

**FOUNDRY VANCOUVER-GRANVILLE  
INNER CITY YOUTH PROGRAM  
REFERRAL**



Home and Community  
Referral

**Phone:** 604-806-9415      **Email:** ICYMHP@providencehealth.bc.ca

<b>SERVICES AVAILABLE:</b>	
<input type="checkbox"/> <b>Intensive Case Management</b>	<ul style="list-style-type: none"> <li>• 18 to 24 years old</li> <li>• Requires intensive outreach/unable to engage in traditional mental health and/or substance use services</li> <li>• Confirmed or suspected mental health diagnosis and/or substance use</li> </ul>
<input type="checkbox"/> <b>Shared Care/ Psychiatric Consult</b>	<ul style="list-style-type: none"> <li>• 12 to 24 years old</li> <li>• Referral by MD/NP required (must be able to accept patient back for follow-up care)</li> <li>• Diagnostic clarification, treatment recommendations (short term engagement only)</li> </ul>
<input type="checkbox"/> <b>Substance Use Services</b>	<ul style="list-style-type: none"> <li>• 12 to 24 years old</li> <li>• Assessment, treatment, medication, harm reduction, and connecting with other resources including recovery based care</li> </ul>
<b>INTERNAL REFERRALS ONLY:</b>	
<input type="checkbox"/> <b>Counselling</b>	• 18 to 24 years old - Short term counselling
<input type="checkbox"/> <b>Groups</b>	• 18 to 24 years old <input type="checkbox"/> CBT <input type="checkbox"/> MBCBT <input type="checkbox"/> Caregiver Workshop/EFFT <input type="checkbox"/> DBT <input type="checkbox"/> Hearing voices <input type="checkbox"/> Trauma Informed Yoga <input type="checkbox"/> Psychosocial Rehabilitation <input type="checkbox"/> Other: _____

**REFERRAL SOURCE**

Referral person: \_\_\_\_\_ Agency/Program: \_\_\_\_\_  
 Referring date: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PATIENT INFORMATION**

Patient's legal name: _____		Gender on Legal ID: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Patient's preferred name: _____	DOB: (mm/dd/yy) _____	Self-identified Gender: _____
Patient's address (If NFA , where can we find this patient): _____		PHN or Provincial Insurance Program #: _____
<input type="checkbox"/> Home <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____		
Phone No: _____		Email address: _____
If patient has no phone, contact: _____ <div style="display: flex; justify-content: space-between;"> <span>Name</span> <span>Phone No.</span> </div>		
Is patient currently hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, anticipated date of discharge: _____		Which hospital/unit? _____

**HISTORY**

Family physician/Nurse practitioner: _____	Billing #: _____
Current mental health symptoms/concerns:   	

*History continued on page 2*

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**HISTORY (continued)**

Current physical health symptoms/concerns:

Previous diagnoses: (including diagnosing clinician, year)

Previous mental health care: (Please include any copies of consult reports, previous assessments, information about treatment attempts and counselling)

Specify any concerns of current or past behavioural risk: (suicide, self-harm, aggression, threats, legal concerns)

ER visits/hospitalization history:

Current medications:

Intellectual disability/ Cognitive impairment: (specify if confirmed or suspected)

Current substances used, frequency, route & amount:

History of problematic substance use:

Previous substance use treatment:

List any involved service providers: (e.g. Covenant House, DCHC, Directions, UNYA, MCFD etc.)

**Patient consent is REQUIRED if referral source is not a healthcare provider.**

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of referring person: \_\_\_\_\_ Date: \_\_\_\_\_

***Fax completed Referral, Consent for Release of Information,  
and copies of all relevant information to the***

**FOUNDRY VANCOUVER-GRANVILLE / INNER CITY YOUTH PROGRAM: 604-297-9671**

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**AVAILABLE SERVICES**

**Intensive Case Management:**

Intensive Case Management (ICM) at Foundry Vancouver-Granville is provided through a team of nurse and social work case managers, psychiatrists, nurse practitioners, peers and rehabilitation services. Our priority is to engage youth who are homeless or experience unstable housing, suffer from untreated and or emergent mental health and substance use issues who are living in the downtown east side or downtown core of Vancouver.

As a part of a continuum of care, the ICM service is intended to reach both those individuals that:

- a) Have high needs for care, but may be infrequent users of services; and
- b) Have a high need for services and frequent service use, but don't meet the criteria for more intensive services (e.g. ACT, Inpatient Services).

**1. Individual must meet the following criteria:**

- 18 to 24 years of age
- Reside, or consider themselves to primarily access services in the downtown east side or downtown core of Vancouver.

**AND**

**2. Individual has urgent to emergent mental health issues with or without substance use which seriously interferes with their ability to live in the community AND may include one of the following:**

- Is chronically homeless (homeless for 6 months or more in the past year);
- Is episodically homeless (experienced homelessness 3 or more times in the past year);
- Has recently been released from incarceration or hospital into unstable housing (within past 6 months);
- Has significant functional impairments that interfere with integration in the community and needs significant assistance

Our Intake Coordinator reviews and triage referrals to determine if the services provided through the Foundry ICM are the best option for the youth. Our Intake Coordinator monitors and maintains all referrals to ensure that youth referred to our program are served in the best way and place possible. In cases where a referral is deemed not appropriate for service at Foundry Vancouver, the Intake Coordinator will provide families and referring physicians with alternative service options that may be more suitable.

**Shared Care / Psychiatric Consult:**

The Shared Care / Psychiatric Consult service at Foundry offers mental health assessments, medication review and short term treatment for youth and their families age 12 to 24 years by a Psychiatrist. This service is accessed through a referral from a family physician, pediatrician or nurse practitioner. Our intent is to help patients transition successfully back to their home community with the support of their family physician, pediatrician, nurse practitioner or mental health agency for ongoing care.

In cases deemed not appropriate for shared care at Foundry Vancouver, our team will provide families and physicians with alternative service options and notify referring physicians and families/caregivers of triage decisions.

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**Substance Use Services:**

Substance Use Services at Foundry Vancouver offers assessment, treatment medications (opiate agonist therapy, Sublocade<sup>®</sup>, safer supply), harm reduction support and assistance with connecting with other resources including recovery based care and counselling. Services are provided through a team consisting of a Psychiatrist, Physician, Nurse Practitioner, Nurses and Social Work. This service is by referral through physician, nurse, social work or community agency.

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**FOR INTERNAL REFERRALS ONLY**

**COUNSELLING, GROUPS AND PSYCHOSOCIAL REHABILITATION**

**Individual Counselling:** (6 to 10 sessions)

Short term counselling grounded primarily in CBT, but may integrate other approaches as needed. Please consider youth's level of functioning and motivation to commit to individual work before making a referral. All referrals will be screened for the following:

1. **Depressive mood and/or anxiety with moderate severity and impairments:**  
Some screening scores to consider: SOFAS below 60; Kesslers 10 above 25; PHQ above 15
2. **Specialized treatment (e.g. OCD, psychosis, substance use):** Please consult with Psychologist
3. **Others:** Youth who don't fit into any of the above categories AND present with moderate functional impairment, but no suitable group treatment option available. Please consult with Psychologist.

**Groups:**

1. **CBT** – Cognitive Behaviour Therapy
2. **MBCBT** – Mindfulness Based Cognitive Behaviour Therapy
3. **DBT** – Dialectical Behaviour Therapy
4. **Trauma Sensitive Yoga** – Trauma informed yoga as an adjunct treatment for depression / anxiety
5. **Hearing Voices** - Peer led drop in group for youth who experience voice hearing but also encompasses other hallucinatory experiences (i.e. visual / tactile)
6. **Contingency Management Program** – Goal setting groups based on a CMP model

**Family Engagement:**

1. **Caregiver Workshop:** (2 days – group format)  
Using Emotion Focused Family Therapy (EFFT) principles to help parents/caregivers develop skills/tools to better support a loved one who is struggling.
2. **Emotion Focused Family Therapy (EFFT):** (Individual counselling – 6 to 10 sessions)  
Supporting parents/caregivers to increase their involvement in (1) interrupting symptoms and supporting health-focused behaviors, (2) helping their child to process overt and underlying emotions that may be fuelling problematic thoughts and symptoms, and (3) leading the repair of relational injuries if applicable. It is recommended that the caregiver attend the Caregiver Workshop prior to receiving individual support. Exceptions can be considered if this is not feasible.

**Psychosocial Rehabilitation:**

The PSR team offers a variety of services both group and individual based, in the domains of wellness, leisure, education, employment, and basic living skills. Youth may work with an occupational therapist, rehabilitation assistant, housing worker, peer support worker, or a combination of the above.