type="checkbox"/> Cultural/Spiritual Support Person (please specify) _____ | <input type="checkbox"/> Other (please specify)              |

**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

**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.*

- ☐ no  
☐ yes

(Answer only if you agreed to be contacted) How would you like to be contacted?

- ☐ email \_\_\_\_\_
- ☐ phone \_\_\_\_\_
- ☐ text message \_\_\_\_\_

Thank you for completing the survey so far. There is one more section to complete; this section will be repeated at future visits to help us understand your needs and how those needs may be changing with time.

In general, how would you rate your health?

- ☐ poor
- ☐ fair
- ☐ good
- ☐ very good
- ☐ excellent

In general, how would you rate your mental health?

- ☐ poor
- ☐ fair
- ☐ good
- ☐ very good
- ☐ excellent

**During the last 30 days, about how often did you feel tired out for no good reason?**

---

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

**During the last 30 days, about how often did you feel nervous?**

---

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

**During the last 30 days, about how often did you feel so nervous that nothing could calm you down?**

---

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time | - |
|---|---|

- |   |   |
|---|---|
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

---

**During the last 30 days, about how often did you feel hopeless?**

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

---

**During the last 30 days, about how often did you feel restless or fidgety?**

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

---

**During the last 30 days, about how often did you feel so restless you could not sit still?**

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

---

**During the last 30 days, about how often did you feel depressed?**

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

---

**During the last 30 days, about how often did you feel that everything was an effort?**

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |

---

☐ *Most of the time* -

☐ *All of the time* -

**During the last 30 days, about how often did you feel so sad that nothing could cheer you up?**

---

☐ *None of the time* -

☐ *A little of the time* -

☐ *Some of the time* -

☐ *Most of the time* -

☐ *All of the time* -

**During the last 30 days, about how often did you feel worthless?**

---

☐ *None of the time* -

☐ *A little of the time* -

☐ *Some of the time* -

☐ *Most of the time* -

☐ *All of the time* -

Thank you for completing the survey.

Did you know? At Foundry, you can find hope, help and support. One of our team members can sit down with you to explore what would be most helpful now.

## K10

In general, how would you rate your health?

- ☐ *poor*
- ☐ *fair*
- ☐ *good*
- ☐ *very good*
- ☐ *excellent*

In general, how would you rate your mental health?

- ☐ *poor*
- ☐ *fair*
- ☐ *good*
- ☐ *very good*
- ☐ *excellent*

During the last 30 days, about how often did you feel tired out for no good reason?

---

- |  |   |
|--|---|
| <input type="checkbox"/> <i>None of the time</i>     | - |
| <input type="checkbox"/> <i>A little of the time</i> | - |
| <input type="checkbox"/> <i>Some of the time</i>     | - |
| <input type="checkbox"/> <i>Most of the time</i>     | - |
| <input type="checkbox"/> <i>All of the time</i>      | - |

During the last 30 days, about how often did you feel nervous?

---

- |  |   |
|--|---|
| <input type="checkbox"/> <i>None of the time</i>     | - |
| <input type="checkbox"/> <i>A little of the time</i> | - |
| <input type="checkbox"/> <i>Some of the time</i>     | - |
| <input type="checkbox"/> <i>Most of the time</i>     | - |
| <input type="checkbox"/> <i>All of the time</i>      | - |

During the last 30 days, about how often did you feel so nervous that nothing could calm you down?

---

- |  |   |
|--|---|
| <input type="checkbox"/> <i>None of the time</i>     | - |
| <input type="checkbox"/> <i>A little of the time</i> | - |
| <input type="checkbox"/> <i>Some of the time</i>     | - |
| <input type="checkbox"/> <i>Most of the time</i>     | - |
| <input type="checkbox"/> <i>All of the time</i>      | - |

**During the last 30 days, about how often did you feel hopeless?**

---

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

**During the last 30 days, about how often did you feel restless or fidgety?**

---

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

**During the last 30 days, about how often did you feel so restless you could not sit still?**

---

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

**During the last 30 days, about how often did you feel depressed?**

---

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

**During the last 30 days, about how often did you feel that everything was an effort?**

---

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |



---

**During the last 30 days, about how often did you feel so sad that nothing could cheer you up?**

---

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

---

**During the last 30 days, about how often did you feel worthless?**

---

- |   |   |
|---|---|
| <input type="checkbox"/> None of the time     | - |
| <input type="checkbox"/> A little of the time | - |
| <input type="checkbox"/> Some of the time     | - |
| <input type="checkbox"/> Most of the time     | - |
| <input type="checkbox"/> All of the time      | - |

**Thank you for completing the survey.**

**Did you know? At Foundry, you can find hope, help and support. One of our team members can sit down with you to explore what would be most helpful now.**

**Total Score: \_\_\_\_\_**

## END OF VISIT FORM

What services did the client receive? (check all that apply)

<input type="checkbox"/> <b>Outreach</b> (check off this option in addition to the services you are providing, if this visit has taken place outside of the Foundry centre)
<b>Primary Care – Sexual Health</b> <input type="checkbox"/> Birth control <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Pregnancy test <input type="checkbox"/> STI testing <input type="checkbox"/> STI treatment <input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> <b>Primary Care – Physical Health</b> <input type="checkbox"/> Illness/Injury <input type="checkbox"/> Immunization <input type="checkbox"/> Prescription <input type="checkbox"/> Eating/Nutrition <input type="checkbox"/> Trans- care <input type="checkbox"/> Other (please specify): _____
<b>Mental Health and Substance Use Services</b> <input type="checkbox"/> Initial/Comprehensive Assessment <input type="checkbox"/> Mental health <input type="checkbox"/> Substance use <input type="checkbox"/> Psycho social rehab - non ISCM pathway <input type="checkbox"/> Other (please specify) _____

**Rule: If any service under Mental Health Services and Substance Use Services, other than psycho social rehab - non ISCM pathway is selected, show all remaining sections; otherwise hide “ISCM documentation” and “SOFAS rating guide”**

### Integrated Stepped Care Model

SOFAS rating\*: \_\_\_\_\_

\*SOFAS rating guide is available at the end of this form

If the SOFAS rating cannot be filled then specify a reason:

- ☐ Not enough information to rate
- ☐ Rater not trained in SOFAS
- ☐ N/A – Primary Care or Substance Use Assessment

☐ Assessment Only

ISCM Pathway	Step Placement	Intervention(s)
<input type="checkbox"/> Substance Use	<input type="checkbox"/> 1 – Active engagement <input type="checkbox"/> 2 – Low intensity <input type="checkbox"/> 3 – Moderate intensity <input type="checkbox"/> 4 – High intensity, Specialist (specify referral) _____ Select Specialist Services <ul style="list-style-type: none"> <li>- CYMH</li> <li>- Adult Mental Health</li> <li>- ICM/IYOS</li> <li>- Concurrent Disorder Service</li> <li>- OT Assessment/Intervention</li> <li>- EPI</li> <li>- Eating Disorder</li> <li>- Crisis Response Service</li> <li>- Addiction Service</li> <li>- GP/NP Services (Addictions Medicine, Metabolic Monitoring, etc.)</li> <li>- Other (Please specify)</li> </ul> <input type="checkbox"/> Discharge from pathway	<input type="checkbox"/> Active monitoring <input type="checkbox"/> Information/Education <input type="checkbox"/> Self-care <input type="checkbox"/> e-Health <input type="checkbox"/> Individual Therapy <input type="checkbox"/> Group Intervention <input type="checkbox"/> Family Services <input type="checkbox"/> Psychiatric Services <input type="checkbox"/> Medication/Prescription <input type="checkbox"/> Harm Reduction <input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Mood/Anxiety/Distress	<input type="checkbox"/> 1 – Active engagement <input type="checkbox"/> 2 – Low intensity <input type="checkbox"/> 3 – Moderate intensity <input type="checkbox"/> 4 – High intensity, Specialist (specify referral) _____ Select Specialist Services dropdown <input type="checkbox"/> Discharge from pathway	<input type="checkbox"/> Active monitoring <input type="checkbox"/> Information/Education <input type="checkbox"/> Self-care <input type="checkbox"/> e-Health <input type="checkbox"/> Individual Therapy <input type="checkbox"/> Group Intervention <input type="checkbox"/> Family Services <input type="checkbox"/> Psychiatric Services <input type="checkbox"/> Medication/Prescription <input type="checkbox"/> Harm Reduction <input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Early Psychosis	<input type="checkbox"/> –Active engagement <input type="checkbox"/> 2 – Low intensity <input type="checkbox"/> 3 – Moderate intensity <input type="checkbox"/> 4 – High intensity, Specialist (specify referral) _____ Select Specialist Services dropdown <input type="checkbox"/> Discharge from pathway	<input type="checkbox"/> Active monitoring <input type="checkbox"/> Information/Education <input type="checkbox"/> Self-care <input type="checkbox"/> e-Health <input type="checkbox"/> Individual Therapy <input type="checkbox"/> Group Intervention <input type="checkbox"/> Family Services <input type="checkbox"/> Psychiatric Services <input type="checkbox"/> Medication/Prescription <input type="checkbox"/> Harm Reduction <input type="checkbox"/> Other (please specify) _____

<input type="checkbox"/> <b>Walk-in Counselling</b> <input type="checkbox"/> <i>Mental health concern</i> <input type="checkbox"/> <i>Substance use concern</i> <input type="checkbox"/> <i>Other ( text box)</i>
<input type="checkbox"/> <b>Navigation Services</b> <b>Social Services</b> <input type="checkbox"/> <i>Housing support</i> <input type="checkbox"/> <i>Employment information and support</i> <input type="checkbox"/> <i>Education</i> <input type="checkbox"/> <i>Income assistance</i> <input type="checkbox"/> <i>STADD navigator</i> <input type="checkbox"/> <i>Other (please specify) _____</i>
<input type="checkbox"/> <b>Youth Peer Support Services</b>
<input type="checkbox"/> <b>Groups</b> <b>Group ID:</b> _____ <b>Group Name:</b> _____
<input type="checkbox"/> <i>Other (please specify): _____</i>
<b>Client left without receiving any service (please specify why below)</b> <input type="checkbox"/> <i>Service unavailable – client was given appointment for another day</i> <input type="checkbox"/> <i>Service unavailable – options for other days or other services discussed with client</i> <input type="checkbox"/> <i>Client chose to leave without being seen</i> <input type="checkbox"/> <i>Other (please specify): _____</i>

## External Referrals

<input type="checkbox"/> Referral to acute/urgent service e.g. emergency services (please specify) _____
<input type="checkbox"/> Referral to other community service(s) (please specify) _____

Inter-professional Communication: -----

☐ VC Registration/Survey Filled

## SOFAS Rating Guide

<b>SOCIAL AND OCCUPATIONAL FUNCTIONING:</b> Consider social and occupational functioning on a continuum from excellent to grossly impaired. Include impairments in functioning due to physical limitations, as well as those due to mental impairments. Impairment must be a direct consequence of mental and physical health problems. The effects of lack of opportunity and environmental limitations are not to be considered.	
Superior functioning in a wide range of activities.	100 91
Good functioning in all areas. Occupationally and socially effective.	90 81
No more than slight impairment in social, occupational, or school functioning (e.g. infrequent interpersonal conflict, temporarily falling behind in schoolwork).	80 71
Some difficulty in social, occupational, or school functioning but generally functioning well. Has some meaningful interpersonal relationships.	70 61
Moderate difficulty in social, occupational or school functioning (e.g. few friends, conflict with peers or co-workers).	60 51
Serious impairment in social, occupational or school functioning (e.g. no friends, unable to keep a job).	50 41
Major impairment in several areas, such as work, school, or family relations (e.g. depressed man avoids friends, neglects family and is unable to work; child frequently beats up younger children, is defiant at home and is failing at school).	40 31
Inability to function in almost all areas (e.g. stays in bed all day; no job, home, or friends).	30 21
Occasionally fails to meet minimal personal hygiene (e.g. smears feces); unable to function independently.	20 11
Persistent inability to maintain personal hygiene. Unable to function without harming self or others or without considerable external support (e.g. nursing care and supervision).	10 1

## HEALTH SURVEY

- ***This survey will take approximately 15 minutes to complete***
- ***Although some of the questions may seem personal, they will help the care professional you are about to see understand your situation***
- ***If you don't want to answer a question, hit the "next" button***
- ***Maintaining your privacy is important to us. Please do not leave this tablet unattended until you are done with the survey***
- ***If you need help at any time, just ask at the front desk***

### <topic 1> HOME

**H1 - I live with:** (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Mother(s)                       | <input type="checkbox"/> Aunt, uncle, or Other adults related to me |
| <input type="checkbox"/> Father(s)                       | <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 <orange>                      |
| <input type="checkbox"/> Foster Parent(s) <orange>       | <input type="checkbox"/> Child/children <orange>                    |
| <input type="checkbox"/> Other (please specify) _____    |   |

**H2 - I currently live:**

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

**If "I couch surf" is selected for H2, skip next question**

**H3 - I have been homeless or couch surfed in the past month:**

- ☐ no
- ☐ yes <red>

**If "I live alone" is selected in H1, skip to H4**

**H4 - I get along with the people I live with:**

- |   |   |
|---|---|
| <input type="checkbox"/> Never <red>        | <input type="checkbox"/> Often <green>  |
| <input type="checkbox"/> Sometimes <orange> | <input type="checkbox"/> Always <green> |

**H5 – At some point in my life, I have lived with adults who were not my parents**

<input type="checkbox"/> no	<input type="checkbox"/> other friend
<input type="checkbox"/> foster care <red>	<input type="checkbox"/> other (please specify) _____

<input type="checkbox"/> other family member	
<input type="checkbox"/> family friend	

**H6 - I have run away from home:**

- ☐ never
- ☐ thought about it\<orange>
- ☐ once <red>
- ☐ more than once <red>

**H7 - I can talk to someone in my family if I have problems:**

- ☐ no <orange>
- ☐ sometimes, depending on the problem
- ☐ yes, about most things <green>

**H8 – I can talk to someone outside my family if I have problems:**

- ☐ no <orange>
- ☐ sometimes, depending on the problem
- ☐ yes, about most things <green>

**Did you know Foundry has someone you can talk to about your housing situation? Ask the front desk staff for more information.**

## <topic 2> SAFETY

**S1 – In the last three months, I have experienced online bullying:**

- ☐ never
- ☐ sometimes
- ☐ often <orange>
- ☐ always <Red>

**S2 - In the last 3 months, I have seen or experienced some form of violence (e.g., physical, emotional):**

- ☐ no
- ☐ yes <Red>

**S4 - I feel safe where I live:**

- ☐ All of the time
- ☐ Most of the time <orange flag>

☐ Some of the time <red flag and safety alert>

☐ Little or none of the time <red flag and safety alert>

**Did you know? If you are worried about your safety or someone else's, we are here to help. You can talk to any one of our team members to see what services could help.**

## <topic 3> SEX

**Se1 - When I have questions about sex, I ask my:**

☐ parent/caregiver

☐ sibling(s)

☐ friend

☐ A telephone helpline

☐ internet

☐ counsellor/worker

☐ doctor/nurse

☐ other (please specify) \_\_\_\_\_

☐ teacher

☐ nobody <orange>

**Se2 - I have had sex**

☐ no

☐ thinking about it

☐ yes <orange>

**If “no” or “thinking about it”, skip to Se7, and hide He12 and He13**

**Se3 - The last time I was tested for sexually transmitted infections was:**

☐ never

☐ more than 3 months

☐ less than 3 months

☐ can't remember/not sure <orange>

☐ I want to get tested <red>

**Se4 I use the following to protect myself from HIV/STIs:**

**\* Use external condoms or internal condoms:**

☐ Always

☐ Often

☐ Sometimes

☐ Rarely

☐ Never

☐ I don't know

**\* Use dental dams:**

☐ Always

☐ Often

☐ Sometimes

☐ Rarely



- ☐ **Never**  
☐ **I don't know**

**Se6 I/we use this/these to prevent pregnancy:**

- ☐ **condoms**  
☐ **birth control medication**  
☐ **morning after pill/Plan B** <red>  
☐ **other contraceptives**  
☐ **rhythm method/pulling out** <red>  
☐ **none** <red>  
☐ **this doesn't apply to me**

**Se7 - I would like to talk about birth control and/or my sexual health:**

- ☐ **no**  
☐ **yes** <red>

**Did you know? Foundry has staff on site who can provide information or advice on sexual health.**

## <topic 4> EDUCATION

**E1 - I am a student:**

- ☐ **no**  
☐ **yes**

**If "no" selected, show E2 and then skip to E9**

**E2 - The highest level of education I have completed is:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Grade 1-6</b>               | <input type="checkbox"/> <b>high school graduate</b>   |
| <input type="checkbox"/> <b>Grade 7-8</b>               | <input type="checkbox"/> <b>college or other non-university certificate or diploma</b>           |
| <input type="checkbox"/> <b>Grade 9-10</b>              | <input type="checkbox"/> <b>Registered apprenticeship or other trades certificate or diploma</b> |
| <input type="checkbox"/> <b>Grade 11 –some grade 12</b> | <input type="checkbox"/> <b>University</b>   |

**E3 - I am currently going to:**

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

**E4 - School is:**

- ☐ **fun**

- ☐ OK  
☐ Terrible <orange>

*(Minnesota School Survey items being used by McCreary – permission given)*

**E5 - I feel like I am part of my school:**

- ☐ Strongly Agree  
☐ Agree  
☐ Neither Agree nor Disagree  
☐ Disagree  
☐ Strongly Disagree

**E6 - I feel safe at my school:**

- ☐ Strongly Agree  
☐ Agree  
☐ Neither Agree nor Disagree  
☐ Disagree  
☐ Strongly Disagree

**E7 - Last month, I missed \_\_\_\_ days of school:**

- ☐ 0  
☐ 1-5  
☐ 6-10  
☐ 11-15 <orange>  
☐ 16-20 <orange>  
☐ more than 20 <orange>

**E8 - I think about dropping out of school:**

- ☐ never  
☐ sometimes  
☐ often <orange>  
☐ always <Red>

**E9 - I have a paid job**

- ☐ no  
☐ yes

**If "no" selected, skip to E12**

**E10 – I have had this paid job for:**

- ☐ less than a month  
☐ 1-3 months  
☐ 4-12 months  
☐ more than a year

**E11 – I usually work this many hours per week: \_\_\_\_\_**

**E12 - My main sources of income are (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 <Red>                           |
| <input type="checkbox"/> student loan                       | <input type="checkbox"/> crime <Red>                              |
| <input type="checkbox"/> family gives me money              | <input type="checkbox"/> no source of income <Orange>             |
| <input type="checkbox"/> income/social assistance (welfare) | <input type="checkbox"/> other (please specify) _____             |
| <input type="checkbox"/> disability assistance              |   |

**E13 - I find it difficult to keep a paid job:**

- ☐ never  
☐ sometimes  
☐ often <orange>  
☐ always <orange>  
☐ this does not apply to me

**E16 - Does your money situation stress you out?**

- ☐ never  
☐ sometimes  
☐ often <orange>  
☐ always <orange>

**Did you know Foundry has someone you can talk to about employment? Ask the front desk staff for more information.**

## <topic 5> ACTIVITIES

**A1 - I like to spend my time (check all that apply):**

<input type="checkbox"/> Making/playing music	<input type="checkbox"/> shopping
<input type="checkbox"/> drinking alcohol <red>	<input type="checkbox"/> doing/exploring art
<input type="checkbox"/> writing	<input type="checkbox"/> watching tv
<input type="checkbox"/> spending time with pet(s)	<input type="checkbox"/> reading
<input type="checkbox"/> travelling	<input type="checkbox"/> eating
<input type="checkbox"/> getting high <red>	<input type="checkbox"/> smoking <red>
<input type="checkbox"/> drawing	<input type="checkbox"/> being with friends
<input type="checkbox"/> gaming <orange>	<input type="checkbox"/> being with family
<input type="checkbox"/> taking photographs	<input type="checkbox"/> interacting on social media
<input type="checkbox"/> using my cell phone	<input type="checkbox"/> gambling <orange>
<input type="checkbox"/> playing sports	<input type="checkbox"/> Spending time outdoors
<input type="checkbox"/> doing extracurricular activities at school	<input type="checkbox"/> Practicing my culture
<input type="checkbox"/> exercising (e.g., yoga, running, gym)	<input type="checkbox"/> Vaping <red>

	<input type="checkbox"/> other (please specify) _____
--	---

**A2 - I spend this many hours a week exercising**

- ☐ less than 2 hours <orange>
- ☐ 2 – 5 hours <orange>
- ☐ 6 – 10 hours <green>
- ☐ 11 – 15 hours <green>
- ☐ 16 – 25 hours <green>
- ☐ over 25 hours <green>

**A3 - I participate in a sports team, club, or organized group:**

- ☐ never <orange>
- ☐ once a month
- ☐ once or twice a week
- ☐ more than twice a week <green>

**A4 - Altogether, how much time do you spend each week doing something that is meaningful and important to you? (i.e. work, volunteering, sports, music, theatre, arts, dance, spending time with friends, engaging in cultural activities)?**

- ☐ less than 2 hours <Red>
- ☐ 2 – 5 hours <Orange>
- ☐ 6 – 10 hours
- ☐ 11 – 15 hours
- ☐ 16 – 25 hours
- ☐ over 25 hours

**A5 - On average, I sleep \_\_\_\_ hours every day**

**A6 - On average, I spend \_\_\_\_ hours a day on screens (e.g., watching TV, internet surfing, on social media, texting or playing video games)**

- ☐ more than 6 <orange>

**Did you know? If you're looking for healthy things to do, Foundry team members can connect you with sports, social activities and positive skill-building groups.**

## <topic 6> EMOTIONS

**The following questions are about problems that many people have. Some of the questions ask about “significant” problems. A problem is significant when you have it**

**for two or more weeks, when it keeps coming back, when it keeps you from doing the things you say you are going to do, or when it makes you feel like you can't go on.**

**Please tell us the last time you had a "significant" problem by answering whether it was in the last month, 2 to 3 months ago, 4 to 12 months ago, or 12+ months ago. If you have never had the problem, you can choose "never." If you are not sure about the answer to a question, please make your best guess. You can also decide not answer a question.**

**Em1 - When was the last time that you had significant problems with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em2 - When was the last time that you had significant problems with sleep trouble such as bad dreams, sleeping restlessly, or falling asleep during the day?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em3 - When was the last time that you had significant problems with feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em4 - When was the last time that you had significant problems with becoming very distressed and upset when something reminded you of the past?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em5 - When was the last time that you had significant problems with thinking about ending your life or committing suicide?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em6 - When was the last time that you had significant problems with seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em7 - When was the last time that you lied or conned to get things you wanted or to avoid having to do something two or more times?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em8 - When was the last time that you had a hard time paying attention at school, work, or home two or more times?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em9 - When was the last time that you had a hard time listening to instructions at school, work, or home two or more times?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em10 - When was the last time that you had a hard time waiting for your turn two or more times?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em11 - When was the last time that you were a bully or threatened other people two or more times?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em12 - When was the last time that you started physical fights with other people two or more times?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>

- ☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>

**Em13 - When was the last time that you tried to win back your gambling losses by going back another day two or more times?**

- ☐ never <score 0>  
☐ 12+ months ago <score 0>  
☐ 4 to 12 months ago <score 1>  
☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>

**Em14 - When was the last time that you used alcohol or other drugs weekly or more often?**

- ☐ never <score 0>  
☐ 12+ months ago <score 0>  
☐ 4 to 12 months ago <score 1>  
☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>

**Em15 - When was the last time that you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or receiving from the effects of alcohol or other drugs (e.g. feeling sick)?**

- ☐ never <score 0>  
☐ 12+ months ago <score 0>  
☐ 4 to 12 months ago <score 1>  
☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>

**Em16 - When was the last time that you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?**

- ☐ never <score 0>  
☐ 12+ months ago <score 0>  
☐ 4 to 12 months ago <score 1>  
☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>

**Em17 - When was the last time that your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?**

- ☐ never <score 0>  
☐ 12+ months ago <score 0>  
☐ 4 to 12 months ago <score 1>  
☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>

**Em18 - When was the last time that you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?**

- ☐ never <score 0>  
☐ 12+ months ago <score 0>  
☐ 4 to 12 months ago <score 1>

- ☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>

**Em19 - When was the last time that you had a disagreement in which you pushed, grabbed, or shoved someone?**

- ☐ never <score 0>  
☐ 12+ months ago <score 0>  
☐ 4 to 12 months ago <score 1>  
☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>

**Em20 - When was the last time that you took something from a store without paying for it?**

- ☐ never <score 0>  
☐ 12+ months ago <score 0>  
☐ 4 to 12 months ago <score 1>  
☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>

**Em21 - When was the last time that you sold, distributed, or helped to make illegal drugs?**

- ☐ never <score 0>  
☐ 12+ months ago <score 0>  
☐ 4 to 12 months ago <score 1>  
☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>

**Em22 - When was the last time that you drove a vehicle while under the influence of alcohol or illegal drugs?**

- ☐ never <score 0>  
☐ 12+ months ago <score 0>  
☐ 4 to 12 months ago <score 1>  
☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>

**Em23 - When was the last time that you purposely damaged or destroyed property that did not belong to you?**

- ☐ never <score 0>  
☐ 12+ months ago <score 0>  
☐ 4 to 12 months ago <score 1>  
☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>

**Em24 - When was the last time that you had significant problems with missing meals or throwing up much of what you did eat to control your weight?**

- ☐ never <score 0>  
☐ 12+ months ago <score 0>  
☐ 4 to 12 months ago <score 1>  
☐ 2 to 3 months ago <score 1>  
☐ past month <score 1>



**Em25 - When was the last time that you had significant problems with eating binges or times when you ate a very large amount of food within a short period of time and then felt guilty?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em26 - When was the last time that you had significant problems with being disturbed by memories or dreams of distressing things from the past that you did, saw, or had happen to you?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em27 - When was the last time that you had significant problems with thinking or feeling that people are watching you, following you, or out to get you?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em28 - When was the last time that you had significant problems with videogame playing or internet use that caused you to give up, reduce, or have problems with important activities or people of work, school, home or social events?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em29 - When was the last time that you had significant problems with gambling that caused you to give up, reduce, or have problems with important activities or people at work, school, home, or social events?**

- ☐ never <score 0>
- ☐ 12+ months ago <score 0>
- ☐ 4 to 12 months ago <score 1>
- ☐ 2 to 3 months ago <score 1>
- ☐ past month <score 1>

**Em30 - Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with?**

- ☐ no
- ☐ yes (please describe) \_\_\_\_\_

**Em31 - When was the last time that you intentionally, or on purpose, self-harmed yourself (for example, cut yourself, burnt yourself, hit yourself, driven recklessly, or abused prescription medication)?**

- ☐ **never** <score 0>  
☐ **12+ months ago**  
☐ **4 to 12 months ago** <orange>  
☐ **2 to 3 months ago** <orange>  
☐ **past month** <Red>

***Did you know? If you need to talk, we are here to listen. We have a youth peer support workers and youth friendly counsellors available to talk about whatever is on your mind. Our reception team can connect you.***

## <topic 7> ALCOHOL AND SUBSTANCE USE

**AS1 – I have tried vaping, tobacco, alcohol, other types of street drugs, or drugs that were not prescribed to me**

- ☐ **no** <green>  
☐ **yes**

***If “no” selected, skip the remainder of this section***

**AS2 - I would describe my use of the following as:**

	<b>Never Tried</b>	<b>Tried a few times</b>	<b>Weekend/occasional</b>	<b>Regular / daily</b>	<b>Former</b>
<b>Vaping</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Weed/Pot</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tobacco (cigarettes, chewing)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cocaine/crack (up, rock, hard) <red>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription medication (if yes, open up three options: 1) painkillers including T3s, and Oxy, 2) sedatives including Ativan, valium, Xanax, 3) stimulants including Dex and Ritalin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

heroin/fentanyl (down, junk, smack) <red>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
inhalants (sniffing gas, glue, whippets, cough syrup) <orange>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hallucinogens (LSD, acid, magic mushrooms, mescaline, GHB, ketamine) <orange>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDMA (ecstasy, EX, molly) <orange>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
steroids (growth hormones) <red>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amphetamine (meth, crystal, Jib) <red>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**AS3 - I have tried injecting drugs**

- ☐ no  
☐ yes <red>

**Did you know? If you have any questions about drugs and alcohol or would like to talk about how using is impacting you or someone you care about, we can help. You can ask our reception team to see a drug and alcohol counsellor.**

## <topic 8> HEALTH

**He1 - When I'm sick, I get help from (check as many as apply):**

- ☐ family members;  
☐ friends  
☐ hospital emergency  
☐ walk-in clinic  
☐ family doctor  
☐ nurse practitioner  
☐ emergency services (911)  
☐ street or outreach nurse  
☐ outreach worker

- ☐ other (please specify) \_\_\_\_\_  
☐ no one

**He2 - I have spent a night in hospital the past year**

- ☐ no  
☐ yes <red>

**He3 - Taking care of my health is:**

- ☐ very difficult <orange>  
☐ difficult <orange>  
☐ easy  
☐ very easy <green>

**He4 - I am currently taking medication**

- ☐ no  
☐ yes <red>

**He5 - I worry about my physical health**

- ☐ never  
☐ sometimes  
☐ often <Orange>  
☐ always <red>

**He6 - I worry about my mental health**

- ☐ never  
☐ sometimes  
☐ often <Orange>  
☐ always <red>

**He7 - Have you ever been told by a health care provider (doctor, nurse etc.) that you may have (check all that apply):**

- ☐ fetal alcohol syndrome or spectrum or effects <red>  
☐ learning disabilities <red>  
☐ brain injury <red>  
☐ ADD or ADHD <red>  
☐ cognitive problems <red>  
☐ none of these

**He8 - Have you ever had a head injury (concussion, fractured skull, knocked unconscious)?**

- ☐ no  
☐ yes <red>

**If “no” selected, skip to H12**

**He9 - How many times have you had a head injury?**

- |                            |                             |
|----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6  |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7  |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8  |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9  |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 |

**He10 - When was your most recent head injury?**

- ☐ one month ago
- ☐ 2 to 6 months ago
- ☐ 7 months to one year ago
- ☐ more than a year ago

**Skip He 11 if they answered “no” or “thinking about it” to Se2**

**He11 - The last time I had an HIV test was:**

- ☐ within last month
- ☐ 2 to 6 months ago
- ☐ 7 months to one year ago <orange>
- ☐ more than a year ago <orange>
- ☐ never <orange>
- ☐ can't remember/not sure <orange>

**Skip He12 if they answered “no” or “thinking about it” to Se2 and/or answered “no” to As4**

**He12 - The last time I had a Hep C test was:**

- ☐ within last month
- ☐ 2 to 6 months ago
- ☐ 7 months to one year ago <orange>
- ☐ more than a year ago <orange>
- ☐ never <orange>
- ☐ can't remember/not sure <orange>

**“Thank you for completing the survey. This information will be used confidentially with you by the staff here at Foundry.”**

## Outcome Rating Scale (ORS)

Name \_\_\_\_\_ Age (Yrs): \_\_\_\_\_ Sex: M / F  
Session # \_\_\_\_\_ Date: \_\_\_\_\_  
Who is filling out this form? Please check one: Self \_\_\_\_\_ Other \_\_\_\_\_  
If other, what is your relationship to this person? \_\_\_\_\_

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

**ATTENTION CLINICIAN:** TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.

### **Individually**

(Personal well-being)

I-----I

### **Interpersonally**

(Family, close relationships)

I-----I

### **Socially**

(Work, school, friendships)

I-----I

### **Overall**

(General sense of well-being)

I-----I

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## Session Rating Scale (SRS V.3.0)

Name \_\_\_\_\_ Age (Yrs): \_\_\_\_\_  
ID# \_\_\_\_\_ Sex: M / F  
Session # \_\_\_\_\_ Date: \_\_\_\_\_

---

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

---

### Relationship

I did not feel heard,  
understood, and  
respected.

I-----

I felt heard,  
understood, and  
respected.

### Goals and Topics

We did *not* work on or  
talk about what I  
wanted to work on and  
talk about.

I-----

We worked on and  
talked about what I  
wanted to work on and  
talk about.

### Approach or Method

The therapist's  
approach is not a good  
fit for me.

I-----

The therapist's  
approach is a good fit  
for me.

### Overall

There was something  
missing in the session  
today.

I-----

Overall, today's  
session was right for  
me.

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## Child Outcome Rating Scale (CORS)

Name \_\_\_\_\_ Age (Yrs): \_\_\_\_\_

Sex: M / F \_\_\_\_\_

Session # \_\_\_\_\_ Date: \_\_\_\_\_

Who is filling out this form? Please check one: Child \_\_\_\_\_ Caretaker \_\_\_\_\_

If caretaker, what is your relationship to this child? \_\_\_\_\_

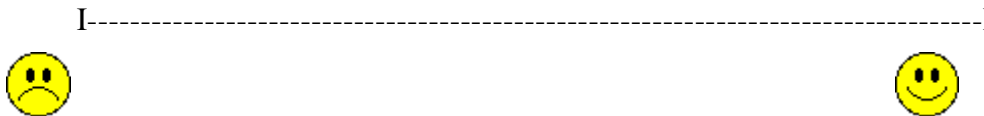
---

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

---

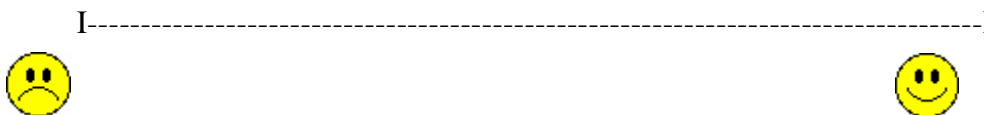
### Me

(How am I doing?)



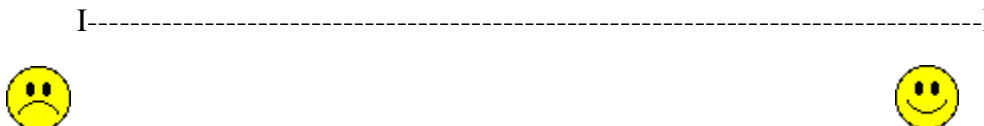
### Family

(How are things in my family?)



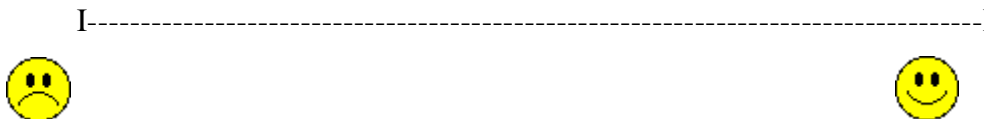
### School

(How am I doing at school?)



### Everything

(How is everything going?)



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## Child Session Rating Scale (CSRS)

Name \_\_\_\_\_ Age (Yrs): \_\_\_\_\_  
Sex: M / F  
Session # \_\_\_\_\_ Date: \_\_\_\_\_

How was our time together today? Please put a mark on the lines below to let us know how you feel.

### Listening

\_\_\_\_\_ I  
did not always  
listen to me.



\_\_\_\_\_ I  
listened to me.

### How Important

What we did and  
talked about was not  
really that important  
to me.



What we did and  
talked about were  
important to me.

### What We Did

I did not like  
what we did  
today.



I liked what  
we did  
today.

### Overall

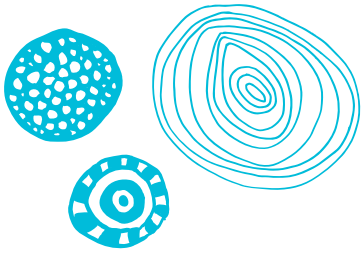
I wish we could do  
something different.



I hope we do the  
same kind of  
things next time.

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## APPENDIX M

# Research and Innovation