



Forging the Path Forward

A Foundry Service Model Guide | March 2021



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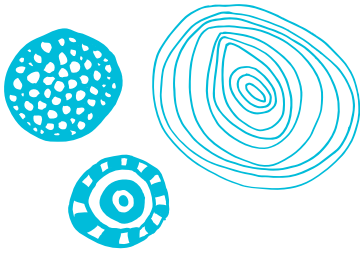
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Thank you for sharing your voices and perspectives, and for inspiring us with your visions of a better future—one where all young people have the resources and supports they need to fully achieve wellness.



Glossary of Terms

4Rs Framework

A paradigm focused on engaging with diverse Indigenous and non-Indigenous young people in a way designed to promote respect, reciprocity, reconciliation and relevance.

Advisory Committee

A body of young people or family/ caregivers representing local Foundry centres or FCO, who bring their lived/ living experience to the table, to advise and bring a voice to issues that directly impact them and offer constructive insight and collaborative solutions to improve the work we are doing.

Cognitive

Behavioural Therapy (CBT)

CBT is a time sensitive (up to 12 sessions), structured, psychotherapeutic approach directed towards solving current problems and teaching young people skills to modify dysfunctional thinking and behaviors. CBT helps young people become aware of inaccurate or negative thinking so they can view challenging situations more clearly and respond to them in a more effective way.

Collective Impact

Foundry was originally modelled as a collective impact initiative. Collective impact acknowledges that most of the world's greatest societal challenges are too big for any one organization to address, and so people must collect their efforts together to achieve impact. Foundry's vision of transforming access to services for youth and young people in BC requires hundreds of organizations to work toward this shared purpose.

Communities

A group of people living together in a shared space, feeling a sense of ownership, who care about each other and feel a sense of belonging.

Community Development

A process in which members of a community come together across organizations and spaces to take collective action and create change. The United Nations defines community development as "a process designed to create conditions of economic and social progress for the whole community with its active participation and fullest possible reliance upon the community's initiative."

Comprehensive Assessment

A clinical summary of a client's current symptoms and functioning, including relevant individual and family histories. Foundry's standards for comprehensive assessment include: the client's voice in the presenting concern, the client's goals for their interaction with Foundry, and a strengths-based and holistic approach covering Bio-Psycho-Social-Spiritual areas of the youth's well-being.

Core Services / Core Service Streams

The five core Foundry services which include: primary care, social services, youth peer and family peer support, mental health and substance use.

Core Therapeutic Modalities

The required clinical service modalities provided at all Foundry centres (CBT, MI, EFFT, SFBT).

Cultural Safety

An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural Humility

A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Emotion-Focused Family Therapy (EFFT)

EFFT is a core modality for working with families at Foundry. EFFT is a therapeutic approach for working with caregivers to support them in acquiring and mastering skills to support their loved one.

Family

Family is defined individually by each young person. At Foundry, family is considered an important part of a young person's circle of care. Family, whether natural or chosen, holds a significant role in supporting a young person, by creating a sense of belonging and connection through their shared experience. Sometimes referred to as "caregiver."

Family Engagement

Meaningful family engagement is an intentional, ongoing partnership between youth, families and service providers. Meaningful family engagement results in people feeling connected and empowered by what they are doing. Ideally, the approach invites people to work in new ways, where they feel a key part of the process and that their contributions have an impact on the outcomes.

Foundry

The overall provincial initiative. In our developmental evaluation, participants came to define Foundry in 3 ways: 1) the centres; 2) the partnership or team created by the various organizations working together (i.e., the "Foundry Team"); and, 3) the movement afoot in communities to create a functional system of care.

Foundry Central Office (FCO)

The initiative's leadership and standards team of over 40 staff with diverse areas of experience and expertise. The FCO's team is centred in Vancouver with some regional staff across the province. FCO is charged with the success of our network and our centres and offers support in areas ranging from clinical standards and project management to partnerships, policy, philanthropy, communications, evaluation, research, and knowledge translation. FCO works closely with our Lead Agencies to establish, open, and operationalize Foundry centres.

Foundry Centres

The physical, purpose-built spaces established in communities, through which Lead Agencies and partners operate and offer services. Note: as a result of our branding process, we do not use the terms "hub" or "clinic."

Foundry Network

A provincial and national network that includes over 200 partnerships and growing, but most often refers to our FCO and group of 19 Lead Agencies.

Global Appraisal of Individual Needs—Short Screener (GAIN-SS)

The GAIN-SS is a screener that is included in the emotions section in the Health Survey of Toolbox. The GAIN-SS is designed to quickly and accurately screen general populations of both adults and adolescents for possible internalizing or externalizing psychiatric disorders, substance use disorders, or crime and violence problems. A result of moderate to high problem severity in any single area or overall suggests the need for further assessment.

Harm Reduction

Harm reduction refers to policies, programs and practices that seek to reduce the adverse health, social and economic harms associated with the use of psychoactive substances, and sexual activity. Harm reduction practices include but are not limited to the following: safe injection supplies, Take Home Naloxone training, Opiate Agonist Therapy (OAT), substance use education and navigation support, drug checking, safe sex supplies, and education – all of which enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier.

Health Literacy

The knowledge and understanding of how to develop and maintain well-being, identify strengths, supports and risk factors along with signs of health challenges, to access help when needed, and reduce stigma around topics such as mental health, substance use and sexual health.

Health Promotion and Prevention

Health promotion is the process of enabling people to increase control over, and to improve their health, and moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions. Health prevention is more targeted at preventing or reducing specific negative health outcomes. Within the Foundry model, health promotion and prevention strategies are incorporated across all service streams and steps in the ISCM. Additionally, Foundry centres work alongside public health and community partners to support population level health promotion interventions such as awareness campaigns, education and strategies to encourage, make available, and enable healthy choices.

Integrated Stepped Care Model (ISCM)

ISCM strives to ensure that different services are provided in an integrated fashion and service providers work together as a team around the client. Foundry's ISCM is a systematic way of organizing services for young people with mental health and substance use concerns based on the level of support and service need (see ISCM Overview).

Kessler Psychological Distress Scale 10 (K10)

The K10 is a 10-item client self-report measure of non-specific psychological distress in the anxiety-depression spectrum. It is an indicator of general distress without identifying a cause.

Lead Agency

A non-profit or health authority contracted to lead the establishment and operations of a Foundry centre in a BC community. At the community level, each Foundry centre is led by a unique lead agency (often a local non-profit organization with strong leadership) who has 10-20 core local partners, including regional health authorities, local Ministry offices, divisions of family practice, Indigenous organizations, school districts, and non-profits. Lead Agencies sign a Master Operating Agreement with Providence Health Care for the delivery of services.

Lived and Living Experience

Experiences that individuals have had throughout their lives that give them expertise on a particular topic, usually from the “insider perspective.” For example, an individual with lived experience of an inpatient psychiatric unit has expertise on what the experience is like for those who may currently be going through a stay in a psychiatric inpatient unit.

MHSU

Mental health and substance use.

Motivational Interviewing (MI)

MI is a therapeutic modality which has been used in substance use, mental health and general health care interventions in order to support a person with exploring and resolving the ambivalence that is related to behaviour change.

Partners

A term used to refer to all organizations and people working with the Foundry network toward our shared vision. We have partners at many levels. Typically, local partnerships are held and led by Lead Agencies, while provincial partnerships are held and led by the FCO. At Foundry, partnership is not used as a legal term.

Peers

Someone that a youth or young person would identify as a fellow youth or young person, regardless of age. This may be due to personality, behavior, shared lived experience, individual lived experience, etc.

Primary Care

Includes general physical health and sexual health care and may also include addictions medicine and gender-affirming care. These services are delivered by primary care providers including family practitioners (GPs), nurse practitioners (NPs), and registered nurses (RNs).

Screening

A process for use in a general population in order to raise areas that might require further assessment. At Foundry, standardized screening tools are used at first visit such as the GAIN-SS and the K10.

Service Provider

Inclusive term to refer to the person who is providing a service to/ alongside a youth or family member. Service providers include (but are not limited to): peer support workers, clinicians, navigators, doctors, vocational counsellors.

Screening, Brief Intervention & Referral to Treatment (SBIRT)

SBIRT is an evidenced-based practice to identify, reduce and prevent problematic substance use.

Solution-Focused Brief Therapy (SFBT)

SFBT is a strengths-based, short-term therapeutic modality that is future-focused, goal-directed, and focuses on solutions, rather than on the problems that a client brings into the counselling session. At Foundry, SFBT is the approach used at both walk-in counselling as well as brief intervention.

Social and Occupational Functioning Scale (SOFAS)

The SOFAS is a measure of how clients are able to carry out social, work/ school activities and self-care as judged by the rater(s) of the scale.

Social Services

Services that address the social determinants of health and wellness, supporting a young person's transition to adulthood. Examples include work and study programming, income assistance, housing support, and recreational/leisure services.

Stepped Care Pathways

Central to ISCM, Foundry's evidenced-informed client care pathways with interventions specific to certain presenting concerns: mood/anxiety/ distress, early psychosis, problematic substance use, and disordered eating.

Toolbox

The Foundry Toolbox is a centralized shared electronic data platform—the first of its kind in Canada—built to both enhance delivery of integrated services at Foundry centres and support evaluation and quality improvement activities. Through Toolbox, all service providers in each Foundry centre have access to the data they need to provide quality services to youth and their family/caregivers. Provincial impact is also measured using the Toolbox to analyze service, health and economic outcomes and to inform policy.

Working Group

A body of young people, family/ caregivers, service providers, centre staff, and/or FCO staff who bring their expertise and experience to the table to initiate and collaborate on actionable items.

Youth/Young People

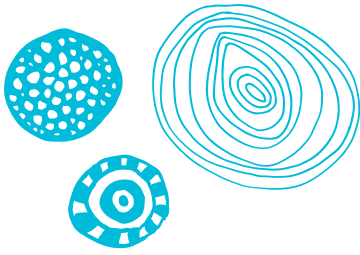
Within this document and for the sake of clarity and brevity, “youth” and “young people” refer to individuals ages 12 to 24 years old, and the two are used interchangeably.

Youth Advisory Committee (YAC) and/or Family Advisory Committee (FAC)

A body of young people or family members representing local Foundry centres or FCO, who bring their lived/ living experience to the table, to advise and bring a voice to issues that directly impact them and offer constructive insight and collaborative solutions to improve the work we are doing.

Youth Engagement

An operational process that creates opportunities for youth to provide input and inform decision-making around service delivery and program development along with participating in building a community of practice. Youth feeling a sense of community, belonging, ownership and appreciation is the underlying intention of youth engagement.



Introduction

**Foundry exists to bravely
challenge and relentlessly
change how young people
access health and wellness
services in BC and beyond.**

FOUNDRY'S VALUES AND PERSONALITY



Welcome to Foundry's Service Model Guide

Foundry is removing barriers and increasing access to quality care through our province-wide network of 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 services further broaden Foundry's reach.

This Service Model Guide is designed to assist Lead Agencies in providing the information needed to develop and deliver Foundry services and to support fidelity to the Foundry service model. This guide provides descriptions of the five core service streams and outlines guidelines and standards to support the operationalization of Foundry's service model. A range of tools and resources are included to support this process and the implementation team is available to guide you along the way.



Foundry's Vision, Mission and Values



Vision

Foundry's vision is to transform access to services for young people aged 12–24 in BC.

Mission

To support youth to live a good life.

Values and Personality

Foundry exists to **bravely** challenge and **relentlessly** change how young people access health and wellness services in BC and beyond.

Through **inquisitive** dialogue that **appreciates individuality** and **embraces nuances**, and with the **intuition** to adapt and grow as we continuously **learn and evolve**, Foundry meets the “lifecare” needs of each unique young person on their journey of self-discovery, learning and growth. We are **committed to youth**, and always put young people first, but we also **celebrate community** and understand the importance of collaboration and **sharing the load** to support youth and to support each other. Foundry is a network of welcoming partners, working together to respond to the needs of young people as they focus on living a good life.

Foundry's Values and Personality Attributes

1. Bravely

Foundry exists to challenge how youth access health services. We'll act first and ask for forgiveness later if the outcome creates more opportunities for young people.

2. Relentlessly

We put youth first. From changing policies to widening access to leading research, we won't stop until we transform the world of youth health and wellness in BC and beyond.

3. Inquisitive

We foster open dialogue and conversation as the root of understanding each person's personal experience, culture, and need. We take time getting to know people, not their problems.

4. Appreciates Individuality

No two experiences and needs are ever alike. Each young person has a unique need, story, and journey that we want to understand. How does this impact how we help youth? We build trust and create a welcoming environment through empathy and understanding. We never judge or criticize any individual circumstance. How does this impact how we work with each other? We treat young people how we treat each other—respecting every opinion and perspective, and acknowledging that each person brings something different to the team.

5. Embraces Nuances

There's no one right way. Health and wellness are as personal and subjective as anything. We are a response to the labels and rigidity of traditional services, and understand that needs and people can change at any time. How does this impact how we help youth? Everything is personal and unique. We listen and understand each journey, knowing each solution and decision can be tailor-made. How does this impact how we work with each other? Diverse perspectives offer stronger solutions. And we welcome them all in the name of progress and understanding.

6. Intuition

We're experts in what we do, and know how to evolve and adapt to meet the needs of all young people on their journey of self-discovery, learning, and growth.

7. Learn And Evolve

Foundry will succeed by constantly adapting and growing to keep up with the rapidly changing needs of BC's youth. We believe in reciprocity and shared ways of knowing, and validate our understanding with each other to learn more and get better at what we do. How does this impact how we help youth? It's as important to learn from youth as it is to help provide them with what they need. No one has to retell their story every time they come in. How does this impact how we work with each other? We learn from one another and validate our understanding by having conversations to ensure we're all moving in the right direction.

8. Committed To Youth

We're here for youth. Every parent, caregiver, partner, or agency makes their decisions or provides resources with young people at the core. How does this impact how we help youth? We are dedicated to seeing and listening to every young person who accesses Foundry resources, working in their best interests above all else. How does this impact how we work with each other? While there are multiple experts and stakeholders, and decisions to make, at the end of the day, we always put young people first.

9. Celebrate Community

While each centre is a reflection of its place and people, Foundry is more than that. We are a network of partners. From centres to virtual care to schools to social media, each touchpoint is part of a united effort for young people. How does this impact how we help youth? We create an environment and experience that each young person finds familiar and can feel safe in—regardless of how they engage with us. How does this impact how we work with each other? We rely on each other's knowledge. No individual or partner is greater than another because we all work together to respond to the needs of young people.

10. Sharing The Load

Every staff member, service provider, agency, partner, parent, or caregiver helps carry the weight for a young person who comes in. How does this impact how we help youth? We work with youth and make it easy to take the pressure and stress off of any area of their life they may need help with. How does this impact how we work with each other? We are a network of support for youth and for each other. We are a whole greater than the sum of our parts when we collaborate.

Who Does Foundry Serve?

Youth

The Foundry model appeals to a broad spectrum of young people, as the brand was co-developed with teens and emerging adults. The services offered at Foundry were selected based on what young people told us they needed. In particular, the five service streams (described below) were selected due to evidence that young people between the ages of 12 to 24 are uniquely affected by high rates of mental health concerns and sexual health-related issues and are most likely to present with emergent substance use issues. During this developmental stage, youth may also be exploring their sexuality and gender identity, or openly question how they may transition from child-based services to adult ones. Income, housing, and employment are all issues that commonly concern young people as they transition from adolescence to adulthood.

The intention of Foundry is for all young people to feel comfortable seeking services. Our services do not cater to any one demographic; instead, young people from diverse, ethnic, cultural, and socio-economic backgrounds will find Foundry inviting and safe. We expect young people from different walks of life and who have had a range of experiences, some of which many of us could not fathom, to walk through the youth-friendly Foundry doors. Accordingly, centres offer a variety of services that are flexible and responsive, reflecting young people's needs and preferences.

Family/Caregivers

While Foundry is a youth-focused service, we value the role, impact and experiences of families. At Foundry, *family* is defined uniquely by each young person, and these caregivers—whether by birth, choice or circumstance—are an integral part of a young person's circle of care.

Foundry also offers hope to families through the provision of services directed to them with the belief that supporting caregivers with knowledge, skills, and tools promotes better wellness outcomes for all. Family involvement in services ranges from including information and perspectives provided by a family member in an assessment, to education aimed at understanding their loved one's health concerns. Caregivers may seek services aimed at building their resiliency and healthy coping skills through family peer support, coaching, or therapeutic services. At times, Foundry may serve caregivers seeking services for a young person who is reluctant to access services, with the goals of supporting the caregivers' efforts to engage the young person in care. The continuum of family services includes peer support and navigation, support and education groups, and direct therapeutic interventions. Family involvement could also include formal engagement in a local Foundry centre's Family Advisory Committee or as a Foundry Provincial Family Ambassador.

Reciprocal Learning & Responsibility Framework

Foundry is a learning and growing organization, committed to supporting Black, Indigenous, and People of Colour (BIPOC), through our work on cultural humility and anti-racist practice.

Our journey to reconciliation as a leader in Integrated Youth Services begins with the implementation of the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP), the Truth and Reconciliation (TRC) Calls to Action, and the Missing and Murdered Indigenous Women and Girls Inquiry (MMIWG) Calls for Justice. We acknowledge that the current state of Indigenous health in Canada is a direct result of Canadian government policies, including residential schools, and we recognize and implement the health care rights of Indigenous people.^[1]

We recognize that there are key contributing factors that impact the health and mental wellness of Indigenous youth, families, and communities. These include the following:

- Colonization and assimilation
- Systemic discrimination and racism
- Child apprehension
- Land dispossession
- Loss of tradition, language and culture
- Legacy of residential schools
- Intergenerational trauma and its effects

Journeying towards reconciliation through service delivery

Foundry is engaging in Two-Eyed Seeing, which is “learning to see from one eye with the strengths of Indigenous ways of knowing and from the other eye with the strengths of Western ways of knowing and to using both of these eyes together. This avoids a clash of knowledges.”^[2]

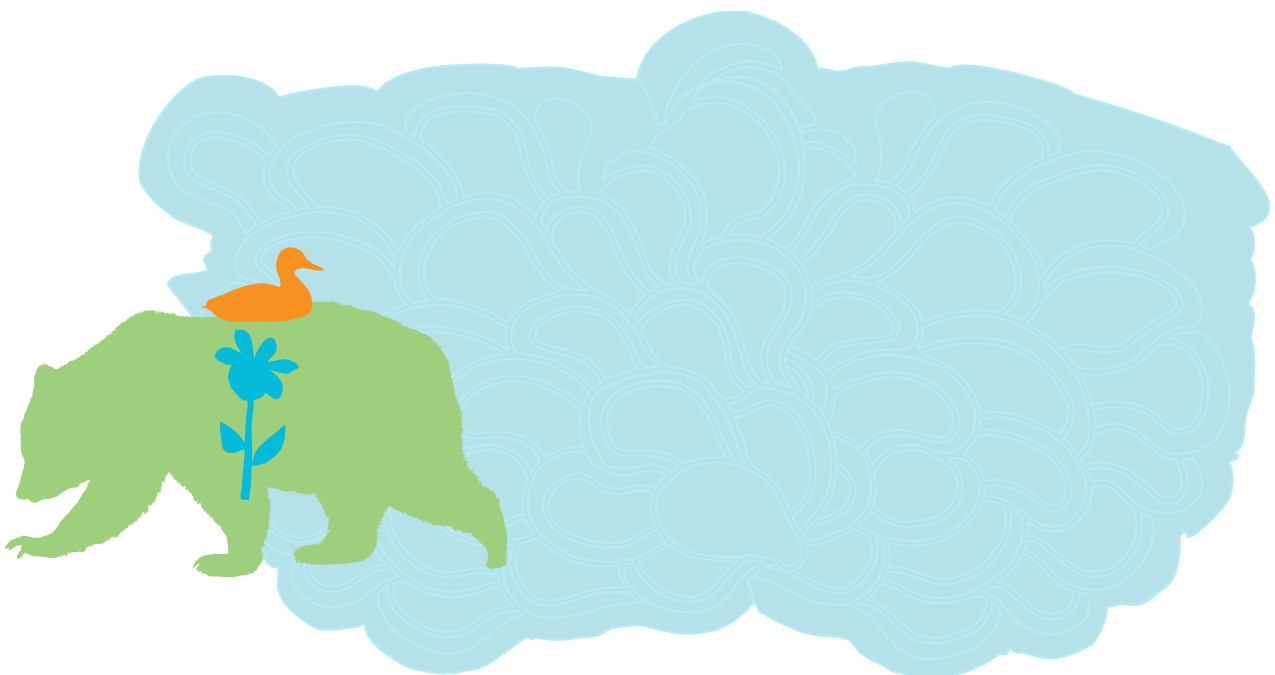
As we develop and implement our cultural safety framework, we are also looking at the importance of culture and Indigenous wellness practices to support all forms of wellness: for young people, families and caregivers, and communities. With the recent addition of rural, remote and Indigenous communities to the Foundry network, we recognize Indigenous self-determination as an important social determinant of health and look forward to co-creating and co-designing with cultural knowledge holders as we further develop our service model within Indigenous contexts and communities.

Integrating Indigenous knowledge into Foundry's wellness practices

Western colonial perspectives and approaches have been prioritized in service provision and innovation. This approach has been detrimental to those accessing care, service providers, and the communities they belong to. Foundry understands that in order to provide effective methods of practice for healing, care, and medicine, we must look beyond the narrow and limited scope of colonial constructions and integrate perspectives and approaches that honour the rich history of the wisdom and knowledge of Indigenous peoples as part of our service model. This includes Indigenous knowledges of wellbeing as a balance of physical, mental, emotional and spiritual health, with an understanding that holistic wellness must also include the broader social, economic, cultural and environmental determinants of health.

“Indigenous Peoples have the right to dignity and diversity of their cultures, traditions, histories and aspirations which shall be appropriately reflected in mental health and substance use services. Foundry will take effective measures, in consultation and cooperation with Indigenous peoples concerned, to promote tolerance and understanding to combat prejudice and eliminate discrimination in mental health and substance use services.”

UNDRIP 15



Cultural humility practice and life-long learning

Foundry is aware of both the historical legacy, and current and ongoing impact of colonization on Indigenous families and communities and is committed to a life-long learning approach to cultural humility and recognizing the urgent need to respect and promote the inherent rights of Indigenous peoples which derive from their cultures, spiritual traditions, histories and knowledges, especially their rights to lands, territories and resources. This welcomes the fact that Indigenous peoples are self-determining for their health, social and cultural enhancement and in order to bring an end to all forms of discrimination and oppression wherever they occur. As a step along that path, Foundry recognizes, in particular, the right of Indigenous families and communities to retain shared responsibility for the upbringing, training, education, and wellbeing of Indigenous youth, consistent with the rights of youth.^[3]

All staff working at Foundry centres participate in cultural safety training (or equivalent) and are also supported in the ongoing participation in cultural humility practice. Furthermore, connection to culture is foundational for Indigenous youth, and centres facilitate connections to culturally informed practices and services. Many centres have positions in partnership with their local Indigenous agencies, such as Elder-in-Residence, Indigenous navigators, and cultural workers. Some centres have a dedicated cultural room ventilated for smudging and healing practices or are incorporating Indigenous art and culture into the building design.

“Learn holistic (social-emotional, mental-intellectual, physical and spiritual) approaches for promoting young people’s development and academic success within a diverse society, which emphasize the need for a service delivery model to promote 4Rs Indigenous framework that respects young people for who they are, that is relevant to their worldview, which provides reciprocity in their relationships with others, and promotes responsibility over their own lives.”

KIRKNESS & BARNHARDT, 1991^[4]

Guiding Principles

Foundry partners and communities believe that—emerging from the creation of intentional partnerships, working within an agreed-upon service delivery model, and supported by a central team—we offer a care experience like no other. Connected, fun, integrated, respectful, acceptable, and available, Foundry is the future of health and social service delivery, offering an exceptional client experience.

Through our model, it is possible to deliver services upstream, before young people and their families are disabled by their challenges.

Foundry partners and the FCO office team are led by a set of guiding principles for our service development and delivery. [Note: *These guiding principles were developed at the start of the initiative and are due for review and refinement, which we hope to do with the Foundry network in 2021.*]

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

1. Services are youth- and family-centered, collaborative and empowering to both.

Foundry is created with and for young people and their families. Meaningful engagement of youth and families in every stage of Foundry centre planning, implementation, and evaluation—from decisions about building a space to clinical service options—ensures that our services are relevant, youth-focused, and meeting the needs of young people in the community. Operating Foundry centres have organized this engagement in a few ways, with youth and families participating in advisory committees or as members of leadership and governance tables or contributing to youth or family peer support services. Centres have staff responsible for coordinating engagement, and Foundry central office (FCO) coordinates youth and family engagement provincially to ensure that young people and their families are represented in decisions and processes impacting the Foundry network.

“Indigenous young people have the right to belong to an Indigenous community or Nation, in accordance with the traditions and customs of the community or Nation concerned.”

UNDRIP 9

2. Integration of services occurs through intentional partnerships and collaborative inter-sectorial working relationships, with special attention on the actual process of integration.

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 is built on partnerships—over 200 of them. These strong partnerships are the cornerstone to successfully implementing the Foundry service model, as no one singular agency can provide the full range of services that make up the model. Each Foundry centre is led by a lead agency that connects local partners and integrates services to ensure their centre meets the needs of their youth. The FCO team facilitates the Foundry provincial network, helps build local capacity within communities, and supports the creation of local centre governance. FCO and Foundry Lead Agencies create robust and meaningful partnerships with government and non-profit agencies, service providers, Tribal governments, Indigenous communities, and funders to ensure that the breadth of expertise and resources within a community are involved and committed to the development and provision of Foundry services.



“Foundry shall consult and cooperate in good faith with Indigenous peoples before adopting and implementing policies or administrative measures that may affect them.”

UNDRIP 19

3. A comprehensive system of care ensures that health promotion, prevention and early intervention are core components of our services.

Foundry provides multiple services in one place and online, because young people and their families have asked for this convenience. They need service providers to cut down on unnecessary navigational challenges and institutional barriers, with a focus on getting help early. By providing services without referral and with walk-in hours and virtual services, access to care is made easier. Foundry health and social services include five services streams (described below): primary care including physical and sexual health, mental health services, substance use services, youth and family peer supports, and social services such as employment and housing resources. These services are offered at least weekly, and in many locations, daily. Depending on a youth’s needs, they may access only one service, such as walk-in counselling, or they may require multiples services as part of an ongoing, holistic, integrated care plan. Providers work alongside each other, improving system navigation, decreasing the need for youth to repeat their stories, and enabling health care team members to introduce young people to new service providers, which facilitates a smooth handover of care.

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

CLIENT COMMENT

4. Services must be timely, accessible, developmentally appropriate, socially inclusive and equitable, and culturally safe.

Foundry's staff intentionally look for reasons to engage and include youth in Foundry services. Foundry's brand, co-designed by young people, includes thoughtful planning of our spaces, the inclusion of peer support workers in our staffing models, and targeted messaging of hope, fun, and de-stigmatization. Easy access to services is key, whether they are specialist services on site, or "just in time" drop-in counselling and primary care. Information and intervention services are designed or adapted to meet youth at their developmental stage, whether they are transitioning into adolescence or adulthood. A variety of services, including support groups, provide added inclusionary opportunities, such as LGBTQ2+ peer support and Transparent peer support groups. All Foundry staff participate in cultural safety training, include culturally-based services for Indigenous youth, and commit to a life-long learning approach to cultural humility.

"Indigenous youth have the right to practice and revitalize their cultural traditions and customs, including the right to maintain, protect and develop their cultures (e.g., healing practices, ceremonies, languages, technologies, visual and performing arts and literature). Indigenous youth have the right to practice, develop and teach their spiritual traditions and ceremonies and have the right to access their cultural sites."

UNDRIP 12

5. All services are evidence- and trauma-informed and effective.

Foundry ensures services are safe for the young people who access them, using a trauma-informed and strengths-based approach to engagement, assessment, and care. Foundry's Integrated Stepped Care Model (ISCM), described on [page 29](#), brings best practices together in a logical and effective manner, mapping out evidence-informed interventions to the needs and wants of the young person seeking mental health and substance use services. Other evidence-based services at Foundry include Solution-Focused Brief Therapy, Cognitive Behavioural Therapy, Motivational Interviewing, and Emotion-Focused Family Therapy. Additionally, a rigorous evaluation of Foundry's integrated service model and network of centres was commissioned to ensure Foundry and its services were achieving effective and positive outcomes. Click the following links to download Foundry's [Proof of Concept](#) and [Developmental Evaluation](#) reports.

Role of the Foundry Central Office (FCO)

FCO, located in downtown Vancouver, represents Foundry's leadership and standards team of subject matter experts. The FCO team is charged with establishing new sites and ensuring all Foundry locations provide high-quality, evidence-based care, exchange knowledge, share a common brand, and meaningfully engage youth and families. At the provincial level, Foundry works with the Ministry of Mental Health and Addictions, Ministry of Health, Ministry of Children and Family Development, First Nations Health Authority, Ministry of Social Development and Poverty Reduction, and the Ministry of Education, as well as BC Children's Hospital, Providence Health Care, St. Paul's Foundation, and the Michael Smith Foundation for Health Research. At the community level, FCO works with each centre's lead agency and their partners, including regional health authorities, local Ministry offices, Indigenous organizations, school districts, and non-profit service providers, to train and support them to co-locate and integrate their existing resources and services. The FCO team also oversees Foundry's provincial virtual services.

Key Functions of the FCO Team

The FCO team is responsible for overseeing and managing the following activities, processes, and programs:

- Leadership and management
- Community and ministry partnerships
- Capital/site development
- Business planning
- Service model development and implementation
- Knowledge translation and exchange (KTE)
- Youth and family engagement
- Fundraising
- Branding and communications
- Policy development and strategic alignment
- Data management and evaluation
- Quality assurance and quality improvement
- Research and innovation
- Foundry website — foundrybc.ca (powered by our partner, BC Children's Hospital)
- Foundry Virtual

Role of the Lead Agency

Integrating youth services requires a unique approach to leadership and partnership that involves the transformation of siloed systems (please see [Forging a Foundation: Foundry's Start-Up Guide](#), Sections 2 and 3, "Leadership and Governance" and "Partnerships and Community Development" for more information). Findings from the developmental evaluation show that, in order for Foundry centres to be successful, Lead Agencies need to participate broadly in the larger service ecosystems in which they are located, prompting a need for system coordination that is not typically required for a stand-alone youth health centre. The role of the lead agency is to facilitate or promote collective efforts toward shared community goals rather than by directing them independently.

"In particular, as the lead person of the lead agency... they were really clear that while they had a vision, their top priority was effective collaboration. At every turn there were invitations to be part of the conversations. I don't think they ever took for granted that people recognized their clear leadership role, but at every turn it just felt like this was a group decision, and we have been thinking this but we're not attached to that because we know that we're part of a larger system here."

FOUNDRY CENTRE STAFF, DEVELOPMENTAL EVALUATION

Accounts of this work collected through our [developmental evaluation](#) emphasized supported and deliberate actions to dismantle service and system siloes, the importance of partnerships, and the need to navigate and utilize existing community resources. Transparency and mutual learning among and between stakeholders can be promoted by establishing effective communication mechanisms, such as planned and regular collaborative meetings. Information sharing, clear pathways of care, and agreed-upon protocols support achieving practical integration.

A collaborative, team-based approach to care allows for community partners to work together to bridge services and communicate around a young person's needs. This means that the service providers do the work of coordinating services, rather than requiring the young person to bend to different agency requirements. Greater staff cohesion through the integrated care approach is critical in creating a safe space and ultimately improving efforts towards creating exceptional care for young people.

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

AMY, DESCRIBING HER EXPERIENCE RECEIVING INTEGRATED CARE AT FOUNDRY

Purpose of this Guide

Developing a youth-friendly, integrated, full-service operation often requires a new approach to staffing models and partnership arrangements, along with changes in technology and clinical processes. Recognizing the complexity and challenges involved in developing integrated youth services, this Service Model Guide is designed to support centre leaders as well as clinical and operations teams by providing the written information and tools, learned and developed in-so-far, needed to facilitate implementation of the Foundry service model. The FCO implementation team will work alongside Lead Agencies to provide support throughout the establishment of the centre and the implementation of services.

The remainder of this guide includes more information about the core Foundry service streams: (a) Mental Health Care Services; (b) Substance Use Care Services; (c) Primary Care Services, such as physical and sexual health; (d) Youth and Family Peer Support Services; and, (e) Social Services, such as employment and housing. These sections include descriptions about the each of the service streams, standards or guidelines and practice profiles for various aspects of service provision, and additional resources that support implementation and fidelity to the service model. This is followed by a General Operations section with resources such as operational guidelines and the staffing model, sample job descriptions for select roles, and tools such as templates and checklists.

This guide is a work in progress and sections are in development as FCO staff develop these knowledge products in collaboration with centres, and as we continue to learn, evolve and adjust aspects of the service model based on our learnings. Constructive feedback on any part of the guide is welcome!

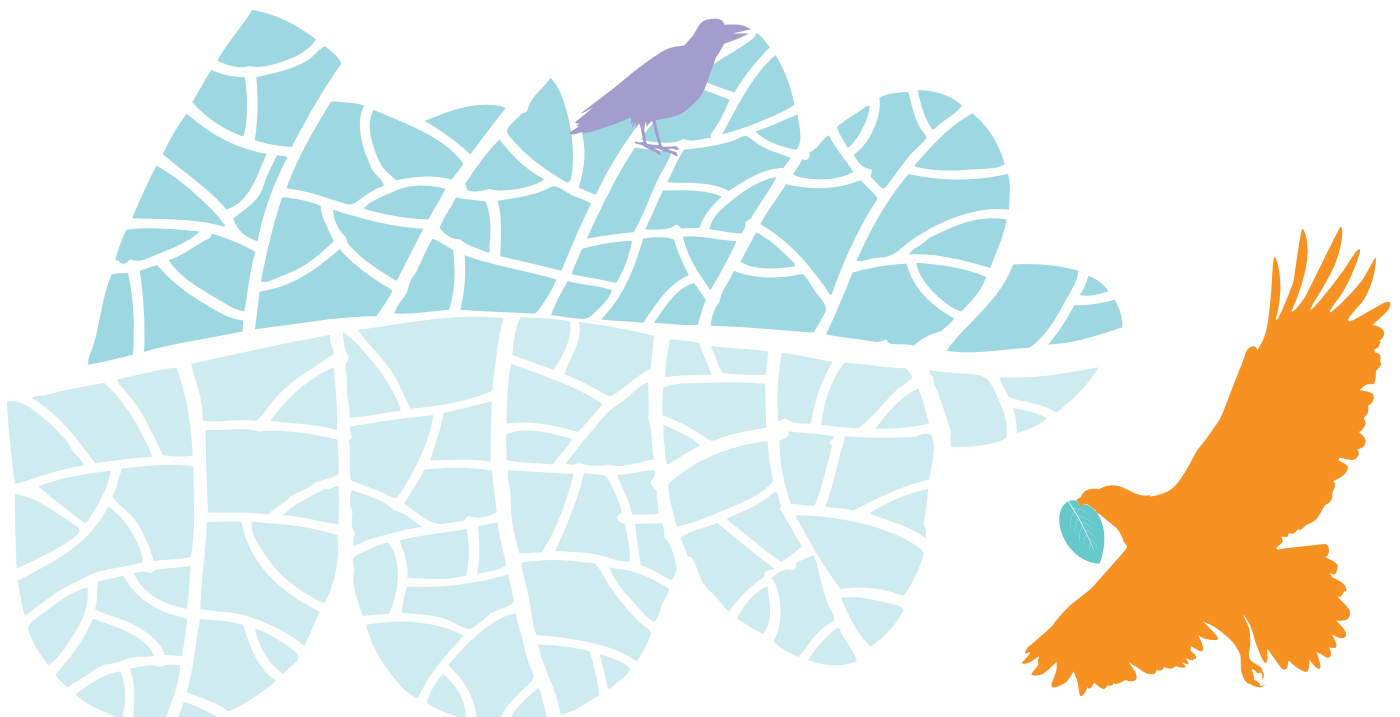
Tools and Resources

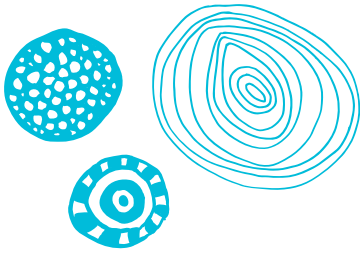
References

- [1] Royal Commission on Aboriginal Peoples. [Bridging the Cultural Divide: A Report on Aboriginal People and Criminal Justice in Canada](#). 1996.
- [2] Hatcher, A., Bartlett, C., Marshall, A., & Marshall, M. (2009). Two-eyed seeing in the classroom environment: Concepts, approaches, and challenges. [Canadian Journal of Science, Mathematics and Technology Education](#) 9(3), 141-153.
- [3] United Nations (2007). [United Nations Declaration on the Rights of Indigenous Peoples](#).
- [4] Kirkness, V.J. & Barnhardt, R. (1991). First Nations and higher education: The four Rs – respect, relevance, reciprocity, responsibility. *Journal of American Indian Education*, 30 (3), 1-15.

External Reference

- Ministry of Health and Addictions Evaluation Report





Overview of Foundry's Service Model



Integrated Youth Services

The Foundry service model is based on leading, best practices, and research evidence, along with learnings from Foundry centres already in operation. In order to realize the Foundry vision and mission, the process of becoming a Foundry centre involves the development, implementation, and continuous quality improvement of a unique service model—an Integrated Youth Services (IYS) model—in addition to the purpose-built construction of a centre and the incorporation of the Foundry brand and visual identity. The term “Integrated Youth Services” refers to a wide a variety of services that work together to treat a young person holistically, whatever their needs may be.

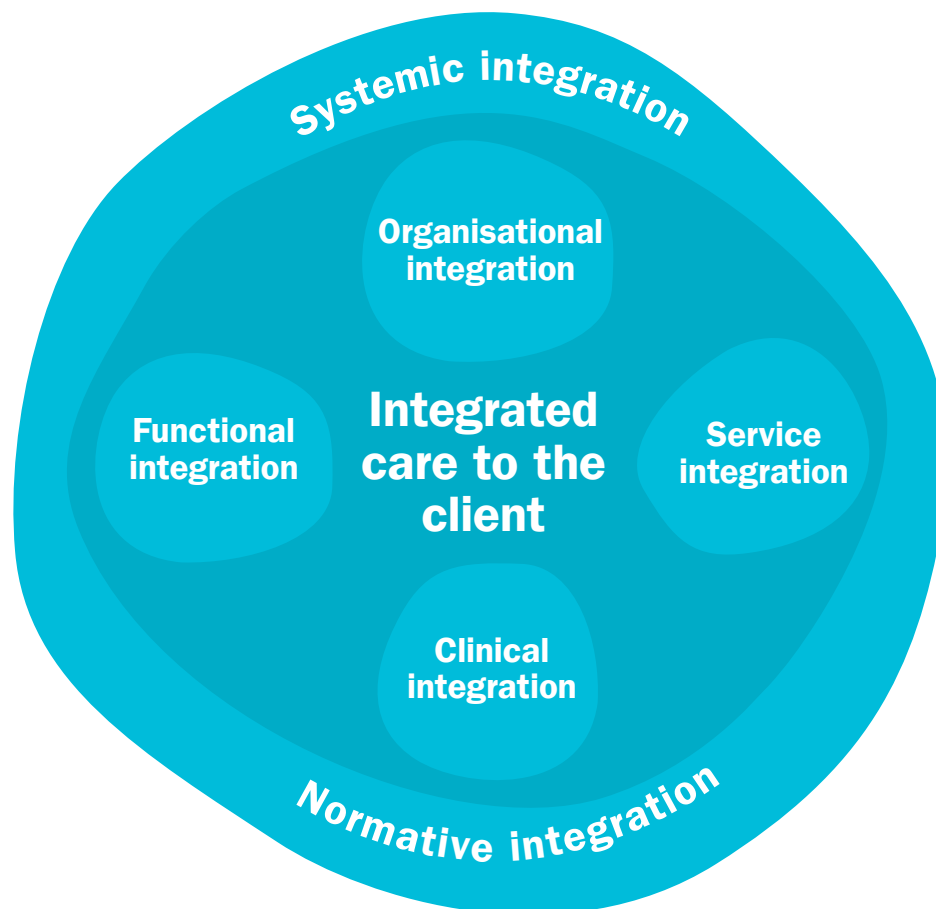
Foundry is removing barriers and increasing access to quality care by bringing together and intentionally integrating a variety of health and social services through meaningful partnerships in order to connect care pathways, make services easier to navigate, and support youth to live a good life. A young person may walk into Foundry for a single, discrete counselling session and not come back for months, or they may access various services during an episode of care, needing support throughout a period of greater need. Regardless of the pattern of service access, Foundry aspires to provide care in a holistic and integrated way within our service model from the moment young people and their families access our services to when they are connected with a service provider best suited to meet their needs at that moment in time. This seamless experience requires careful planning, attention to detail, and a commitment to not just co-locate services, but to integrate them with intention.

Defining and Achieving Integration

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

To better understand the work involved to achieve integration of services, Foundry has adopted a framework known as the “Fulop Typology”^[5] which categorizes integration into six domains and outlines key elements to effective integration (see Figure 1 below). Findings from our developmental evaluation support this approach and illustrate the complexity involved in establishing and sustaining systemic change through integration (see Appendix L.7 in the [Foundry Start-Up Guide](#) and [“Key findings from Foundry’s Developmental Evaluation”](#) on page 25).

Figure 1: Fulop Model of Integration^[5]



Key findings from Foundry's Developmental Evaluation

During Foundry's proof of concept phase (2015–18), a developmental evaluation was conducted by the Centre for Health Evaluation and Outcomes Sciences (CHÉOS). A developmental evaluation is an evaluative approach that supports dynamic, complex, and innovative interventions allows for real-time decision making and course correction.

Key findings from the evaluation include the following:

- Health and social services partners collaboratively delivering integrated youth services is key to improving access to care and transforming communities.
- “One-stop-shop” concept doesn't just mean “everything under one roof,” but also “everyone working together.” Co-location is not the same as integration.
- Integration is not a simple, linear process in Foundry's complex adaptive system. Practice change, including structural and cultural changes, requires sustained work, effort, attention, intention, and shared purpose to achieve the objective of a seamless care experience.
- Integration needs facilitative leadership and a coordinated, collaborative approach.
- Integration impacts resources, relationships and practice.

The developmental evaluation of our service model also found that, when partners shift towards increasing integration, services are experienced as a single point of entry into a safe space that values relationship-building, does not require referrals, and empowers youth as care-seekers.

Findings in this evaluation highlight the unique role that Foundry centres and their staff play in supporting young people and families during this important developmental period of transition. Young people are transitioning from an age when most health care decisions are made for them by caregivers, to an age when they are independent, informed, and empowered to reach out to services and make decisions about the supports they require.

“Yes. I like the idea that we're sort of pooling for Foundry. Hopefully, the idea is to pool our knowledge and our resources. And so, we hopefully maybe can even make it where our expertise is available for kids that maybe aren't in crisis, but we can support our colleagues and supporting their youth, so it doesn't have to go to a crisis—would be one benefit, I sort of see as partnering with so many other different agencies...”

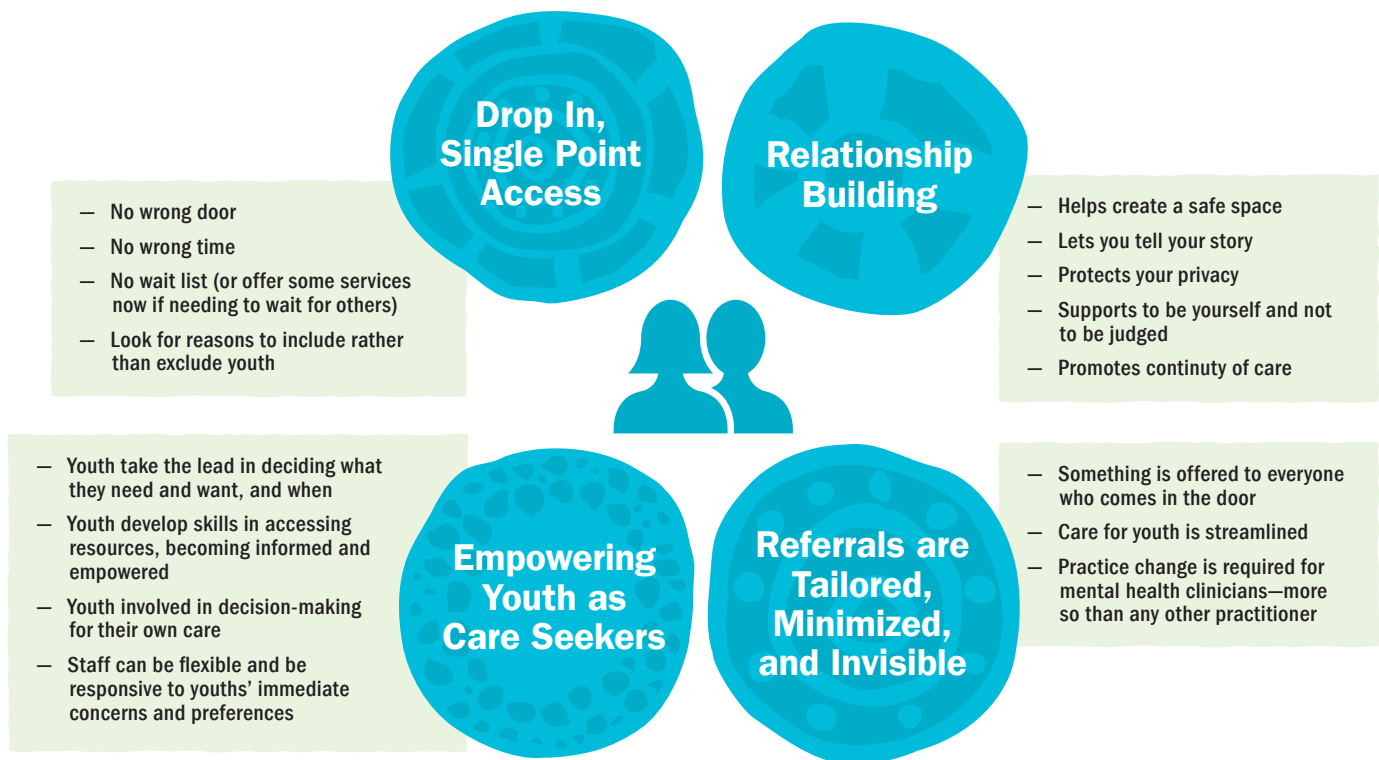
**FOUNDRY CENTRE STAFF,
DEVELOPMENTAL EVALUATION**

“Collaboration and integration can be transformative because any one of those [agencies] on their own would’ve struggled ... From formal collaboration like their weekly triage meetings and so on to the fact that they walk around ... People don’t have any problem talking to anyone else in the building that they know is here and consulting in the minute about something that’s going on.”

FOUNDRY CENTRE STAFF, DEVELOPMENTAL EVALUATION

Understood in this way, Foundry centres facilitate the growth of young people not only by offering readily available services, but also by building upon young people’s capacity to engage effectively and meaningfully with supports in their community as they become adults. This way of understanding of our clients is evident in the emerging core service delivery characteristics in Figure 2 below.

Figure 2: Core Service Delivery Characteristics



Foundry's Five Service Streams

Foundry centres in British Columbia are community-based, integrated youth services centres providing five service streams (see [Figure 3 on page 28](#)): mental health services, substance use services (considered jointly), primary care, youth and family peer support services, and social services.

Mental health and substance use services (MHSU)

MHSU services (see [page 38](#)) may be provided by different agencies or may be delivered by a concurrent disorders practitioner. Core MHSU interventions are organized within the “[Integrated Stepped Care Model \(ISCM\)](#)” on [page 29](#)) with services from across the continuum and community. MHSU services include monitoring; screening and assessment; triage and referral; individual, group and family interventions; and, psychiatric consultation and pharmacotherapy.

Although there are distinctions between mental health and substance use services—including evidence-based treatments for particular conditions and specific service referral pathways—in Foundry, we support both mental health and substance use services equitably and promote concurrent services where possible.

Peer support services

Peer support services (see [page 48](#)) are provided by youth or family members who have personal lived and living experience with mental health or substance use concerns themselves or who have previously supported a young person with mental health or substance use challenges.

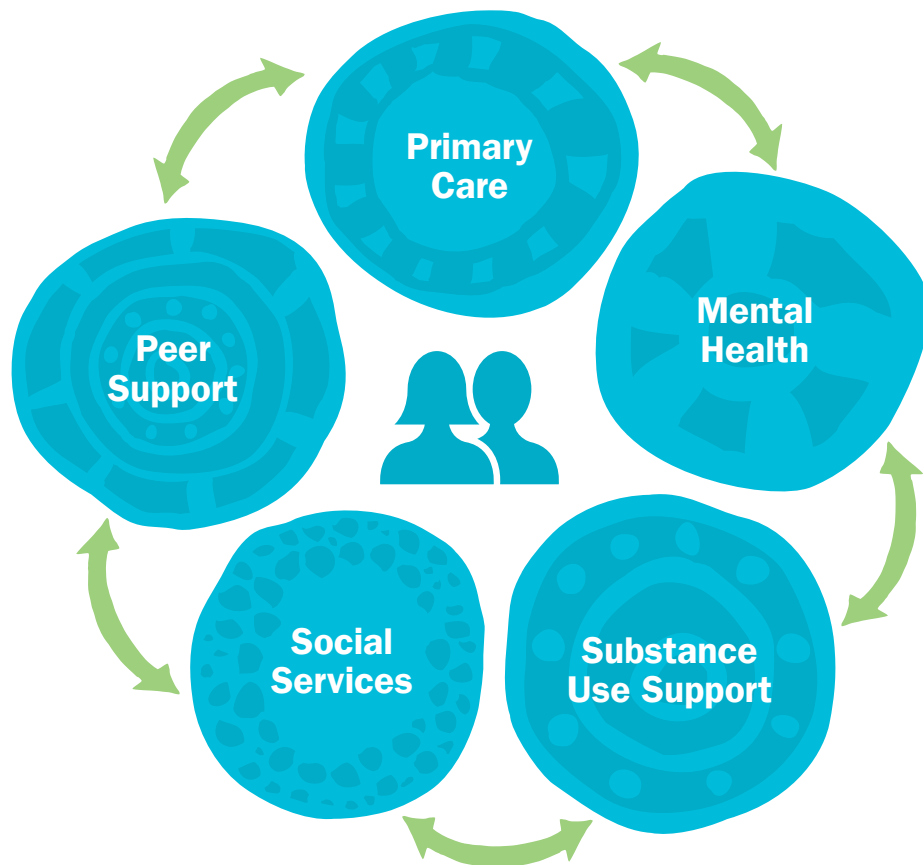
Primary care services

Primary care services (see [page 44](#)) include general physical and sexual health and may include addictions medicine and gender-affirming care. These services are delivered by primary care providers including family practitioners (GPs), nurse practitioners (NPs), and registered nurses (RNs).

Social services

Social services (see [page 56](#)) address the social determinants of health and wellness, supporting a young person's transition to adulthood. Examples include work and study programming, income assistance, housing support, and recreational/leisure services.

Figure 3: Five Service Streams



Under the Foundry brand, these five services are co-located and accessed in a flexible manner at each Foundry centre, determined by client preference and need, to reach young people earlier – before their concerns have a severe impact on their relationships, health, and wellbeing. Health care and social service providers work collaboratively in an integrated approach so that young people experience seamless care when accessing any of our five core services, making Foundry one of the most integrated health systems in Canada.

Integrated Stepped Care Model (ISCM)

Every young person's journey to wellness is unique, especially when it comes to mental health. At Foundry, we want to ensure that our evidence-informed care model is flexible to best meet the individual needs of every young person who comes through our doors. To be able to provide this personalized care, we have developed an Integrated Stepped Care Model (ISCM) for Foundry. Achieving the system transformation necessary to implement Foundry's Integrated Stepped Care Model (ISCM) requires early engagement from stakeholders, forming partnerships and building trust-based, supportive relationships from the beginning. ISCM is impossible without collaboration and integration (depicted in [Figure 4](#)).

Figure 4: Steps to system transformation, as determined through our developmental evaluation



The ISCM model gives order to how we provide services across Foundry centres and between different service providers. By following the ISCM, we can help young people, their families, and service providers to choose the most effective interventions to support young people experiencing concerns related to mental health and/or substance use. The ISCM places emphasis on early intervention to offer effective support to young people before issues overwhelm or illness progresses to the point of requiring specialized services.

Grounded in a stepped care approach, the model includes multiple care pathways specific to both mental health and substance use challenges within an integrated service delivery framework. A range of services, from low to high intensity, are available at each centre. Placement of youth on a pathway and one of the four steps in each pathway is based in part on results from standardized tools that are completed by youth seeking mental health, substance use and physical health care services. See [Figure 5 on page 30](#).

Figure 5: Foundry's Integrated Stepped Care Model



Each pathway includes care options for each step that are based on wise practices and community assets. For example, step one care options may include services delivered by peer support workers or step two options such as support to access self-guided materials through foundrybc.ca. Step three and four care options typically involve more intense mental health and substance use services. Easy access to services is key, whether they are specialist services on site or primary care.

More information about Foundry's Integrated Stepped Care Model can be found in [Appendix A.1](#).

Tools and Resources

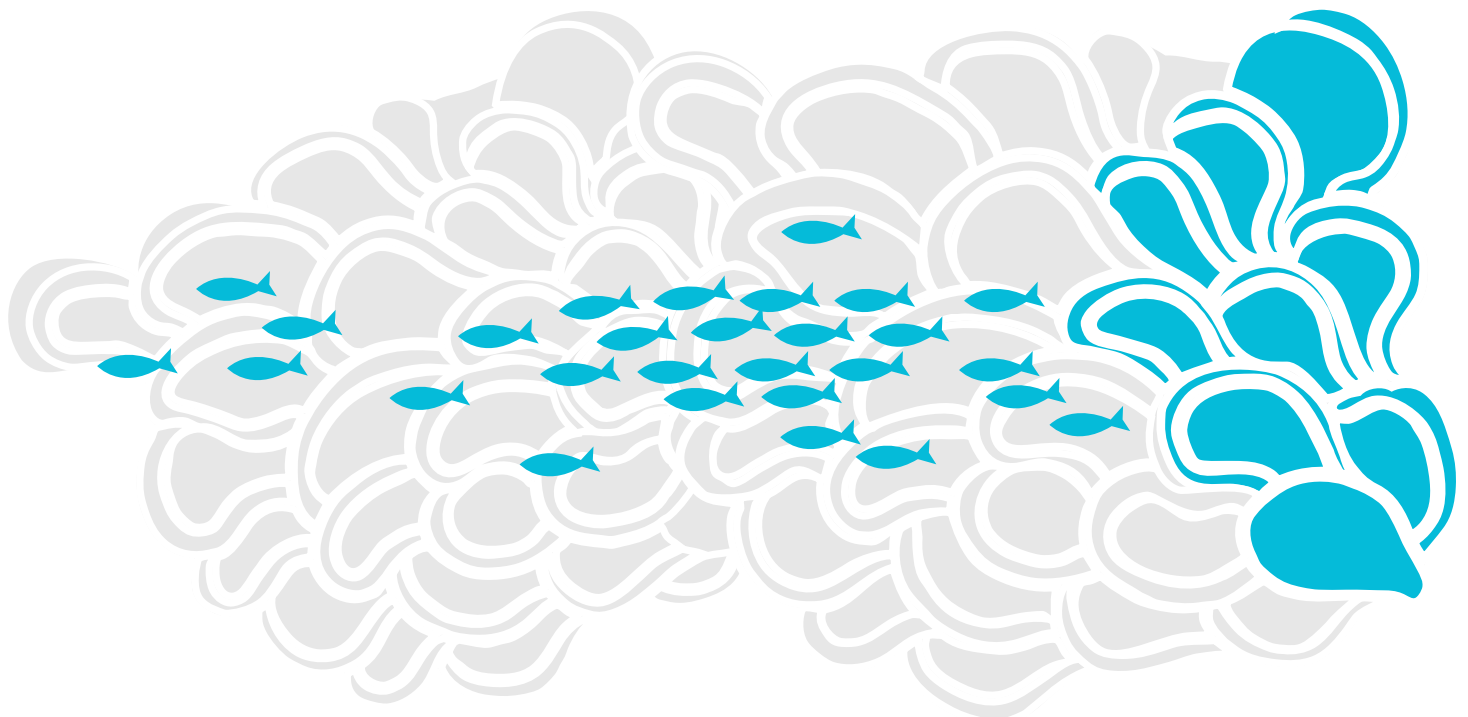
Supplementary material (Appendix A)

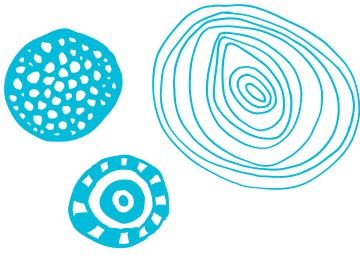
Visit foundrybc.ca/centre-servicemodelguide to access this appendix.

- A.1 Integrated Stepped Care Model: Overview

References

- [5] Fulop, J. (2005). *Introduction to Decision Making Methods*. Laboratory of Operations Research and Decision Systems: Computer and Automation Institute, Hungarian Academy of Sciences 1.

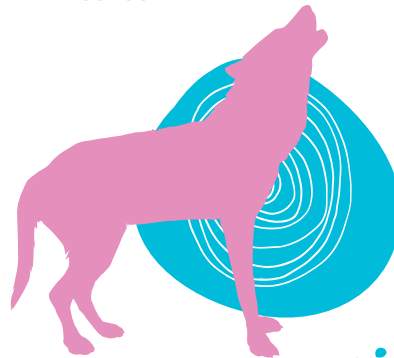




Access, Screening, and Assessment

Foundry centres are designed to serve young people, who are in the age range when mental health and substance use concerns often first emerge.

SCREENING AND ASSESSMENT



Introduction

In Canada, an estimated 70% of mental health problems begin during childhood or adolescence.^[6] And while one in five young people aged 15-24 report experiencing mental illness or substance use problems,^[7] fewer than 25% actually receive appropriate services.^[8] Encouragingly, more young people are seeking help as mental health literacy increases and experiences of stigma decrease. But there remains an absence of accessible, low-barrier services. Young people who do not know where to go often resort to walk-in clinics, their local emergency departments or worse—go nowhere and suffer in silence. Foundry seeks to support young people to have access to youth-friendly, welcoming and appropriate services—by walking into their local Foundry centre, by accessing virtual care or by exploring the tools and resources at foundrybc.ca.

Access Points

In 2019, 9,770 different young people accessed services at Foundry centres across BC, including both walk-in and scheduled visits. The majority (42%) of young people surveyed discovered Foundry through a friend or family member. Others heard about Foundry through a health care provider, at school, or they found information online. There are two ways to access care through Foundry: (1) walk-in access to services, and (2) virtual access to services.

Walk-in Access to Services

Low-barrier and easily accessible walk-in services at Foundry centres—without the need for referrals—include single-session walk-in counselling, primary care and sexual health services, and peer support. Improving access to services by providing same-day support, without the need to schedule an appointment or be placed on a waitlist, is a responsive approach that supports early intervention—especially for mental health and substance use concerns.

Walk-in/drop-in services are offered simultaneously for a number of reasons. For example, a youth who requests a primary care doctor may actually need counselling offered by the walk-in counsellor on shift. At times, there is a wait for walk-in counselling and “therapeutic waiting room” activities run by a peer support worker can support and engage the young person while waiting. Some youth may not yet know what service they need so talking to the youth peer support worker may help them in making that decision. Walk-in services, and particularly walk-in counselling, are the first services that centres plan and implement.

Foundry's Walk-in Counselling

Walk-in counselling is a core element of Foundry's service model. It is viewed as both a first line intervention by itself, and as a point of entry for other specific care options that are articulated on the integrated stepped care pathways.

Single-session walk-in counselling is a goal-focused and complete course of therapy, typically lasting 45 to 50 minutes, with no specific requirement for follow-up or subsequent visits. However, subsequent walk-in sessions may build on previous sessions, with a focus on moving from goal formation to co-creating a therapeutic plan as an ongoing process. Walk-in counselling does not require a prior assessment of the young person, but they may be offered additional services if their presenting concerns suggest that a more intensive intervention is needed. In such a case, a counsellor will recommend an in-depth assessment as the next course of action.

Compared to being wait-listed or given an appointment in the future, walk-in clients tend to be highly motivated to receive help and make changes, especially since all sessions are youth driven, with the young person determining the focus for each visit. Caregivers may also access walk-in counselling to support their youth and, if appropriate, may participate in their youth's walk-in session, or be referred to the Family Peer Supporter or Navigator.

Please see [Appendix B](#) for more information about Foundry's walk-in counselling services.

Virtual Access to Services

With the declaration of a global COVID-19 pandemic in March 2020, Foundry centres across BC, alongside FCO, had to work quickly to complete the implementation of innovative virtual solutions. In early April, Foundry launched the first phase of its provincial virtual services ([Foundry Virtual](#)), providing young people and their family or caregivers from across BC with drop-in counselling services via chat, voice or video calls. By mid-May, youth peer support workers began providing services online, and by June, Foundry Virtual had launched its first online workshops and groups for youth and caregivers. Foundry will soon also offer virtual primary care services and will launch a Foundry Virtual app in early 2021. Young people and their family or caregivers can book appointments with our counsellors or learn more about services by calling 1-833-308-6379, emailing online@foundrybc.ca, or registering online at foundrybc.ca/virtual.

As centres return to in-person services, and with young people and families growing accustomed to accessing support online following months of physical distancing, Foundry centres across BC are exploring ways to continue offering virtual services alongside in-person services as an alternative access point.

Screening and Assessment

Foundry centres are designed to serve young people, who are in the age range when mental health and substance use concerns often first emerge. Screening for various health conditions across the population is a foundational public health measure, and it is the first step in identifying a need to further assess. In the youth population, standardized and routine screening for mental health and substance use related harms are especially important, as is an associated ease of timely access to comprehensive assessment and reassessment.

Initial Screening

Screening is generally done either in a standardized format such as a questionnaire or through simple interview questions (e.g., “have you ever used nicotine in the past 6 months?”). Throughout the Foundry network, initial screenings are completed using screening tools available as self-report through a tablet-based system called Toolbox. This electronic data collection system allows service providers to use evidence-informed screening and assessment tools embedded in Toolbox that help guide care, while giving young people an opportunity to answer questions and provide feedback using youth-friendly technology (i.e., a tablet). While Toolbox is not intended to replace existing medical or health records systems, the information on Toolbox is available to all service providers involved with the youth, supporting integrated care and reducing the need for our clients to retell their stories.

On their first visit, we screen all youth who come for services at Foundry for general levels of emotional distress using a questionnaire called the Kessler-10 (K-10), and, for youth requesting services for their mental health, physical health or substance use, we use the Health Survey, which contains the HEADSS (Home, Education and employment, Activities and peers, Drugs, Sexuality, Suicide and depression, Safety) and the GAIN-SS (Global Appraisal of Individual Needs – Short Screener). Best practices for screening for substance use–related harms indicate annual screening at minimum, and more frequently if indicated, either by standardized screeners (e.g., GAIN-SS) or as part of a conversation (e.g., “how many drinks do you have a week?”). For more information about the screening tools, please see Appendix L in the [Foundry Start-Up Guide](#).

General screening

Screening is a crucial part of a public health strategy, and so barriers to universal screening must be reduced. General screening may be done by any member of the care team who is providing services to a young person, (e.g., an employment counsellor asking youth in their program if they use nicotine, and if they want help quitting or reducing), and processes must be put in place so that any service provider can refer to appropriate follow-up if required.

Certain screening tools and processes can only be administered or interpreted by providers who have received specific training. For instance, GAIN-SS must be interpreted by someone who has been trained in this use of this tool.

Assessment

Assessments are integral to the co-creation of treatment plans and goal development. At Foundry, primary care assessments are done at each visit for the purpose of diagnosis and treatment planning, as well as by trained MHSU clinical staff when a youth's presentation suggests a need for moderate to high intensity services offered within the Integrated Stepped Care Model (ISCM). The comprehensive assessment is often performed using a standardized template. Clients pursuing walk-in counselling are not required to undergo comprehensive assessment, only an initial screening. Foundry's standardized assessment template enables service providers to create a clinical summary of a client's current functioning, including relevant individual and family histories.

Foundry's standards for comprehensive assessment include the client's voice in the presenting concern and the client's goals for their interaction with Foundry. Our approach is strengths-based and holistic, covering bio-psycho-social-spiritual areas of the youth's well-being and any relevant risks, present or past.

As part of the comprehensive assessment, secondary-level screening tools may be indicated, such as when the GAIN-SS indicates that further assessment may be required. Additional screening questionnaires available in Toolbox are the Psychosis Screening Questionnaire (PSQ), PHQ-9 for depression, the GAD-7 for generalized anxiety, and the SCOFF for eating disorders.

Re-assessment

As a part of ongoing care and evaluation of the effectiveness of the intervention being offered, Foundry requires the standardization of routine re-assessment as part of the ISCM. At minimum, clinicians will re-assess client goals and functioning every four weeks when providing clinical services within ISCM. However, re-assessment may be more frequent for young people with certain clinical presentations or in particular steps on an ISCM pathway. Re-assessment also includes the use of objective clinical tools such as the K-10 (youth self-report) and the Social and Occupational Functioning Assessment Scale (SOFAS; clinician observation). For further information on the frequency of reassessment, please refer to the [Integrated Stepped Care Model overview document](#).

Tools and Resources

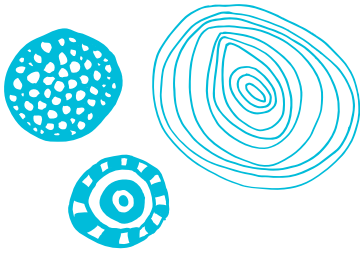
Supplementary material (Appendix B)

Visit foundrybc.ca/centre-servicemodelguide to access these appendices.

- B.1 Walk-in Counselling Overview
- B.2 Walk-in Counselling Standards
- B.3 Walk-in Counselling Practice Profile
- B.4 Walk-in Counselling Session Opening Model Structure and Script
- B.5 Walk-in Counselling Session Break Tool

References

- [6] Statistics Canada (2006). Population and Dwelling Counts, for Canada, Provinces and Territories, 2006 Ad 2001 Censuses – 100% Data. Retrieved from statcan.ca
- [7] Kirby, M. & Keon, W. (2004). Report 1, Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada. Interim Report of the Standing Senate Committee on Social Affairs, Science and Technology.
- [8] 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. (2010). Access and Wait Times in Child and Youth Mental Health: A Background Paper. Canadian Institutes of Health Research Institute of Human Development, Child and Youth Health.
- [9] Slive A. & Bobel M. (Eds.). (2011). When one hour is all you have. Phoenix, AZ: Zeig, Tucker & Theisen.



Mental Health and Substance Use Services



Introduction

Foundry offers a range of mental health and substance use (MHSU) services so that youth and families have options that aim to best meet their needs and goals. Foundry is committed to offering services along an intervention continuum, from prevention to early intervention to treatment. It is important to reflect this continuum by using the more generalized language of “mental health” or “mental ill-health” rather than “mental disorders,” and “substance use services and supports” rather than “addictions services.”

When youth access a Foundry centre seeking MHSU services, they are offered interactive tablet-based self-report screening tools (as described in [“Screening and Assessment”](#) on page 34) and a brief interview with a member of the interdisciplinary team.

After reviewing the screening tools, the young person’s goals, and the clinical judgement from the brief interview, the service provider may encourage the young person to participate in a walk-in counselling session or a more comprehensive biopsychosocial assessment, or to meet with a primary care provider.

Walk-in counselling may be a single session for a youth or family member or may be the entry point into Foundry’s services. Core mental health and substance use interventions are organized within the ISCM and include engagement, assessment, online services, individual therapy, family interventions, psychiatric consultation, pharmacotherapy, and group interventions (i.e., core groups offered across all centres, as well as specific groups based on community input).

As part of the integrated team, primary care practitioners offer services that may include pharmacotherapy, addictions medicine (e.g., Opioid Agonist Therapy), and shared care with psychiatrists. In addition to the above, substance use-specific services at Foundry include community education and engagement, harm reduction supplies distribution, and overdose prevention training and supports.

Characteristics of Foundry's Core Therapies

The core therapies were selected by the Foundry Provincial Clinical Working Group, as they were identified with the following qualities:

- They are commonly practiced by MHSU staff (MI, CBT);
- They provide a low-intensity therapy option for youth and families (SFBT); and,
- They provide specific skill enhancements for staff in working with families (EFFT).

Core Psychotherapies

The core psychotherapeutic modalities provided at all Foundry centres include the following:

- **Solution-Focused Brief Therapy (SFBT):** SFBT is the modality used in walk-in counselling, typically in the form of a single session, and also as part of ISCM as a brief therapy (up to six sessions) for a variety of concerns.
- **Cognitive Behavioural Therapy (CBT):** CBT is offered in both group interventions as well as individual, short-term therapy (up to 12 sessions), and is suitable for mood, anxiety, problematic substance use, disordered eating, and trauma concerns.
- **Motivational Interviewing (MI):** MI is foundational to supporting behaviour change and engagement overall in health care. MI has informed substance use interventions and eating disorders treatment and is known to facilitate engagement in services with youth presenting with psychotic symptoms.
- **Emotion-Focused Family Therapy (EFFT):** EFFT is a relatively new family therapy approach that was developed for eating disorders. It involves working with caregivers to support them in acquiring and mastering skills to support their loved one. EFFT has increasing evidence of effectiveness more generally in mental health and can provide skills and resources to clinicians and family peer supporters to more effectively support youth and their loved ones.

The four core therapies are standard across all centres so that youth and families can experience consistent interventions at a Foundry centre, and so that members of the MHSU interdisciplinary team are able to access the support of a provincial network for ongoing practice support, such as training and communities of practice. Other evidence-based therapies may be offered at centres where staff have the training and experience, such as Interpersonal Therapy for depression or other forms of family therapy.

Primary care services at Foundry centres connected to mental health and substance use include assessment and treatment, pharmacotherapy, and support with metabolic monitoring and/or with eating disorders.

Core Substance Use Interventions

While young people can seek support for their substance use concerns via Foundry's walk-in services or as part of general health and wellness programming, a number of additional evidence-based interventions are available as part of Foundry's ISCM.

Recognizing that the delivery of services is often a fluid process, for the purpose of organizational ease, we have delineated the substance use services offered at Foundry into services provided within and outside of the ISCM:

Prevention & Health Promotion

Following best practice guidelines outlined by Canadian Centre for Substance Use and Addiction (CCSA), Foundry supports and collaborates with the substance use prevention and health promotion efforts underway in various school districts and community non-profit agencies in BC. We use our website—foundrybc.ca—to provide youth- and family-centred psychoeducational health promotion literature and material about substance use. Foundry centres may also provide public education on topics related to substance use and substance use disorders as part of a recurring series open to community members, youth, and service providers.

Screening

Routine screening is part of the young person's first visit and annual follow-up when accessing primary care, walk-in counselling, and peer support services using the substance use screener in the GAIN-SS survey. In addition to screening at first visit and annually, screening should also take place at as identified by clinical indicators. Our website also offers online self-assessments which can serve as screeners for harms and disorders related to substance use.

Harm Reduction

Foundry supports a pragmatic, evidence-informed approach to youth wellness. Harm reduction practices are life-saving interventions that seek to encourage young people to engage in care and build connections with service providers. Harm reduction practices that are outside of the ISCM include, but are not limited to: safe injection supplies, substance use education, drug checking, safer sex supplies and education, and Take-Home Naloxone kits and overdose prevention training. Such interventions aim to enhance knowledge, skills, resources, and supports in order for individuals, families, and communities to be safer and healthier. Foundry centres need to be connected to their local Health Authority Harm Reduction Coordinator and offer harm reduction supplies distribution, including Take Home Naloxone and the associated overdose prevention training.

Relapse Prevention & After Care

Young people are often referred to Foundry following residential treatment, hospital, or other facilities, or may be on a path to recovery and request follow-up for support. Relapse prevention activities will be offered with assessment for ISCM and may include options such as peer support, walk-in counselling, referral to social services, and SMART Recovery and other groups.

Primary Care services connected to substance use

These services include harm reduction and overdose prevention supports, as well as addictions care and treatment including withdrawal management, Nicotine Replacement Therapy, and pathways to access youth-specific Opioid Agonist Therapy (OAT).

Family Services

Foundry offers services to families with the belief that supporting caregivers with knowledge, skills and tools promotes hope and better wellness outcomes for all. Family members often provide information during an assessment, receive education aimed at understanding their loved one's health concerns, and participate in family peer support, coaching or therapy.

Family services are offered by trained clinicians at Foundry centres to families who are needing therapeutic support and intervention as they care for their young person with health concerns. Foundry has adopted the Emotion-Focused Family Therapy (EFFT) approach in providing family intervention and staff are offered training in EFFT for family members and caregivers. The young person may or may not be included in family therapy, depending upon the focus of the intervention.

Caregivers can also access walk-in counselling services if they are struggling to support a young person who is reluctant to engage in services. These services can be a bridge for caregivers to support their youth to eventually attend Foundry. Centres with co-located specialist services often include family interventions such as family therapy in the Early Psychosis Intervention (EPI) or Eating Disorders programs. Some Foundry centres have partnering family therapy agencies that may offer family therapy at the centre, or through referral to their location. Services offered outside the Foundry centre may be at a cost on a sliding-scale.

The continuum of family services includes peer support and navigation, support and education groups, and direct therapeutic interventions. Please see [Appendix C](#) for more information about family services offered through Foundry.

Indigenous Healing

In addition to the Western therapies above, Foundry values the importance of Indigenous healing practices and centres use them in the treatment of Indigenous young people in collaboration with Indigenous healers and Elders where requested by Indigenous youth, families, and communities. This requires that all Foundry service providers who conduct mental health and substance use assessments and interventions are educated about the history and impacts of residential schools and Indian hospitals (adaptation of TRC Call to Action 1),^[10] and consider the impact of these experiences on youth and their caregivers.

“Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. Foundry shall take the necessary steps with a view to achieving progressively the full realization of this right.”

UNDRIP 24

Tools and Resources

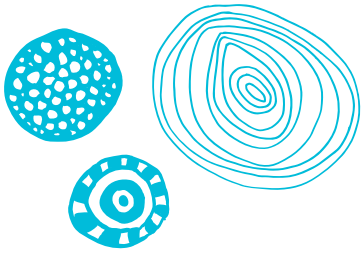
Supplementary materials (Appendix C)

Visit foundrybc.ca/centre-servicemodelguide to access these appendices.

- C.1 Family Services Overview
- C.2 Focus on Centre-Based Integrated Substance Use Services

Reference

- [10] Truth and Reconciliation Commission of Canada (2015). *Final Report of the Truth and Reconciliation Commission of Canada: Volume One: Summary*. James Lorimer & Company Ltd.



Primary Care Services



Introduction

Primary care is one of the core services streams offered at Foundry centres. Although identified as its own unique service stream, the services provided within primary care span across three of the Foundry services streams: primary care, mental health services, and substance use services.

Primary care services at Foundry, including physical and sexual health care, are guided by the following features:

Care is team-based and staff are supported to work to their optimal scope.

Interdisciplinary teams, including youth and families, working collaboratively toward a common goal is a foundational element of Foundry primary care services to ensure access, care experiences, outcomes and efficiencies are improved, and to avoid young people unnecessarily retelling their history and other elements of their story.

Communication between team members is clear and frequent. Good communication is necessary to support collaboration and integration across disciplines within Foundry primary care services. Communication clarifies responsibilities, reduces duplication of service and creates a culture of trust, transparency and respect.

Attachment complements primary care services in the community. Within primary care, a youth is considered attached when a particular clinic or health provider takes responsibility for coordinating their day-to-day health care as the most responsible provider (MRP). Many youth accessing Foundry primary care services, particularly enhanced and episodic care, are attached to a primary care provider in the community such as a family physician. Foundry seeks to complement, not replace, this care relationship. As a result, Foundry centres do not seek to attach all youth who present for care. Only those youth unattached to a community provider and receiving longitudinal care at the Foundry centre are attached and assigned an MRP.

Transitions are smooth. All Foundry centres have the age restriction of ages 12–24, meaning we are not able to act as a lifelong primary care provider. Most youth receiving longitudinal care at Foundry have complex health concerns and face multiple socio-economic barriers to accessing care. Foundry centres actively work to ensure appropriate and continuous attachment to primary health care partners and ensure smooth transitions for these youth as they reach their 25th birthday. To support this work, it is vital for each Foundry centre to be connected to their local Division of Family Practice and other relevant networks such as the Primary Care and Specialty Care Networks.

Core Primary Care Services

Primary care is provided collaboratively by a multidisciplinary team of health professionals including family physicians, nurse practitioners, nurses, social workers and medical office assistants. Services are offered on a drop-in and appointment basis, and drop-in times typically coincide with walk-in counselling and peer support services.

The core primary care services offered at each Foundry centre include the following:

- General physical health assessment, diagnosis, care, procedures, and prescriptions
- Education regarding self-management of identified medical conditions and behavioural health concerns
- Sexual health services
 - » Screening, diagnosis and treatment of sexually transmitted infections (STIs)
 - » On-going monitoring for youth at higher risk of STIs
 - » Reproductive health care
- Mental health and substance use assessment, treatment, and support
- Referrals to and shared care with community specialists, care teams and other primary care providers (e.g., family physicians, pediatricians, and mental health teams)
- Prevention and health promotion (e.g., immunization, education)
- Application and support accessing resources for social determinants of health (e.g., Persons with Disabilities applications)

Other specialized services offered on-site or pathways to facilitate access include the following:

- Gender-affirming care
- Pre-Exposure Prophylaxis (PrEP) treatment for the prevention of HIV
- Initial prenatal care and maternity care
- Youth-specific OAT services
- Medical care for HIV and Hep C
- Eating disorders programming

Accessing Primary Care Services

Foundry is committed to offering services along a continuum of care for a wide variety of youth health needs. Within primary care, we achieve this goal by offering flexibility to youth in how they access care.

Primary care services at Foundry fall within three broad categories:

- **Episodic care** consists of drop-in visits with no expectation of ongoing care. Examples include STI screening, immunization and reproductive health care.
- **Enhanced care** services involve additional experience or training and can vary in duration and intensity. Examples include gender-affirming care and youth-focused mental health and substance use services.
- **Longitudinal care** involves coordinating all of a youth's day-to-day health care needs and is offered to young people who experience multiple health and psycho-social barriers to accessing traditional health care services. This care is provided until either the youth is connected with a community primary care provider or they age out.

The care groupings are not mutually exclusive. Over time, youth may move fluidly between these groups, or they may receive care within multiple groups simultaneously.

“Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. Foundry shall take the necessary steps with a view to achieving progressively the full realization of this right.”

UNDRIP 24

Tools and Resources

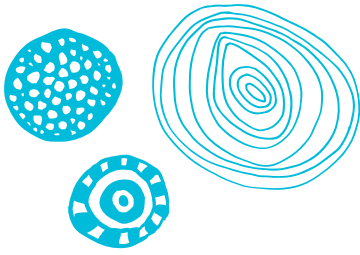
Supplementary materials (Appendix D)

Visit foundrybc.ca/centre-servicemodelguide to access these appendices.

- D.1 Community Primary Care Services Scan
- D.2 Electronic Medical Record Selection Worksheet
- D.3 Primary Care Equipment Needs

External Resources

- [The Shared Principles of Primary Care](#)
- [The 10 Building Blocks of High-Performing Primary Care](#)
- [Team-Based Care in a Patient's Medical Home](#)



Peer Support Services

“My mental illness used to be my greatest source of shame. Through working as a peer support worker, I realized that it is one of my greatest sources of compassion and wisdom.”

YOUTH PEER SUPPORT WORKER



Introduction

Peer support is based on the idea that those who have experienced adversity can provide support, encouragement, hope, and mentorship to others facing similar situations, encouraging them to continue their journey to wellness.

The Ministry of Health identifies client-centered care as the first of eight priorities for the British Columbia health care system and strives to place the client voice at the forefront of the health care system.^[11] Building on this, Foundry is committed to working together with youth, families, and communities to support meaningful engagement ensuring that services are youth- and family-centered, collaborative, and empowering to both. Grounded in these values, Foundry identifies youth and their families as partners both in the development and the delivery of services.

Youth and family peer supporters are an integral part of the care team and offer a variety of peer-based services. Peer support within the Foundry service model focuses on creating opportunities for those with lived experience to recognize themselves as experts in the field of youth and family wellness, and to develop mutually beneficial relationships. Youth and family peer support within Foundry centres are integrated across all service streams including social services, primary care, mental health, and substance use. Peer support workers are paid staff positions and are part of a range of employment options at Foundry that includes youth peer researchers associated with the Foundry Research and Innovation program.

Peer-led services offer a sustainable catalyst for empowerment and place those who have taken the path towards recovery at the forefront of service delivery and innovation. Based on the tenets of equality, Foundry is dedicated to creating opportunities for youth and family members to have a voice in the provision of services that are in place to support them and recognizes peer support services as “intended to complement clinical care and vice versa.”^[12]

Youth Peer Support Services

Youth peer support (YPS) workers are uniquely positioned to enhance the experience of young people, including how they access health care and social services, in a variety of ways including the following examples:

- Providing waiting room support
- Helping with systems navigation
- Providing one-to-one non-clinical emotional and social support
- Facilitating and bridging meetings between families and service providers
- Supporting outreach (assisting clients to attend appointments and access community resources)
- Co-facilitating groups (including wellness, life skills, and clinical groups)
- Advocating for clients
- Supporting orientation to Foundry regarding services offered
- Organizing and facilitating recreational activities and events for youth
- Providing Take Home Naloxone training
- Providing harm reduction education and distributing supplies
- Leading or co-facilitating education sessions

“As a youth accessing peer services, there are many conversations I have been able to have with peers that my other supports don’t understand. I have a peer support worker on my team who is able to talk to me about my mental health from a perspective of having been through it before. It helps me to know that someone understands what I am going through, is doing well in their journey, and shares a similar diagnosis with me. Peers make things feel less isolating, and make me feel like I belong, like I am no different from others in this world. I just have different experiences.”

EXPERIENCES OF A YOUTH ACCESSING PEER SERVICES

Youth Peer Support workers are key members of the Foundry interdisciplinary team with impacts that extend well beyond service delivery. When youth peer support workers are truly integrated, youth are recognized as experts and partners in youth wellness, leading to a better understanding of youth recovery and wellness. Ultimately, this sets the stage for leaders and young people to work in unison to develop services and supports in their community that best reflect the needs of youth and their families. In return, YPS empowers young people to recognize their potential, offering a sense of meaning and purpose, and can be a stepping stone to longer-term employment or career aspirations.

Youth peer support training

Through collaboration with peers and young people across the province, a peer support training curriculum was completed, revised, piloted and evaluated as of October 2020. The goal of the curriculum is to provide young people with the core skills needed to provide effective peer support in an integrated healthcare setting (see Figure 6, below). The YPS curriculum explores a range of topics that affect young people, including identity, relationships, self-disclosure, confidentiality, crisis situations, goal setting and more. Following this curriculum, YPS trainees are meant to complete a 30-hour practicum that will prepare them for hands-on youth peer support work. A train-the-trainer session for facilitators of the curriculum is in the works and will be finalized in March 2021.

Guiding values for youth peer support

- Belief in the maturity and capability of youth
- Commitment to taking youth as they are instead of how you want them to be
- Empowerment of youth to find strategies that work for them
- Recognition of youth as experts in their own lives and recovery
- Valuing lived experience as the foundation of youth peer support and as the main connecting piece between peers
- Openness to listening to and learning from other young people
- Knowledge in that, by coming together with a common experience, you are not alone

Figure 6: Core skills for Youth Peer Support curriculum



Family Peer Support Services

Family Peer Support (FPS) is the empowered relationship of caregivers helping caregivers, offered by family members with direct experience in supporting a youth or young adult with mental health or substance use challenges. FPS includes mentoring, peer support, and connection to other family members, as well as navigation of health care and other systems. FPS has been recognized by families as being one of the most valued services that Foundry offers and is the highest priority of the family services that each Foundry centre should implement.

One major value of FPS is the provision of services based on self-disclosed understanding that comes from a shared experience. FPS is different from the professional family worker or therapist, who might have lived experience that is not considered part of their professional practice. FPS offers hope through a recovery-oriented framework, providing services to families and caregivers that complements the work of the clinical care team.

Family peer supporters are integral members of the Foundry care team, assisting in the delivery of Foundry centre services and offering family assistance with service navigation, education and resource information, while providing individualized peer-based practical, emotional and social supports. Delivering services in alignment with Foundry's Service Model, the FPS promote holistic family health and wellbeing by fostering the development of respectful, collaborative relationships with family members, caregivers, youth and service providers (see Appendix J for detailed FPS job description).

Foundry center FPS staff have aligned with CMHA-Calgary peer support competencies to frame their scope of practice. These competencies provide a framework to expand knowledge, skills, and attitudes around the FPS core deliverables provided in service delivery. FPS competencies are built through training, mentoring, self-assessment, awareness, and reflection.

Family peer supporters focus their scope of practice and services on the following competencies:

- Hope
- Interpersonal relationships
- Resiliency and coping
- Self-Awareness and confidence
- Lived experience
- Support recovery planning
- Communication
- Initiative and commitment
- Critical thinking
- Ethics and reliability
- Problem solving and supporting others through challenges

Features of Family Peer Support

- Trained support person with lived experience
- Integrated care team member in paid staff position
- Primary focus on hope and supporting the caregiver on recovery journey in order to help them identify, set and achieve goals to support family wellness
- Offering supportive, non-clinical services based on a recovery-focused model
- Providing direct on-site services to families by offering hope, support, guidance and mentorship in the areas of information, education, navigation, resources and skill development, to support and engage families as expert partners in their co-developed wellness goals
- Working collaboratively, acting as a bridge between family member, youth, centre staff and community partners

“Recovery-oriented practice acknowledges the unique nature of each person’s journey of wellness and everyone’s right to find their own way to living a life of value and purpose in the community of their choice. A recovery orientation encourages everyone to take charge of improving their own mental health and well-being and understands the very exercise of this ability to be an important contributor to achieving well-being.”

DEEGAN, P. E. (2002). RECOVERY AS A SELF-DIRECTED PROCESS OF HEALING AND TRANSFORMATION. *OCCUPATIONAL THERAPY IN MENTAL HEALTH*, 17 (3-4), 5-21. DOI: [10.1300/J004V17N03_02](https://doi.org/10.1300/J004V17N03_02)

Family Groups

A range of groups are available for families and may be facilitated by family peer supporters, family empowerment or engagement coordinators, or counselling staff. Ideally, support and education groups are facilitated by FPS, and the EFFT caregiver workshops are co-facilitated by FPS:

Family support groups are offered as informal or drop-in groups. Support groups focus on hope, connection and recovery through the shared experiences and understanding of supporting a young person experiencing challenges. Family support groups do not require any registration and may or may not have a psychoeducational component to them.

Family education groups are formal groups that typically require registration and have a schedule of topics that are relevant to families. These groups may have guest speakers and include topics such as community resources, communication skills, self-care and disorder-specific information (e.g., depression, anxiety).

Emotion-Focused Family Therapy (EFFT) Caregiver Workshops are offered in many Foundry centres, teaching therapeutic approaches to support caregivers in acquiring and mastering skills to support their loved one.

We have learned an incredible amount over the past few years and have just begun to scratch the surface in formalizing the roles that youth and family peer support workers can play in supporting client care. Opportunities for evaluation and research are also untapped, and Foundry strives to lead the way in the years to come.



Tools and Resources

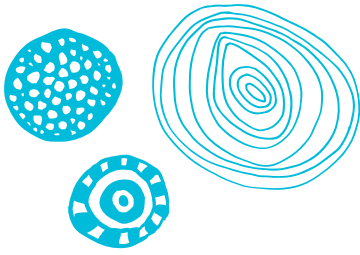
Supplementary material (Appendix E)

Visit foundrybc.ca/centre-servicemodelguide to access these appendices.

- E.1 Peer Support Overview
- E.2 Peer Support Standards
- E.3 Peer Support Practice Profile
- E.4 Implementation Checklist for Peer Support Services
- E.5 Peer Support Hiring Practices and Tools
- E.6 Frequently Asked Questions: Peer Support (under development)
- E.7 Peer Support Orientation Guide (under development)

References

- [11] Ministry of Health. (2014). *Setting Priorities for the B.C. Health System*. Retrieved on June 14, 2018 from health.gov.bc.ca
- [12] Sunderland, K., Mishkin, W. Peer Leadership Group, Mental Health Commission of Canada. (2013). *Guidelines for the Practice and Training of Peer Support*. Calgary, AB: Mental Health Commission of Canada. Retrieved from mentalhealthcommission.ca



Social Services



Introduction

Our health, both mental and physical health, is influenced by many factors such as our employment status, our level of education, our income, our home and community, our culture, as well as the physical environment that surrounds us. These factors are called the *determinants of health* and they represent a key part of the social services that are offered as one of the core streams in Foundry's service model. The variety of social services available at a Foundry centre is currently dependent upon existing community resources and needs further development as we explore key partnerships and evolve the service model.

In seeking to support youth with a holistic approach, it is essential that social services are integrated within a Foundry centre, and when doing so, that we address the unique experiences in each community—especially rural, remote, or Indigenous communities. Only by integrating social and health services can we address the patterns of health in populations—patterns that are driven by fundamental characteristics of the society in which people live.



Determinants of health, supported through social services, can be categorized into three areas:

Physical environment:

shelter, stable ecosystem, peace, sustainable resources.

Social environment:

income, education, social security, equity, social justice and respect for human rights, access to health care services.

Biological and behavioural

determinants: genetic factors, ethnicity, lifestyle (e.g., smoking), immigration.

Indigenous wellness and the impact of colonialism on their determinants of health must also be recognized. Colonialism oppresses Indigenous rights, in multiple ways including by attempted cultural genocide, forced removal of people from their lands, and systemic racist legal and health care access. This results in a “significant degradation in health and wellness, practices, beliefs, and values”^[13] of Indigenous people. Indigenous sovereignty, spirituality, political authority, education, health care systems, land and resource access, and cultural practices were and continue to all be repressed by colonization.^[14]

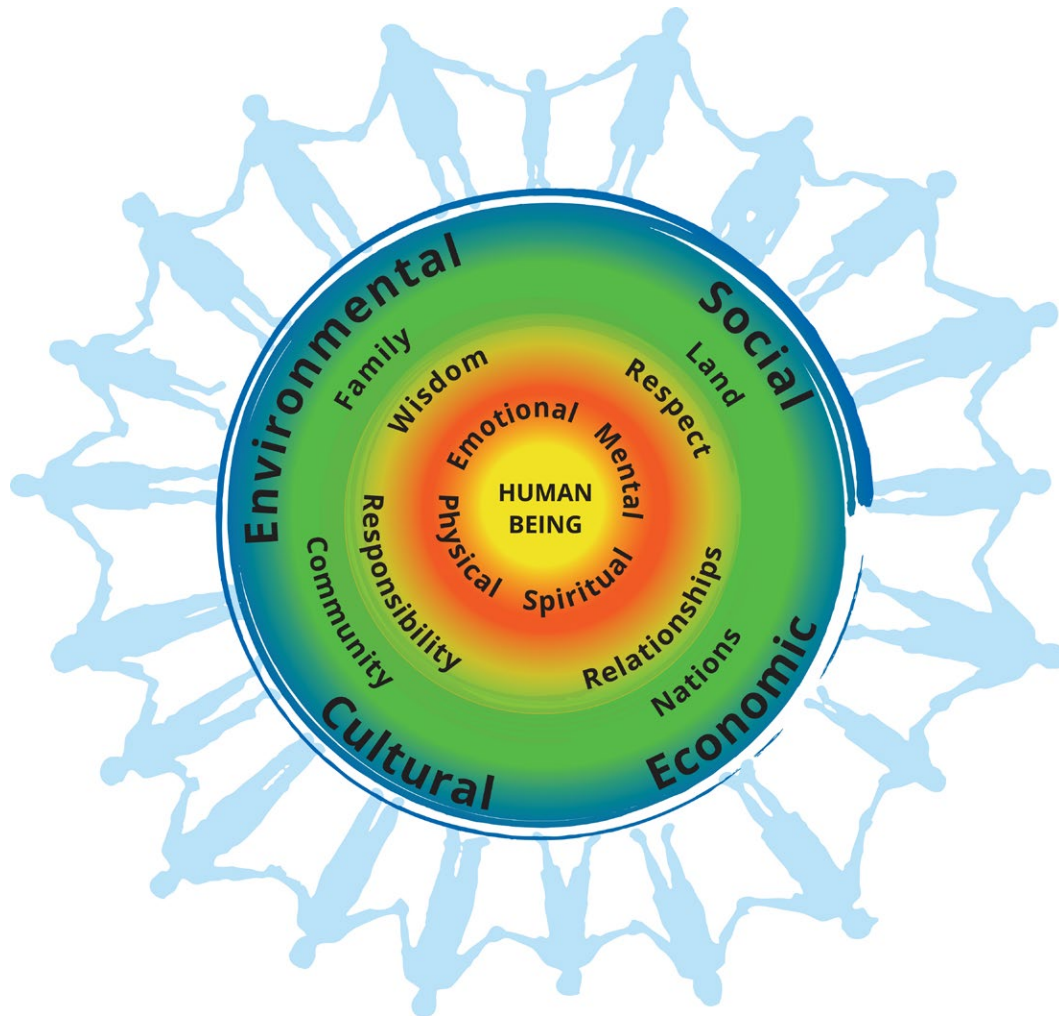
“Indigenous peoples have the right to establish and control their educational systems providing education in their own languages, in a manner appropriate to their cultural methods of teaching and learning. Indigenous youth those living outside their communities, to have access, when possible, to an education in their own culture and provided in their own language.”

UNDRIP 14

The First Nations perspective on health and wellness includes factors that promote and maintain physical, mental, emotional and spiritual health, and the need for balance in these four areas. It is holistic and includes the broader social, economic, cultural and environmental determinants of health.^[15] See [Figure 7 on page 59](#) for a visual expression of the First Nations Perspective on Wellness, as passed down by the Elders and traditional healers. Wellness belongs to every person and their reflection of this perspective is unique.

Figure 7: First Nations Perspective on Wellness

This image is used with permission from the First Nations Health Authority (FNHA) © 2020



To support youth presenting at individual Foundry centres, communities will determine where the greatest need is to address determinants of health. Foundry centres will then integrate services that target these needs within the centre either as stand-alone services for youth or in combination with other services offered within the centres.


Core Social Services

The implementation of social services at Foundry centres is based either on existing or new partnerships with local social service agencies or on re-aligning a non-profit lead agency's existing social service as a Foundry-offered service. Potential ministry partners include the Ministry for Social Development and Poverty Reduction (MSDPR) and the Ministry for Children and Family Development (MCFD). The following are social services that are typically available at Foundry centres.

Work and study services (MSDPR, Service Canada)

Work and study programming within Foundry centres support young people in multiple aspects of their journey towards finding work, study, or training that is both meaningful and supports a young person's goals and capabilities. Services may include workshops that support work and study readiness and career exploration, along with individual support in areas such as work and study placements and skill building for specific vocational pathways.

Some centres may already have an existing contract for work and study programming through MSDPR or may partner with a supported employment agency. In the near future, FCO will be facilitating the development of Foundry Works!, a work and study program funded by Service Canada that will become available across open centres. The goal of Foundry Works! is to provide flexible, wrap-around services to help youth realize their educational goals, develop work skills, and gain paid work experience to successfully transition into the labour market.



“Foundry shall in consultation and cooperation with Indigenous peoples take specific measures to protect Indigenous youth from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the young person’s education, or to be harmful to their health or physical, mental, spiritual, moral or social development, taking into account their special vulnerability and the importance of education for their empowerment.”

UNDRIP 17

Income assistance services (MSDPR)

Income assistance is available for youth whose current available financial resources are not sufficient to meet their basic needs. In order to access income assistance, a review of eligibility and an application is required. A young person may request support by completing the application and navigating the requirements for submitting an application.

Housing support services (BC Housing)

Housing support services are available for youth and/or families who need help finding or maintaining housing within their community. Depending on the youth and/or family's needs, this may include support in accessing workshops on housing searches and independent living, applying for subsidized housing, or access to emergency shelter.

Services to Adults with Developmental Disabilities (STADD) Navigators (MCFD)

STADD Navigators offer services for youth aged 16–24 who have a developmental disability. These Navigators act as the primary point of contact for individuals and their family in coordinating access to supports and services. They also support information sharing between community partners who may be working with youth.

In addition to the above services, depending upon need and available resources in the community, Foundry centres offer various other social services. These may include outreach and advocacy, independent living skills, settlement services, and literacy supports. Ancillary services may also include food banks and clothing donation.

“Further, Indigenous People have the right to be actively involved in developing and determining health, housing, and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own communities.”

UNDRIP 23

Other Health and Wellness Services

In addition to the core social services that support some basic needs (i.e., income, shelter), Foundry centres also offer services that support some of the behavioural determinants of health and wellness.

Recreation and leisure services

Opportunities are available to support holistic wellness of youth through group activities, community outings and land-based practices. Each Foundry center should offer a diverse range of services to meet the physical, mental, emotional, social and spiritual domains of leisure and wellness. Involving young people's perspectives (e.g., through a local Youth Advisory Committee) is essential in the ongoing development of services incorporating wellness and leisure-related needs of Foundry youth.

Services focused on key populations

Each Foundry centre should incorporate services that support the diverse population they serve. Specific supports such as services to support local LGBTQ2A+ people, newcomers, refugees, and racialized populations should be considered. In addition, all programing should be inclusive to the diverse populations present in the local community.

Services focused on the unique needs of Indigenous youth and families

Recognizing the importance of culture and tradition in a young person's wellness, services within each centre must reflect both the specific supports that Indigenous youth and families may request—such as connection into groups supporting their cultural and spiritual wellness—in addition to ensuring that all services are delivered in a culturally safe way. Connection and direction from local Indigenous communities are paramount in the development of any services supporting Indigenous youth and must include opportunities for Indigenous youth to engage in co-creation and co-design.

“Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs, sports and traditional games and visual and performing arts. They also have the right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions. In conjunction with Indigenous peoples, Foundry shall take effective measures to recognize and protect the exercise of these rights.”

UNDRIP 31



Tools and Resources

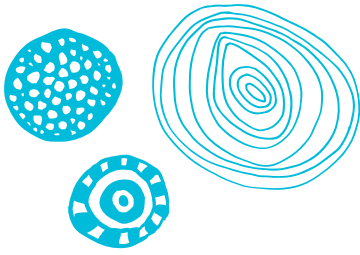
Supplementary material (Appendix F)

Visit foundrybc.ca/centre-servicemodelguide to access these appendices.

- F.1 Foundry Works! Handbook (under development)
- F.2 Wellness Program Guide (under development)

References

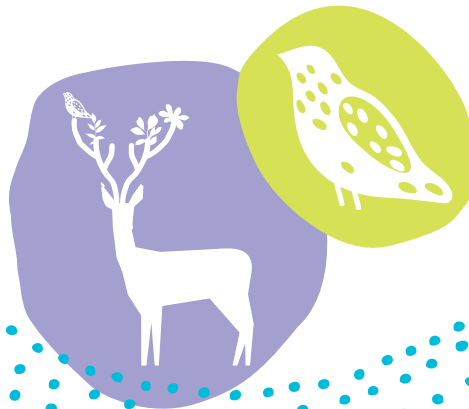
- [13] First Nations Health Authority. FNHA's policy statement on cultural safety and humility. Coast Salish Territory. Retrieved from fnha.ca
- [14] First Nations Health Council. (2011). Implementing the vision: BC First Nations Health Governance. British Columbia, Canada. Retrieved from fnha.ca
- [15] First Nations Health Authority (2018). FNHA's policy on mental health and wellness. Coast Salish Territory, Canada. Retrieved from fnha.ca



General Operations

...creating Foundry is best understood to be a task that was about “not just everything under one roof” but “everyone working together.”^[16]

SALMON, A., FERNANDO, S., & BERGER, M. (2018)



Introduction

Foundry communities coming together to offer integrated services is the foundation for transforming access to care for young people, families and caregivers. Services delivered within each Foundry centre move beyond co-location, focusing on community cohesiveness and integrating with intention to mitigate service overlap and duplication, and to provide wrap-around support for young people and families across the continuum of care.

Foundry's innovative processes that support systems navigation, community collaboration and a shared responsibility are developed through intentional partnerships, relationship building, and standardized guidelines. For many, integration is a new way of doing business and will require thoughtful planning and collaboration, with regular review and adjustments. A Manager of Service Implementation and Integration will support each Foundry centre as you develop and implement your services and processes. This includes developing an inter-agency staffing model, establishing shared agreements on operational items such as hours of service, team policies, communication and documentation protocols, as well as developing and nurturing a sense of team, and everything in between. Once partners successfully achieve this integration, Foundry centres can effectively offer services as a single point of entry into a welcoming and safe space that values relationship-building, empowers youth and caregivers as they seamlessly navigate their wellness journey, and transforms how young people access the tools they need to take on their world.

Implementation of the Operational Framework

Key areas that support the implementation of a successful operational framework focus on access to care, integration, and intentional partnerships:

Access to care

Transforming access to care requires changes in how we operate to support young people and families as they enter and navigate the complex health and social systems within each community. A Foundry centre may present young people and families with a new doorway to care in their community and for truly transformative change, how we operate must match the desired outcome of low barrier care across the continuum of options available, with minimal need for young people and families to walk this journey alone. To achieve this matching, staffing models and service provision with potential realignments may need to be made within the Integrated Stepped Care Model (ISCM) framework. Seeking out gaps, opportunities and strengths within the community, and hearing from young people and families about what services and supports they feel will support their journey, is essential in operational planning.

Facilitating Integration

Operational structures can impede or facilitate integration. Operating services independently and separately from other services within a Foundry centre is an example of impeding integration. Operating services in alignment and partnership with each other in order to support young people and families through the transitions and grey areas of their journey will foster opportunities for integration. The ISCM supports the development of a shared language, shared staffing to cover any gaps and identified priority areas, and the establishment of shared policies, procedures and guidelines – all of which enhance an integrated approach to care. A key indicator of the level of integration is when youth at a Foundry centre are not aware of what agency a staff member works for – they are simply guided to the service that best meets their needs.

Intentional Partnerships

The development and sustainment of intentional partnerships is only achieved when time and space is provided to grow and foster relationships and connections with services throughout your community. These partnerships are supported through the development of an operational framework that takes into consideration the clinical requirements and lifespan development needs of youth. The establishment of referral pathways, both into and out of the Foundry centre, as well as documentation, information sharing, and communication policies and practices create a strong foundation for both collaboration and shared decision making. The best outcome of these intentional partnerships is that young people, caregivers, families and communities' experiences seamless and comprehensive care that meets their needs and enhances their willingness to engage.

Tools and Resources

Supplementary material (Appendices G, H, I, J, K, L, M)

Visit foundrybc.ca/centre-servicemodelguide to access these appendices.

Appendix G: Start-Up Information (also available in the [Foundry Start-Up Guide](#))

- G.1 Setting the Foundation for Service Model Implementation
- G.2 Service Elements and Clinical Modalities
- G.3 Centre Operations Standards for Integrated Service Delivery
- G.4 Mental Health, Substance Use, Peer Support, Primary Care and Social Services Scan (Environmental Scan Template)

Appendix H: Templates that Support Operations and Service Planning

- H.1 Operations and Service Planning Checklist
- H.2 Template: Services Plan
- H.3 Key Considerations: Local Operations Working Group
- H.4 Template: Centre Service Composition
- H.5 Template: ISCM Services - Planning
- H.6 Template: ISCM Services - Clinician's Reference
- H.7 Template: Comprehensive Operational Budget
- H.8 Template: Program Description

Appendix I: Templates for Policies and Procedures

- I.1 Client Registration Information
- I.2 Crisis Response Protocol
- I.3 Consent for Service
- I.4 Confidentiality (under development)
- I.5 Direct Services
- I.6 Documentation and Forms
- I.7 Informed Consent for Service
- I.8 Template A: Consent to Release/Obtain Confidential Information
- I.9 Template B: Consent to Release/Obtain Confidential Information
- I.10 Partners Overview and Services
- I.11 Overview of Roles and Responsibilities
- I.12 Sample: Referral Form (version 1)
- I.13 Sample: Referral Form (version 2)

Appendix J: Centre Staffing

- J.1 Staffing Model
- J.2 Job Descriptions for Key Staff

Appendix K: Samples

- K.1 Sample: Foundry Services Schedule
- K.2 Sample: Welcome! How can we help you today? (version 1)
- K.3 Sample: Welcome! How can we help you today? (version 2)

Appendix L: Knowledge Exchange and Training

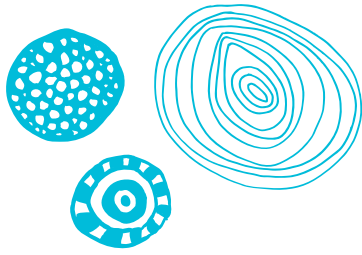
- L.1 Knowledge Exchange, Mobilization and Training Outline
- L.2 Training Event Checklist

Appendix M: Supporting Integration

- M.1 Measuring Integration
- M.2 Integrating with Intention
- M.3 Sample: Foundry Team Commitments

References

- [16] Salmon, A., Fernando, S., & Berger, M. (2018). Developmental evaluation of Foundry's proof of concept. Foundry: Vancouver, BC.



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