FOUNDRY

WHERE WELLNESS TAKES SHAPE

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Supplementary Materials for the Foundry Service Model Guide | March 2021

Supplementary Materials

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APPENDIX A

Overview of Service Model

A.1 Integrated Stepped Care Model: Overview

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WHERE WELLNESS TAKES SHAPE

Integrated Stepped Care Model: Overview

June 2020

Introduction

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. This 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 illnesses progress to the point of requiring limited, specialized services.

The purpose of this document is to provide an overview of the model, as well as information about how we developed it and how we will implement it. Many thanks to the people who have been diligently working to develop the ISCM and support its implementation: Foundry's Provincial Clinical Working Group, comprising leaders, clinicians and physicians across the Foundry network.

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Overview and Key Features

What are Integrated Youth Services?

The term “Integrated Youth Services” refers to a variety of services that are brought together to treat a young person holistically. These services are not merely co-located but work together collaboratively with pathways for care and for sharing relevant clinical information. Foundry brings together five core service streams for young people ages 12–24: primary care, mental health care, substance use services, social services (e.g., housing, income or employment supports) and peer support. In Foundry centres, care providers work together as a single team to support a young person and also help to provide access to more specialized services when required.

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

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

What is stepped care?

In “stepped care,” the type and intensity of a service is matched to the need of a client. Each client first receives the most effective yet least intensive intervention targeted to their individual needs. This ensures efficient use of services by only offering expensive and complex interventions when less intensive and costly ones have not worked. It also helps minimize the life disruptions that can be associated with treatment. Young people can step up or step down a “ladder” of evidenced-informed services in a timely manner according to changing needs and in response to treatment. Services on each step can be offered in order or simultaneously.

A STEPPED CARE APPROACH

Key Features of Stepped Care

Person-centred: putting the young person at the centre, providing the care that best meets their needs.

Flexible: providing a spectrum of services at different intensities, delivered in the order and manner most appropriate for each individual.

Effective: overall model and components are supported by evidence.

Efficient: delivering the lowest cost intervention to best meet each young person’s needs.

Timely: facilitating timely access to services – both over the life course and within an episode of illness.

Coordinated: enabling integration of mental health and other services.

(PHN South Eastern Melbourne 2016)

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Bringing it together: Foundry's Integrated Stepped Care Model (ISCM)

Foundry uses an Integrated Stepped Care Model, meaning different interventions or 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. Our ISCM has four steps (see Figure 1, page 5), ranging from low- to high-intensity services:

1) active engagement (referred to as "watchful waiting" in the literature);
2) low-intensity services;
3) moderate-intensity services (short-term); and
4) high-intensity, specialist services.

The integrated aspect of the Foundry model is unique among other stepped care models that exist in North America, the UK and Australia, as those countries' models are based on single service streams — primary care or mental health, for instance. Foundry centres offer five core service streams: primary care, mental health care, substance use services, social services and peer support. If there is evidence to show that a service provider from one of the five core streams can offer an intervention, then that intervention is integrated into the stepped care pathway.

Both mental health and substance use (MHSU) care are guided by the Foundry ISCM. The model identifies evidence-based interventions at each step of care for mood, anxiety and distress; early psychosis; and problematic substance use. By having an ISCM, team members from different organizations or various professional backgrounds have a shared framework to support their planning for client care.

Foundry is based on a partnership model, and services may be provided by different organizations. While Foundry's five service streams are common to all Foundry sites, and core therapeutic modalities will be offered at every site, the complete range of services offered at any one Foundry centre will reflect the unique partnerships that each community has brought together in their centre. At Foundry, we believe it is crucial that all partners involved in each community are actively engaged in shaping the specifics of their pathways to ensure that services are fully integrated and that the interventions provided are effective.

Foundry's model provides integrated services in two ways:

Holistic support: A client is on a mental health and/or substance use stepped care pathway but may also receive primary care, social services or peer support that is complementary yet not part of the stepped care pathway. While the primary focus for the client is on MHSU support, the other remaining core services provide the holistic foundation that supports their overall wellness.

Embedded support: While a client is on an MHSU pathway, service providers from primary care, social services or peer support may offer the service associated with the steps in the MHSU Integrated Stepped Care Model. For example, a family doctor could be monitoring medications at step 1 or at step 3, or a peer support worker might co-facilitate the wellness group that the client attends at step 2.

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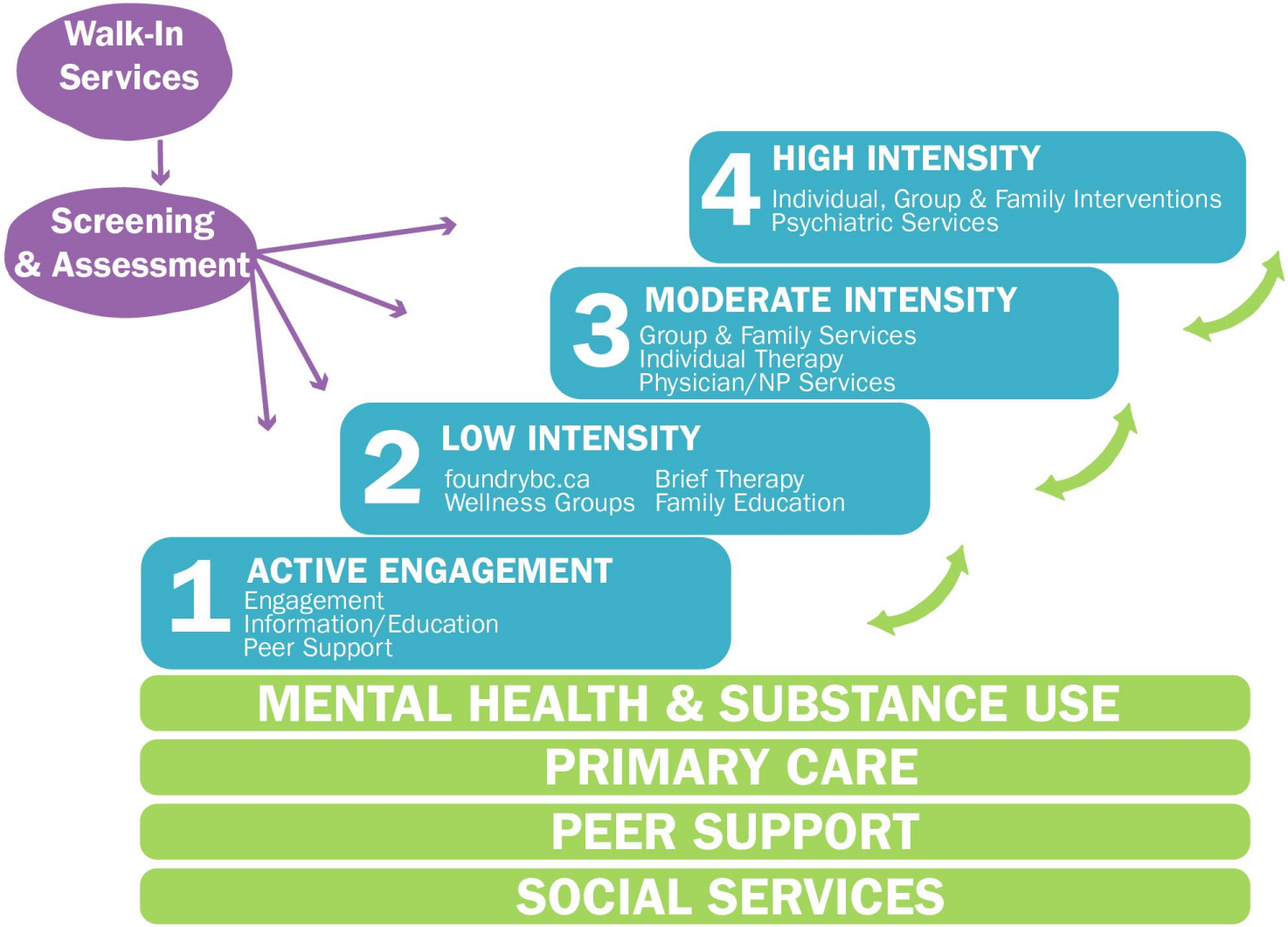
Figure 1. Foundry's Integrated Stepped Care Model



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Why is Foundry using an Integrated Stepped Care Model?

Integrated Stepped Care Models are evidence-informed and cost-effective treatment options with a strong history in adult mental health services, but there is a need for more robust evidence in populations of youth and young adults with challenges related to mental health and substance use. ISCMs take a holistic approach by addressing a young person's needs and strengths across different aspects of their lives — as reflected in the five core service streams Foundry provides — and across partners and service providers.

In the traditional, conventional Canadian health care system, resources tend to be allocated reactively; they are geared towards high-intensity services with strict inclusion criteria to best support clients in acute crisis or requiring specialist services. Unfortunately, this system of resource allocation can lead to young people with emerging sub-clinical disorders or mild-to-moderate symptoms either being ineligible for services until symptoms increase or having to wait a long time to receive services.

Foundry's ISCM is designed to ensure that appropriate, lower-intensity services are readily available to young people with mild-to-moderate or emerging mental health and/or substance use concerns. Our ISCM prioritizes intervening early, before severe conditions develop, and reserving high-intensity services for the clients who most need them. Our ISCM also allows lower-step interventions to continue support if there is a waiting period for high-intensity services. To address a client's needs holistically, other services and supports outside of MHSU are available and can be incorporated into the care plan as appropriate.

The ISCM provides a common framework around which all service providers at a Foundry centre coordinate service delivery. This framework facilitates the integration of services and collaborative planning around clients and their families.

How does Walk-in Counselling fit in?

Youth who come to Foundry may know that they need help but may be uncertain about what service would be best for them. Foundry's walk-in counselling is a stand-alone service available to any young person who wants support to deal with an issue in the moment — we call it a "just in time" service. Our walk-in counsellors provide single session Solution-Focused Brief Therapy. Some clients may need or request services beyond walk-in counselling, and this may be discovered during their walk-in counselling session. Walk-in counselling may then become the entry point into ISCM services.

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Youth with mental health or substance use concerns will have the option of receiving walk-in counselling for an issue of immediate concern or to engage in a broader assessment. This broader comprehensive assessment will help to determine the appropriate service when their issues or preferences may not align with a walk-in counselling approach.

Walk-in counselling also may be a preferred intervention for those who are receiving ISCM services. Clients can use the walk-in counselling service whether or not they have been assessed for, or received services within, the Integrated Stepped Care Model. Essentially, walk-in counselling can be either an entry point to the ISCM or a service available for youth on a stepped care pathway.

IMPLEMENTING THE ISCM

- *ISCM pathways for mood/anxiety/distress and substance use have been implemented and are being evaluated.*
- *The early psychosis and disordered eating pathways need to be piloted.*
- *Primary care service providers, social services and peer support are integrated into the MHSU pathways where appropriate and in alignment with the provincial direction regarding Primary Care Networks and Specialized Care Programs.*
- *Foundry Central Office is supporting implementation of stepped care at the centres through training on using clinical tools and integrating the model.*
- *A literature review on Indigenous-based clinical services is currently underway to support the development of Indigenous integrated stepped care.*

Development & Implementation

Who was involved in developing the ISCM?

With representatives from Foundry centres, regional health authorities and the Ministry of Children and Family Development's Child and Youth Mental Health team, Foundry's Clinical Working Group (CWG) is made up of clinical leaders, clinicians and physicians. In December 2016, a small team within the CWG was selected to lay down the framework of the model. To create the framework, this group:

- Reviewed the stepped care literature and identified evidence-informed best practices;
- Consulted with content experts in key areas: mood, anxiety and distress; substance use; and early psychosis;
- Collaborated with Foundry centres to ensure that the framework and its pathways reflect clinicians' existing skillset and on the programming already offered in each centre;
- Reviewed the draft pathways with clients and families with lived experience; and,
- Validated draft ISCM pathways through external clinical experts.

The ISCM pathways that the CWG has developed are attached to this document as appendices.

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What are the stepped care pathways and core therapeutic modalities?

Currently, Foundry's ISCM comprises an overall framework including three stepped care pathways: Mood, Anxiety and Distress; Substance Use; Early Psychosis, Disordered Eating (see Appendices A, B, C, D respectively). These pathways are organized around a set of common core services, including Cognitive Behavioural Therapy (CBT), Solution-Focused Brief Therapy (SFBT), Motivational Interviewing (MI) and Emotion-Focused Family Therapy (EFFT). Some group-based services — CBT, SMART Recovery and wellness groups — are also offered across centres.

Although each of the pathways is unique, there are some common services that cut across the pathways or are trans-diagnostic (see Appendix E: *Integrated Stepped Care Model Service Map)*.

Each Foundry centre has specific assets that they bring to enhance the ISCM, reflecting each community's unique strengths. These centre-specific services are brought to Foundry's CWG, where they are shared and discussed for potential province-wide implementation. This approach reflects the flexibility of the model to adapt to the needs of each Foundry community.

How will service providers know what pathway or step clients are in?

When a Foundry clinician is making a decision about a client's starting point in the ISCM, they consider three factors: clinical impression, client and family preference, and screening through validated tools and comprehensive assessment.

A key tool in the assessment process for the ISCM is Foundry's electronic data platform, Toolbox. Using Toolbox helps Foundry clinicians to make decisions about a client's pathway and step placement, because Toolbox contains selected clinical screening and assessment tools for client self-reporting and clinician reporting. When selecting the clinical tools to include in Toolbox, the Foundry CWG and research and evaluation team considered:

- Appropriateness for use in the adolescent and young adult population;
- Demonstrated validity and reliability;
- Acceptability to providers and clients (i.e., ease of use, length);
- Availability in the public domain (that is, free or inexpensive); and
- Applicability for comparing results to other similar programs.

Foundry has started the implementation of the ISCM by trialing a core group of clinical tools, including Global Appraisal of Individual Needs – Short Screener, Version 3.0.1 CAMH (GAIN-SS), Kessler Psychological Distress Scale 10 (K10), Psychosis Screening Questionnaire (PSQ) and Social and Occupational Functioning Scale (SOFAS). In addition to supporting pathway and step assignment, these screening tools and scales are used to track progress as clients move through interventions. Toolbox provides each client's results through readily accessible in summary reports.

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Clinical tools alone only tell part of the story. Decisions about client care always need to consider clinician judgment and client and family preference to ensure the client is receiving the right service at the right time.

Some of the youth, young adults and families serviced by Foundry centres will have more complex needs and may benefit from services across different ISCM pathways based on their needs, goals and priorities. Clients are reassessed at completion of treatment or at scheduled intervals to review their pathway and step assignment.

When do clients move between steps in this model?

Regular monitoring of each client's progress through treatment is an integral component of the stepped care approach. This monitoring allows for young people to step up or step down the pathway as they respond to treatment and as their needs change. The goal is to enable reassessment in a timely way and determine what step is most appropriate for a client's current needs.

Structured reassessment is part of the ongoing ISCM intervention and will occur at the end of a planned course of treatment, at a defined review period or when the client, their family or their service provider observes a significant change. Regular reassessment is a way of tracking progress. It also helps a service provider to adjust a client's treatment plan if feedback indicates the current plan is not working. If the client is not improving, moving up a step may be indicated. When clients improve, they may either move down a step or be discharged from ISCM treatment.

The clinical tools located in Toolbox can be accessed during client care. These tools, some of which are regularly repeated, will be automatically provided to the client at fixed intervals. Clinicians will also enter scores and indicate the pathway and step of the client within Toolbox. This information will then be available to other service providers involved in the client's care.

How will the ISCM be evaluated?

There are two ways the ISCM is being evaluated at Foundry: developmental evaluation and outcome evaluation. Through developmental evaluation, Foundry's research and evaluation team is identifying and testing the effectiveness principles that support the early implementation processes and outcomes, looking as well for both intended and unintended consequences. Developmental evaluation will help us to:

- Understand how care decisions are best made using integrated stepped care;
- Test adaptations of the model in real time;
- Assess the suitability of the core set of screening and assessment tools; and
- Identify and act on improvements to stepped care that reflect the experiences of clients, families and service providers.

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The Foundry Central Office will also evaluate the outcomes associated with the ISCM. Our Toolbox system is key to the outcome evaluation of the ISCM. The Foundry research and evaluation team performs ongoing analyses of the data collected from the standardized tools that are used for clinical decision making. The results of these analyses will help the Foundry Central Office to evaluate the efficacy of the model for improving outcomes for clients and families over the long term.

How will staff at Foundry centres be supported to use the ISCM?

Foundry Central Office (FCO) supports Foundry centres in several ways throughout the development of Foundry centres. All service partners' leadership at each Foundry centre receive an initial orientation to Foundry's ISCM. Centre staff are provided training on the screening and assessment tools in Toolbox, as well as the practice of the core therapeutic modalities identified in the stepped care pathways. Training may be provided directly by FCO staff, in-house, online or within provincial workshops. To ensure that knowledge is shared between Foundry centres and FCO, and among the different Foundry centres, we hold province-wide teleconferences/videoconferences. Regular meetings with centre operations and clinical leadership allows FCO to responsively support all Foundry centres as needs and challenges arise in the implementation of the ISCM.

I still have questions about Foundry's Integrated Stepped Care Model. Who do I contact?

If you have questions or are looking for further information on Foundry's Integrated Stepped Care Model, please contact your FCO Manager, Service Implementation and Integration.

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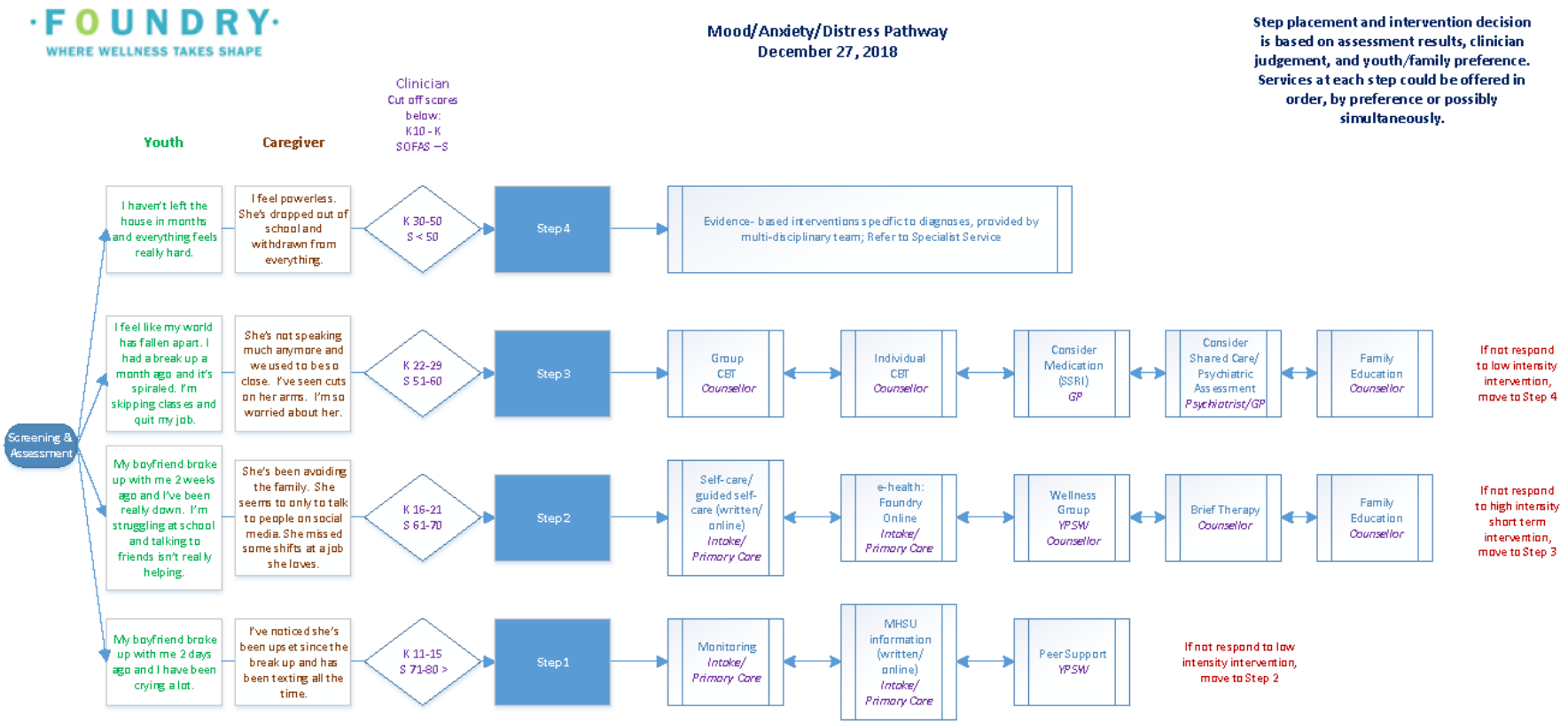
Appendix A: Mood, Anxiety and Distress Pathway



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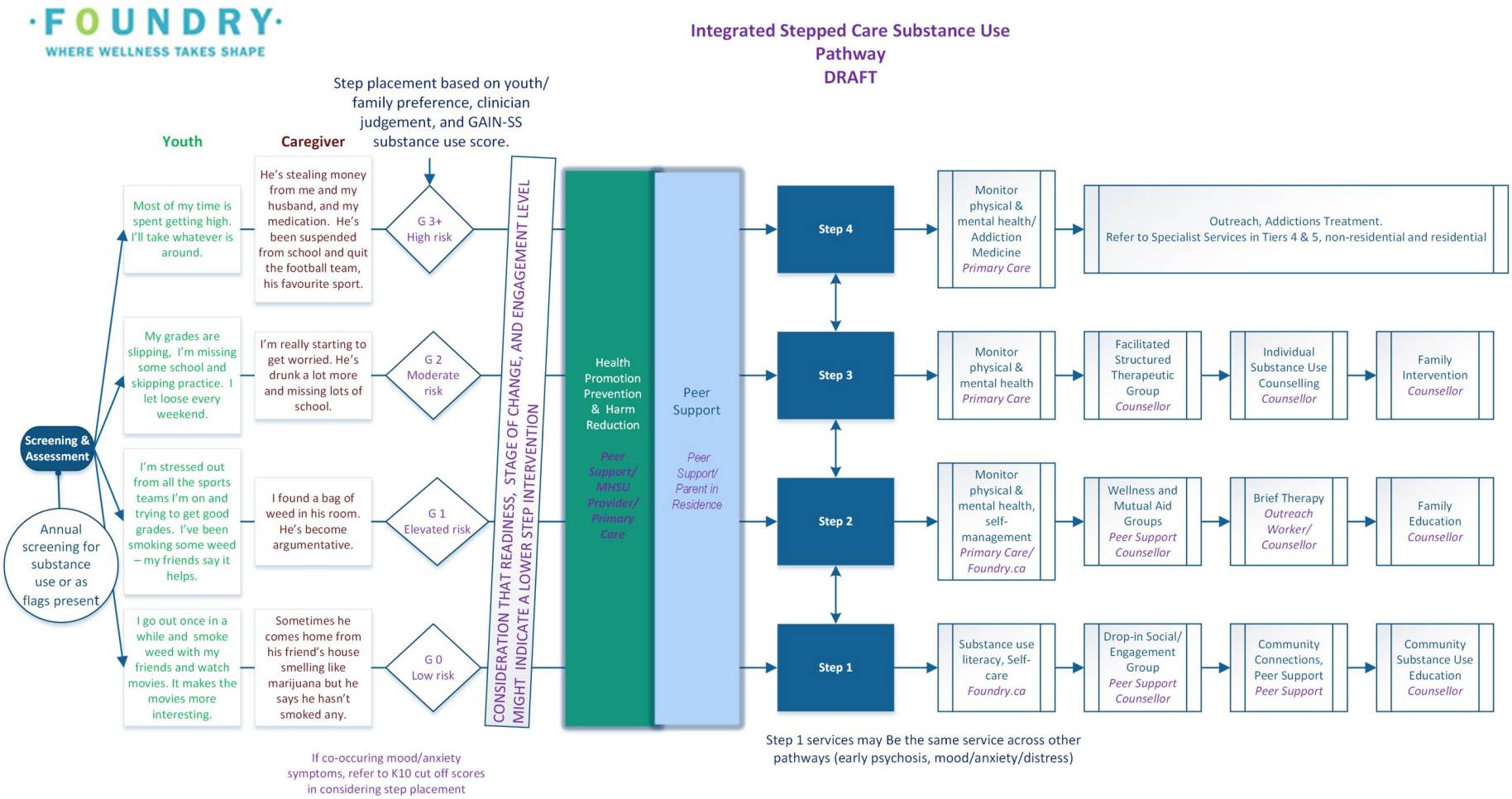
Appendix B: Substance Use Pathway



Draft February 2019
Developed in consultation with Foundry Clinical Working Group, Foundry Substance Use Working Group, and Sherry Mumford. Youth consultation in progress.

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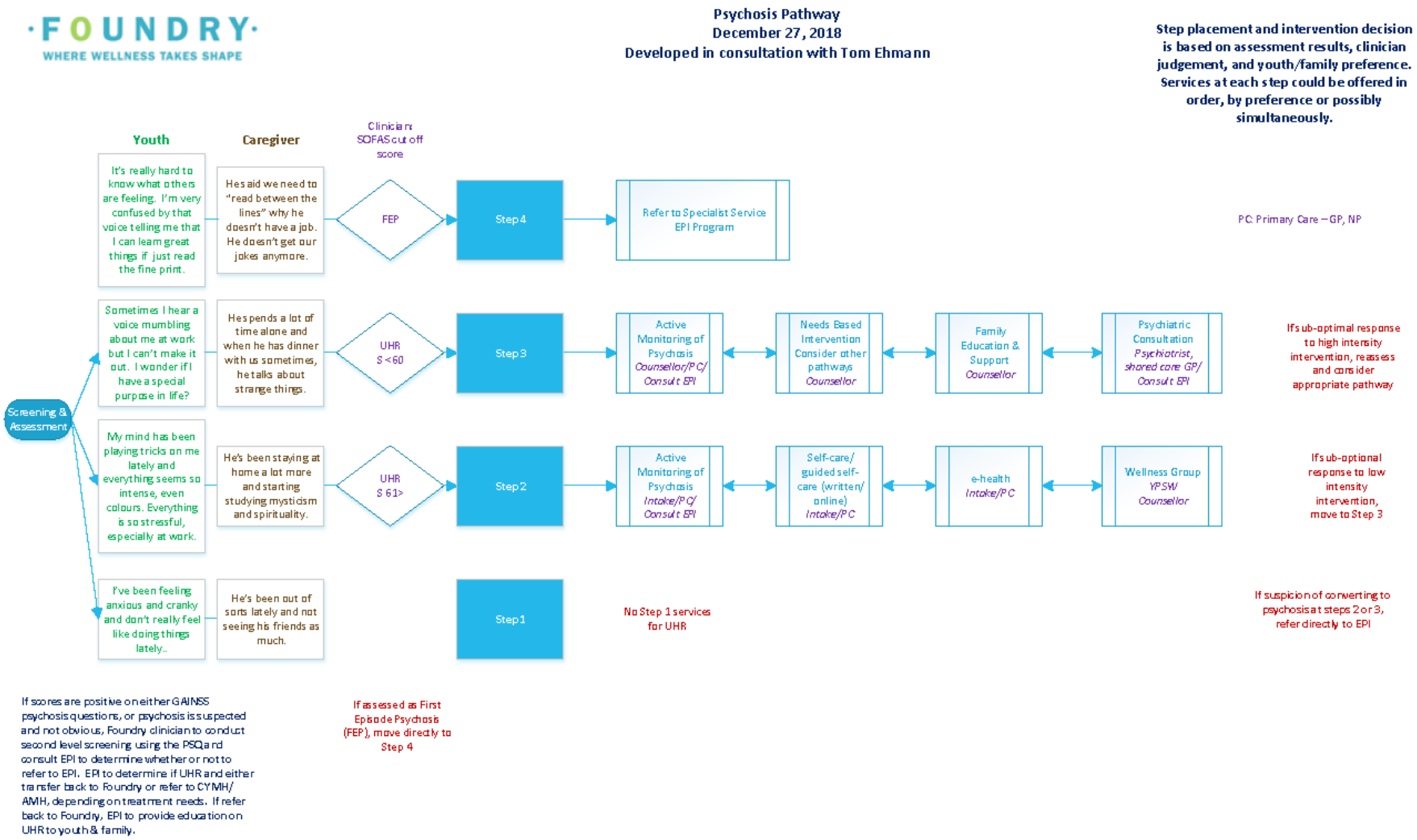
Appendix C: Early Psychosis Pathway



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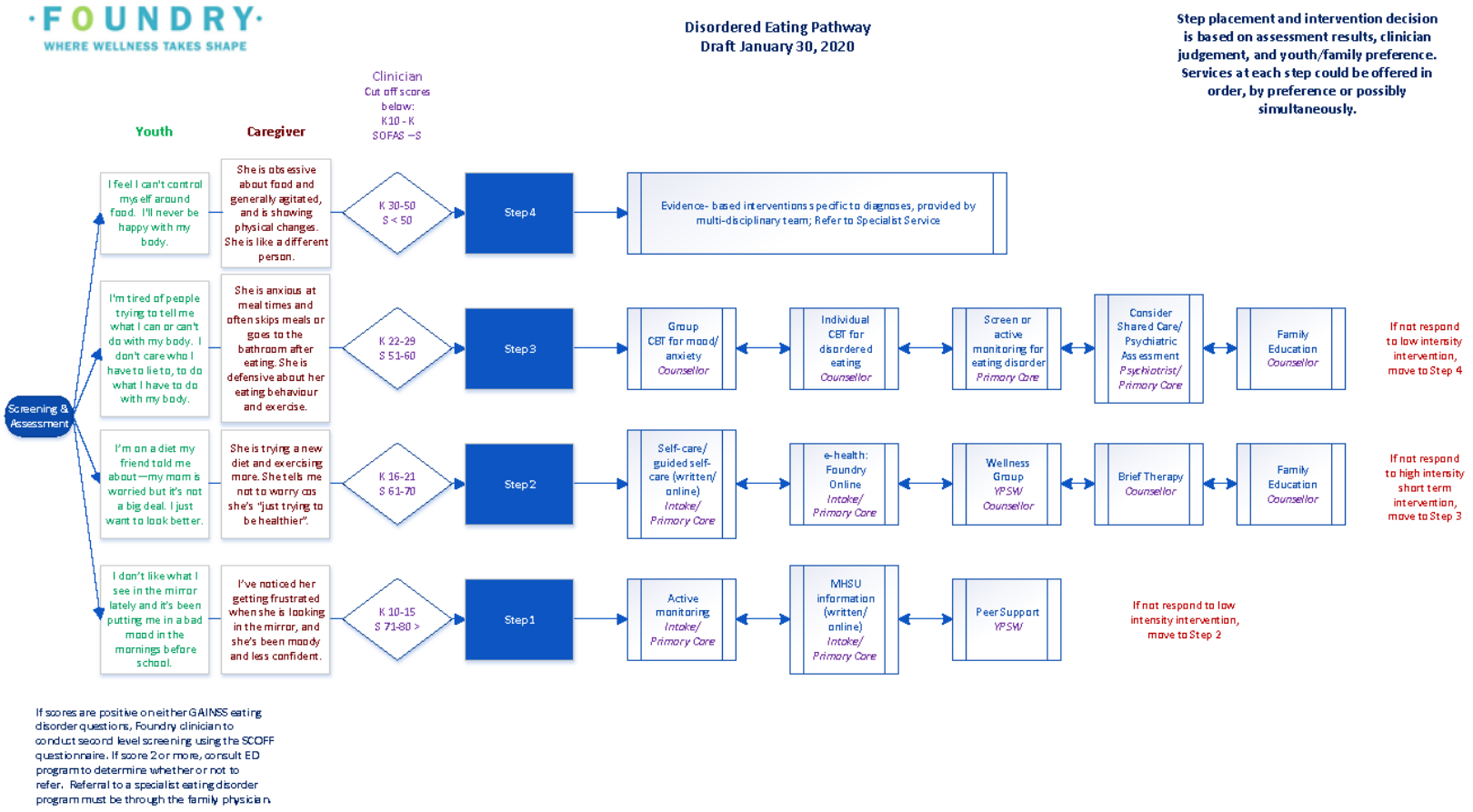
Appendix D: Disodered Eating Pathway



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Appendix E: Integrated Stepped Care Model Service Map

Service	Mood/Anxiety/Distress	Substance Use	Disordered Eating	Early Psychosis
Step 1 Active Engagement				
Active Monitoring	Active monitoring provided by Primary Care or Intake clinician, low intensity group facilitated by social services			No Step 1 services
Information/Education	Internet-based (Foundry Online) written material – general MHSU information and self-care			
Peer Support	Youth Peer Support Worker – provide peer support, information, monitoring			
Family Services	Family Education			
Other		HPP, SBIRT, Harm Reduction	Media literacy training	
Step 2 Low Intensity				
Self-care	Self-care/guided self-care – online, written			
e-Health	Foundry Online – direct to apps, Youth Bounce Back, interactive online modules, eCBT			
Group Intervention	Wellness Group			
	YMind			
Brief Therapy	SFBT	MI/MET	SFBT?	N/A
Family Services	Family education			Family education on UHR
Other		Targeted HPP, Harm Reduction		Active monitoring of psychosis
Step 3 Moderate Intensity				
Group Intervention	CBT *(e.g., Mindshift, RAD)* *DBT Informed?*	Therapeutic/psychosocial group *(e.g., Seeking Safety, SMART Recovery)*	Incorporate DE elements into mood/anxiety CBT group	Needs-based pathway and/or group education for UHR
Individual Therapy	CBT	MI, CBT	CBT for DE	Needs based intervention – consider other pathway

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Family Services	Family education, EFFT, EFFT caregiver workshop	Family intervention	EFFT, EFFT Caregiver workshop	Family education & support
Primary Care Services (Physician/Nurse Practitioner services)	Consider Medication (SSRI)	Monitor physical & mental health, risk assessment & response	Screening or active monitoring for eating disorder	Shared care with Psychiatrist
Psychiatric Consultation	Consider psychiatric assessment, shared care with GP/NP	N/A?	Consider psychiatric assessment, shared care with GP/NP	EPI psychiatrist consult, shared care with GP/NP
Other		Targeted HPP, Harm Reduction		Active monitoring of psychosis
Step 4 High Intensity, Specialist Services				
Primary Care Services (Physician/Nurse Practitioner services)	Shared care with psychiatrist	Addictions Medicine – OAT (provided by GP/NP)	Monitor long term medical concerns	Comprehensive physical exam at entry to EPI and annual exams; info on prevention & treatment on relevant health issues
Specialist MHSU Services	Evidence-based/informed interventions specific to diagnosis provided by multi-disciplinary team – group, individual, family and psychiatric services offered by local Health Authority MHSU, CYMH teams and specialist programs (e.g., EPI, Eating Disorders) – on site and off site			

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APPENDIX B

Access, Screening and Assessment

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*

* Available as Microsoft Word file.

Walk-in Counselling Overview

What is single-session walk-in counselling?

At Foundry, walk-in counselling (WiC) is a core service that allows young people to access counselling one session at a time, on an as-needed basis. WiC is offered using the Solution-Focused Brief Therapy (SFBT) approach: a strengths-based therapeutic approach that focuses on the client's existing skills, resources and strengths to formulate solutions to work towards their goals.

WiC 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.

Each WiC session is offered as a complete course of therapy and typically lasts 45 to 50 minutes. Although each session is intended to be a complete therapy, subsequent walk-in sessions may build on previous sessions. These subsequent sessions focus on moving from goal formation to co-creating a therapeutic plan as an ongoing process.

Why is Foundry using single-session walk-in counselling?

Foundry's vision is to provide low-barrier, easily accessible services for young people. By offering walk-in counselling, young people can get help when they need it or at a time of their choosing. Compared to being waitlisted or given an appointment in the future, walk-in clients tend to be highly motivated to receive help and make changes.[1]

WiC is the entry point for many young people to a Foundry centre, including the Integrated Stepped Care Model (ISCM). Improving access to services by providing same-day support, WiC addresses a variety of needs and can be successful as an intervention across a wide range of presenting concerns. It is a goal-focused and complete intervention with no specific requirement for follow-up or subsequent visits, and it is youth driven, as the young person determines the focus for each visit.

In all therapy models, evidence has shown that one session is the most frequent number of sessions for a course of therapy. This finding aligns with research indicating that most people want to experience positive outcomes in a single session. Additionally, researchers have found that improvements are typically made in the first few sessions of counselling.[2]

---

[1] Slive A, Bobele M, editors. When one hour is all you have. Phoenix, AZ: Zeig, Tucker & Theisen; 2011.

[2] Green K, Correia T, Bobele M, Slive A. The research case for walk-in single sessions. In: Slive A, Bobele M, editors. When one hour is all you have. Phoenix, AZ: Zeig, Tucker & Theisen; 2011. p. 23-36.

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What will be the impact on young people and families?

WiC allows young people to get help when they first ask for it, without scheduling an appointment. This responsive approach supports early intervention for mental health and substance use concerns and does not require a young person to be placed on a waitlist for services. In fact, as a result of changing their services to using a walk-in model, many programs (e.g., What's Up Walk-In clinics in Toronto) have eliminated waitlists for more intensive counselling services.[3]

Foundry recognizes that it takes a community to support our young people. To this end, caregivers of a young person may also access WiC to support their youth and, if appropriate, may participate in their youth's walk-in session. In some instances, caregivers may also be referred to the Family Peer Support Worker or Navigator.

Regardless of which Foundry centre a young person and their caregiver access, they can expect a consistent approach to service delivery. Counsellors work in collaboration with other service providers at the centre, sharing the goal of creating a seamless care experience for young people and their caregivers. Clear processes are in place to ensure that those accessing services are aware of information sharing practices and their rights and responsibilities when it comes to shaping the course of their wellness journey.

What will be the impact on Foundry centre team members?

All Foundry centres offer WiC services delivered by counsellors trained in SFBT (described above). Counsellors are responsible for documenting the service delivered on Toolbox, Foundry's electronic data platform. Counsellors also need to work in partnership with young people — and their caregivers, when applicable — to determine which service best meets their needs.

Foundry central office recommends having at least two counsellors and a clinical supervisor available during the hours that WiC is offered, to allow for team collaboration and/or clinical consultation. If a young person returns for more walk-in sessions, they will usually see the first available counsellor. They cannot count on seeing the same counsellor in future walk-in visits and will be oriented to this process at each walk-in session as indicated. WiC times should be run concurrently with other Foundry walk-in services such as primary care and peer support services and should be offered for a minimum of 20 hours a week.

Foundry provides training for walk-in counsellors and their supervisors on SFBT within the specific Foundry context of single-session. This training is 1.5 days and is co-led by two Foundry SFBT trainers. Additionally, walk-in counsellors and supervisors are encouraged to participate in the Foundry

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[3] Slive A, Bobele M, editors. When one hour is all you have. Phoenix, AZ: Zeig, Tucker & Theisen; 2011.

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province-wide SFBT Community of Practice, a facilitated teleconference hosted by Foundry Central Office (FCO). It is the Lead Agency's responsibility to ensure that onsite clinical supervision is delivered by a Masters-level clinician and available to all counsellors delivering walk-in services.

WiC complements other psychotherapeutic services provided at Foundry centres and can offer support while young people are waitlisted for other community resources. To promote continuity of care, all service providers have access to screening tools through Toolbox, allowing for shared communication about the young person's presenting concern, level of distress and services accessed at the Foundry centre.

As with any shift in practice or service delivery, walk-in services may present changes in processes and the way counsellors and teams do their work. It may take time for the team to adapt to the WiC model and to adjust to a new way of working. Literature on supporting teams and individuals around the process of change indicates that a combination of factors such as desire, knowledge and abilities are factors that lead to a successful change. For more information on how FCO can support teams on change management, please contact your FCO Manager, Service Implementation and Integration (MSII).

What will be the practice change for counsellors?

There are a few specific elements that are part of the Foundry WiC model that may require a practice change for the counsellor. The two most common practice changes include: a) providing a counselling session without conducting a comprehensive assessment prior; and b) containing the therapeutic intervention to a single session (unless therapeutically indicated). Many counsellors and clinicians who provide WiC at Foundry have previous experience in counselling and therapy models that include assessment as the first point of contact. For many health care providers and counsellors, assessment has always been the first point of service. WiC at a Foundry centre does not include a comprehensive assessment, and the premise of this single-session model is that the entire counseling session is a complete therapeutic intervention. Questions related to safety and risk are included as part of the Health Survey in Toolbox and will be responded to in a clinically appropriate manner.

How will single-session Walk-in Counselling be implemented at Foundry centres?

WiC service implementation begins at the design and development phase of a Foundry centre and in partnership with the Lead Agency and community partners. As WiC is typically a new service in BC communities, early planning focuses on identifying existing resources that could contribute to the walk-in model. FCO team members are available to assist in this process and to support conversations around service delivery. Service partners are encouraged to offer services within the Foundry model age mandate so that a counsellor providing WiC sees any young person ages 12 to 24.

As with other services, WiC requires access to adequate staffing, supervision, space and technology. For more information on the specific resources, space and operational considerations needed to implement WiC, please refer to Foundry's Walk-in Counselling Standards and Walk-in Counselling Practice Profile included as appendices in Foundry's Service Model Guide.

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Training in SFBT for WiC is offered shortly before a Foundry centre opens. Once a Foundry centre is established and there is a need for more training due to factors such as hiring new staff, Foundry's Knowledge Exchange and Mobilization Manager will organize the training in a community or region for those service providers who require it.

Still have questions regarding Walk-in Counselling?

The FCO team is available to support the implementation of WiC at each Foundry centre. FCO staff are available to support with any additional questions or challenges related to WiC. For further information, contact your FCO MSII

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Walk-in Counselling Standards

June 2020

Walk-in counselling (WiC) services offer responsive, same-day access, allowing young people, families and caregivers to connect with help when needed. WiC is one of many services available at Foundry centres and acts as an entry point to a comprehensive network of integrated youth services. It is delivered at the same time as other walk-in services, including primary care and peer support, and all service providers share the responsibility of connecting young people, families and caregivers to the most appropriate resource in a timely way. WiC services draw on Solution-Focused Brief Therapy (SFBT) that addresses a variety of needs and can be a successful intervention for youth and their family members. Using the single-session model, SFBT is goal-focused and a complete intervention with no specific requirement for follow-up or subsequent visits.

The following standards were developed in response to observations and lessons learned in WiC practices across Foundry's centres.

1. WiC services are delivered in person or virtually:
    a. To both young people and the family/caregiver of a young person;
    b. Without prior assessment;
    c. On the same day that service is requested;
    d. During other Foundry walk-in service times, including primary care and peer support;
    e. During times that meet the needs of young people and family/caregivers, as determined by local community need; and
    f. Confidentially, free of charge and with or without a Personal Health Number.

2. WiC acts as a seamless transition point to additional services streams offered within the Foundry centre and to the larger community network. A single-session WiC visit may lead to:
    a. Further assessment for a young person's presenting concerns;
    b. A referral to other services offered within the Foundry centre;
    c. A referral to services and supports available in the community; and/or
    d. A referral to crisis services.

3. Young people and families/caregivers accessing WiC will receive a comprehensive session orientation that includes:
    a. An overview of the WiC model;
    b. An overview of the session format;
    c. A review of confidentiality; and
    d. An opportunity to have their questions answered.

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4. Service providers delivering WiC utilize the SFBT single-session format and meet the following criteria:
    a. Successful completion of SFBT training; and
    b. Orientation to Foundry's WiC model.

5. Service providers working at a Foundry centre are familiar with and follow WiC practices including:
    a. A session break format;
    b. Ensuring continuity of care when service referrals are indicated;
    c. Coordination for internal and external service transitions;
    d. Interpreting clinical screening tools and flagging risk factors; and
    e. Reviewing documentation from previous session for returning clients.

6. Service providers delivering WiC have immediate access to clinical support and supervision.

7. Service providers have access to join Foundry's WiC SFBT Community of Practice.

8. WiC sessions delivered at a Foundry centre will be documented consistent with expectations outlined by the centre's Lead Agency.

9. Service providers delivering WiC must use Toolbox in the following ways:
    a. Review the Health Survey and K10 prior to visit; and
    b. Complete the End of Visit Form promptly after each visit.

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Walk-in Counselling Practice Profile

November 2020

Walk-in counselling (WiC) is a low-barrier, core service that allows young people to access counselling one session at a time, on an as-needed basis. WiC is the entry point for many young people to a Foundry centre. It is offered using the single-session, Solution-Focused Brief Therapy (SFBT) approach, where each session is a complete course of therapy. This practice profile is intended for leaders to use as a guide for implementing WiC. Part 1 outlines service delivery standards to operate WiC to full fidelity. Part 2 breaks down the activities involved in implementation, including orientation, training and continuing competency for WiC staff and clinical leaders.

Part 1

Standard 1: WiC services are delivered in person or virtually:

a. To both young people and the family/caregiver of a young person;
b. Without prior assessment;
c. On the same day that service is requested;
d. During other Foundry walk-in service times, including primary care and peer support;
e. During times that meet the needs of young people and family/caregivers, as determined by local community need; and
f. Confidentially, free of charge and with or without a Personal Health Number (PHN).

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Importance of Critical Component (Non-negotiable)	Ideal Implementation (Gold Standard)	Functional Variation	Unacceptable	Expected Outcomes
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
Each Foundry centre offers WiC services that are readily available and accessible in accordance with the needs of the young people, families and caregivers in their communities. Foundry centres provide virtual counselling services when requested.	**To both young people and the family/caregiver of a young person**. Clinicians are prepared to deliver counselling to both young people and families/caregivers during all hours of WiC service operations.	Service providers are prepared to deliver WiC services to young people during all hours of WiC service operations. Families/caregivers can access services during specified hours of operation.	WiC services are available for young people only.	Young people and families/caregivers receive just-in-time support for their presenting concerns. Virtual services can be accessed when requested.
	Without prior assessment. Service providers build session drawing on Solution-Focused Brief Therapy (SFBT) single-session practices.	Service providers review assessment prior to WiC session and work with client to complement existing care plan.	Workflow requires that service providers conduct a full assessment before delivering a single-session WiC.	

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	On the same day that service is requested. Service providers see client within 30 minutes of registration and/or completion of Health Survey.	In cases when WiC is at capacity, supervisor or delegate: • Invites client to return at a mutually agreed-upon time; • Provides information on how to access a virtual appointment; and • Offers to connect client with a Peer Support Worker or other service provider in the meantime.	Client is turned away by reception with no plan for follow-up.	Client is able to access services on the same day.
	During other Foundry walk-in service times, including primary care and peer support. Centre establishes service schedule based on principles of team-based care.	Walk-in services overlap with primary care and peer support services.	WiC is delivered as a standalone service. WiC is offered at a time when other walk-in services are unavailable. WiC is offered on an inconsistent schedule.	Sservice navigation is seamless for clients.
	During times that meet the needs of young people and families/caregivers, as determined by local community need. Centreimplements WiC services based on the advice and input	Centrebalances input from young people and families/caregivers with the rules and regulations set by Human Resources Policies.	Service days and times do not include direct consultation with young people and their families/caregivers. Decisions are made to meet the needs of those	Services are planned in collaboration with young people and families/caregivers and available at times that are

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	from young people and families/caregivers.		responsible for delivering services.	convenient for them.
	Confidentially, free of charge and with or without a PHN. Centreestablishes policies and procedures to ensure adherence.	No variation.	WiC is delivered on a fee-for-service model. Service is declined for those without a PHN. Client confidentiality is breached.	Services are easily accessible and barrier-free.

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Standard 2: WiC acts as a seamless transition point to additional services streams offered within the Foundry centre and to the larger community network. A single-session WiC visit may lead to the following:

a. Further assessment for a young person's presenting concerns;
b. A referral to other services offered within the Foundry centre;
c. A referral to services and supports available in the community; and/or
d. A referral to crisis services.

Importance of Critical Component (Non-negotiable)	Ideal Implementation (Gold Standard)	Functional Variation	Unacceptable	Expected Outcomes
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
Young people and families access the supports and services with ease. Service navigation is facilitated by service providers guided by client needs.	**Further assessment for a young person's presenting concerns.** Service provider and client make joint decision to proceed with further assessment of presenting symptoms.	Service provider initiates assessment based on clinical impressions and symptom severity during WiC session.	Service provider denies client request/preference for more in-depth assessment.	Young people and families/caregivers are connected with services best suited to their needs. In cases where waitlists for these services exist, they are able to continue

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	A referral to other services offered within the Foundry centre. Service provider introduces client to colleague at the end of the session for immediate follow-up. No paperwork is required.	Service provider informs client that a colleague that works at Foundry is better suited to meet their needs. Service provider schedules a follow-up appointment for client with that provider. A plan is made to connect either in person, by text or by phone call to confirm that client has connected with new service provider.	Client is asked to complete a new intake/registration form before being referred to another service provider.	accessing WiC services as needed.
	A referral to services and supports available in the community. Service provider initiates a community referral and assumes case management role until client active with referred service.	Client self-refers with support from service provider. Service provider remains connected with client until referral is accepted and intake process is complete.	No referral is initiated.	
	A referral to crisis services. Service provider delivers crisis intervention.	Service provider initiates referral as appropriate and assumes case management role until acute crisis resolved.	No service is delivered or referral initiated.	Clients access crisis service when needed.

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Standard 3: Young people and families/caregivers accessing WiC will receive a comprehensive session orientation which includes:

a. An overview of the WiC model;
b. An overview of the session format;
c. A review of confidentiality; and
d. An opportunity to have their questions answered.

Importance of Critical Component (Non-negotiable)	**Ideal Implementation** (Gold Standard)	**Functional Variation**	**Unacceptable**	**Expected Outcomes**
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
Young people, families and caregivers are informed about the type of services they are receiving, in a way that supports equity and transparency.	**An overview of the WiC model.** Service provider clearly outlines WiC model (see script in Appendix B.4).	Peer Support Workers give client an overview of WiC model (both written and verbal) and service provider asks client if they have any other questions.	Client receives no preparation for what to expect when accessing WiC services (written or verbal).	Young people, families andcaregivers know what to expect while receiving services. Outlined scope of services creates clarity.
	An overview of the session format. Service provider explains how single-session	Peer Support Workers explain what a single-session format is and what to expect.	Client receives no preparation for what to expect during session (written or verbal).	Young people, families and caregivers are aware of how a

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	format is delivered (see script in Appendix B.4).			WiC session is formatted and what to expect in the session.
	A review of confidentiality. Service provider reviews limits of confidentiality with client/family/caregiver.	No variation.	Review of confidentiality is not done.	Young people, families and caregivers are aware of the limits of confidentiality within WiC services and the Foundry centre, what processes support the sharing and protection of personal information and how to access their own records.
	An opportunity to have their questions answered. Service provider gives client time to reflect on information and ask questions.	No variation.	Service provider does not allow client to ask questions.	Young people, families and caregivers are able to ask questions about WiC and receive relevant and timely information to support their decision to access services.

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Standard 4: Service providers delivering WiC utilize the SFBT single-session format and meet the following criteria:

a. Successful completion of SFBT training; and
b. Orientation to Foundry's WiC model.

Importance of Critical Component (Non-negotiable)	Ideal Implementation (Gold Standard)	Functional Variation	Unacceptable	Expected Outcomes
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
WiC services use Foundry's framework for Solution-Focused Brief Therapy. This approach is recommended by Foundry's Provincial Clinical Working Group and considered best practice for targeted population.	**Successful completion of SFBT training and orientation to Foundry's WiC model.** Service provider has completed comprehensive Foundry SFBT training and orientation for WiC services. Service provider is utilizing a SFBT model that includes ALL of the following elements: • A cooperative therapeutic alliance with the client;	Service provider has received partial training/orientation or may be shadowing or mentored into SFBT and WiC services. Service provider is utilizing elements of SFBT model that includes SOME (but not all) of the following elements: • A cooperative therapeutic alliance with the client; • A belief that the youth is the expert in their problem and its solution;	Service provider does not have any training in SFBT or knowledge of WiC services. Service provided does not use SFBT as therapeutic modality at all.	Young people and caregivers experience consistent SFBT WiC services any time they attend a Foundry centre. Service providers develop competence and comfort with SFBT and WiC services

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	• A belief that the youth is the expert in their problem and its solution; • A complete therapy in each session consistent with model and its strategies; and • A session break with an opportunity for the counsellor to receive peer or supervisory support.	• A complete therapy in each session consistent with model and its strategies; and • A session break with an opportunity for the counsellor to receive peer or supervisory support.		

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Standard 5: Service providers working at a Foundry centre are familiar with and follow WiC practices including:

a. A session break format;
b. Ensuring continuity of care when service referrals are indicated;
c. Coordination for internal and external service transitions;
d. Interpreting clinical screening tools and flagging risk factors; and
e. Reviewing documentation from previous session for returning clients.

Importance of Critical Component (Non-negotiable)	Ideal Implementation (Gold Standard)	Functional Variation	Unacceptable	Expected Outcomes
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
WiC services use Foundry's framework for Solution-Focused Brief Therapy. This approach is recommended by Foundry's Provincial Clinical Working Group and considered best practice for the targeted population.	**A session break format.** Service providers are familiar with and routinely connect with supervisor or peer during session break. This time is used for reflection and intervention planning. Service providers refer to session break tool as needed (see tool in Appendix B.5).	No variation.	Service providers do not take a session break.	Service providers receive real-time clinical supervision. Service providers understand clinical utility of session break and apply it consistently.

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	Ensuring continuity of care when service referrals are indicated. Service providers assume brief case management and support clients until they have been accepted to referred services and seen by new providers.	No variation.	Service providers refer client to program and discharges without confirmation that client has successfully transitioned to service.	Service providers know process for referring and can refer in a timely manner.
	Coordination for internal and external service transitions. Service providers assume case management role and are responsible for connecting client to other services.	No variation.	Client receives no case management support or support in navigating services.	Service providers assume responsibility to ensure client receiving care is transitioned to other service, when indicated and agreed upon, in a manner that is respectful of their autonomy and need and promotes continuity of care. Centre has process in place to ensure referrals were received by external agency.
	Interpreting clinical screening tools and flagging risk factors. Service providers review Toolbox data before inviting client to session.	No variation.	Service providers do not review Health Survey.	Services providers are proficient in understanding clinical utility of screening tools and identifying risk factors impacting the wellness of the client.
	Reviewing documentation from previous session for returning clients. Service providers review Toolbox to	No variation.	Service providers review documentation after session.	Service providers review session notes and other documents related to client to promote continuity of care being provided and to reduce the need

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	determine whether this is a first visit.			for the young person to have to repeat information that has been shared previously.

Standard 6: Service providers delivering WiC have immediate access to clinical support and supervision.				
Importance of Critical Component (Non-negotiable)	**Ideal Implementation** (Gold Standard)	**Functional Variation**	**Unacceptable**	**Expected Outcomes**
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
It is best practice to have clinical leadership available when delivering services.	Service providers routinely take a session break.	No variation.	Service providers do not take a session break.	During WiC hours of operation, there is designated clinical oversite available 100% of the time.

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Standard 7: Service providers have access to join Foundry's WiC SFBT Community of Practice.				
Importance of Critical Component (Non-negotiable)	**Ideal Implementation** (Gold Standard)	**Functional Variation**	**Unacceptable**	**Expected Outcomes**
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
Clinical Coordinator/ Supervisor/Program Manager facilitates a culture of continued practice learning within the team and the Foundry WiC SFBT CoP.	Clinical Coordinator and service providers attend SFBT CoP on a regular basis. Clinical Coordinator supports and facilitates participation by leading topical discussion or case study within the CoP as indicated by the schedule. Clinical Coordinator supports ongoing SFBT learning on their team.	Service providers delivering WiC are able to attend SFBT CoP on a rotation, and information is shared amongst the service delivery team.	Service providers are unable to attend SFBT CoP because of workload/time constraints. Clinical Coordinators do not facilitate team practice support opportunities.	Service providers are able to learn from colleagues' experiences delivering WiC and enhance skills/approaches in their own practice. SFBT CoP brings together service providers from across the province and creates dialogue between urban, rural and remote communities. Service providers build confidence in the therapeutic process and approach.

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				Service providers feel supported in delivering WiC using SFBT. Centres will provide opportunities to learn and offer WiC to students/interns.

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Standard 8: WiC sessions delivered at a Foundry centre will be documented consistent with expectations outlined by the centre's Lead Agency.				
Importance of Critical Component (Non-negotiable)	**Ideal Implementation** (Gold Standard)	**Functional Variation**	**Unacceptable**	**Expected Outcomes**
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
Shared and common documentation practices in a single Electronic Medical Record (EMR) is best practice for the delivery of team-based care. Note: The Lead Agency owns the primary EMR and the partner's EMR system is secondary.	Service providers document session notes and outcome at the end of WiC session in the primary EMR.	Session notes and outcome are documented as a late entry. Duplicate records are held in both Lead Agency's and partner's EMR to facilitate collaborative care planning.	There is no documentation, or the documentation is not available to those who need access to ensure service continuity (e.g., held only in one EMR that not all service providers have access to).	One common care plan minimizes duplicate records and facilitates continuity of care and information sharing among service providers.

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Standard 9: Service providers delivering WiC must use Toolbox in the following ways:

a. Review the Health Survey and K10 prior to visit; and
b. Complete the End of Visit Form promptly after each visit.

Importance of Critical Component (Non-negotiable)	Ideal Implementation (Gold Standard)	Functional Variation	Unacceptable	Expected Outcomes
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
Using a shared data platform (Toolbox) reduces the need for clients to repeat information to multiple service providers who are involved in their care.	**Review the Health Survey and K10.** Service providers review Toolbox prior to WiC session and includes review of risk factors.	No variation.	Service providers do not review Toolbox information (Health Survey, K10).	Services providers are able to monitor changes in client presentation and service utilization. Program Managers/centre leaders are able to adapt services to respond to emerging service needs.
	Complete an End of Visit Form (EoV) promptly after each visit.	Service providers complete EoV at the end of day when service is delivered. Reception staff complete EoV on behalf of service providers.	Service providers do not complete EoV.	

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Part 2

Now that we have an "it" in the form of WiC Standards and the Practice Profile, let's dig into the learning resources that support the knowledge, skills, tools and abilities necessary to support the implementation.

Core l components to consider include: orientation, training and continued competency resources for Foundry centre staff and clinical leaders.

Core Component	Centre Actions	Knowledge/Skills and Abilities	Evaluation (Outcomes)
List each core component below	**Summary of ideal and/or acceptable behaviour**	**Learning/capacity building activities to support putting the component in place**	**Identify how you will measure the impact/outcome**
All Foundry staff and students are equipped to relate, identify and demonstrate the core principles, values, guidelines and standards of the Foundry Service Model within the scope of their roles at Foundry.	Foundry centres have a consistent orientation process that is delivered at the beginning of employment to all clinicians and supervisors, including those from partnering agencies. Those delivering WiC services have core counselling skills/competencies, including the following professional designations or equivalent with training and experience:	An orientation to a Foundry centre including: • Partners; • History; • Foundry ISCM as it relates to a specific centre; and • Scope of role. Orientation utilizes content from the latest versions of the following documents: • Foundry Service Model Guide;	• Outcomes from youth and family experience surveys; • Service provider surveys; and • Outcomes from developmental evaluations.

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Core Component	Centre Actions	Knowledge/Skills and Abilities	Evaluation (Outcomes)
List each core component below	**Summary of ideal and/or acceptable behaviour**	**Learning/capacity building activities to support putting the component in place**	**Identify how you will measure the impact/outcome**
	• Master's prepared counsellor (MCC, MA, MEd, MSc, MSW); or • Other (BSW, Nursing) – these disciplines require clinical supervision from a Master's level counsellor. Interns and students are provided Foundry orientation and training from their direct supervisors.	• Walk-in Counselling Standards; • Walk-in Counselling Overview; • Walk-in Counselling Practice Profile; • Toolbox – Health Survey and K10; and • Foundry centre brochures, handouts andcommunity-based information.	

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Core Component	Centre Actions	Knowledge/Skills and Abilities	Evaluation (Outcomes)
List each core component below	**Summary of ideal and/or acceptable behaviour**	**Learning/capacity building activities to support putting the component in place**	**Identify how you will measure the impact/outcome**
WiC offered at each Foundry centre utilizes a SFBT model that includes the following elements: • A cooperative therapeutic alliance with the client; • A belief that the youth is the expert in their problem and its solution; • A complete therapy in each session consistent with the SFBT model and its strategies; and • A session break with an opportunity for the counsellor to receive peer or supervisory support.	The centre provides Foundry WiC SFBT training time for all WiC supervisors and clinicians including continuing competency strategies. Prior to opening a new Foundry centre, FCO will provide initial WiC SFBT Training. Thereafter: • WiC clinical supervisors coordinate and provide Foundry WiC SFBT orientation, mentorship, coaching and supervision to all new centre WiC clinicians and students; • Centres support senior WiC SFBT clinicians to participate in the Foundry WiC SFBT co-facilitator training; and	Consultation with FCO Knowledge Exchange and Mobilization (KEMb) Manager for training needs planning. Utilization of the Foundry WiC SFBT orientation package.	• Session rating scale; • Outcomes from youth and family experience surveys; • Service provider surveys; and • Outcomes from developmental evaluations.

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Core Component	Centre Actions	Knowledge/Skills and Abilities	Evaluation (Outcomes)
List each core component below	**Summary of ideal and/or acceptable behaviour**	**Learning/capacity building activities to support putting the component in place**	**Identify how you will measure the impact/outcome**
	• Centres support senior WiC SFBT co-facilitator trained clinicians to lead and/or support the supervisor to provide orientation and training to the new service providers and students.		

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Core Component	Centre Actions	Knowledge/Skills and Abilities	Evaluation (Outcomes)
List each core component below	**Summary of ideal and/or acceptable behaviour**	**Learning/capacity building activities to support putting the component in place**	**Identify how you will measure the impact/outcome**
WiC is delivered utilizing the SFBT model.	All hired WiC supervisors and clinicians, including from partner agencies, are formally trained in Foundry WiC SFBT model. All WiC clinicians and supervisors are supported to participate in the monthly SFBT CoP as outlined in the above section of this Practice Profile.	Attendance at the Foundry WiC SFBT 10-hour training (precise hours may differ depending if it is in-person or virtual).	• Training outputs; • Outcomes from youth and family experience surveys; and • Service provider surveys.

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Walk-in Counselling Session Opening Model Structure and Script

Introduction

Example:

Before we begin, I just want to go over a few things about how this session will go today. I want to tell you some things about how we protect your privacy, what the session will be like and how other team members may be involved in your care.

Limits to confidentiality

Include:

- Who the information will be shared with; and
- When the information will be shared without client consent.

Example:

Like with all counselling, what you share today will be kept private. There are some people on the team here at Foundry who I will consult with as part of this counselling, and I will share some of what we discuss with them. None of us will share this information outside of the team here unless you give us permission to do so. I also take notes on this session, and other care providers you see here at Foundry may see these notes if it relates to their work with you. The only time we are required to discuss what happens in this session outside of the team is if we learn something that makes us believe that you or someone else is in serious danger or if we are ordered to do so by law. These are very unusual situations.

Counselling format

Include:

- Solution-Focused Brief Therapy (SFBT) summary; and
- Single-session format, including the possibility that a returning walk-in client may see another practitioner for their next session.

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Example:

The walk-in counselling we provide here at Foundry is called Solution-Focused Brief Therapy. The basic idea behind this therapy is that you already have important skills to help you overcome the challenges that are getting in your way. What I will do is learn a bit about you and your situation and then explore some of your skills and strengths with you, and together we will come up some ideas for next steps to get you to your goals.

Since this is a “single-session” format, we don’t usually plan to see each other again in another appointment. You are welcome to come back any time for another session which may be with me or someone else on the team. I will take notes on the session today and if you come back and see another person about this issue, they will be able to see what we talked about, so you don’t have to start at the beginning again. If it seems like this type of counselling isn’t right for you, we can discuss that as well and look at other options for you.

Session break

Include:

- Describe session break with or without team consultation, depending on centre structure.

Example:

One thing that might be different in this type of counseling from other types is that we will take a break about 2/3 of the way through the session. During this time, I will meet with some colleagues, like I mentioned before, and we will discuss what you have told me and we will think about your unique situation and skills and try to come up with some ideas of how you might take some steps towards your goal. I will share the details of that conversation with you [*OR if there is no consultation process:* During this time, I will review my notes, gather my thoughts and come up with some ideas of how you might make some steps towards your goal]. At that time, you will also think about what we have discussed and see if you have some ideas of new things to try to help with the situation you’ve come in for.

Questions and consents

Include:

- Opportunity for clients to ask questions; and
- Explanation of any signed consents provided at this time.

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Walk-in Counselling Session Break Tool

Introduce the break in session

Describe what will happen in the break:

- Decide who you will consult with (or not);
- Review the discussion and try to come up with some ideas for next steps;
- Indicate when you will come back; and
- Discuss what steps to take towards the goal following the session.

Request that the client take time to reflect on the session in preparation for plan development.

Session break summary

Summary of how client views their problem:_____

_____

_____

Client's identified goal/hopes for the future:_____

_____

_____

Client's current coping strategies, strengths and past successes: _____

_____

_____

Specific compliments for the client:_____

_____

_____

Potential experiments:_____

_____

_____

_____

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APPENDIX C

Mental Health and Substance Use Services

C.1 Family Services Overview

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

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Family Services Overview

June 2020

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Introduction

We are all family members, whether our family is natural or chosen, large or small, temporary or permanent, conventional or unconventional, resilient or fragile.

Families at the Centre, 2015

At Foundry, we know that supporting the family members of our young clients can be key to their wellness journey. Research shows that improvement rates rise dramatically when family is involved. Offering education, skills and tools to caregivers and other family members promotes better wellness outcomes for everyone.

At Foundry, *family* is defined uniquely by each young person. Family is considered to be an integral part of a young person's circle of care. Family and other caregivers — whether by birth, choice or circumstance — hold a significant role in supporting a young person by fostering a sense of belonging and connection through their shared experience.

Borrowing from Frayme's Family Advisory, the term *family* may include parents, caregivers, siblings, partners, Elders, mentors and others who are viewed by youth as people who play a significant emotional, cultural or other role in their life. At Foundry, we acknowledge and respect the diversity of families across BC. As a learning organization, Foundry is committed to the reflective practice of cultural humility and the need to meet families where they are at.

We recognize the common tension in serving youth — including young people with fractured family relationships — and supporting families who want to be involved or may be struggling themselves. There is a delicate balance between maintaining youth-friendly space, meeting the need for privacy and confidentiality and involving families as partners in care. We support young people and families whether they come to Foundry as a family unit or on their own.

What is the role of families in Foundry?

While Foundry is a youth-focused service, we value the role, impact and experiences of families. Many youth live in family homes, which may include multiple generations and family relations. Some youth come to Foundry with their parents, aunt, uncle, sibling or partner, and some may bridge to Foundry through their connections with mentors, social workers, school counsellors and other caring adult allies in their circle of support. Any one of these people in a youth's life may be supporting them in their wellness journey every day. Some youth who are living on their own may still be supported by a parent who may be driving them to their

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appointment or contributing to their rent. As young people may be connected, impacted and supported by their family members, understanding and involving youth-identified family supports can be key to the young person's wellness.

At Foundry, family involvement includes both formal engagement (i.e., local Parent Advisory Committees, Provincial Family Ambassadors) and a continuum of services for families that includes service delivery by counsellors and Family Peer Support Workers. As part of the focus on youth wellness at Foundry, service providers are encouraged, where possible, to include family members as partners in care. From *Families at the centre*:

> *Families are often an essential and enduring support to people with mental health and substance use challenges. Family mental health is a resource for personal and collective growth and transformation. It is holistic, multigenerational, and embedded within a web of sustaining relationships with kin and community. Since people with mental health and substance use challenges are often cared for by family members, systems need to recognize the importance of families and their unique role in building and sustaining resilience in a complex world. When the supportive role and needs of families impacted by a family member of any age with mental health and/or substance use problems are not acknowledged and supported, and the context of family is absent from the care provided to the affected family member, the health, well-being, and functioning of both the individual family member and the whole family itself may be compromised. Not only does this potentially undermine the effectiveness of the care and treatment provided, it increases the risk of mental health and substance use problems for other family members.*[1]

Many caregivers have living or lived experience of supporting a youth or young adult who has experienced mental health or substance use challenges. Integrating these caregivers into the Foundry service delivery model may be a new experience for Foundry leaders and service providers. Consequently, this may involve a learning curve in which beliefs, attitudes and team culture must change. Foundry Central Office (FCO) will support this learning and adaptation through facilitating training, providing interdisciplinary team building workshops that build on strengths and ensuring operational structures are in place.

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[1] Province of British Columbia: Family Mental Health & Substance Use Task Force. Families at the centre: Reducing the impact of mental health and substance use problems on families. 2015. Available at: https://www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/families_at_the_centre_full_version.pdf

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Families are part of the circle of care identified by each Foundry client and acknowledged as contributing love, connection, a belief in capacity, shared experience, influence, support, helpfulness, belonging, wellbeing, attachment, emotional bonds and intimacy.

Adapted from A Big Picture Story of Family Inclusion in Substance Use Services, 2017

Family Services Continuum

Foundry offers services to families with the belief that supporting families 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, to participation in family coaching or therapy. At times, Foundry may serve caregivers seeking services for a young person who is reluctant to access services, with the goal 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.

What is Family Peer Support?

Family Peer Support (FPS) is the empowered relationship of families helping families. 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 your centre should implement. FPS is offered by family members with direct experience as a caregiver supporting a youth or young adult with mental health or substance use challenges. FPS includes mentoring, peer support and connection to other family members, and navigation of health and other systems.

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

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practice. FPS offers hope through a recovery-oriented framework,[2] providing a family service that complements the work of the clinical care team.

How is family navigation different from peer support?

Family navigation may be offered by family navigators or family empowerment coordinators who may not have direct lived experience as a caregiver navigating community resources and services. The family navigator role is to support, educate and navigate services in a professional and sometimes clinical assessment capacity. Often family navigators provide counselling. Our preference at FCO is to have Family Peer Support Workers provide family navigation as a service within their role, rather than having a separate family navigation role.

What is a Family Peer Support Worker?

Family Peer Support Workers (FPS) are integral members of the Foundry care team. They draw on their own living or lived experience of supporting a youth or young adult who has experienced mental health or substance use challenges. The FPS assist in the delivery of Foundry centre services and offer 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 well-being by fostering the development of respectful, collaborative relationships with family members, caregivers, youth and service providers (see Appendix A for detailed FPS job description). Key features of the FPS role include:

- Trained support person with lived experience;
- Integrated care team member in paid staff position;
- Primary focus on 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;

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[2] "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, PE. Recovery as a self-directed process of healing and transformation. Occupational Therapy in Mental Health, 2002;17:3-4, 5-21. doi: 10.1300/J004v17n03_02

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- Providing direct on-site services to families by offering 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; and
- Supervised by the Foundry centre's youth and family empowerment or engagement coordinator (if a centre does not have this position, the centre manager supervises).

Are there groups available for families at Foundry?

A range of groups are available for families and may be facilitated by Family Peer Support Workers, family empowerment or engagement coordinators or counselling staff. Foundry Central Office recommends that an FPS or parent peer co-facilitate support and education groups when possible.

- **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 support groups have been identified by family members accessing Foundry services as a safe, non-judgmental place to be heard and to focus on building caregiver resilience and capacity.
- **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 being offered in many Foundry centres (see EFFT section, below).

Centres may also offer specialized family groups, depending on the needs and availability in the community. Examples of specialized groups include Ministry of Children and Family Development Parent Connect Groups; Young Parents groups; groups specifically for fathers, siblings or grandparents; Overdose Prevention or Naloxone training groups; and TransParent groups (for caregivers with transgender youth). Some centres have co-located specialist services such as the Early Psychosis Intervention (EPI) Program, which offers family groups specific to psychosis.

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Is family counselling or therapy offered at Foundry?

Family therapy is offered by trained counsellors or 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 an Emotion-Focused Family Therapy (EFFT) approach in providing family intervention (see details below) and staff are offered training in EFFT. The young person may or may not be included in family therapy, depending upon the focus of the intervention.

Caregivers can access Walk-in Counselling (WiC) services if they are struggling to support a young person who is reluctant to engage in services. WiC 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, and services outside the Foundry centre may be at a cost on a sliding-scale.

Emotion-Focused Family Therapy (EFFT)

What is EFFT?

Supporting a loved one who is struggling can be very challenging for everyone involved. Recognizing this challenge, Foundry has adopted Emotion-Focused Family Therapy (EFFT) as the core family therapy approach in alignment with our model and vision. EFFT is a transdiagnostic model of family therapy that actively involves caregivers in supporting their loved one. EFFT is an extension of Emotion-Focused Therapy for individuals and couples and was initially developed for parents supporting children with eating disorders. EFFT has since been expanded to support the treatment of various mental health and substance use concerns, including depression and anxiety.

Consistent with the growing body of research supporting the effectiveness of caregiver-based interventions, the primary aim of EFFT is to support and empower caregivers to increase their role in their loved one's recovery from mental health issues. Underlying EFFT is the belief that it is most therapeutically worthwhile to empower caregivers to help their children, regardless of

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age, and that the EFFT clinician's main responsibility is to support caregivers to become active agents of healing.

EFFT can be delivered in individual, family and multi-caregiver group therapy formats. Within each mode, there are four main areas of intervention which include supporting and educating caregivers in:

1. **Behavioural coaching** by supporting their loved one with symptom interruption and increased adaptive behaviors;
2. **Emotion coaching** by supporting their loved one in the processing of emotions;
3. Engaging in a process of **therapeutic apologies** in order to help loved ones to let go of the weight of old injuries; and
4. Working through and resolving **the fears and obstacles** that surface in the caregiver during this challenging and novel journey.

EFFT is a lifespan approach that can be delivered with entire families, in parent-child dyads or with parents only. One of the key strengths of the EFFT approach lies in the fact that clinicians can support caregivers to take on these roles regardless of their loved one's age or involvement in formal treatment themselves, creating hope for those families whose loved one refuses service. EFFT can be integrated into existing treatment models and at various levels of care to empower both families and clinician teams.

What is the training for EFFT?

FCO offers EFFT training to Foundry centre staff in partnership with the North American leaders in EFFT, mentalhealthfoundations.ca, who provide a variety of teaching and therapeutic tools for both clinicians and caregivers. The following are training opportunities offered to all Foundry centre staff who support caregivers:

1) Two online introductory EFFT courses (3 hours each);
2) In-person 2- or 3-day training workshops; and
3) Monthly EFFT supervision sessions and tutorials.

Upon completion of these training opportunities and practice with families, clinicians can participate in the Caregiver Workshop Facilitation training. This training includes a 2-day workshop that involves families, followed by a Caregiver Workshop facilitator certification process for the clinicians. Family Peer Support Workers with EFFT basic training (not certified) are encouraged to co-facilitate or support the Caregiver Workshops alongside clinicians. For more information, please contact the FCO Knowledge Exchange and Mobilization Manager.

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What is required to operationalize the provision of family services in your centre?

In order to improve access and provide services for families at Foundry, there are practical requirements in terms of hours of operation and space planning. With respect to hours of operation, family members tend to be working regular office hours. As a result, centres need to offer services to families outside of conventional office hours in order to promote access, such as:

- Last appointment at 6pm or later a minimum of twice a week to accommodate family members (as well as youth) after regular office hours;
- Family groups offered in the early evening hours with accommodations for childcare as needed; and
- Reception (Medical Office and Administrative Assistants) available during early evening hours when possible to support after-hours appointments and groups.

When space planning for family services, there are specific requirements to consider, such as:

- Meeting spaces with capacity for four or more people;
- Break-out space for separate meetings within family meetings;
- Designated family peer support space for meeting with family members, ideally located near waiting room; and
- Designated administration space for Family Peer Support Workers, ideally located within the care team hub.

In order to capture family data, FCO recently implemented a family database in Toolbox specific to families so that we can capture family demographics, service utilization and outcomes. The family forms were co-designed with the Provincial Family Ambassadors and local Parent Advisory Committees.

Foundry values families as partners in the plan of care for the young people we serve. Family engagement is a process built through intentional, ongoing opportunities to build relationships. Involving families and working with peer supporters may be a shift from the way teams have worked together in the past. In response to feedback from youth, families and clinical staff, FCO is planning to co-develop curriculum and training modules specific to engaging and working with families at Foundry. This training will be foundational for all Foundry centre team members.

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What is the role of the Provincial Family Ambassadors within the Foundry Service Model?

Foundry is committed to building out its responsiveness to family needs. To support meaningful family engagement, FCO has invited caregiver representation from each Foundry centre to join FCO in forming Foundry's **Provincial Family Ambassadors (PFA)**. The vision for this group is to bridge the local Parent Advisory Committees (PAC) across the Foundry network to each other, connect this working group directly to FCO and bring a collective provincial voice of family members to all aspects of the work at Foundry.

Supported in the centres by family engagement and peer support leads, the PFA engage and support the development and implementation of family services at Foundry in a variety of ways including:

- Working directly with FCO, ensuring a collective family voice and representation from across Foundry's provincial network;
- Sharing their living and lived experience, participating in engagement opportunities, promoting Foundry and mental health and substance use literacy in communities;
- Meeting families as an informal greeter in Foundry centres, providing a warm welcome and orientation to Foundry; and
- Co-creating family-specific resources and training that can be shared both electronically and in hard copy.

What is in the Family Services section of the Service Model Guide?

- Provincial Family Ambassador documents:
    - Welcome to Foundry: Families and Caregivers
    - Provincial Family Ambassadors
    - Consent and Confidentiality
    - Additional Services for Youth up to Age 18
    - Additional Services for Youth 18+

The Family Peer Support overview in development will become part of the Peer Support chapter of the guide.

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Appendix A: Family Peer Support Worker Job Description

Job Summary:

The Family Peer Support Worker is an integral member of the Foundry care team and uses their own living or lived experience of supporting a youth or young adult who has experienced mental health or substance use challenges. The Family Peer Support Worker assists in the delivery of Foundry centre operations and offers caregivers 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 Family Peer Support Worker promotes holistic family health and well-being by fostering the development of respectful, collaborative relationships with family members, youth and service providers.

Duties and Responsibilities:

- Provides a safe, welcoming and supportive culture for caregivers receiving services at the Foundry centre;
- Provides direct on-site services to caregivers by providing support, guidance and mentorship in the areas of information, navigation, education, resources and skill development, to support and engage families as expert partners in their co-developed wellness goals;
- Models hope and shares living or lived experiences and lessons learned to support caregivers in achieving individual and family health and wellness goals;
- Facilitates meaningful engagement (defined in Foundry's Youth and Family Engagement in Foundry's Start-Up Guide) and participation of families in focus groups, surveys, research, evaluation and other opportunities related to peer support to further build capacity and leadership;
- Works collaboratively as an advocate and liaison between caregiver, youth, centre staff and community partners;
- Supports caregivers' completion of questionnaires, applications, referral forms and other administrative tasks as necessary;
- Collaborates with Youth Peer Support Workers at the centre to optimize the youth, young adult and family experience as it relates to the delivery of services;
- Facilitates peer support and educational groups to promote skill development and engagement, as well as foster peer-peer connection and networking opportunities;
- Works collaboratively with Foundry centre staff and community partners to optimize relationships between families and service providers;
- Supports the development of the Foundry peer support network on a provincial level including, but not limited to, research, evaluation and quality improvement activities and participation on select provincial working groups;

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- Participates as a team member, attending team meetings, case conferences, conference calls and other organizational activities;
- Completes and maintains related records and documentation including statistics, progress reports, care plans and referrals; and
- Other duties as assigned.

Qualifications:

- Direct experience as a caregiver supporting a youth or young adult with mental health or substance use challenges and service navigation in local community; and
- Completion or eligible for completion of Foundry family peer support training. Previous peer support experience and training an asset.

Skills and Abilities:

- Ability to deliver services with high degree of self-awareness, demonstrated ability to maintain confidentiality and work within personal and role specific limits and boundaries;
- Capacity to use one's living or lived experience to promote positive connections with families at differing levels of engagement;
- Strong relationship- and rapport-building skills;
- Assertive communication skills with ability to respect others' perspectives;
- Empathic, caring approach, with strong active listening skills;
- Ability to understand and follow a strength-based approach for sharing challenges and co-creating solutions;
- Ability to facilitate meetings and comfortable with public speaking;
- Broad knowledge of community resources and supports;
- Knowledge and respect of the diversity of the BC population;
- Demonstrated time management skills, accountability and reliability;
- Excellent planning, organizational and coordination skills with ability to multi-task;
- Strong written and verbal communication;
- Self-starter with a positive attitude and willingness to work flexible hours;
- Ability to work independently and as part of an interdisciplinary team; and
- Basic computer skills; experience with Microsoft Office, Excel, PowerPoint.

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Focus on Centre-Based Integrated Substance Use Services

Introduction

Youth wellness is about supporting young people with multiple aspects of their health and includes meaningful engagement in activities that promote their well-being. A substantial body of evidence supports the notion that young people's participation in pro-social activities is a protective factor that reduces the onset of problematic substance use. While a range of health promotion and prevention strategies targeting school-aged youth already exist in communities across our province, the reality is that many young people are affected by the prevalence of problematic substance use and face barriers to accessing support when they want it.

Sadly, we know that over 21% of Canadians will experience a Substance Use Disorder (SUD) during their lifetime, with Canadian youth ages 15–24 having a higher proportion of SUD than any other age group (Statistics Canada, 2013). When we acknowledge the harms related to substance use and discuss problematic substance use, it is critical to take an anti-stigma and pragmatic approach, recognizing that substance use occurs along a continuum from beneficial use (e.g., having a standard drink at a pub trivia night) to harmful use and substance dependence (e.g., being intoxicated while driving) and that delaying the onset of substance use is best for brain development. When substance use becomes problematic, it can interfere with a young person's health and well-being. Intervening as early as possible is imperative to influencing a trajectory that could otherwise lead to harmful consequences and addiction.

Foundry strives to support young people and their families when problematic symptoms begin to present. We know that some of the most important and effective ways to reduce the onset of problematic substance use across the population are to:

- **Support** young people to engage in meaningful activities;
- **Screen** for the emergence of substance use disorders;
- **Respond** to risk factors such as emerging symptoms of mental ill-health; and
- **Increase** protective factors.

Foundry's substance use approach

At the heart of Foundry's substance use strategy are the stories of resilience and hope along with those experiences of loss and despair. We are committed to listening to young people, their community and caregivers and to moving forward in partnership with provincial ministries and with health and social service providers in order to improve and strengthen our system of care.

Whether online or centre-based, Foundry strives to transform access and offer support in a timely way. We also recognize that service providers and administrators may not have the

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expertise to achieve this vision alone. To this end, Foundry relies on input from those most impacted by the harms of substances: young people and their caregivers.

Foundry is an initiative that prides itself on meaningful engagement with young people and their caregivers. Having established both local and provincial youth and family committees, we have the opportunity to gather youth and family feedback on clinical protocols and new initiatives, and we can tap into the expertise of those truly on the frontlines.

Transforming access can also be defined as breaking down barriers. When it comes to substance use, a key barrier is the stigma that young people and their caregivers face. By engaging them as active participants in the planning, delivery and evaluation of services, Foundry places young people and their caregivers where they belong: at the forefront of system innovation.

Core principles related to the delivery of substance use services

These core principles have been informed by best practice guidelines, Foundry's guiding principles and Youth Peer Support Workers.

- Young people, caregivers and community service providers are active participants in the planning, development and delivery of culturally inclusive interventions.
- Foundry recognizes that everyone's recovery journey is unique, and so care plans are co-created with the young person and their support network.
- Caregivers, peers and other sources of support identified by the young person are included as part of the care plan.
- Substance use is viewed as occurring along a continuum from beneficial use to occasional use to problematic use, dependency and addiction.
- Harm reduction and addiction recovery are not mutually exclusive, and principles from both harm reduction and recovery-oriented care are used in program development.
- Assessment and treatment reflect a biological–psychological–social–spiritual model of care.
- Recognizing the resilience of Indigenous communities and impact of colonialism on the wellness of Indigenous Peoples, services must include cultural and spiritual elements.
- Services for substance use are accessible, equitable and safe, in keeping with the "No Wrong Door" model (National Treatment Strategy).
- Services are holistic, trauma-informed, healing-centred and developmentally appropriate, and they consider the impact of gender and other social determinants of health in the creation of services, with specific attention to populations outlined as needing specific consideration (Representative for Children and Youth, 2016).

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How are substance use services delivered at a Foundry centre?

Substance use services at Foundry centres are **informed** by leading best-practices, **guided** by the principles stated above and **evaluated** on an ongoing basis using Toolbox, Foundry's data collection platform. The use of Toolbox ensures real-time evaluation of care and optimizes how services are aligned with the needs and priorities of young people.

How will Foundry measure effectiveness of the substance use services?

Foundry is currently developing a framework for Foundry centre leaders to use at each site to engage youth to explore and enhance substance use services for their community. On an individual level, the Foundry model embeds ongoing evaluation and review of youth's functioning and goals through the use of clinical tools that are systematically administered to demonstrate change of over time.

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APPENDIX D

Primary Care Services

D.1 Community Primary Care Services Scan*

D.2 Electronic Medical Record Selection Worksheet*

D.3 Primary Care Equipment Needs

* Available as Microsoft Word file.

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Community Primary Care Services Scan

Longitudinal Care

Consideration	Notes	Action/Follow up
Primary Care Network (PCN): • Stage of PCN implementation? • Relationship between PCN service providers and Foundry (attachment, transition, enhanced/youth services)		
Attachment: • What is the attachment gap in your community? • Are youth able to find a family doctor if they need one? • Are there any processes in place to support connecting youth to a family physician/nurse practitioner? • Could these be used to support transitions in/out of Foundry Primary Care?		
Youth facing multiple barriers: • Are there Intensive Case Management (ICM) services available for youth? • Are there team-based wraparound Primary Care services in the community? Are these open/accessible to youth? Specific populations of youth?		

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Sexual Health

Consideration	Notes	Action/Follow up
What clinics offer sexual health services in the community? • Who provides service (Public Health, Options)? • Location? • Age? • Hours?		

Specific services:
• Contraception
  ○ Free, low-cost, prescription?
  ○ IUD insertions?		

• STI testing and treatment?		

• Pregnancy
  ○ Pregnancy testing and options counselling?
  ○ Youth friendly maternity services?
  ○ Termination services?		

• Sexual assault services?		
• Pre-exposure Prophylaxis (PrEP) ○ Accessible to eligible youth?		
Staffing and partnership considerations		

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Addictions services

Consideration	Notes	Action/Follow up
Where are harm reduction services offered/connection available?		
Is Opioid Agonist Therapy (OAT) available in your community? Is it youth friendly?		
Where are youth using drugs in your community and what are the needs? Are there safer consumption spaces?		
Are safe supply prescribing services available to youth?		
Is drug checking available?		

Mental Health Services

Consideration	Notes	Action/Follow up
Is there psychiatry access in your community? (12–19 and 19–24)		
Explore pathways for family physicians to prescribe mental health medications for Step 2–3 youth		
What role will Foundry Primary Care play to support community family physicians in mental health medication (enhanced care)?		

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Gender Care

Consideration	Notes	Action/Follow up
Are gender care services available in your community? Waitlists? Age?		
Are Primary Care services (longitudinal care) available that are safe/comfortable for transgender youth?		
Are hormone readiness assessments available in your community?		
Are surgical readiness assessments available in your community?		
Are puberty blockers available in your community?		
Are social supports/information around gender care (e.g., tucking, binding, name change) available to youth in the community?		
Are peer support/groups available in your community?		

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EMR Selection Worksheet

Selecting an Electronic Medical Record (EMR) system for the Foundry centre is a complex but important task. Your choice of EMR plays an integral role in supporting integration and collaborative team-based care. The ideal goal is to have one shared EMR across all service providers within your Foundry centre. However, we acknowledge that this might not always be achievable. It may also require duplicate recordkeeping, where service providers need to record in both an agency specific documentation/records system and the Foundry centre EMR. During this process, it is important to note that Toolbox is not a clinical documentation system and does not at this point connect with any EMRs.

There are many competing considerations, both internal and external to the Foundry centre. The selection of an EMR should be informed by both your service plan and your community context. It will involve considered engagement and dialogue with partners who will be delivering service at the Foundry centre. This worksheet is a tool to help you compare your options systematically to make an informed decision based on a number of factors. It is designed to be used for each EMR you are considering for use at a Foundry centre. We recommend you ask these questions for each EMR and rate each section using a table, such as the one below.

Your local community context is important in this decision making. Please engage service providers and community partners to determine what EMRs are being used currently in the community and if there are any plans that might impact EMR decision making (e.g., rollout of Cerner).

If you would like suggestions for which EMRs to consider, here is a link to the Health Technology Guide from the General Practice Services Committee Doctors Technology Office: https://www.doctorsofbc.ca/sites/default/files/dto_physicians_guide_to_emr_frequently_asked_questions_faqs.pdf

Environmental Scan

1. Is this EMR being used by other services/providers in the community?
2. Does this EMR communicate with any other EMR system in the community?

Features

1. Does the EMR have the features required for Foundry centre services:
    a. Appointment calendar;
    b. Encounter/note templates;
    c. Primary Care features (specifically, at minimum, features such as billing, medication, labs, scan/fax, tasks and referrals);
    d. Care planning tools;
    e. Role-based access; and
    f. Embedded virtual features.

2. Would you be able to pull necessary data from the EMR with a reasonable amount of effort?

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Access

1. Are all service providers who work at the Foundry centre able to access and document on the EMR?
    a. Is off-site access available for outreach and virtual health?
2. Will service providers need to document in multiple different EMRs? If so, what proportion of service providers? Is there any way this can be limited?

Information Sharing

1. How will information be shared between outside agencies and the Foundry centre? (Hospitals? Mental health and substance use services? Sexual health services?)
2. Are there other services in the community that youth will move to/from? What are the information sharing requirements/expectations/limitations?
3. Will having shared access support staffing/coverage? (e.g., in Primary Care between centres)

Flexibility

1. How flexible is this EMR to be adapted to your Foundry centre's needs (e.g., adding documentation templates)?

Cost

1. What are the costs associated with using this EMR?

Weigh your EMR options

EMR	Features	Access	Information Sharing	Flexibility	Cost

Date: _____

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Primary Care Equipment Needs

For examination rooms, laboratory counters and crash carts

EXAMINATION ROOM EQUIPMENT:

Item and Description	Approx. Cost per Unit	Equipment Image
Exam table base with drawer Adjustable examination table, including a base with storage drawers and stairs for patients to easily and safely step on and off the examination table	$1,400	
Exam table mattress Comfortable examination table mattress with easy- to-clean seamless upholstery	$685	
Exam room light with mobile stand General exam light that provides intense light output and cool operation, all delivered in a compact and mobile design	$465	
Integrated wall system Energy-efficient wall-mounted transformer and wall board that includes a coaxial ophthalmoscope, otoscope, wall aneroid and dispenser	$1,170	
Finger pulse oximeter Fingertip pulse oximeter with LED display to measure SpO2 and heart rates	$175	
Stethoscope Medical device used to listen to a patient's internal sounds, such as heart and lungs	$130	
Eye chart Wall-mounted poster used to measure visual acuity	$15	

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LABORATORY EQUIPMENT: Each centre will have a specimen processing room or counter.

Item and Description	Approx. Cost per Unit	Equipment Image
Medication fridge Pharmaceutical refrigerator for medication that requires storage at low temperatures, as well as the storage of temperature-sensitive samples	$3,200	
Microscope Microscope with LED illumination, low heat and power consumption, long bulb life plus anti-fungal coating	$1,100	
Centrifuge Used to process blood and urine samples	$660	

CRASH CART SUPPLIES: Each centre will be equipped with supplies for cardiac arrest situations.

Item and Description	Approx. Cost per Unit	Equipment Image
Fully-auto defibrillator with cabinet AED defibrillator to guide rescuers through CPR and to deliver a shock to patients experiencing cardiac arrest	$2,420	
Bag valve mask Handheld device that includes a disposable mask, oxygen reservoir and tubing to provide ventilation, or “bagging,” to patients who are not breathing adequately	$50	

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Sphygmomanometer palm model Compact, easy-to-use blood pressure measurement unit, designed for one hand operation	$35	
Finger Pulse Oximeter Used to measure oxygen saturation	$140	

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APPENDIX E

Peer Support Services

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

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WHERE WELLNESS TAKES SHAPE

Peer Support Overview

January 2021

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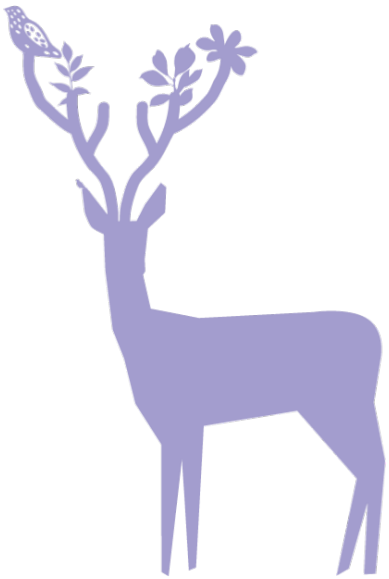
"As someone who has walked in similar shoes, I knew how isolating it felt and how difficult it was to navigate the system when I didn't know what I needed. My recovery and mental health benefited immensely from working with other young people with lived experience, giving back to the field of mental health, being honest about my experiences in the workplace and recognizing the value in the struggles that I had. Through my own experience, I was able to work with young people and their families to navigate not only the mental health system but also resources that I utilized myself that improved my own mental health.

In my current role as a Peer Support Worker, I have the privilege of co-facilitating a peer support training for youth with lived experience in Vancouver. Through the training, I have witnessed young people who have had significant backgrounds in mental health and substance use acknowledge and celebrate their lived experience as an asset and recognize all of the knowledge, skills and navigation of the system that they can bring into their peer support employment. The graduates of the training are flourishing in the field, working in a variety of one-on-one capacities, running groups and working at youth-based community agencies. I have also seen many of them move on from peer support into pursuing a post-secondary education and other related employment."

– Sarah Irving



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Introduction

Young people are full of promise and potential. They face challenges to this promise and potential, including higher rates of mental illness and substance use than any other age group. Research shows that peer support — for both young people and their caregivers — can help ensure that young people thrive while facing these challenges.

Peer support is based on the belief that those who have experienced adversity can provide support, hope and mentorship to others facing similar situations, encouraging them to continue their recovery.[1,2] In Canada, the Canadian Mental Health Association and Coast Mental Health have demonstrated early leadership in peer support services. However, in informal settings, young people and caregivers have always formed peer-to-peer connections and relationships. Evidence is now emerging regarding the effectiveness of formal peer support, which appears to support outcomes such as reduced hospitalization and symptom distress and improved social support and quality of life.[3]

This overview has been developed to inform and support the delivery of peer support services across the Foundry network and to cultivate a common understanding and consistent language and practices across the province.

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[1] Davidson L, Chinman M, Sells D, Rowe M. Peer support among adults with serious mental illness: a report from the field. Schizophrenia bulletin. 2006;32(3):443-450.
[2] O'Hagan M, Cyr C, McKee H, Priest R. Making the case for peer support. Mental Health Commission of Canada. 2010:1-92.
[3] O'Hagan M, Cyr C, McKee H, Priest R. Making the case for peer support. Mental Health Commission of Canada. 2010:1-92.

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What is Peer Support?

Peer support work is uniquely positioned to enhance and support the experience of young people and their families, including how they access health care and social services. Every discipline brings expertise to their role at a Foundry Centre — for Peer Support Workers, this expertise is their ability to connect with peers outside of system hierarchies, speak from their lived and living experience perspective and understand the unique and diverse needs of the young people and families in their communities. They serve as role models, inspiring the possibility of recovery for those who find themselves at a crossroads of help-seeking and needing support from a peer who has walked or is walking a similar path.

There are a number of ways that Peer Support Workers can enhance the delivery of services, which include, but are not limited to, the following:

- 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; and
- Leading or co-facilitating education sessions.

EXPERIENCES OF A YOUTH ACCESSING PEER SERVICES

"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."

* At Foundry, systems navigation is a service that is delivered by Peer Support Workers. This service is sometimes delivered by navigators or empowerment coordinators; however, our belief and preference is that the lens of lived and living experience and ability to connect with young people and families as a peer add irreplaceable value.

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Peer Support Workers are valuable assets to service delivery, with impacts that extend well beyond that scope. When Peer Support Workers are truly integrated, young people and families are recognized as experts and partners in youth and family wellness, leading to a better understanding of recovery and ultimately setting the stage for leaders, young people and families to work in unison to develop services and supports in their community that best reflect the needs and experiences of the young people and families within it.

Peer Support Rationale

Peer Support Workers are considered an integral part of the Foundry service delivery team, and their role is recognized as equally important to others. The lens of lived experience distinguishes the role, complements care and ultimately enhances the client experience. Peer Support Workers naturally offer dual perspectives as part of their work — they can identify with what it is like both accessing and delivering services — and this insight is unique and invaluable. Research also shows that young people and families feel more supported when connected with a peer supporter with lived experience,[4] and it is for this very reason that peer support is a core component in Foundry's service model.

The impact of peer support goes beyond the delivery of services and is known to benefit Peer Support Workers on a personal level as well. Peer support empowers young people and families to recognize their potential, offering a sense of meaning and purpose, and can be a steppingstone to longer-term employment or career aspirations. More research is needed in this area to determine the outcomes for those delivering peer support services, though evaluation projects have shown that the benefits are well worth it.[5][6] It is worth noting that

"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

[4] McCreary Centre Society. Take me by the Hand: Youth's experiences with mental health services in BC. 2013. Available at: http://www.mcs.bc.ca/pdf/take_me_by_the_hand.pdf
[5] Syed F, Blanchette K. Results of an evaluation of the peer support program at Joliette Institution for Women. Correctional Service Canada, Research Branch. 2000.
[6] Funck-Brentano I, Dalban C, Veber F, Quartier P, Hefez S, Costagliola D, Blanche S. Evaluation of a peer support group therapy for HIV-infected adolescents. Aids**.** 2005;19(14)**:**1501-1508.

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positive effects on Peer Support Workers depend on being adequately supported and feeling connected with colleagues.

The effect on the interdisciplinary team is one of balance and humility when former or existing clients of the care system are recognized as experts in service delivery. It's a game-changer and challenges those working in the helping system to reflect on their biases and judgements, both during direct and indirect client care activities (e.g., Peer Support Workers accessing and documenting in client charts). Peer support as a practice is transformative in and of itself. Formally recognizing those with lived and living experience is a form of systems change. This is being identified as best practice for the delivery of integrated services and for establishing a team culture of inclusivity.

The case for delivering peer-led services is a strong one and well supported in existing literature nationally and internationally. Ensuring that peer support is delivered with fidelity requires strong leadership and a commitment to place the voices of those with lived experience at the forefront of service innovation.

At Foundry, family is defined uniquely by each young person. Family is considered to be an integral part of a young person's circle of care. Family and other caregivers — whether by birth, choice or circumstance — hold a significant role in supporting a young person by fostering a sense of belonging and connection through their shared experience.

It has always been acknowledged that families and caregivers play an integral role in fostering family wellness. While a service may well be able to support a young person individually, attention to their surroundings or "ecosystems" is equally important.

Parents and caregivers are like first responders for their young person's emotional support. And while our paramedics, firefighters and police officers are able to access support services following a critical incident, the pathway for parents and caregivers has not been clear.

At the heart of family peer support is the **connection, hope and healing** that can be shared when caregivers come along side each other. Family Peer Support Workers offer a safe space to be heard where the focus is on supporting the caregiver's own experience. Common guidance is that you need to take care of yourself first in order to take care of others. Parents and caregivers need an opportunity to debrief, receive validation and feel less alone. A mutual relationship through a shared experience can help normalize an isolating experience.

***You are not alone* is a powerful statement** and it is for this reason that family peer support services have become essential to the delivery of Foundry's service model.

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For young people to thrive, we need to be carefully attuned to opportunities to bridge a connection to their identified “circle of care” or care team.

While emphasis on building capacity for youth peer support practice will continue to evolve, we have also recognized the need to focus on developing strong and sustainable family peer support practices across our network.

“*Many young people may seek support from Foundry an hour a week but are with their families the rest of the time. This is why it is so important to support the whole family.*”
Karen Tee – Director, Service Innovation

Peers Leading Peers

Engaging peers in the design and delivery of services is a cornerstone for Foundry’s service model. Peer support has been a strong foundation and is identified as a necessary paid position as part of team-based care within an integrated youth services model.

Early adopters of youth peer support witnessed considerable success in engaging “hard to reach” young adults. Team members from Providence Health Care’s Inner City Youth Program (ICY) can attest to the benefits of having Peer Support Workers as team members. While doctors, nurses, social workers, counsellors, rehabilitation assistants and occupational therapists are very capable of delivering the most exceptional clinical client care, they are not able to break down the inherent power imbalance that exists in a professional/client relationship. Peer support breaks down this barrier. The ICY experience demonstrates how Youth Peer Support Workers were able to engage clients in a different way. They were able to relate in an “I get you” way, and in doing so, instilled hope for clients that it is possible to overcome challenging periods in life. As they connected with “hard to reach” young adults, Youth Peer Support Workers became symbolic for hope, hope for tomorrow and the day after that.

ICY’s Youth Peer Support Workers also played a key role is identifying opportunities for service engagement. As like-aged peers, they had a pulse on activities that could draw interest. We continue to see examples of how Peer Support Workers intrinsically know what is needed.

Like the Youth Peer Support Workers, Family Peer Support Workers can have great impact when they lead activities, events and support services for their peers. From the first point of contact, Family Peer Support Workers lean into their lived experience to help normalize *everyday life* that families navigate when a loved one is struggling.

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Navigating the COVID-19 pandemic with young people impacted by mental health and substance use opened opportunities for Family Peer Support Workers to offer support to families in innovative ways. From hosting outdoor support groups and 1:1 walk and talks to facilitating meaningful virtual connections through coffee chats and groups, Family Peer Support Workers have been able to stay connected during a highly vulnerable time for families.

Given the opportunity, Peer Support Workers have demonstrated that opportunities for service innovation are endless.

Youth and family peers working together

Through intentional collaboration, Youth and Family Peer Support Workers have been evolving their work together to address obstacles families may face. Youth and Family Peer Support Workers can be very effective in bridging communications between youth, caregivers and other members of the care team. Emerging collaborative practice highlights that where appropriate, and with consent, Youth and Family Peer Support Workers can come together to offer a creative, wraparound approach. This approach strengthens connections for both the young person and their family.

At Foundry, our Youth Peer Support Worker and I met with a mom and daughter who were having difficulty with their relationship. I felt that this collaborative approach was really effective. Other times, a youth's service providers have asked me to meet with parents, in order to coach them in terms of communicating effectively with their youth. As a parent who needed to be taught a whole new skill set in order to help my loved one recover, I believe these connections with care teams are integral.
- Foundry Family Peer Support Worker

Parents and caregivers may be hesitant to engage in services if they have previously experienced stigma and shame in their service seeking efforts. Family Peer Support Workers share cases where peer support and coaching has been transformational in building relationships and bridging to other support services. When caregivers feel heard and valued, it breaks through barriers and creates a wider path to recovery.

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“Parents can benefit from parent education and support programs which support their development of new parenting skills which could, in turn, result in their young person accessing services they would otherwise have been reluctant to approach.

The wider the circle of care is, the wider the opportunities for support.”
-Foundry Family Peer Support Worker

Peer support: guiding values and practice foundations

Youth

One of the first priorities of Foundry’s work in creating a training pathway for Youth Peer Support Workers was the creation of youth-informed practice values. Informed by the experiences of those delivering and accessing services, core values have been adopted and inform the delivery of youth peer support across the Foundry network. Note that these values align with national and international peer support initiatives, including the Ontario Centre of Excellence for Child and Youth Mental Health and the Western Australian Association for Mental Health. All are based on the belief that recovery is possible, with underlying tenets of hope, self-determination and empowerment. They are the foundation for Foundry’s youth peer support training and continue to guide practice across our network.

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Figure 2: Core Youth Peer Support Practice Values

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Family

Similarly, Foundry has adopted guiding principles for the delivery of family peer support practice across our network. Like youth peer support, the adoption of practice principles has been peer-led and community-informed.

Foundry's provincial peer support working group conducted a national network scan to identify key foundations for family peer support practice. The Mental Health Commission of Canada (MHCC) guiding document *Making the Case for Peer Support* identified three primary values as consistent across the literature review and survey of Peer Support Workers:

• Hope and recovery;
• Self-determination and equality; and
• Mutuality and empathy.

Foundry has aligned with the MHCC peer support values above and the principles of practice, code of conduct and competencies from national leaders in family peer support. For more details, see Appendix A: Principles of Practice, Code of Conduct and Competencies.

"I believe there is strength in connection ... we all need it in times of despair. Having the support of other parents truly helped me become more resilient, which in turn helped me support my child in a more productive way."
- Foundry Family Advisory Committee Parent

Training

Youth Peer Support Training Program

Foundry's youth peer support curriculum has been developed in collaboration with young people, service providers and BC partners including Coast Mental Health, the Canadian Mental Health Association Kelowna Branch, Foundry Vancouver-Granville and Foundry Central Office.

The curriculum explores a range of topics that affect young people, including identity, relationships, establishing boundaries, self-disclosure, confidentiality, crisis situations and goal setting. It prepares participants with the core skills needed to gain confidence in their ability to practice as a Youth Peer Support Worker.

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Recognizing that learning needs vary, Foundry's peer support training program ideally involves two parts: 1) delivery of the curriculum (described above); and 2) a paid practicum placement. The practicum is an experiential component of the training. It allows participants to take the skills, knowledge and behaviours learned in the curriculum portion and apply them in practice within a supportive learning environment. At a minimum, practicum placements run over the course of a three-month period, totaling 30 service hours, during which participants have an opportunity to determine whether peer support employment is a good fit and of interest longer term. Participants are awarded with a certificate upon successful completion of the training program.

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Family Peer Support Training

Foundry's family peer support is being built out through a developmental process aimed to meet the diverse needs of Foundry communities. With input from leaders across Canada, Foundry recognizes family peer support as part of a continuum of family services that are offered across our network. Like Youth Peer Support Workers, Family Peer Support Workers require specialized training and skills. Foundational training is currently being developed by those leading and practicing family peer support. Family Peer Support Workers will also participate in a phased approach to additional training, supervision and mentorship to support their scope of practice.

Ongoing Practice Support

Mentorship

"A mentor has long-term experience as a peer supporter, with evident competency driven strengths role-modeling recovery, encouraging and supporting the practice of self-care and connecting with Peer Support Workers. A mentor utilizes those skills to develop trusting and supportive relationships with Peer Support Workers to validate, empower and encourage peers within their peer support practice."
- Debbie Wiebe, Peer Support Canada Mentor/Certification Committee

We are commitment to building solid foundations for ongoing practice support. Members from our provincial peer support team are available to provide 1:1 mentorship, support/guidance, feedback, scope of practice debriefs, individual advocacy, reflective practice and modeling confidentiality and leadership. We will continue to provide mentorship through a strengths-based approach valuing equality to ensure adherence to identified competencies, values, principles of practice and code of conduct. Through knowledge exchange opportunities, the provincial mentors will continue to promote dignity of risk, encouraging individuals to **lean in, learn and grow!**

Community of Practice

In addition to one-to-one mentorship, our provincial peer support team hosts community of practice meetings on a regular basis. These offer opportunities to talk about practice success and lessons learned, share resources and participate in province-wide initiatives.

Youth Peer Support Workers are invited to join our community of practice known as *Circle of our Peers* (Co-OP), who meet twice per month! Our first meeting of the month is focused on

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debriefing and discussion, and our second meeting of the month is focused on updates from centres and our Foundry Central Office.

Family Peer Support Workers are invited to join our Family Peer Support Community of Practice (FPS CoP) which meets monthly for 1.5 hours. The first half of the meeting is focused on operations and delivering peer support in your community. The last half of the meeting is around practice support, core competencies, sharing challenges, celebrations and discussing case scenarios.

For more information related to peer support practice, please refer to the following resources:

- Orientation to Family Peer Support Community of Practice
- Peer Support Orientation Overview (in development)

Implementing Peer Support Services in Your Community

While Foundry's peer support training program and practice support activities help prepare Peer Support Workers, it is equally important to prepare your team and set the stage for an inclusive and welcoming work environment.

Change management principles articulate the need for leaders to be actively involved and engage in meaningful dialogue with team members when introducing new practices. Bringing Peer Support Workers alongside other service providers is a shift in practice and is likely to raise a number of questions.

A lack of understanding about the peer support role has been identified as the most significant challenge for Peer Support

COMMON MYTHS AND MISCONCEPTIONS

Myth #1: Peer support is just a way of saving money.

Myth #2: Peers will be too fragile; they are likely to 'break down' at work.

Myth #3: Peers cannot be expected to conform to usual standards of confidentiality.

Myth #4: There is no difference between peer support staff and other staff who have personal experience of mental health problems.

Myth #5: The presence of Peer Support Workers will make staff worried about 'saying the wrong thing.'

Myth #6: Peers don't know the difference between friendships and working relationships.

Myth #7: Peers will take up so much time that traditional staff roles will be made much harder, not easier.

Source: Repper J, Aldridge B, Gilfoyle S, Gillard S, Perkins R, Rennison J. Peer support workers: A practical guide to implementation. Implementing. Recovery through Organizational Change Briefing Paper. 2013;7:8.

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Workers themselves[7] and presents as a risk to establishing team-based care. Dispelling common myths and misconceptions is a good first step to creating trust and encouraging teams to incorporate youth and family peer support in their work. Other strategies that have been shown to be effective include drawing attention to both how peer support is meant to complement other services and how it benefits the client care experience.

"As equal team members, Peer Support Workers strive to educate and support the varied professions represented within their care team. It is sometimes difficult for other mental health professionals to understand the role of a Peer Support Worker, which is often evidenced by the phenomenon we call 'Peer Drift.' This is when a Peer Support Worker is asked to perform tasks that are out of their scope of practice. Peer support is competency based and mentor guided."
- Debbie Wiebe, Peer Support Canada Mentor/Certification Committee

The rationale for peer support needs to be clear, and leaders play a key role in laying the groundwork to ensure a safe and inclusive work culture — one in which the Peer Support Worker's role is truly valued, embraced and understood.

As with any new initiatives, taking a phased approach to implementation is recommended to allow for the successful adoption of peer support practices in your community. Please refer to Appendix E.4 Implementation Checklist in the Service Model Guide to help guide the process of building peer support services.

Next Steps

As a core Foundry service, we aspire to build a comprehensive system of care with Youth and Family Peer Support Workers leading the way. To facilitate this, Foundry Central Office is steering the following new initiatives in addition to ongoing activities that support the practice across our network itself:

1. Develop a core training curriculum for family peer supporters;
2. Pilot and evaluate FPS curriculum and delivery of training;

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[7] Basset T, Beales A, Wilson J. Peer support – the what, why, who, how and now. The Journal of Mental Health Training, Education and Practice. 2015;10(5):314-324.

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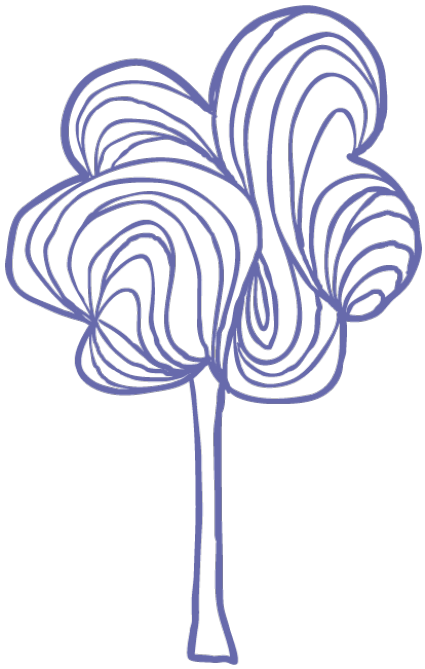
3. Train existing Family Peer Support Workers in Emotion-Focused Family Therapy (EFFT), which will allow them to deliver caregiver workshops;
4. Develop and offer train-the-trainer workshops to build our capacity to facilitate training sessions;
5. Develop an orientation package for new peer support employees and those who supervise them;
6. The Experience Project —- a substance use and addiction program delivered in collaboration with Youth Wellness Hubs Ontario Current to develop cultural and developmental informed training materials; and
7. Research project understanding the peer support needs and experiences of young people, Peer Support Workers and other Foundry service providers.

We have learned an incredible amount over the past few years and have yet 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.



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Appendix A: Principles of Practice, Code of Conduct and Competencies

Principles	Code of Conduct	Competencies
Peer Support Canada		Canadian Mental Health Association Calgary
Peer supporters embody the character of the relationship and the philosophy of the work. Peer supporters:	Peer Supporters adhere to the following Code of Conduct:	A peer supporter:
Recognize the importance of an individual approach to recovery.	I will act ethically, according to the values and principles of peer support.	**Hope** Operates from a sense of hope expressing confidence that others will be successful in their own personal journeys of recovery. Strives to model realistic optimism and a belief that even in difficult situations positive choices can be made. ***Self-awareness * Self-esteem**
Honour and respect where each individual is in their own unique journey of recovery on the process and not just the end result.	I will respect human diversity and will foster non-discriminatory activities.	**Interpersonal Relations** Interacts in a manner that honours the dignity of their peers, strives to build positive respectful relationships and offer mutual support. Strives to make others feel comfortable, convey genuine interest and offer personalized support to their peer. Even in a difficult or tense situation, strives to maintain a level of respect and consideration for the other. *** Trust * Fostering friendships * Communications * Boundaries * Teamwork * Diversity**
Facilitate the self-determination and the empowerment of peers to take an active role in their recovery and well-being.	I will honour the rights, beliefs and personal values of individuals. I will behave with honesty and integrity in providing support to peers.	**Resiliency and coping** Understands the importance of self-care and stress management and models the practices that work best for them to remain healthy while supporting others. Strives to maintain calm and diffuse stressful or challenging situations.

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		***Recovery knowledge * Emotional balance* Coping strategies * Accountability * Insight into recovery**
Recognize that the goals, values and beliefs of their peers may not be the same as their own.	I will respect the privacy of individuals and maintain confidentiality within the limitations of program policies and the law, e.g., potential harm to self or others.	**Self-Awareness and Confidence** Interacts in a manner that demonstrates a balance of self-confidence with openness to the thoughts and opinions of others. Self-reflects and understands that personal thoughts and attitudes can influence their behaviour and actions. **Self-awareness * Self-esteem * Courage**
Are collaborative in building equal, open and trusting relationships with peers.	I will not knowingly expose a peer to harm.	**Lived Experience** The primary personal attribute necessary to provide quality peer support is lived experience with a mental health challenge or illness (either personally or through a loved one), accompanied by the experience of finding a path of recovery. Peer workers need to be skilled in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with mental illness or addiction. Family Peer Support Workers likewise share their personal experiences of self-care and supporting a family member who is living with mental illness or addiction. ***Self-disclosure * Trust**
Share their lived experiences in a manner that demonstrates compassionate understanding and inspires hope for recovery.	I will not take advantage of the peer relationship for personal benefit, material or financial gain.	**Supports recovery planning** These competencies enable peer workers to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health. *** Recovery knowledge * Stigma and discrimination**

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Ensure that the knowledge gained from personal experience is used in a manner that contributes to the well-being of the peer and that the relationship is always peer-focused.	I will respect the boundaries of peer support work and will not engage in romantic or sexual relationships with the peers that I support.	**Communication:** Listens with empathy and without judgment, holding their peers in unconditional high regard. Uses communication styles and skills (both written and verbal) to improve understanding and adapts the style and tone of communication to suit the listener and the situation. Communicates using recovery language, emphasizing the strengths of their peers and demonstrating respect towards them. ***Communication * Conflict resolution * Boundaries**
Maintain mutually agreed-upon limits and boundaries in the peer support relationship.	I will not provide peer support in a manner that negatively affects the public's confidence in peer support.	**Initiative and commitment:** Is dependable and carries tasks through to completion. Demonstrates good judgment, knowing when insight or assistance should be requested from another and are trustworthy when working independently. ***Responsibility & commitment * Values and integrity * Learning to take actions to bring change**
Respect external limits and boundaries within the context of their role as a peer supporter.		**Critical thinking:** Engages in active listening skills to better understand a situation and recognizes that there is more than one way to look at an issue. Considers the possible implications or outcomes of their actions and, when asked, will help peers to explore the outcome or possible consequences of various options. Demonstrates good judgment in respecting the limits and boundaries of their role. ***Communication and conflict resolution * Boundaries * Risk management**

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Practice self-care, monitor their own well-being and are aware of their own needs, as well as promote self-care for their peers.		**Ethics and Reliability:** Personal integrity and an authentic compassion for the peer will ensure that the relationship is grounded in ethical and trustworthy attitudes and actions, including an unwavering support of the personal growth of the peer. **Responsibility and commitment * Values and Integrity * Ethics and professional boundaries**
Play an active role in connecting peers to other resources and are open to seeking help when needed.		**Problem solving and supporting others through challenges** These competencies assist peer workers to identify potential risks, use procedures that reduce risks to peers and others and build resiliency. Peer workers may have to manage situations in which there is intense distress and work to ensure the safety and well-being of themselves and other peers. They are able to act as a bridge through difficult challenges. ***Understanding internal negative messaging * Acknowledging risk and risk management * Emotional tools * Change management**
Are collaborative with community partners, service providers and other stakeholders.		
Aspire to be current within their field of practice by remaining up-to-date regarding available resources, especially those that are locally available, and by engaging in continuous learning.		

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Peer Support Standards

December 18, 2020

The following standards were developed based on information from members of our Peer Support Implementation Working Group, centre leaders, service providers and Youth and Family Peer Support Workers employed within Foundry's network. They outline **core requirements** to ensure fidelity to our peer support model.

1) Peer Support Services are:

    a) Available during walk-in hours of operation and other peak hours defined by community need; and
    b) Delivered as both a stand-alone service and as part of Foundry's Integrated Stepped Care Model (ISCM).

2) Hiring requirements for Peer Support are per specialization:

    a) Youth Peer Support requirements include:
        i) Lived and/or living experience of mental health or substance use related concerns;
        ii) Ability to connect with young people as a peer; and
        iii) Completion of Foundry Youth Peer Support training or equivalent.

    b) Family Peer Support requirements include:
        i) Lived and/or living experience as a primary caregiver of a young person with mental health or substance use related concerns;
        ii) Ability to connect with families and caregivers as a peer; and
        iii) Completion of Foundry Family Peer Support training or equivalent.

3) All Foundry service providers complete an orientation that includes a component on the delivery and integration of peer support practice. All staff need to be familiar with the following:

    a) Peer support roles and responsibilities;
    b) Safe disclosure practices; and
    c) Referral processes.

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4) Peer Support Workers are recognized as part of the team supporting client care and have access to the following:

   a) Participation at team huddles, rounds and clinical case conferences;
   b) Dedicated workspace located with all service providers;
   c) Client charts for review and documentation both at the centre and remotely;
   d) Toolbox and the ability to complete End of Visit forms; and
   e) Administrative support (e.g., room booking, appointment scheduling).

5) Clear reporting and supervision structures are in place and include, at minimum:

   a) A designated manager/supervisor who will provide:
      i) Full orientation to Foundry services; and
      ii) Weekly check-ins that are, at minimum, 30 minutes.
   b) Practice supervision and consultation.

6) Each Foundry centre will establish and sustain funding to respond to community peer support service needs. The budget will include:

   a) A minimum of two Full-Time Equivalents (FTE) (one FTE Family Peer Support Worker and one FTE Youth Peer Support Worker) with competitive hourly wages with benefits, comparable, at minimum, to the living wage in their area;
   b) Adequate resourcing for peer support participation, including but not limited to:
      i) Monthly attendance at Foundry's Peer Support Community of Practice;
      ii) Training and continuing competency support; and
      iii) 1:1 mentorship, a minimum of 30 minutes per month.
   c) Routine service/program expenses (e.g., travel costs for accompanying peers, coffee, group activities, etc.); and
   d) Equipment needed to operate remotely when delivering services from home and community (e.g., cell phones, laptops, etc.).

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Peer Support Practice Profile

December 2020

Peer support is one of the five core service streams of the Foundry service model. Peer support is grounded in the recovery movement and places the lived experience of young people and their circle of care at its center. A practice profile is a tool that supports the implementation of a service standard. It offers a step-by-step guide for leaders to establish a team culture that embraces Peer Support Workers as equal members delivering integrated youth services. Ultimately, the goal is to create a safe and welcoming work environment for Peer Support Workers to thrive and contribute to positive care experience for young people and their caregivers accessing Foundry services.

Practice profiles are divided into 2 sections:

1. Part 1 describes the rationale for each service standard and outlines components for optimal service delivery, variations to account for community differences, implementation activities that do not align with Foundry's model of care and outcomes to support alignment with Foundry's vision and service deliverables.
2. Part 2 outlines recommendations for preparing a team and implementing peer support services. References are made to supporting tools, resources and standards to support the process.

Within this practice profile, we will refer to peer support generally as a service and, where distinction is important, we will indicate specifications for either youth or family peer support by writing either "YPS" for youth peer support at the top of a cell or "FPS" for family peer support.

The following Foundry Central Office team members will support this process:

- Youth Peer Support Coordinator;
- Family Services Project Developer;
- Manager, Knowledge Exchange & Mobilization; and
- Manager, Service Implementation and Integration (MSII).

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Part 1

STANDARD 1: Peer Support Services are: a) Available during walk-in hours of operation and other peak hours defined by community need; and b) Delivered as both a stand-alone service and as part of Foundry's Integrated Stepped Care Model (ISCM).				
Importance of Critical Component (Non-negotiable)	**Ideal Implementation** (Gold Standard)	**Acceptable Variation**	**Unacceptable Variation**	**Expected Outcomes**
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
Peer support is one of Foundry's five core service streams. It serves to create and sustain opportunities for young people and their families to engage in supporting and bettering the wellness of their peers and community. Each Foundry centre offers Youth Peer Support (YPS) services and fFmily Peer Support (FPS) services that are readily available and accessible in accordance with the needs of the young people and families in their communities.	**Available during walk-in hours of operation and other peak hours defined by community need.** Peer support services are easily accessible on a walk-in, self-referral and internal referral basis.	Peer support services are available during Foundry primary care and walk-in counselling hours. Peer support services are available on a walk-in basis.	Peer support services are not available during peak and/or walk-in hours. Peer support services only available by referral.	Young people and their families accessing Foundry centres will experience a welcoming, youth-friendly environment where peers are available for support. Peer support services are considered a core component in the Foundry model of care, with benefits for both clients receiving support and Peer Support Workers providing care, who find the work supportive and meaningful.
	Delivered as both a standaloneservice and as part of Foundry's Integrated Stepped Care Model (ISCM).	No variation.	Peer support is offered as a stand-alone service in isolation from other Foundry services or only through referral from other services within ISCM.	

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STANDARD 2: Hiring requirements for Peer Support are per specialization:

a) Youth Peer Support requirements include:

i. Lived and/or living experience of mental health or substance use related concerns;
i. Ability to connect with young people as a peer; and
ii. Completion of Foundry Youth Peer Support training or equivalent.

b) Family Peer Support include:

i. Lived and/or living experience as a primary caregiver of a young person with mental health or substance use related concerns;
ii. Ability to connect with families and caregivers as a peer; and
iii. Completion of Foundry Family Peer Support training or equivalent.

Importance of Critical Component (Non-negotiable)	Ideal Implementation (Gold Standard)	Acceptable Variation	Unacceptable Variation	Expected Outcomes
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
Peer Support Workers identify with others as peers with lived/living experience and have acquired the skills and competencies required to fulfill the expectations of the role with confidence.	**YPS: Lived and/or living experience of mental health or substance use related concerns.**	YPS: Lived and/or living experience with supporting someone in their circle of care with mental health or substance use related concerns.	YPS: No personal lived and/or living experience of mental health or substance use related concerns.	Peer Support Workers are able to draw on their own experience and are able to connect with young people and their circle of care in an empathetic way. Peer Support Workers help to instill hope that recovery is possible when connecting with other young people and their family members.

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	FPS: Lived and/or living experience as a primary caregiver of a young person with mental health or substance use related concerns.	FPS: No variation.	FPS: No personal lived and/or living experience as a primary caregiver of a young person with mental health or substance use related concerns.	Peer Support Workers are able to engage with young people and their families accessing services as a peer and connect on the basis of shared lived experience and, when appropriate, shared self-identity. Peer Support Workers have opportunities to draw on their resilience and gain vocational experience at the same time. Peer Support Workers are aware of their potential triggers and have a wellness plan in place for optimal health and workplace balance.
Young people and their families accessing services identify with Peer Support Workers as peers.	**YPS: Ability to connect with young people as a peer.** Successful candidate self-identifies as a youth/young adult peer and understands principles of peer-to-peer connection.	YPS: No variation.	YPS: Mature adult connecting with youth/young adults as a peer.	
	FPS: Ability to connect with families and caregivers as a peer. Successful candidate self-identifies as an adult peer and understands principles of peer-to-peer connection.	FPS: No variation.	FPS: Individual who has never had the experience of caring for a young person with mental health and/or substance use issues.	
Peer support workers are prepared for their role and are familiar with peer support practice. The Peer Support Workers considers themselves to have the appropriate supports and strategies to maintain health and well-being in the context of supporting others.	**YPS: Completion of Foundry Youth Peer Support training or equivalent.**	YPS: Registered for Foundry peer support training or equivalent training in peer support.	YPS: No peer support training offered.	
	FPS: Completion of Foundry Family Peer Support training or equivalent.	FPS: Registered for Foundry peer support training or equivalent training in peer support.	FPS: No peer support training offered.	

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STANDARD 3: All Foundry service providers complete an orientation that includes a component on the delivery and integration of peer support practice. All staff need to be familiar with the following:

a) Peer support roles and responsibilities;
b) Safe disclosure practices; and
c) Referral processes.

Importance of Critical Component (Non-negotiable)	Ideal Implementation (Gold Standard)	Acceptable Variation	Unacceptable Variation	Expected Outcomes
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
For teams to embrace peer support practice, they need to be familiar with what peer support is, how it complements client care and their role in supporting it.	**All staff need to be familiar with peer support roles and responsibilities.** All members of the care team participate in orientation and training that outline standards for youth peer support integration, engagement and support.	No variation.	Foundry team members don't recognize or value peer support roles and responsibilities.	All staff are well versed on peer support practices and refer to peer support routinely to complement client care. Service providers routinely refer to peer support services.

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	All staff need to be familiar with safe disclosure practices. Peer support workers are comfortable disclosing, as appropriate, their experience as a person with lived/living experience with a mental health and/or substance use concern.	No variation.	Service providers disclose a peer support worker's lived/living experience on their behalf. There is an expectation that peer support workers share/ disclose their lived/living experience.	
	All staff need to be familiar with referral processes.	No variation.	A referral process to access peer support service is not established.	

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STANDARD 4: Peer Support Workers are recognized as part of the team supporting client care and have access to the following: a) Participation at team huddles, rounds and clinical case conferences; b) Dedicated workspace located with all service providers; c) Client charts for review and documentation both at the centre and remotely; d) Toolbox and the ability to complete End of Visit forms; and e) Administrative support (e.g., room booking, appointment scheduling).				
Importance of Critical Component (Non-negotiable)	**Ideal Implementation** (Gold Standard)	**Acceptable Variation**	**Unacceptable Variation**	**Expected Outcomes**
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
Peer Support Workers play a key role in the delivery of integrated youth services. Functional elements need to be in place for successful team integration.	**Peer Support Workers participate in team huddles, rounds and clinical case conferences.** Peer Support Workers also participate in other client care activities.	Peer Support Workers are invited to client care activities, but due to scheduling are unable to participate.	Peer Support Workers are restricted from participating in client care activities (including but not limited to team huddles, case conferences and rounds).	Peer Support Workers feel like they are a respected part of the care team, and their perspective and wisdom are valued and actively sought out. Their client activities and observations contribute to, and are considered valuable and an asset to, the delivery of client care. Peer Support Workers identify Foundry as a supportive and engaging workplace and are comfortable referring peers in their community to its services. When Peer Support Workers are recognized and acknowledged for their expertise and knowledge, their team members then have opportunities to learn from and with them. This recognition and acknowledgement will also support Peer Support
	Peer Support Workers have access to dedicated workspace located with all service providers. Peer Support Workers have a designated desk and an assigned desktop/laptop/ cell phone.	Peer Support Workers have access to a communal drop-down desk with access to a shared desktop/laptop/phone.	Peer Support Workers do not have access to a computer and use of personal computer and phone.	

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	Peer support workers have access to client charts for review and documentation both at the centre and remotely.	Peer Support Worker provides written documentation which is transcribed into a client record. Peer support workers receive verbal updates about client care prior to scheduled appointments so that they are aware of the care plan.	Peer Support Worker interactions are undocumented and there is no record of activity in a client care record.	Workers in their personal and professional growth and development.
	Peer Support Workers have access to Toolbox and the ability to complete End of Visit forms.	Peer Support Workers have access to Toolbox and complete End of Visit forms at the end of their shift.	Peer Support Workers do not have access to Toolbox and there are no requirements to complete End of Visit forms.	
	Peer Support Workers have access to administrative support (e.g., room booking, appointment scheduling). Support is equally available to all service providers.	All service providers are responsible for their own room booking and scheduling needs.	Peer Support Workers are responsible for their own room booking and scheduling while other service providers have administrative support.	

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STANDARD 5: Clear reporting and supervision structures are in place and include, at minimum:

a) A designated manager/supervisor who will provide:

   i. Full orientation to Foundry services; and
   ii. Weekly check-ins that are, at minimum, 30 minutes.

b) Practice supervision and consultation.

Importance of Critical Component (Non-negotiable)	**Ideal Implementation** (Gold Standard)	**Acceptable Variation**	**Unacceptable Variation**	**Expected Outcomes**
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
A clearly identified leadership and reporting structure supports clear lines of communication, roles, responsibilities and expectations.	**Peer Support Workers are assigned a designated manager/supervisor who will provide full orientation to Foundry services and weekly check-ins that are, at minimum, 30 minutes.** The manager/supervisor is available on site to support their roles and responsibilities..	Peer Support Workers are assigned a designated supervisor to support their roles and responsibilities. The supervisor works off-site but a delegate is identified for on-site support as needed. Meetings between the supervisor, site delegate and Peer Support Worker are scheduled on a regular basis.	There is neither an on-site nor off-site delegate identified to support peer support roles and responsibilities.	Peer Support Workers know who to go to for support around operational matters and guidance around clinical issues. Peer Support Workers have formal supports in place to thrive in their role.

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	Peer Support Workers have access to practice supervision and consultation. On-site clinical supervision and consultation is available for support with crisis and other clinical needs during the periods of time that peer support services are delivered.	Clinical supervision and consultation is available during the periods of time that peer support services are delivered and is accessible via phone.	There is nobody designated and/or available to offer Peer Support Workers clinical supervision and consultation.	

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STANDARD 6: Each Foundry centre will establish and sustain funding to respond to community peer support service needs. The budget will include:

a) A minimum of two Full-Time Equivalents (FTE) (one FTE Family Peer Support Worker and one FTE Youth Peer Support Worker) with competitive hourly wages with benefits, comparable, at minimum, to the living wage in their area;
b) Adequate resourcing for peer support participation, including but not limited to:

   i. Monthly attendance at Foundry's Peer Support Community of Practice;
   ii. Training and continuing competency support; and
   iii. 1:1 mentorship, a minimum of 30 minutes per month.

c) Routine service/program expenses (e.g., travel costs for accompanying peers, coffee, group activities, etc.); and
d) Equipment needed to operate remotely when delivering services from home and community (e.g., cell phones, laptops, etc.).

Importance of Critical Component (Non-negotiable)	**Ideal Implementation** (Gold Standard)	**Acceptable Variation**	**Unacceptable Variation**	**Expected Outcomes**
Description of rationales of the importance of this component	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of implementer behaviour**	**Description of expected outcomes if this component is used with fidelity**
Peer support services need to be fairly and appropriately resourced to achieve optimal outcomes.	**The budget will include a minimum of two FTEs (one FTE Family Peer Support Worker and one FTE Youth Peer Support Worker) with competitive hourly wages with benefits, comparable, at minimum, to the living wage in their area.** Peer support positions are permanently funded and resourced adequately to	Peer support positions are grant funded with a long-term commitment to apply for funding.	Peer support positions are volunteer positions.	Peer Support Workers are gainfully employed and have the security of a permanent position. Peer Support Workers have opportunities to build on foundational skills and are able to develop skills or pursue areas of interest. Annualized funding allows Peer Support Workers to enhance services and respond to the client needs and trends as needed.

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	meet service demands and allow for program development opportunities.			Peer Support Workers have the tools to perform their duties and meet service deliverables.
	The budget will include adequate resourcing for peer support participation including, but not limited to: **i. Monthly attendance at Foundry's Peer Support Community of Practice;** **ii. Training and continuing competency support; and** **iii. 1:1 mentorship, a minimum of 30 minutes per month.** Peer Support Workers attend and participate in training opportunities and activities to support their learning and professional development.	A Peer Support Worker acts as local representative at the Provincial Community of Practice and is responsible for disseminating information/knowledge gained to fellow Peer Support Workers.	Peer Support Workers are unable to access training or other opportunities for skills development. Peer Support Workers are not compensated for their time participating in the Community of Practice and are expected to attend on their own time or are not able to attend at all.	
	The budget will include routine service/program expenses (e.g., travel costs for accompanying peers, coffee, group activities, etc.) The budget is annualized.	Service/program expenses are grant funded.	No funding is in place.	

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	The budget will include equipment needed to operate remotely when delivering services from home and community (e.g., cell phones, laptops, etc.)	No variation.	Peer Support Workers are asked to use their personal cell phones and laptops.	

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Part 2

Core Component List each core component below	Centre Actions (The what) Summary of ideal and/or acceptable behaviour	Knowledge/Skills and Abilities (The how) Learning/capacity building activities to support putting the component in place	Evaluation (Outcomes) Identify how you will measure the impact/outcome
OPERATIONS AND SERVICE DELIVERY Peer support services are adequately resourced so that they are delivered alongside other core services. Clinical and operations reporting structures are clear and service partners contribute to the decision-making process.	Advocate for adequate funding for staffing, programming, training and practice support. Draft a service schedule and bring together service partners to advise (Operations Working Group). When creating service schedule, make sure that peer support services align with walk-in counselling and primary care hours of operation. Draft an organization chart and review and finalize with OWG. Include Peer Support Workers and supervision structure. Include organizational chart and centre hours of operation/schedule in the new employee orientation guide. Make sure that this information is easily accessible for reference as needed.	The regional MSII has tools to support this process. Refer to the following resources: • Canadian Mental Health Assocation Waterloo Wellington Branch created this excellent resource: Supervising Peer Workers; • Implementation Checklists for Peer Support Services; and • Peer Support Orientation Guide (in development).	Standards 1 & 6

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HIRING All successful applicants are open to learning and advancing peer support practice, understand the value of the Peer Support Worker role and believe in the capability of young people and family with lived/living experience. Those hired into peer support positions have the skills and abilities to contribute to the client care experience with confidence.	When conducting interviews for all new hires (including counsellors, administration, nurses and physicians), leaders/managers assess a candidate's understanding and willingness to work alongside those with lived/living experience. Ensure that the successful candidate comes with a background in peer support and/or recognized training OR is scheduled to attend a peer support training program. Confirm successful candidate identifies with clients as a peer and is aware that young people need to be able to identify with them as a peer.	Interview guides for all positions include a question re: the role of peer support and/or including the voices of those with lived/living experiences in the delivery of integrated youth services OR ask applicants to openly reflect on their perspectives regarding the value that those with lived/living experience bring to the team culture of inclusion and integration. Refer to following document in the Service Model Guide: • Peer Support Hiring Practices and Tools	Standard 2

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ORIENTATION All staff understand the functions of Peer Support Workers, including roles and responsibilities, safe disclosure and peer support services available in their community and how to refer.	Act as a champion for peer support and ask that all team members, including those joining from partner organizations, review the Foundry Service Model Guide and Orientation to peer support practice. Consider asking those in supervisory roles to complete the peer support learning tool (in development - BC Campus project) Ensure that all members of the Foundry care team (inclusive of partner employees) follow a standard orientation process that includes an introduction to peer support practice. Foundry's network of youth Peer Support Workers have developed a great tool to support this. Ask those supervising peer support to use the orientation guide for new peer support hires and schedule regular meetings to review process and identify learning needs and goals. Consider asking Peer Support Workers to support the orientation process for new team members and/or offer updates during team meetings about initiatives they are leading. Schedule "tea time" so that new employees have an opportunity to connect with team members and learn about their role.	Refer to the following documents in the Service Model Guide: • Orientation to Peer Support practice (in development). Your regional MSII can facilitate a connection with our Provincial Peer Support team to support this process.	Standard 3 Recommendation: referrals and utilization of peer support services.

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TEAM INTEGRATION Team members display a culture that appreciates and respects the peer support role. Peer Support Workers are recognized for their expertise and are considered partners in the delivery of integrated youth services.	Maintain clear expectations around including Peer Support Workers in all aspects of client care (including documentation in EMR and Toolbox). Confirm that Peer Support Workers are invited to team meetings, case consultations and team building/social activities. Ideally, schedule meetings at a time when most team members can attend. Develop a method of sharing meeting minutes. For example, send a weekly Foundry team newsletter that provides key updates like vacations and schedule adjustments. Keep it fun and include a joke of the week. Ensure that Peer Support Workers have the same access to admin support, workspaces and hardware (phones/computers), both on site and remotely.	Refer to the following documents: • Foundry Service Model Guide; • Peer Support Overview; and • Integrating with Intention.	Standard 4 Referrals are made to, from and between Peer Support Workers when appropriate.
PRACTICE AND PROFESSIONAL DEVELOPMENT Peer Support Workers have opportunities that support the development of their peer support practice and their professional and personal development.	Establish and maintain a connection with our provincial peer support team and inform them when new Peer Support Workers are hired. Peer Support Workers require the same level of practice support as other disciplines. To support, please ensure that their work schedule allows for their participation in provincial Community of Practice and mentorship calls with our provincial peer support team. Ensure that Peer Support Workers have regular meetings with their supervisor in addition to annual performance reviews. Attend (or delegate a supervisor) to attend our provincial Peer Support Implementation Working Group and/or quarterly peer support knowledge exchange calls.	Our provincial peer support team offers 1:1 mentorship and facilitates our provincial Community of Practice for Peer Support Workers. The provincial peer support team will provide a schedule and calendar invitations for: • The Family and Youth Peer Support Community of Practice; • The provincial Peer Support Implementation Working Group; and • Peer support knowledge exchange calls.	Standards 5 & 6

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Implementation Checklist for Peer Support Services

Updated January 2021

The following checklist has been adapted from a briefing paper outlining a phased approach to developing peer support positions.[1] It is intended to help guide the service planning process.

Preparation

1. Prepare the organization:
    - Confirm funding source and ensure that budget includes costs for staffing, operations and service delivery;
    - Establish supervision structure in collaboration with service partners;
    - Create an organizational chart that clearly identifies reporting and clinical supervisory roles; and
    - Develop a change management plan to prepare your team for a shift in practice.

2. Develop job descriptions and interview guides for all positions. Include a question on the role of peer support and/or including the voices of those with lived/living experiences in the delivery of integrated youth services OR ask applicants to openly reflect on their perspectives regarding the value that those with lived/living experience bring to the team culture of inclusion and integration; and

3. Support development of peer support practice in your community:
    - Identify community partners to support the delivery of curriculum and practicum placements; and
    - Offer training opportunities (curriculum and practicum) for young people and family members interested in skills development.

[1] Repper J, Aldridge B, Gilfoyle S, Gillard S, Perkins R, Rennison J. Peer support workers: a practical guide to implementation. Implementing Recovery through Organisational Change; 2013.

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Recruitment

1. Advertise position;
2. Review applications and shortlist candidates;
3. Select interview panel including youth and family representatives;
4. Conduct interviews;
5. Offer successful candidate the position and determine the start date:
    - Discuss employment roles and responsibilities; and
    - Identify placements that suit interests, skills and abilities.
6. Distribute new employee forms, including criminal record checks; and
7. Inform and support those not offered positions.

Employment

1. Schedule orientation and onboarding (refer to Peer Support Orientation Guide);
2. Schedule regular supervision meetings;
3. Inform Foundry Central Office (FCO) peer support team of new employee; and
4. Contact Foundry network's Peer Support Community of Practice.

Ongoing development of the role

1. Explore career pathways with Peer Support Workers;
2. Provide advanced training and professional development opportunities:
    - Confirm funding for Peer Support Workers to attend conferences and/or training opportunities.
3. Facilitate wider system change:
    - Participate in Foundry network knowledge exchange meetings; and
    - Join provincial Peer Support Implementation Working Group.

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Peer Support Hiring Practices and Tools

Updated January 2021

Peer support practice in the realm of an integrated service setting offers endless opportunities for program development. Whether it is a new peer support role or filling an existing one, our role as leaders is to set employees up for success and place them in a role that draws on their skills and expertise. For youth peer support, it is particularly important to provide them with an employment opportunity that offers a stepping stone for long-term professional growth. Best practice for both youth and family peer support services is that they are delivered by individuals with whom youth and family members can identify as peers and who can serve as allies in their journey.

Hiring practice considerations

- **What kind of work do you expect will be asked of Peer Support Workers in your centre?** Will they be mainly focused on supporting orientation and welcoming folks in the waiting area? Are they going to be supporting young people and families to advocate for their needs? Co-facilitating a wellness group? Providing outreach to schools? Knowing the kind of work they will be doing will allow you to get a sense of which skills and experiences to look for, as well as being able to give the peer a sense of what to expect in their new role and to figure out whether that aligns with their strengths and interests.

- **What knowledge, skills and competencies are required to be successful in the role?** If hiring into an existing peer support position, it will be important to look for a Peer Support Worker who is able to step into the role. The goal is to set employees up for success, and if their ability to fulfill the expectations of the role is questionable, then a better option may be to continue recruitment efforts for a more suitable candidate. For example, asking a Peer Support Worker to distribute harm reduction supplies and/or deliver Take Home Naloxone training may not fit within their skill set or comfort level and this is ok! In this case, perhaps consider how other employees could meet this service need and explore how an applicant may contribute to other service areas. Bottom line, there is no shortage of opportunities for Peer Support Workers, and innovation is at our fingertips!

- **Lived/living experience considerations.** The magic of peer support is found in mutual, reciprocal relationships. Sharing personal recovery stories and building on the hope and inspiration that comes from those connections is fundamental to the role. Peer support work is inherently vulnerable, as their expertise is grounded in their lived/living experience.

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Sharing stories is a powerful tool that comes with important rights and responsibilities. A person's story is owned by them, with the autonomy to share as they see fit.

Feedback from existing Peer Support Workers across the Foundry network has surfaced unintentional gaps in coworkers' understanding of the importance of autonomy and decision making in how peers' lived/living experience will be shared. Personal stories are held in confidence until permission to share has been explicitly granted by the Peer Support Worker. The motto of "Nothing about us without us" is important to live by when working alongside those with lived/living experience expertise.

Through the interview and hiring process, being mindful of a Peer Support Worker's privacy and confidentiality supports the development of strong working relationships and integration into the care team. Please refer to Frequently Asked Questions: Peer Support (Appendix E of the Foundry Service Model Guide) for more information on this topic.

- **Supervision structure.** A key consideration when bringing new Peer Support Workers on is the level of supervision available. A matrix reporting structure is quite common when delivering integrated youth services, and it is critical that Peer Support Workers can access support when they need it. Hiring peers with lived/living experience does require due diligence, particularly when they are working in a clinical setting alongside colleagues with professional qualifications and education. Supervisors need to be readily available for support and guidance, particularly when hiring an individual who is new to peer support practice.

Hiring tools

Input from our Phase 1 Foundry centres has helped identify and develop key roles and responsibilities for the delivery of integrated youth services. At Foundry, it is imperative that peer support positions are adequately resourced and considered equal contributing service providers as part of the care team. The job descriptions in Appendix J of the Foundry Service Model Guide serve as a starting point for establishing paid peer support positions in your community. It is recommended that you adjust as needed to accommodate to your local community context and consult with your Human Resources personnel. Our provincial peer support team members and your regional Manager, Service Implementation and Integration are also available for consultation.

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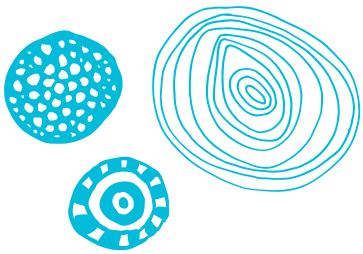

APPENDIX F

Social Services

Additional material available on the Foundry Website.

APPENDIX G

Start-Up Information

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)*

* Available as Microsoft Word file.

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Setting the Foundation for Service Model Implementation

In our work with communities to date, we have identified the following planning and development themes with key activities to support implementation:

Organizational Development

- Create a governance structure (See Foundry's Start-Up Guide, Section 2, Leadership and Governance)
- Develop community engagement and communication strategies:
    - Youth and family engagement;
    - Regional and provincial partners; and,
    - Local leadership and centre partner development.
- Develop a change management strategy to support the new service model and practice
- Work with partners to support team development:
    - Determine how team members will work together to achieve the Foundry vision;
    - Explore what the Foundry vision means in the local community context; and
    - Create team development agreement.

Community Partnership Development

- Conduct centre services supports scan:
    - Identify which services Lead Agency offers;
    - Identify services available in the community that support Foundry model;
    - Solicit in-kind resources to support delivery of services at Foundry centre; and
    - Develop strategic partnerships to complement existing agency services and fill gaps.
- Educate partners on the Foundry Service Model, including the Integrated Stepped Care Model (ISCM) as the core framework for service partnership development
- Determine if partners can contribute to the following:
    - Software lease costs;
    - Lease costs and shared services;
    - Shared administrative staff; and
    - Foundry and ISCM services.

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- Sign Memoranda of Understanding (MOU) or Collaboration Agreements with partners
- Refer to Integrating with Intention document (Appendix M, Foundry Service Model Guide)

Operations Planning

- Create an organizational chart and identify reporting structure
- Develop staffing model:
    - Identify roles and responsibilities of both Lead Agency and service partners.
- Policy and procedure development:
    - Review exiting policies and procedures;
    - Establish shared agreement that fulfills each organization's requirements; and
    - Develop new staff orientation and annual training plan for frontline team members.
- IT Requirements:
    - Assess partner functional requirements (computer, internet access, documentation) to operate on site;
    - Ensure Toolbox IT requirements are accommodated; and
    - Ensure EMR is accommodated.
- Communication:
    - Team meetings;
    - Internal referrals (use of Toolbox or EMR); and
    - External referrals (use referral template).

Service Planning

- Client care planning
- Service pathways
- Most Responsible Care Provider
- Collaborative Care Planning Rounds
- Supervision
- ISCM operational requirements

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Service Elements and Clinical Modalities

The following table outlines the key components of services within Foundry and is meant to facilitate discussions with community partners, helping identify which services they can offer.

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

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Foundry Centre Services	Mental Health	Substance Use	Primary Care	Peer Support	Social Services
SMART Recovery		√		√	
Seeking Safety		√			
After-Care Support		√			
Family Services	√ (EFFT)	√ (EFFT)		√	√
Peer Support Services				√	
Outreach		√		√	√
Income Assistance					√
Housing Support					√
STADD Navigation					√
Employment Support					√

Acronyms:

CBT – Cognitive Behavioural Therapy

DBT – Dialectical Behaviour Therapy

EFFT – Emotion-Focused Family Therapy

MI – Motivational Interviewing

MET – Motivational Enhancement Therapy

SFBT – Solution-Focused Brief Therapy

SMART – Self-Management and Recovery Training

STADD – Services to Adults with Developmental Disabilities

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Centre Operation Standards for Integrated Service Delivery

Updated February 13, 2020

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

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

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

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Mental Health, Substance Use, Peer Support, Primary Care and Social Services Scan (Environmental Scan Template)

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

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

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

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

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APPENDIX H

Templates to Support Operations and Service Planning

H.1 Operations and Service Planning Checklist*

H.2 Services Plan Template*

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 Program Description Template*

* Available as Microsoft Word file.
** Available as Microsoft Excel file.

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Operations and Service Planning Checklist

This checklist is a tool to support you and your centre in operations and service planning – feel free to adapt it to your needs.

Done	Task	Document/template	Notes
COMMUNITY PARTNERSHIP DEVELOPMENT			
☐	Conduct centre services and supports scan.	Centre Services and Supports Scan (environmental scan template)	
☐	Educate partners on the Foundry service model, including the Integrated Stepped Care Model (ISCM) as the core framework for service partnership development.	Forging the Path Forward: A Foundry Service Model Guide; relevant appendices	Guide can be shared with partners. FCO staff available to support education.
☐	Determine if partners can contribute to: • Software lease costs; • Lease costs and shared services; • Shared administrative staff; and • Foundry and ISCM services.		
☐	Sign Memoranda of Understanding (MOUs) or Collaboration Agreements with partners.	In development	
☐	Consider and plan for intentional integration.	Measuring Integration (This will be replaced by the Foundry Integration Measure (FIM) or Health Standards Organization (HSO) tools in future.) Integrating with Intention	

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OPERATIONS PLANNING			
☐	Establish Operations Working Group with partners.	Key Considerations: Local Operations Working Group	
☐	Create an organizational chart and identify reporting structure.		
☐	Develop staffing model and identify roles and responsibilities of both Lead Agency and service partners.	Staffing Model	
☐	Develop policies and procedures: • Review existing policies and procedures; and • Establish shared agreement that fulfills each organization's requirement.	Policies and procedures templates	
☐	Choose Electronic Medical Record (EMR) that best meets the needs of Mental Health and Substance Use (MHSU) and primary care providers.	EMR Selection Worksheet	
☐	Consider IT requirements: • Assess partner functional requirements (computer, internet access, documentation, space requirements) to operate on site; and • Ensure Toolbox IT requirements are accommodated.		
☐	Plan team building activities for service providers. This may include developing a team agreement. Schedule team meetings for service providers.	Sample: Team Commitments	Team building needs to include all partner organizations that are part of Foundry service delivery.
☐	Determine referral process: • Internal referrals (Use of Toolbox or EMR); and • External referrals.	Sample: Referral Forms	
☐	Develop and implement recruitment strategy.	Sample Job Descriptions	
☐	Develop operations budget.	Comprehensive Operational Budget template	Supported and approved by Manager, Service Implementation and Integration (MSII) and Director, Service Innovation.

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SERVICE PLANNING			
☐	Identify centre services within the five core service streams to be offered by Lead Agency and partners.	Centre Service Composition template	Supported by MSII.
☐	Develop services plan.	Services Plan	This plan informs the functional program planning. Develop the Services Plan after solid engagement with partners and leadership tables formed. Supported by MSII.
☐	Identify ISCM services based on steps.	ISCM Services – Planning template	Supported by MSII.
☐	Develop staff and partner schedule.	Sample Schedule	Supported by MSII.
☐	Develop training plan for opening.	Knowledge Exchange, Mobilization and Training Outline Training event checklist	Supported by Knowledge Exchange and Mobilization Manager and MSII.
☐	Develop program description.	Foundry Centre Program Description	Use relevant content from Services Plan.
☐	Complete service pathways and client journey mapping.		
☐	Establish collaborative care planning rounds/triage meetings. Review internal/external referrals with partners.		
☐	Establish clinical supervision schedule.		

Additional Notes:

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Services Plan Template

Foundry <Insert Community> | <Insert Lead Agency> | <Insert Date>

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Project Context

Introduction and objectives

This Services Plan is a comprehensive description of the services planned for Foundry [Insert community here]. It includes:

- A clinical Services Plan that describes the population profile, projected demand, care and staffing models and required clinical and support services; and
- A functional program plan that will describe the functional, space and design requirements to support the clinical services plan and schematic design development.

The Services Plan includes:

- A review of relevant past documents and current data;
- Input from [Insert Lead Agency Here] clinical and operational leaders, as well as [Insert architect company here];
- Discussions with Foundry Central Office, [Insert community here]'s core Foundry partners and supporters and community leadership tables; and
- Learnings from previous projects within [Insert Health Authority or community here] and other Foundry centres.

Foundry Central Office (FCO) is a provincial team that bridges between Lead Agencies, health authorities and government and provides provincial partnership development, provincial youth and family engagement and branding and communication strategies, as well as supporting capital project development and a standardized service model.

Planning context

[This section can be revised to suit your community information and how you want to describe your planning context. This is an example.]

Youth and family services in [Insert community here] are currently spread out throughout [Insert community here] and are uncoordinated. This results in youth and families struggling to find the services they need in a timely manner. Youth and families are often unsure where and how to access services and often get redirected to other services. In addition, there are usually long wait times to access services, causing youth to languish and families to become increasingly stressed. Furthermore, stigma continues to be an issue for accessing mental health or substance use services. This can result in people hesitating to initiate services early in the trajectory of concerns, and the delay often means the issues become much more extreme.

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Project scope

This document describes both the clinical service plan and the functional requirements for a Foundry centre.

Core services provided at Foundry [Insert community here] are open and welcoming to young people ages 12–24 and their families. Services will include walk-in/drop-in access to primary care, counselling and peer support, as well as appointment-based access to Foundry's five core service streams: primary care, mental health, substance use, youth and family peer support and social services. [Sample content – add/replace with your content] Foundry [Insert community here] values the importance of improving health literacy to decrease the stigma of mental health and substance use concerns.

Foundry [Insert community here] will:

- Promote awareness, education initiatives and community engagement;
- Provide early intervention; and
- Focus on access and integration.

Foundry values community partners, specialized services and the expertise that exists in the greater community and recognizes that collaboration, navigation and bridging to other services can optimize the client experience and efficiency within the system.

Project principles

[Insert content relevant to your community]

Drivers and strategic alignment

[Examples below. Suggested strategies/drivers to review include:

- Provincial strategies, plans and policies (Ministry of Mental Health and Addictions *Pathway to Hope*, *Mental Health in Schools Strategy*, Ministry of Health *Primary and Community Care in BC: A Strategic Policy Framework*);
- Ministry Service Plans;
- Health Authority Service Plans;
- First Nations Health Authority plans; and
- Métis Nation British Columbia plans]

The establishment of Foundry [Insert community here] has been informed by Foundry Central Office and the extensive literature reviews, data analysis and proof of concept evaluations this backbone organization has completed. Local consultation and a comprehensive exploration and review of current Foundry centres has been done.

The Ministry of Mental Health and Addictions' (MMHA) Service Plan 2020/21–2022/23 includes goals and objectives related to *A Pathway to Hope*. The Roadmap includes an immediate area of focus – improved wellness for children, youth and young adults:

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- Expand Foundry centres to bring together a variety of health and social services under one roof, where young people ages 12–24 can find the care, connection and support they need, both online and in their community; and
- Establish integrated child and youth teams that bring together child and youth mental health service providers, schools, educators, peer support workers, Indigenous support workers and other service providers to meet the needs and preferences of each child, youth and family seeking services. (This is relevant to communities that are establishing both a Foundry centre and an Integrated Child and Youth Team (ICY).)

The MMHA Service Plan also includes the Province's response to the overdose crisis:

- People at risk of overdose can access a comprehensive package of essential health sector interventions for overdose prevention including interventions that save lives and reduce stigma;
- Support people at risk of overdose to access a range of evidence-based treatment and recovery options for opioid use disorder, as well as harm reduction initiatives and supports to help ensure that they are retained in care; and
- Mental health and addiction services and supports are designed, coordinated and delivered using a whole of government, cross-sector approach to remove barriers to mental health and well-being.

Foundry [Insert community here] is also aligned with [Insert other relevant community strategies here].

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Services Plan

Current and emerging demand

[Include relevant data for your community – community data, hospital data, McCreary data, HELP data, etc. Examples below.]

[Insert community here] is home to approximately [Insert # here] youth ages 12–24. [Insert relevant info here]

Early childhood development is an important driver in the health status of youth and can provide predictive information about future needs. Early Development Instrument (EDI) results for [Insert community here] show high overall vulnerability. Other vulnerabilities/risk factors relevant to service delivery for [Insert community here] youth are: [Insert data here, e.g., discomfort seeing family physician for sexual health concerns: [__%]; physical victimization at school or physical abuse: [__%]; went to bed hungry: [__%]. Furthermore, [__%] of young mothers (under 24) do not have a GP and frequently use walk-in clinics, while [__%] of youth were unable to access medical help when they felt they needed it.].

In Canada, an estimated 70% of mental health problems begin during childhood or adolescence. While one in five young people ages 15–24 report experiencing mental illness or substance use problems, fewer than 25% actually receive appropriate services. Unfortunately, suicide is among the leading causes of death for Canadian young people, and overdose deaths have increased across the population since 2015. In [Insert community here], mental health is also an issue of concern with [__%] of [Insert community here] youth rating their mental health as "poor" or "fair." According to the McCreary Adolescent Health Survey in [Insert community here], [__%] of youth had not accessed mental health services when they thought they needed to; [__%] reported feeling despair in the past month ([__%] increase since 2008); [__%] of males and [__%] of females reported self-harm; and [__%] of males and [__%] of females experienced suicidal thoughts. Delayed access to timely care presents a barrier to help-seeking. Currently, there are [Insert # here] youth aged 12+ on the waitlist for the [Insert local clinic name] Child & Youth Mental Health (CYMH), a service provided by the Ministry of Children and Family Development (MCFD). The wait for those not triaged at the highest acuity level is approximately [Insert # here] months.

In [Insert date here], [__%] of [Insert community here] hospital admissions for ages 10–24 years were mental health and substance use (MHSU) related. [Insert relevant inpatient and ER details, other relevant community data here.]

Current challenges

[Insert challenges specific to community here. Example below.]

Currently services for youth (including mental health, substance use, sexual health clinics, employment counselling and other social services) are spread out in several locations across [Insert community here] and do not have a systematic way to work together, despite [Insert community here] service providers striving to provide a cohesive network of care. This lack of coordination makes it extremely difficult for youth and families to navigate services and puts the

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onus on the individual to know which agency to go to. Many youth end up either not accessing the most appropriate service, which results in delays and/or frustration, or worse, [__%] of youth have stated they did not access services at all when they thought they needed mental health support (McCreary Report, [Insert date]). Many services also have waitlists of [Insert data here] or longer which results in symptoms worsening while waiting for treatment and fragmented care.

Foundry's provincial overview

Foundry is forging a new, province-wide culture of care by opening a network of centres and by building online services, tools and resources for youth ages 12–24. These services are co-created with young people, their families and government and non-profit partnerships in communities across BC. Foundry is making British Columbia an international leader in youth and family wellness. Foundry envisions all young people having the resources necessary to thrive by providing outstanding, coordinated, timely and accessible mental health and substance use services, primary care and social services. The goal is to provide safe, non-judgemental care, information and resources, and work to reach young people earlier – before health challenges become problematic. Foundry centres bring health and social services together in a single place to make it easier for young people to find the care, connection and support they need. Foundry centres aim to reduce stigma associated with receiving mental health and substance use support by providing a variety of services in one youth-friendly place. The centres greatly enhance the services available to young people, but more importantly, they bring services together in one place in an integrated manner.

Vision

Foundry [Insert community here] will transform access to services for young people ages 12–24 in [Insert community here].

Program purpose

[Suggestions for this section include aim of the centre, guiding principles, what integration means, etc.]

Foundry [Insert community here] strives to develop a deeply integrated service in order to improve access and identify and address the health and social service needs of young people ages 12–24. The integrated health services include physical and sexual health, mental health and substance use services and support from youth and family peers, as well as services that address the social determinants of health (vocational support, income assistance, housing, education, etc.) and recognize the importance of prevention and early intervention. Health and wellness are viewed holistically and are a core value of Foundry [Insert community here].

Service model

It is recognized that stigma still plays a role in help-seeking behaviour in young people; therefore, easily accessible, culturally safe and varied services will be provided at Foundry [Insert community here]. For this reason, Foundry [Insert community here] will provide walk-in services that include single-session counselling, primary care and youth and family peer support. This approach ensures that young people can have their needs addressed in a timely

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manner not dependent on acuity. An Integrated Stepped Care Model (ISCM) will be implemented to address the range of mental health and substance use concerns for young people – services which range from providing resources, individual short-term counselling, mutual aid and therapeutic groups to referrals for higher intensity services as needed. Pathways and processes to ensure there is a care coordinator will be developed so that both staff and youth and families know who is accountable for coordinating care.

[Insert information in this section on the services that will be offered in each of the core service streams: mental health and substance use, primary care, youth and family peer supports and social services. Include a section on how walk-in services flow.]

Integrated Stepped Care Model

Foundry [Insert community here] will use the Integrated Stepped Care Model (ISCM), which is based on assessing and determining the most effective yet least resource-intensive services to meet the identified need and the client's goals. This model is effective in improving efficiency and using resources wisely but also appropriately. In stepped care, the type and intensity of a service is matched to the needs of a client. Young people can step up or step down a pathway of evidence-informed services in a timely manner, according to changing needs and in response to treatment. The ISCM is based upon principles of early intervention and health promotion and provides a framework for MHSU service delivery in Foundry. Services on each step can be offered in chronological order or simultaneously.

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Staffing Model

The staffing model that has been developed for Foundry [Insert community here] ensures the delivery of high-quality, accessible and low-barrier services that support access to the continuum of care for young people while addressing clinical and functional needs. The staffing plan is aligned with the objectives of Foundry's service model and within a biopsychosocial/holistic context. The staffing plan also recognizes the benefits of youth and family peers being integrated into the team functions.

Several factors have influenced the development of the staffing model:

- Foundry Central Office (FCO) has core operational and functional requirements, which include models of care (i.e., Integrated Stepped Care Model, walk-in counselling and peer support);
- Functional plan (built environment);
- Characteristics of the population and clinical needs; and
- Community context.

Staffing model assumptions

The staffing model has been developed using the following principles:

- Teamwork is based on coordinated and interdisciplinary functions. Staff will work to the highest level of their license to provide the most effective but least resource-intensive services.
- Peer support (both youth and family) workers will be paid members of the Foundry team.
- [Note positions that will be provided in-kind by partnering community agencies.]
- [Insert organization here] will be the provider for [Insert service] [Insert #] half days/week.
- Walk-in counselling will be offered daily, for a minimum of 20 hours per week and for extended hours a minimum of two times per week.
- Harm reduction principles will be followed and supplies will be available according to the BC Centre for Disease Control (BCCDC), health authority policies and Harm Reduction: A British Columbia Community Guide.
- A strong leadership structure for centre operations will be in place to support the necessary practice change towards integration, integrated stepped care, team cohesiveness, walk-in counselling model and service innovation. and
- The staffing model assumes that effective technology will be in place to support integration and interdisciplinary work (including clinical documentation, communication and youth/staff safety).

Staffing model description

The staffing model at Foundry [Insert community here] is dependent on the partnerships formed but must adhere to the minimum core services FCO outlines: mental health and substance use services, primary care, peer support and social services.

[Insert information on roles/positions and responsibilities]

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The following table is an estimate of staffing per contributing agency. The site location and size will greatly affect the partnership contribution, and staffing levels and will be determined once this variable is known. [Sample table below – use as a template or replace.]

Agency Name	Description of Staffing Contribution	Located at Centre	Days per Week	Staff #
[Mental Health Agency]	Psychiatrist			
	Youth Mental Health Clinicians			
	School-based Clinicians			
	Program Support Staff			
	Adult Mental Health Clinician			
	Clinical Supervisor			
[Substance Use Agency]	Youth Substance Use Clinicians			
	Clinical Supervisor			
	Prevention Specialist			
[Primary Care/ Public Health]	Family Practitioners			
	Public Health (Youth Clinic) Nurses			
	Nurse Practitioner			
	Primary Care Nurses			
	Primary Care Allied Health			
	Medical Office Assistant			
Ministry of Social Development and Poverty Reduction (MSDPR)	Income Assistance Worker			
Ministry of Children and Family Development (MCFD)	Child & Youth Mental Health Clinician			
	Services to Adults with Developmental Disabilities (STADD) Worker			
	Youth Navigation/Outreach Workers			
[Agency]	Indigenous Wellness Worker			
	Elder-in-Residence			
[Agency]	Family Counsellor			
	Outreach & Advocacy & Housing Worker			
	Life Skills Worker			
[Employment]	Youth Employment Case Manager			
	Youth Peer Support Worker			

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Youth and Family Peer Support	Family Peer Support Worker			
	Culturally Diverse Worker			

Human resource considerations

[Insert HR Plan – example below.]

Effective recruitment, ongoing staff development and a commitment to provide service-driven care and performance excellence will be essential for the successful operation of Foundry [Insert community here]. Competency profiles for staff will reflect best practices for service delivery in a person- and family-centred, integrated model of care. In addition, Foundry [Insert community here] staffing will strive to reflect the diversity of the community and be committed to inclusivity.

Given Foundry [Insert community here] will be based on a matrix organizational structure, with some intact teams being permanently based on site and in-reach part-time staffing from partner agencies providing in-kind staffing, there will need to be thoughtful consideration of team cohesion, and it may be prudent to minimize the number of rotating staff coming and going from the site, as well as maximizing staff retention. It is recognized that staff job satisfaction directly relates to quality of service; therefore, staff morale and team cohesiveness will be of paramount importance and will be evaluated.

Foundry is a complex health care centre and therefore is human resource intensive with most of the operating budget allocated to salaries and benefits. The following approaches to human resource management will be employed:

- Staff work to their highest level of their license;
- Promote high-functioning team dynamics and informed interdisciplinary decision making;
- Recognize and develop internal talent to build on knowledge and skills of high-performing team members (students may be a specific area to draw upon as they will be trained on the integrated and interdisciplinary model); and
- Partner with community providers to promote high quality care, continuity and interdisciplinary team-based care.

Training and education

[Insert training plan – example below.]

Foundry staff require the ability to respond to a variety of concerns ranging from mild to complex, including crisis situations. In order to develop and maintain core competencies to support a successful application of an integrated stepped care model with walk-in services, staff will need to be supported in their learning needs. The approach to education and training will include:

- Comprehensive orientation;

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- FCO core education and training which includes:
    - All staff: Integrated Stepped Care Model, Toolbox;
    - MHSU staff: Solution-Focused Brief Therapy (SFBT) and Emotion-Focused Family Therapy (EFFT); and
    - Peer support staff: youth and family peer support.
- Emergency response including: crisis response, aggressive behaviour, on-site overdose response and suicide assessments;
- Substance use, concurrent disorders and harm reduction approaches;
- Trauma-informed practice;
- Effective communication and relationship building with families and/or family therapy;
- Interdisciplinary communication and documentation, including privacy concerns;
- Cultural safety and gender diversity training; and
- Continuous quality improvement.

A range of education options will be provided including off-site training, technology-enabled learning and practical in-service training. Partnerships with academic institutions to support student training and research will offer additional opportunities to develop staff, contribute to best practices and promote excellence.

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Performance Indicators and Metrics

[Consider Lead Agency Key Performance Indicators, FCO metrics, etc.]

Performance indicators and metrics are required to ensure the delivery of high quality care and alignment with Ministry of Health priorities, [Insert Lead Agency Here] strategic objectives and applicable standards and guidelines for the provision of mental health, substance use and primary care. Performance measures, quality improvement initiatives and evidence-based practices will be developed by [Insert Lead Agency & Affiliated Organizations Here] and FCO.

Performance indicators and metrics reflect local priorities as well as FCO priorities for the improvement to services for young people. Additionally, performance indicators include measures of the experience of care to ensure that services are delivered in a manner consistent with youth- and family-centred care model. Both quantitative and qualitative data is sought in order to assess quality of life, functioning and quality of care.

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Operational Description

Refer to Appendix H.5 ISCM Services Planning template to complete this section. You can add that as an appendix or embed here.

Social Services on Site

Refer to Appendix H.4 Centre Service Composition.

Core Foundry Staffing

Refer to Appendix J.1 Staffing Model.

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Technology Considerations

[Sample content below]

Technology is an important and integral part of ensuring quality of care is maintained at an integrated centre with staff that may only work part-time at the site, complex clients arriving for walk-in services and youth accessing several services on site. Therefore, the goal is to have one Electronic Medical Record (EMR)/one charting system that all staff on site can access. In addition, IT will need to ensure communication and organizational systems can meet the needs of staff to stay organized while on and off site (including email, room booking ability, scheduling other staff, appointment reminders via text or email, etc.). Safety considerations such as emergency alert signals will be necessary.

[Note: If it is not possible to have one EMR/charting system for all staff at the centre, consider outlining in a table all the providers working at the centre: who will document on the Foundry record, who cannot and reason, who will also be charting elsewhere and what will be recorded in both places.]

Foundry [Insert community here] has a presence on the Foundry website that is specific to [Insert community here] and will be kept updated. In addition, social media handles such as Twitter, Facebook and Instagram will be utilized to keep [Insert community here] youth and families updated on programming and engagement activities.

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Functional Program Plan

[Consider including]

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Appendices

[Consider including appendices such as FCO standards, staffing model, centre service requirements, core training requirements, ISCM services, other relevant service information/documents, etc.]

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Key Considerations: Local Operations Working Group (OWG)

Why: The purpose of the OWG is for partners to come together and establish how they will work together when Foundry opens the doors. Specific attention is paid to determining how to operationalize the Foundry service model in the local community within the context of intentional partnerships.

Who: Organizations typically send team leaders and/or supervisors who can speak to the delivery of services from both an operational and a clinical lens. It is highly recommended that there is representation from all five core service streams (Mental Health, Substance Use, Primary Care, Social Services and Peer Support). Team members from Foundry Central Office will be available to offer consultation and facilitation support as needed.

What: Originally known as the local Clinical Working Group, it was renamed as the Operations Working Group to better reflect the actions involved in opening a centre. Please refer to Appendix G.1: Setting the Foundations for Service Model Implementation in the Service Model Guide for detailed information and a list of activities to support service implementation. This document will also help guide OWG agendas. Operations Working Groups differ from Clinical Consultation Groups, as the focus is at the service delivery level and does not include any client content such as case reviews or clinical supervision.

When: It is recommended that the group meets at minimum bi-weekly in the planning phase and during the first six months of operations. At that point, the group membership should be reviewed and members should discuss the nature of ongoing OWG scope versus project-based, time-limited working groups.

Please see Appendices A and B for examples of OWG Terms of Reference.

Updated February 2020

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Appendix A: Sample Terms of Reference - Kelowna

TERMS OF REFERENCE

Foundry Kelowna

Clinical Working Group

Role of the Committee:
To oversee the development of clinical mental health and substance abuse services to be delivered at the Foundry Kelowna consistent with requirements developed by the Provincial Clinical Working Group and the capacity of Foundry Kelowna partners.

Responsibilities and Tasks:
The Committee is responsible for;

- Reviewing and providing feedback on draft materials that are developed by the Provincial Clinical working group (e.g., draft Stepped Care Models);
- Mapping local services to the finalized Stepped Care Models and identifying any key gaps in services;
- Defining care pathways consistent with the Stepped Care Models (who is doing what and when);
- Communicating with and seeking feedback from local clinical services partners on clinical pathways and roles for each partner consistent with Stepped Care Models;
- Supporting implementation of clinical services, including identifying any training that will be needed to provide services.

Membership
Membership on the Committee will include the following;

- Up to two representatives from CMHA (the Host Organization);
- Up to two representatives from MCFD Child & Youth Mental Health;
- Up to two representatives from Interior Health Mental Health and Substance Use Services;
- A representative from Interior Health Psychiatry;
- A representative from the Division of Family Practice.

Each group is responsible for identifying the individual(s) that will represent them on the committee and replacing those individuals if required.

Structure & Documentation

- The Committee will meet bi-weekly until the Foundry is operational and then will revisit meeting frequency.
- A representative from CMHA will be responsible for taking notes which will include a record of decisions and actions items.
- A representative from CMHA will be responsible for chairing the meetings or identifying an alternate.

Decision Making
The preferred mode of decision making for the committee will be by consensus of all members. Where consensus is not possible, a vote with a simple majority of the members present at the Committee Meeting is required for decisions.

Foundry Kelowna Clinical Services Working Group Terms of Reference DRAFT1 February 2017

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Appendix B: Sample Terms of Reference - Prince George

YMCA of Northern BC

P.O. Box 1808
2020 Massey Drive
Prince George, BC - V2L 4V7
www.nbcy.org

Foundry Prince George Service Delivery Working Group

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

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

Purpose:

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

Guiding Principles:

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

Foundry Youth Health Centres Core Services

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

Meeting Minutes: Foundry SDWG Meeting Minutes Te

Building healthy communities

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Template: Centre Service Composition

Foundry [Insert Community] - Service Composition

Hours of Operation:

	Primary Care	Mental Health	Substance Use	Social Services	Peer Support	Administration
Confirmed	•	•	•	• Employment/Vocational • Income Assistance • Housing • Outreach • STADD • MCFD • Education	•	•
In Progress	•	•	•	•	•	
Gap	•	•	•	•	•	•

Acronyms:

MCFD – Ministry of Children and Family Development

STADD – Services to Adults with Developmental Disabilities

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Integrated Stepped Care Model Services – Planning – [Insert Community Here]

Drop-in Services

Proposed hours:

Goal: [Insert community's goals for hours, with reference to general FCO standard: minimum evenings and 20 hours per week of drop-in services]

Service	Primary Care	Sexual Health 2 afternoons a week	Walk-in Counselling	Youth Peer Support	Family Peer Support
Provider(s) Agencies	MDs – # sessions a week NPs – FTE Nursing - FTE				
Supervision/ Leadership					
Funded by				Foundry core funds?	Foundry core funds?
Scope	Full medical care, including OAT? Gender care?				
Limitations					

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Assessment/Referral Process

Proposed hours for other appointment-based Foundry services:

Include five service streams and times:

	Monday	Tuesday	Wednesday	Thursday	Friday
Primary care					
Mental health					
Substance use (combine with MH if concurrent)					
Youth peer support					
Family peer support					
Social service					

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Integrated Stepped Care Pathways with Services

Service	Mood/Anxiety/Distress	Substance Use	Disordered Eating	Early Psychosis
Step 1 Active Engagement				
Active Monitoring	*Active monitoring provided by **Primary Care** or Intake clinician, low intensity engagement group facilitated by peer or social services* Groups: •			No Step 1 services
Information/Education	*Internet based (Foundry Online), written material – general mental health and substance use information and self-care* Groups: •			
Peer Support	*Youth Peer Support Worker – provide peer support, information, monitoring and active follow-up* Groups: •			
Family Services	*Family education* Groups •	*Family substance use education*	*Family education*	
Primary Care	*General wellness & prevention*	*Harm Reduction*	*Media literacy training?*	

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Step 2 Low Intensity				
Self-care	*Self-care/guided self-care – online, written*			
e-Health	*Foundry Online – direct to apps, Youth BounceBack®, interactive online modules, eCBT* *Foundry Virtual*			
Group Intervention	*Wellness Group*			
	Eg. Y Mind Groups: •	*Eg. SMART Recovery* Groups: •	*Build promotion of healthy eating attitudes and behaviour into wellness group*	Groups: •
Brief Therapy	*SFBT – 4 sessions*	*MET/MI*	*SFBT or MI*	*N/A*
Family Services	*Family education* Groups: •	*Family education* Groups: •	*Family education* Groups: •	*Family education on UHR* Groups: •
Primary Care	*Follow up*	*E.g,. Smoking cessation*		*Active monitoring of psychosis*

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Step 3 Moderate Intensity (short-term)				
Group Intervention	*CBT (e.g., MindShift, RAD)* *DBT Informed?* Groups: •	*Therapeutic/psychosocial group (e.g., MBRP, CBT, Recovery skills?)* Groups: •	*Incorporate DE elements into mood/anxiety CBT group* Groups: •	*Needs based pathway and/or group education for UHR* Groups: •
Individual Therapy – up to 12 sessions	*CBT*	*MI, CBT, ACT*	*CBT for DE*	*EPI informed psych-ed or needs based intervention*
Family Services	*Family education, EFFT, EFFT Caregiver Workshop* Groups: •	*Family intervention* Groups: •	*EFFT, EFFT Caregiver Workshop* Groups: •	*Family education and support* Groups: •
Primary Care Services	*Initial medication as indicated*	*Monitor physical and mental health, risk assessment and response*	*Screening or active monitoring for eating disorder*	*Shared care with psychiatrist*
Psychiatric Consultation	*Psychiatric assessment, shared care with family physician/nurse practitioner*		*Consider psychiatric assessment, shared care with family physician/nurse practitioner*	*EPI psychiatrist consult, shared care with family physician/nurse practitioner*
Other			*Nutritional support*	*Active monitoring of psychosis*

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Step 4 High Intensity, Specialist Services				
Primary Care Services	*Shared care with psychiatrist*	*Addictions medicine - OAT for OUD* *Tx for AUD*	*Monitor long-term medical concerns*	*Comprehensive physical exam at entry to EPI and annual exams; info on prevention and treatment of relevant health issues*
Specialist MHSU Services	*Evidence-based/informed interventions specific to diagnosis provided by multi-disciplinary team – group, individual, family and psychiatric services offered by local Health Authority MHSU, CYMH teams and specialist programs (e.g., EPI, Eating Disorders) – on site and off site* • Referral pathways to CYMH • Referral pathways to Adult MHSU			
Group Intervention	*CBT (e.g., Mindshift, RAD)* *DBT Informed?* Groups: •	*Therapeutic/psychosocial group (e.g., Seeking Safety, contingency management?)* Groups: •	*EFFT or attachment based* Groups: •	*Needs based pathway and/or group education* Groups: •
Family Services	*Family education, EFFT, EFFT Caregiver Workshop* Groups: •	*Family intervention* Groups: •	*EFFT, EFFT Caregiver Workshop* *FBT* Groups: •	*Family education and support*
Case Management, referrals for longer term counselling				*EPI informed therapy psych-ed*

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Acronyms:

ACT – Acceptance and Commitment Therapy

AUD – Alcohol Use Disorder

CBT – Cognitive Behavioural Therapy

CYMH – Child & Youth Mental Health

DBT – Dialectical Behaviour Therapy

DE – Disordered Eating

eCBT – Electronic Cognitive Behavioural Therapy

EFFT – Emotion-Focused Family Therapy

EPI – Early Psychosis Intervention

FBT – Family Based Therapy

MBRP – Mindfulness-Based Relapse Prevention

MET – Motivational Enhancement Therapy

MHSU – Mental Health and Substance Use

MI – Motivational Interviewing

OAT – Opioid Agonist Therapy

OUD – Opioid Use Disorder

RAD – Reducing Anxiety and Depression

SFBT – Solution-Focused Brief Therapy

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SMART – Self-Management and Recovery Training

UHR – Ultra-high Risk

Social Services on site:

Refer to Appendix H.4 Centre Service Composition.

Core Foundry staffing:

Refer to Appendix J.1 Staffing Model.

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Integrated Stepped Care Model Services – Clinician's Reference

Step 1 – Active Engagement	
Active Monitoring Drop-in Engagement Groups	
Information and Education	
Peer Support	
Family Services	
Primary Care	

Step 2 – Low Intensity	
Self-Care	
Individual Brief Therapy	
e-Health Web and App-based Resources	
Group Intervention	
Family Services	
Primary Care	

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Integrated Stepped Care Model Services – Clinician's Reference

Step 3 – Moderate Intensity	
Individual Short-term Therapy	
Group Intervention	
Family Services	
Primary Care	*Psychiatric consultation/shared care*
Other	

Step 4 – High Intensity, Specialty Services	
Individual Therapy	
Specialist MHSU Services	*Refer on to*
Group Intervention	
Family Services	
Primary Care	Addictions medicine (e.g., OAT, naltrexone)

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Template: Comprehensive Operational Budget

Foundry [Insert Community]
Prepared by NAME on DATE

Insert brief narrative description of strengths, gaps and opportunities - what your centre is doing really well, what challenges are you experiencing/what is missing or weak in your service model and what new opportunities are emerging that you wish to optimize (e.g., new partnership with a First Nation that will require some culturally appropriate programming, new partnership with a School District that may increase volumes at your centre).

EXPENSES/ IN-KIND	AMOUNT	TYPE (cash or in-kind)	FTE Count	NOTES
Foundry Funds ($550K rural, $700K Urban)				
Item				
Item				
etc.				
	122			
Subtotal	*122*		*0*	*$ amount must total to $550,000 Rural/$700,000 Urban or less*
Lead Agency contributions				
Subtotal	*0*		*0*	
Health Authority contributions				
Subtotal	*0*		*0*	
MCFD contributions				
Subtotal	*0*		*0*	
Other contributions (e.g. local non-profits, School District, foundation)				
Subtotal	*0*		*0*	
Total:	**#REF!**		**#REF!**	

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Program Description Template

June 2020

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Program Description

Table of Contents

1. Introduction
    a. Foundry guiding principles
    b. Guiding values
2. Community and Centre Information
    a. Overview
    b. Location
    c. Hours
    d. Partners
3. Governance and Integration
    a. Leadership Advisory Table
    b. Service Working Group
    c. Youth Advisory Committee
    d. Family Advisory Committee
    e. Daily Huddles
    f. Complex Care Rounds
4. Services
    a. Mental Health and Substance Use
        i. Walk-in counselling
        ii. Brief intervention
        iii. Short-term intervention
        iv. Specialist services
        v. Crisis response
        vi. Groups
        vii. Psychiatry
    b. Primary Care
        i. Physical Health
        ii. Sexual health
    c. Social Services
    d. Peer Support
    e. Social Services
5. Integrated Stepped Care Model (ISCM)
6. Core Therapeutic Modalities
    a. Solution-Focused Brief Therapy
    b. Motivational Interviewing
    c. Emotion-Focused Family Therapy
    d. Cognitive Behaviour Therapy
7. Core Practice Approaches
    a. Trauma-informed care
    b. Harm Reduction
    c. Recovery orientated care
8. Documentation
    a. Youth Registration
    b. Toolbox

[Insert centre address here]

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Introduction

Welcome to Foundry [Insert community here]! Our site is part of a provincial network of centres providing a comprehensive array of health and social services in one convenient location. Foundry aims to transform access to health and social services for young people ages 12–24. Core services offered at Foundry centres across the province include mental health and substance use services, primary care services, social services and peer support.

Collectively, each Foundry centre across the province follows guiding principles as part of a shared commitment to deliver health and social services in a model that caters to the developmental needs of today's young people.

Foundry guiding principles

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

Foundry [Insert Community Here] guiding values

[Insert Foundry [Insert community here]'s guiding values.]

Community and Centre Information

Overview

[Insert details on population description, challenges facing youth, challenges facing community services, strengths of community]

Location

Foundry [Insert community here] is located at [Insert address].

Hours

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Walk-in services are available:

[Insert days and times]

Appointment based services are provided outside of these hours.

Partners

Foundry [Insert community here] is integrated with services provided by multiple community partners. These partners include:

- [Insert partners here]

For an overview of each of these services see [Insert appendix name and number here.]

Governance and Integration

Foundry centres are assets for their entire communities so it is recommended that local governance structures are inclusive of all interested community members to enable all key stakeholders to contribute to and own the outcomes of the work. Local Leadership Tables (LLTs) form the foundation of our governance structure and they include the following groups.

Funders Table

Membership: Small group of decision makers from core funding or resource-providing partners including Regional Health Authority, Ministry of Children and Family Development (MCFD), First Nation(s) or Indigenous organization(s), School Districts, Foundry Central Office and the Executive Director of the Lead Agency.

Function: Advisory, advocacy within own organizations. Supports Lead Agency in navigating complex systems, removing barriers identified by Leadership Advisory Table (LAT), Youth Advisory Committee/Family Advisory Committee (YAC/FAC) and/or Operations Working Group (OWG) and allocating resources. Critical in early stages, may meet less frequently or merge with LAT over time. Led/chaired by Lead Agency Executive Director with support from Program Manager.

Leadership Advisory Table (LAT)

Membership: Broad representation from community partners including local First Nation(s) or Indigenous organizations, with at least two youth and one family representatives.

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Function: Community leadership, advisory, engagement. Advises Foundry Lead Agency on services and community/partnership priorities. Led/chaired by Lead Agency Executive Director with support from Program Manager.

Operations Working Group (OWG)

Membership: Clinical and service management staff, including partners, operating within the centre.

Function: Operational integration (different from case review). Supports ongoing communication about service delivery within the centre, identifies and responds to drivers and barriers to integration (e.g., referral processes). Responds to recommendations of advisory groups; elevates issues for discussion as needed. Led/chaired by Program Manager.

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

Membership: Young people and family members.

Function: Leadership, advisory and engagement. Amplifies client voices to ensure they are at the centre of planning, service delivery, hiring and centre priorities; provides youth with leadership opportunities. Supported by Foundry centre staff, led/chaired as determined by youth and families.

[Below are two additional structures that may support operations and facilitate integration. Please add what is relevant for your centre/community.]

Daily Huddles

Participants: Direct service providers.

Function: Reviews on site services for the day, reviews complex youth and family presentations, provides navigation support where multiple services may be provided and opportunity to know community partners working on site.

Complex Care Rounds

Participants: Service providing team leaders.

Function: Reviews complex presentations within community services, ensures navigation and access support for youth and families and increases understanding of community service providers roles within community.

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Services

Mental Health and Substance Use

Mental Health and Substance Use (MHSU) services are two of the five service streams offered at Foundry centres. 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. See [Insert appendix number and name here] for more details on MHSU services within the provincial Foundry network.

Pathways for accessing the services below are detailed in [Insert appendix number and name here].

Walk-in counselling

At Foundry, walk-in counselling (WiC) is a core service that allows young people to access counselling one session at a time on an as-needed basis. WiC is offered using the Solution-Focused Brief Therapy (SFBT) approach: a strengths-based therapeutic approach focusing on the client's existing skills, resources and strengths to formulate solutions to a presenting problem. See Appendix B Access, Screening and Assessment for more details on WiC.

Brief intervention

Brief intervention is a systematic, focused process that relies on assessment, client engagement and rapid implementation of change strategies. Session duration varies, dependent upon the modality, but is generally less than six sessions per intervention. Example: Solution-Focused Brief Therapy.

Short-term intervention

Short-term individual and group interventions target specific symptoms, strengths and strategies to support with managing a specific MHSU concern. Example: cognitive behaviour therapy.

Specialist services

Generally, specialist services require a referral and/or intake assessment to access. These services may be co-located in the Foundry centre, offered through scheduled hours at the centre or have a referral pathway in the community. Examples include: Intensive Case

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Management (ICM), Dialectical Behaviour Therapy (DBT) program, Child & Youth or Adult Mental Health, Early Psychosis Intervention Program, Eating Disorders.

Crisis response

Foundry [Insert community here] has established crisis response protocols related to suicidal ideation, safety concerns and violence risk. When required, always consult with your supervisor.

Groups

Within Foundry, groups are offered based on the identified needs of youth and families along the continuum of care as identified in the Integrated Stepped Care Model (ISCM). For a list of groups and how to access these groups please see [Insert appendix name and number here].

Psychiatry

A psychiatrist may be required when youth present with complex concerns requiring specialized support. This support is primarily provided in a consultative process to support a team-based approach to care. For a referral to psychiatry, a family physician or nurse practitioner is required to submit a referral.

Primary care

For many youth experiencing mental health or substance use concerns, a Foundry physician may be consulted to review potential diagnostic clarification or review pharmacological approaches to support the youth. An integrated approach that includes consultation with a physician can be beneficial to ensure there is continuity of care.

Physical health

Primary care services are offered within Foundry [Insert community here] by our team of trained nurses, physicians and/or nurse practitioners that offer a range of services including:

- General health information;
- Birth control options;
- Emergency contraception;
- Pregnancy testing and non-biased options counselling;
- Immunizations;
- Medical exams;
- Wound care;

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- Disease prevention;
- Diagnosis;
- Information, treatment and prevention for sexually transmitted infections (STI), HIV, hepatitis; TB testing and care;
- Addiction services including Opioid Agonist Therapy (OAT); and
- Harm reduction supplies.

Sexual health

[Add this section if relevant to your centre]

In addition to sexual health being provided through the primary care clinic, specialized sexual health support is provided by Options Sexual Health during the following hours:

- [Insert hours here]

This service is available without referral at Foundry [Insert community here].

Social Services

Social services are provided throughout Foundry centres and are key to promoting health, maintaining wellness and supporting community engagement and recovery. These services support in addressing the social determinants of health that can be impactful to a person's wellness. These services can be increasingly essential in supporting a young person's transition to adulthood.

Within Foundry [Insert community here], the following social services are available (either through drop-in or appointment based): [possible social services – please add what is relevant for your centre]

- Housing;
- Vocation;
- Vocational Rehabilitation;
- Social Assistance; and
- Services to Adults with Developmental Disabilities (STADD) Navigator.

For information on how youth can access these services, see [Insert appendix name and number here.]

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Peer Support

Peer support is an integral part of service delivery within the Foundry setting. Peer support is embedded in the team by drawing on Peer Support Workers' own lived experience of mental health or substance use challenges to help youth, young adults and families with service navigation, provide resources and information and connect them with Foundry and/or community resources. The Peer Support Worker offers peer-based mentoring and emotional support and works collaboratively with youth, their families and members of the care team.

Below are some of the roles peer support plays within Foundry [Insert community here]:

- Waiting room support;
- Systems navigation;
- 1:1 non-clinical emotional and social support;
- Facilitation and bridging of meetings between families and service providers;
- Outreach (assist clients attending appointments and community resources);
- Co-facilitation of groups (wellness/life skills/clinical);
- Client advocacy;
- Support of orientation to Foundry re: services offered;
- Take Home Naloxone Training;
- Harm Reduction education and supplies distribution;
- Resource distribution and broker services; and
- Leadership or co-facilitation of education sessions.

For more information on Peer Support, please see [Insert appendix name and number here.]

Integrated Stepped Care Model

The Integrated Stepped Care Model (ISCM) supports a coordinated approach to providing services within an integrated system. It allows the Foundry centre staff to choose the most effective interventions for clients experiencing mental health and substance use concerns. The type and intensity of service is matched to the need of a client based on structured assessments and screening tools, client/family preference and clinical judgement.

Stepped care pathways have been developed to provide interventions for young people experiencing depression, anxiety, early psychosis, problematic substance use and disordered eating. Along each pathway, the five core service streams (primary care, social services, peer support, mental health and substance use) provide streamlined care, with Foundry centre partners playing a key role across all steps in providing interventions. Young people may step up or down a pathway according to changing needs, reassessment and responsiveness to treatment.

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Within Foundry [Insert community here], a Service Menu has been developed outlining which services are available under which step. See [Insert appendix name and number here.] This service menu is based on development work by a Provincial Clinical Working group.

Core Therapeutic Modalities

Solution-Focused Brief Therapy (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 and brief intervention.

Motivational Interviewing 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.

Emotion-Focused Family Therapy (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.

Cognitive Behaviour Therapy (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 behaviours. 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.

Core Practice Approaches

Trauma-informed care

Trauma-informed care is an approach where the aim is to integrate an understanding of trauma into all levels of care; create a culture of safety, nonviolence, learning and collaboration; and use a Person First Philosophy (Patient Centered Care). Trauma-informed care is delivered using the following underlying principles: trauma awareness; emphasis on safety and trust; opportunity for choice, collaboration and connection; and strengths based and skill building.

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: safe injection supplies; Take Home Naloxone training; Opioid Agonist Therapy; substance use education and

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navigation support; drug checking; and 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.

Recovery-orientated care

At its essence, recovery orientated care is an approach that Puts People First, appreciates that recovery is a personal journey for the youth and families in our care, enables choice and encourages responsibility on their path to wellness. Within recovery orientated care, we work together with youth and families to identify and emphasize unique strengths, character, innate abilities and potential for growth. This approach requires collaboration with all supports and emphasizes respect of diversity, being culturally responsive and encouraging hope and optimism.

Documentation

Youth registration

When a youth is accessing services provided by [Insert Lead Agency here], they will be registered into the Electronic Medical Record systems. [Please note the EMR being used by your service providers.]

Youth will complete a registration form (see [Insert appendix name and number here]) when they first come to the centre and will be asked if any information needs to be undated on subsequent presentations.

For youth accessing partner services on site, registration will occur through their established Electronic Medical Records.

Toolbox

The Foundry Toolbox is a centralized electronic data platform built to both enhance delivery of integrated services at Foundry centres and support evaluation and quality improvement activities. Through Toolbox, all care providers in each Foundry centre have access to the data they need to provide quality services to youth and their family/caregivers. Toolbox is completed on tablets located within the centre.

Embedded within Toolbox are 2 surveys:

Demographic Survey: This is completed by all youth regardless of which service they are accessing. This survey gathers demographic and identifying information provided by youth. Also included in this survey is the Kessler 10 (K10) a 10-item client self-report measure of non-

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specific psychological distress in the anxiety-depression spectrum. It is an indicator of general distress without identifying a cause.

Health Survey: This survey is completed by all youth accessing mental health, substance use or physical health services (excluding sexual health). The health survey asks questions about a young person's health, safety, activities, emotions, alcohol and substance use habits, etc., to help obtain clinically relevant information about their strengths, risk factors and needs. It also has embedded within it the GAIN-SS, a screening tool that quickly and accurately screens 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.

Other screening tools embedded in Toolbox are the PHQ-9 (depression), GAD-7 (anxiety) and PSQ (psychosis).

At the conclusion of each appointment, an End of Visit Form is completed that will indicate what services the youth accessed, and for those accessing MHSU services, there is the completion of the SOFAS — a scale for determining the youth's level of functioning and indication of what step the youth is on based on the use of the screening tools, clinical judgement and youth/family preference.

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APPENDIX I

Centre Services and Operations

I.1 Client Registration Information*

I.2 Crisis Response Protocol*

I.3 Consent for Service*

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)*

* Available as Microsoft Word file.

FOUNDRY
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Template

Client Registration Information

Completed by:
Client ☐ Family ☐ Friend ☐ Foundry Staff ☐
☐ Other: _____

Personal Information

Full legal name: _____ Preferred name: _____
Preferred Pronoun: Him/ He ☐ Her/She ☐ Their/They ☐ Other ☐ _____

Care Card Number (PHN): _____ Date of Birth: (D/M/Y) _____ Age: _____

My ethnicity as: Indigenous ☐ Black/African ☐ White ☐ Hispanic ☐ Asian ☐ Prefer not to answer ☐ Other _____

Primary language _____

How can we reach you? (H)_____ (C) _____ Ok to leave a message ☐ Text ☐

Email address: _____ Can we contact you through e-mail? Yes ☐ No ☐

Where are you staying? Home ☐ Friend ☐ Other ☐ Address: _____

Are you a student? Yes ☐ No ☐ If yes, where do you go to school? _____

Health Information

Do you have a family doctor? Yes ☐ No ☐ Not Sure ☐ If yes, doctor's name: _____

Doctor's office number: _____ Can we contact your doctor about your care? Yes ☐ No ☐

Known diagnosis: _____

Current medications: _____

Allergies: _____

Parent/Guardian (If you're under age 18)

Name: _____ Phone Number: _____ Relationship to you: _____

Emergency Contact

Name: _____ Phone Number: _____ Relationship to you: _____

Address: _____

Name: _____ Phone Number: _____ Relationship to you: _____

Address: _____

Services Information

Have you accessed mental health or substance use support/services in the last year? Yes ☐ No ☐ Not Sure ☐

If yes, please let us know who you've been connected to: _____

_____

Are there any other services you are connected to? Yes ☐ No ☐ If yes, please let us know: _____

_____

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Foundry [Insert community] Crisis Response Protocol

ADAPTED FROM FOUNDRY CAMPBELL RIVER

Special Safety Alerts in the Health Survey:

- Recent suicidal thoughts
  - When was the last time that you had significant problems with thinking about ending your life or committing suicide:
    - Past month;
    - 2–3 months ago;
    - 4–12 months ago; or
    - 1+ years ago?
- Safety concern for client:
  - In the last three months I have seen or experienced violence: Yes
  - I feel safe at home: No
- Crime and Violence Screener
  - 5 questions from GAIN-SS: When was the last time you:
    i. Had a disagreement in which you pushed, grabbed or shoved someone?
    ii. Took something from a store without paying for it?
    iii. Sold, distributed or helped to make illegal drugs?
    iv. Drove a vehicle while under the influence of alcohol or illegal drugs?
    v. Purposely damaged or destroyed property that did not belong to you?

1.0 Suicide Prevention Practice Guidelines for Paraprofessionals and Others Not Trained in Suicide Risk Assessment

- This practice guideline applies to paraprofessionals without specific suicide assessment training, including counsellors, outreach workers, employment advisers, nurses and others.
- All Foundry team members are expected to have attended formal training in suicide prevention (e.g., ASIST).
- If the client has completed the Health Survey and the Foundry team member has access to the report:
  - When in the Health Survey the client has endorsed having had “significant problems with thinking about ending your life or committing suicide” at any time, the team member will follow up on this by:
    - Directly asking if the client is currently experiencing suicidal thoughts.

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- In the regular course of service provision, when a client discloses suicidal thoughts or exhibits the warning signs of suicide, the Foundry team members will follow up on this by:
    - Directly asking if the client is currently experiencing suicidal thoughts.

If the client is currently experiencing suicidal ideation:

- If the client is currently experiencing suicidal ideation, the team member must ensure that the client is seen by one of the following clinicians: [Please update with the staff that would be appropriate for your centre, for example:
    - Foundry mental health counsellor;
    - Child and Youth Mental Health (CYMH) clinician (if under 19 years); or
    - Health Authority MHSU clinician (if 19+ years).]
- The client should not be left alone. Stay with the client until you have completed an in-person introduction/hand-off to a qualified clinician, who will then complete a comprehensive suicide assessment.
- If the client refuses to be seen by a clinician or leaves the site, contact emergency services immediately. Then follow up by informing a clinical supervisor or the Foundry Program Manager.
- If there is no clinician available to see the client to complete a full suicide risk assessment immediately, then contact emergency services or arrange for a responsible adult to accompany the client to the hospital ER. Notify the triage that the client is on the way to the hospital. Then follow up by informing a clinical supervisor or the Foundry Program Manager.

If the client denies experiencing suicidal ideation, but you are concerned about their behaviour or presentation:

- Without leaving the client alone, immediately consult with a Foundry mental health counsellor, a clinical supervisor or the Foundry Program Manager.

1.1 Suicide prevention practice guidelines for clinicians

- This practice guideline applies to clinicians with training in suicide risk assessment including: [Please update with staff that would be appropriate for your centre, for example:
    - Foundry Intake/Mental Health Counsellors;
    - CYMH Clinicians;
    - Mental Health and Substance Use (MHSU) Clinicians; or
    - Substance Use Counsellors.]
- Suicide screening should be conducted with all clients at first contact as part of intake.
- A comprehensive suicide assessment should be conducted:

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    - When the client has identified in the health survey as having had “significant problems with thinking about ending your life or committing suicide” in the past month;
    - When an in-person suicide screening has identified any level of risk; or
    - When a client demonstrates any subsequent suicidal behaviour or warning signs.
- When a counsellor is concerned enough about a client’s suicide risk to conduct a suicide assessment, that counsellor should promptly consult with their supervisor.
- If at any time during the assessment process, the counsellor has concerns about their own capacity to respond to the situation, they should ensure the client is constantly supervised and consult with the crisis nurse or a clinical supervisor immediately. If a crisis nurse or supervisor is not available in this situation, the counsellor should call emergency services to respond.
- If the client is deemed to be a danger to self or others and is not cooperating with safety planning or leaves the site unaccompanied, call 911 to have emergency services respond.
- When a client is sent to [Insert community ER name] for further assessment, either with a responsible adult or with Emergency Medical/Ambulance Service, call triage to give a brief history.

Guidelines for Suicide Assessment

1. **Clinicians will use evidence-based screening and assessment tools as appropriate to their level of training such as: [Insert below as relevant to your centre**
    - IS PATH WARM (screener);
    - Tool for Assessment of Suicide Risk (TASR);
    - Tool for Assessment of Suicide Risk: Adolescent Version (TASR-A);
    - Edinburgh Postnatal Depression Scale (EPDS);
    - Ministry of Children and Family Development (MCFD) CYMH Suicide Risk Assessment Form;
    - Guides for estimating levels of suicide risk:
        - Quick Reference Guide (Fraser Health);
        - Appendix B. Risk and Protective Factors for Youth Suicide (MCFD CYMH);
        - Appendix C. Levels of Suicide Risk (MCFD CYMH); and
        - The Continuum of Risk for Suicide (MCFD CYMH).
    - Safety Plan for Suicide Prevention].

2. **Identify risk factors**

    - Use a validated tool as a guide to make sure that all the most common risk factors have been assessed and are considered when making a judgement about risk level.

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- Identify those factors that can be modified to reduce risk.

3. **Identify protective factors**

- Internal: distress tolerance, coping skills, religious beliefs, etc.
- External: positive social supports, community connections, responsibility to others, therapeutic relationships, etc.
- Identify those factors which could be enhanced to reduce risk.

4. **Inquire directly about suicide**

- Suicidal thoughts:
    - Consider frequency, intensity and duration of thoughts; and
    - In past 48 hours, past month and worst ever.
- Plans:
    - Consider available means, timing, location, lethality, preparatory acts.
- Intent:
    - Consider the extent to which the person expects to carry out the plan and believes the plan to be lethal.
- Behaviours:
    - Consider previous attempts, hospitalizations, self-injury and preparatory acts.

5. **Determine level of risk**

- Assessment of risk is based on clinical judgement after completing the clinical interview.
- Keep in mind that risk is dynamic and evolving and that risk factors may be additive or exponential and always have to be considered within the person's life context and in light of their clinical presentation.
- While not an exhaustive list, according to Kutcher and Chehil (2007), a person is always considered to be high to imminent risk if:
    - They have a specific suicide plan;
    - They express a high level of intent; or
    - They are experiencing command hallucinations ordering suicide.

6. **Safety planning & treatment intervention**

- Imminent Risk Intervention:
    - This client requires constant observation.
    - Client should be accompanied to the hospital ER by a responsible adult or by emergency services.
    - Call 911 if necessary.

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    - Notify the client's closest family member or guardian. Seeking consent is always preferable, but danger to self or others warrants breaking confidentiality if necessary.
    - Notify triage that the client is on the way to the hospital and give a brief history.

- High Risk Intervention:
    - This client requires frequent, close observation.
    - If the client is under age 19: [Please revise as relevant to your community protocol]
        - [Consult with CYMH to determine if adequate safety planning can be put in place until the client can be seen by a CYMH clinician.
        - If a CYMH clinician is unavailable, consult with the crisis nurse to assist with safety planning.]
    - If client is 19+ years:
        - Consult with the crisis nurse to assist with safety planning.
    - Develop a safety plan which mobilizes personally meaningful resources and includes a clear follow-up plan.
    - Transport to the hospital ER may be appropriate if adequate and timely safety provisions cannot be put in place in the community.
    - Notify the client's closest family member or guardian of the intervention and safety plan. Seeking consent is always preferable, but danger to self or others warrants breaking confidentiality if necessary.

- Moderate Risk Intervention:
    - Develop a safety plan which mobilizes personally meaningful resources and includes a clear follow-up plan.
    - Educate client and supportive people on warning signs of increased risk and emergency resources.
    - Encourage and facilitate family involvement in safety planning.
    - When the client is assessed to currently be at a moderate level of risk, the clinician will use their judgement as to the appropriate level of involvement of CYMH and [insert relevant crisis service].
    - If the client is under age 19: [Please revise as relevant to your community protocol]
        - [If necessary, consult with CYMH to assist with safety planning and determine if it is appropriate for the client to see a CYMH clinician.
        - If crisis services are required, consult with the crisis nurse to assist with safety planning.]
    - If client is 19+ years:
        - If crisis services are required, consult with the [insert relevant crisis service] to assist with safety planning.

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- Low Risk Intervention:
  - Develop a safety plan which mobilizes personally meaningful resources and includes a clear follow-up plan.
  - Educate client and supportive people on warning signs of increased risk and emergency resources.
  - Encourage and facilitate family involvement in safety planning.
- Whenever a safety plan is completed with a client, ask for the client's consent to share a copy of it to the crisis team members at [Insert local community hospital].

7. **Consult with supervisor**

- Any time a suicide assessment is completed, the clinician has a responsibility to promptly consult with a clinical supervisor or the Foundry Program Manager.

8. **Monitoring**

- A follow-up plan should be created with the client.

9. **Document**

- The following items must be documented in the client record:
  - The suicide risk assessment form, signed by both the clinician and the supervisor;
  - The risk level and rationale;
  - The safety plan (Copies should be given to: the client, any supportive family/others, the crisis nurses at the hospital and one kept on file.);
  - Contact with significant others; and
  - Any treatment interventions and the follow-up plan.

2.0 Guidelines for Responding to Safety Concerns for the Youth

- This practice standard applies to: [Please update with staff that would be appropriate for your centre, for example:

  - Foundry Intake/Mental Health Counsellors;
  - CYMH Clinicians;
  - MHSU Clinicians;
  - Primary Care professionals; or
  - All other Foundry service providers.]

- In the Health Survey, the two questions that may trigger a special alert for a safety concern are:

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- In the last three months I have seen or experienced violence: Yes.
- I feel safe at home: No.

For Youth Under 19 Years of Age

- Where a child or youth is in immediate danger, call 911 to have the RCMP respond.
- All service providers should be familiar with the indicators of possible child abuse or neglect as detailed in *The B.C. Handbook for Action on Child Abuse and Neglect*, which can be accessed online at http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/public-safety/protecting-children/childabusepreventionhandbook_serviceprovider.pdf
- If a safety concern for the client is identified in the Health Survey, in the clinical interview or in the course of providing services, it is the service provider's responsibility to inquire about the nature of the youth's safety concern.
- Follow the guidelines for responding to child abuse and neglect as detailed in *The B.C. Handbook for Action on Child Abuse and Neglect*. As this guide states, "Get only the essential facts. Once you have enough information and reason to believe that abuse or neglect has occurred, stop gathering facts and be supportive. The child or youth may be interviewed in depth by a child welfare worker and, if there is a criminal investigation, by the police; to avoid the stress of multiple interviews, limit your discussion to finding out generally what took place." (p. 38)
- ***If you think a child or youth under 19 years of age is being abused or neglected, you have the legal duty to report your concern to a child welfare worker. Phone 1-800-663-9122 at any time of the day or night.***
- ***When a service provider makes a child protection report or calls 911, they must promptly notify a clinical supervisor and the Foundry Program Manager.***
- ***If a youth has been the victim of a crime, it may also be appropriate to involve the RCMP and Victim Services.***
- ***All youth accessing Foundry services should be made aware of the limits of confidentiality. As much as possible, be transparent with youth about the duty to report and involve them in the process in a way that is safe for them and respects their agency.***

For Young Adults 19+ Years of Age

- If a safety concern for the client is identified in the Health Survey, in the clinical interview or in the course of providing services, it is the service provider's responsibility to inquire about the nature of the client's safety concern.
- The service provider should engage the client in making a plan for their safety. If possible and safe, encourage the client to involve family members and/or other responsible adults in this plan.

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- In discussion with the client, make a plan for appropriate involvement of police and Victim Services.

    - In an emergency, call 911.
    - RCMP: [Insert RCMP phone number]
    - RCMP Victim Services is involved in all cases where the RCMP are involved.
    - [Insert Community] RCMP Victim Services: [Insert phone number]

- Victim Services provides practical and emotional support to deal with the impact of crime, including information regarding court dates and legal outcomes, support with crime victim assistance applications, court support and referrals to community resources.
- Victim Services will attend the scene or the hospital immediately to provide support and info to victims.
- If you would like to request that a Victim Services worker attends Foundry to meet with a youth, this can be requested by calling the RCMP.
- RCMP Victim Services will respond immediately to all victims but then will refer victims of power-based crimes on to Community Based Victim Services for ongoing support. (See below.)
- Community Based Victim Service Program at [Insert Community Service] (all ages): [Insert phone number]

    - Deals with all power-based crimes, including domestic violence, sexual assaults, criminal harassment, historical and present-day child abuse.
    - Self-referrals welcome.
    - Provides services to victims of family or sexual violence, including legal system information and support, support making a report to police (including third-party anonymous reports), victim impact statements, safety planning, referrals, accessing resources and emotional and practical support. Does not offer counselling, but will make referrals for counselling and help the victim access financial support for counselling.

- VictimLinkBC (Any age): 1-800-563-0808

    - Phone-in crisis support, information and referral services. Available 24 hours a day, 7 days a week.
    - They also provide interpreter services.
    - Further information: http://www2.gov.bc.ca/gov/content/justice/criminal-justice/victims-of-crime/victimlinkbc

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- ***Crime Stoppers***

    - ***The Crime Stoppers website provides multiple ways for people to report crimes and remain anonymous.***
    - [Insert community Crime Stoppers website]

- ***When a service provider responds to a safety concern or contacts the police, they must promptly notify a clinical supervisor and the Foundry Program Manager.***
- ***All safety concerns and actions taken must be documented.***

3.0 Guidelines for Responding to Violence Alerts identified in the Health Survey or Referral Information

- The Health Survey includes the Crime and Violence Screener (five questions) from the GAIN-SS (Global Appraisal of Individual Needs – Short Screener) instrument.
- In the Health Survey report, this score is tallied on the first page with an indication of low, moderate or high risk as defined below:
    - **Low** (0 past-year symptoms): Unlikely to have a diagnosis or need services.
    - **Moderate** (1 to 2 past-year symptoms): A possible diagnosis and possibly in need of services; the client is likely to benefit from a brief assessment and brief intervention.
    - **High** (3+ past-year symptoms): High probabilities of a diagnosis and need for services; the client is likely to need more formal assessment and intervention, either directly or through referral.
- According to the GAIN-SS manual:
    - **"Moderate (1 or 2) to High (3+) scores on the Crime and Violence Screener** suggest the need for help with interpersonal violence, drug-related crimes, property crimes and, in more extreme cases, interpersonal or violent crimes. If confirmed by a clinician, typical treatments include a combination of counselling (e.g., anger replacement therapy, cognitive restructuring, cognitive behavioral therapy, contingency management, motivational interviewing, multisystemic therapy) and medication to control impulsive violence and co-occurring problems." (p. 18)
- Information about the client's risk for violence may also come from the referral source.
- All Foundry team members who conduct an intake with a client are required to conduct a risk assessment for violence and to document this assessment.
- Tools for consideration: [Please insert tools relevant to your centre, for example:
    - Risk Factors Form (John Howard);
    - Violent Behaviour Assessment Considerations Tool (Island Health MHSU);
    - Safety Plan (John Howard);
    - Calm, Cool and Collected Safety Planning (Island Health CYFMH); or
    - Triggers Tool (Island Health CYFMH).]

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Template: Consent for Service

How we work:

Foundry [Insert community] provides team-based health and social services for young people ages 12--24 and their families. We operate in partnership with various community agencies. With your permission, Foundry staff on your care team will work closely together and may share relevant information with each other to help plan how they can support you best.

Your team is created based on the services you access at Foundry.

We share information:

- So that you do not have to tell your story multiple times unless you choose to do so;
- So that team members work together to support you, ensure safety and help you meet your goals;
- So that we can consult with one another to provide you with the best care and information; and
- So that you can work on a single plan for wellness that brings together the relevant supports in your life.

Limits to confidentiality apply:

- When we have a duty to report information that indicates a person under 19 years of age or a vulnerable adult may be experiencing physical, sexual or emotional abuse or neglect;
- When you are at risk of hurting yourself and/or hurting others;
- When you receive medical services at Foundry regarding specific reportable diseases, the processing lab will automatically notify the BC Center for Disease Control and the appropriate public health protection office, who are committed to maintaining confidentiality and personal privacy;
- If information is subpoenaed by a court of law; and
- When Foundry service providers have different information sharing and confidentiality policies that they will go over with you.

You can change your mind, at any time, about the supports and services you receive. To revoke this consent or for answers to any questions or concerns about the privacy of your information, you can speak to any of the Foundry team members.

The information above has been explained to me. I understand how my information will be used and shared at Foundry as well as when limits to confidentiality apply.

Client Legal Name: _____ Client Signature: _____

Date: _____ Foundry Team Member Signature: _____

[Insert centre address here]

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Foundry [Insert Community Here] Direct Services

Walk-in Counselling

Walk-in Counselling (WiC) at Foundry [Insert community here] is provided by Foundry staff and master's level interns. A minimum of [2] walk in counsellors will be on during WiC hours, in addition to a person providing clinical oversight.

Oversight of walk-in services at Foundry [Insert community here] is provided by the Clinical Supervisor or a qualified designate.

Daily huddles occur. This time is to review on site services for the day, any planned youth presenting with complex presentations where a combined visit or pathway to another service is recommended and an opportunity to get to know other team members working on site.

WiC workflow [Sample workflow – revise as needed]

1. Youth attends walk-in services.
2. Youth is greeted and given orientation by Peer Support Worker.
3. Youth identifies visit reason on service form (mental health or substance use).
4. Medical Office Assistant (MOA) collects information to register to Electronic Medical Record and enter into Toolbox. MOA will assign youth to Clinical Quarterback for Mental Health and Substance Use (MHSU) concerns.
5. MOA prints off collateral and places in binder (TBD).
6. MOA places name on sheet identifying time of arrival based on service selection (TBD).
7. Youth completes Toolbox if there are surveys to complete.
8. Clinical Quarterback reviews collateral, Toolbox info and time of arrival.
9. Clinical Quarterback prioritizes based on information available, level of risk and wait time and assigns youth to a clinician in Toolbox.
10. If this is the youth's first visit for MHSU, the following are completed (TBD by who):
    i. Consent for Service;
    ii. Consent to Release/Obtain Confidential Information;
    iii. Review of primary visit reason;
    iv. Support in decision of best service to access;
    v. Review of circle of care;

    Once compete information is gathered, it will be reviewed with the Clinical Quarterback and/or the MOA.
11. Clinical Quarterback places next youth to be seen at top of files (TBD).
12. Walk-in counsellor retrieves and reviews information of next client to be seen.

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13. Youth is seen by walk-in counsellor.

14. Walk-in counsellor has a session break to determine experiments, any potential referrals and stepped care allocation.

15. If medical services are required, MOA will support access.

Walk-in Primary Care

Walk-in Primary Care is provided by community physicians.

Oversight of Walk-in Primary Care is provided by the Program Manager.

The designated MOA for the day will support with coordination of Walk-in Primary Care.

Primary Care will be part of daily huddles described under WiC.

Walk-in Primary Care Workflow [sample workflow – revise as needed]

1. Youth attends for walk-in medical appointment.

2. Youth is greeted and given orientation by Peer Support Worker.

3. Youth identifies visit reason on service form.

4. MOA collects information to register to Electronic Medical Record and enter into Toolbox.

5. Youth completes Toolbox.

6. If this is the youth's first visit for medical care, the following are completed (TBD by who):
    i. Consent for Service;
    ii. Consent to Release/Obtain Confidential Information;
    iii. Review of primary visit reason;
    iv. Support in decision of best service to access;
    v. Review of circle of care;

    Once compete information is gathered, it will be reviewed with the Clinical Quarterback and/or the MOA. If mental health services are indicated, youth may see a walk-in counsellor prior to Primary Care.

7. MOA prioritizes based on first-in, first-out.

8. Youth sees physician.

9. If other services are required, physician reviews with MOA. If internal resources are required, MOA works with clinical oversight to support access to services.

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[In the following sections, please add in information relevant to your centre]

Brief Intervention

Solution-Focused Brief Therapy and Motivational Interviewing

Short-Term Therapy

Cognitive Behavioural Therapy

Crisis Response

As per crisis response protocol

Groups

Sexual Health

Public Health

Peer Support

STADD

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Foundry [Insert community here] Documentation and Forms

Registration

- Service Selection Form;
- Registration Form; and
- Electronic Medical Record (EMR) Registration
    - [Insert EMR] (Mental Health and Substance Use, Primary Care, Peer Support, Social Services)

Consent and Confidentiality

- Consent for Treatment; and
- Release of Information.

Toolbox

- Registration; and
- End of Visit Form.

Foundry [Insert community here] Documentation Process

- [Insert EMR] template.

Service Provider Notification Form (TBD)

- Process for letting community supports know when consent has been received, to let them know that a youth and/or family has presented to a Foundry Centre.

Suicide Risk Assessment (___to complete)

- Tool for Assessment of Suicide Risk for Adolescents (TASR-A); and
- Safety Plan Template.

Group Documentation

- Group attendance is captured in Toolbox; and
- Details related to clinical group interventions are documented in the client chart (ideally a shared EMR) that other service providers who are caring for the youth can access.

Pathways to External Services Providers

- Identify organizations that offer health and social services in community locations;
- Develop a process to support navigation to these services; and
- Establish a tracking process to ensure that youth/family member has landed and is accessing the service.

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Informed Consent for Service

Welcome to Foundry [Insert community here]

How we work:

We provide team-based health and social services for youth ages 12–24 and their caregivers and support people, in partnership with various community providers.

With your permission, staff on your care team will work closely together and when necessary share relevant information to help plan how they can support you best.

Your team is created based on the services you access.

We share information:

- So that you don't have to tell your story multiple times (unless you choose to);
- So that team members work together to support you, ensure safety and help you meet your goals;
- So that we can consult with one another to provide you with the best care and information; and
- So that you can work on a single plan for wellness, together with the relevant supports in your life.

In receiving service, you will:

- Be treated with courtesy, dignity and respect, no matter what your age, race, culture, gender, gender preference/expression, sexual orientation, disability and spiritual or political beliefs;
- Be provided with the highest levels of privacy and confidentiality;
- Participate voluntarily and have your suggestions and complaints heard and addressed in a timely manner (see separate complaint procedure); and
- Be able to change your mind, at any time, about the supports and services you receive, including withdrawing your consent.

And we ask that you:

- Provide us with your information so we are able to contact you, plan and provide services for you, make referrals and follow up on services on your behalf;
- Tell us about any medical conditions, disabilities, cultural/spiritual practices or anything else you think we should know about in order to serve you best; and
- Understand that we do not offer emergency services and that staff are not available outside of their work schedule.

Confidentiality:

- All paper and electronic records and communications are kept secure and confidential.
- Your information is kept confidential within your Foundry team and with the supervisor.
- Information or records will only be released to external persons with your written and informed consent at which time you will sign a release of information form.

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Most information is strictly confidential but there are some legal limits to confidentiality. Information will be shared with the appropriate authorities to ensure those affected are protected and receive the help they need. We will always involve you in the reporting process unless this poses a safety threat. These limits include:

- Child abuse or neglect (under age 19 or a vulnerable adult);
- Danger to the physical safety of a person (threats, suicidal indicators, driving while intoxicated); and
- Court ordered release of records or testimony.

Other areas to note:

- We promote an atmosphere of respect, inclusiveness, healing and positive behavior. No restrictive behaviour management interventions are used.
- Email or text messaging is encouraged to be used for scheduling purposes only to protect confidentiality.
- Please do not use or rely on voicemail, email or text messaging as a form of emergency communication, as we may not be available to respond in time.
- If you are in crisis, call the [Insert community specific information here, e.g., Fraser Health crisis line 604-951-8855, provincial Aboriginal crisis line KUU-US, available 24/7 at 1-800-588-8717, www.kuu-uscrisisline.com, and other services offered.]
- Child/Youth Crisis Line: 250-723-2040 or 911.

In the interests of best service:

Your concerns are very important to us and we want to hear from you. You are invited, if needed, to follow the complaint procedure provided to you at the beginning of service.

We value your feedback about your service experience and greatly appreciate your input by completing anonymous surveys presented to you. However, you can choose not to participate. This information helps us continually improve the services we provide.

Your signature below means that you have had confidentiality explained and that you are making an informed consent to participate in service.

_____	_____
Signature of Client	Client Legal Name / Printed
_____	_____
Signature of Foundry Team Member	Name of Foundry Team Member / Printed
Date: _____	Date: _____

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Foundry [Insert community here]
[Insert centre address here]
Phone: [ ]
Fax: [ ]

Template A: Consent to Release / Obtain Confidential Information

Name: _____ **Date of Birth:** _____ **Age:** _____

The *Personal Information Protection Act* and the *Freedom of Information and Protection of Privacy Act* oversee the collection, use and disclosure of my personal information by organizations and recognize my right as an individual to have my personal information protected.

I am aware that I must consent or give my permission for my personal information to be shared. By signing this form, I agree that Foundry [Insert Community Here] can release and/or obtain the personal information I have identified below for the purposes I have outlined below and it will not be used for other purposes. My initial indicates my consent for releasing and/or obtaining my information.

I consent to Foundry ☐ releasing to and/or ☐ obtaining the following information (e.g., plan, attendance, application, referral, etc.):

From:

Service Agency/Provider: _____ Contact info: _____

_____ _____

_____ _____

For the purpose of (e.g., supporting me to maintain housing, understanding my condition or diagnosis, etc.):

Please fill out a separate form for different information and purpose of releasing and/or obtaining information. If all on one form, please clearly specify varying requests.

I understand I have the right to refuse to sign this form and that I may revoke my consent verbally or in writing at any time (except to the extent that the information has already been exchanged). Unless otherwise noted, this consent will be in effect for one year from the date of signing.

Signed by: _____ Date: _____
(please sign your name)

Witnessed by: _____ Date: _____

We respect the importance of protecting the personal information that we collect. For information on our privacy policies and practices, please contact the [Insert community specific information here: e.g., Community Services Privacy Officer at ____.]

[Insert centre address here]

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Template B: Consent to Release / Obtain Confidential Information

I am aware that I must consent or give my permission for my personal information to be shared. By signing this form, I agree Foundry [Insert community here] can release and/or obtain the personal information I have identified below for the purpose I have outlined below and it will not be used for other purposes. My initials indicate my consent for releasing and/or obtaining information.

☐ I consent to Foundry [Insert community here] **releasing** the following information to:

SCHOOL ☐	MCFD/CYMH ☐	START ☐	EPI ☐	COUNSELLING ☐	OTHER ☐

MCFD = Ministry of Children and Family Development CYMH = Child & Youth Mental Health
START = Short Term Assessment Response Treatment EPI = Early Psychosis Intervention

SERVICE PROVIDER/ AGENCY: _____ Contact Info: _____

The following information (examples: plan, attendance, application, referral, etc.)

_____

_____

SERVICE PROVIDER/ AGENCY: _____ Contact Info: _____

The following information (examples: plan, attendance, application, referral, etc.)

_____

_____

☐ I consent to Foundry [Insert community here] **obtaining** the following information from:

SCHOOL ☐	MCFD/CYMH ☐	START ☐	EPI ☐	COUNSELLING ☐	OTHER ☐

SERVICE PROVIDER/ AGENCY: _____ Contact Info: _____
The following information (examples: plan, attendance, application, referral, etc.)

_____

_____

SERVICE PROVIDER/ AGENCY: _____ Contact Info: _____

The following information (examples: plan, attendance, application, referral, etc.)

_____

_____

I understand I have the right to refuse to sign this form and that I may withdraw my consent verbally or in writing at any time (except to the extent that information has already been exchanged). Unless otherwise noted, **this consent will be in effect for 1 year from the date of signing.**

Signed by: _____ Date: _____ Year review: ☐

Withdrawn Date: _____

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Foundry [Insert community here] Partners Overview and Services

[In this document, please include information on your partners and their services that will be offered at your centre. Below are examples. Reorganize as relevant. This can be a reference document for Lead Agency and partner staff.]

Community Services

[Insert Health Authority here]

Early Psychosis Intervention

Youth Concurrent Disorders

Adult Mental Health

Primary Care

Public Health

Referral Process:

Ministry of Child and Family Development

Child and Youth Mental Health (CYMH)

Specializes in mental health support for children and teens and offers services that include assessment, planning, treatment, consultation and education.

Referral process to Child and Youth Mental Health

1. Youth attends Walk-in Counselling session.
2. During session break, agreement reached that youth should have CYMH intake (Brief Child and Family Phone Interview (BCFPI)).
    a. Youth is allocated an appointment time for intake based on designated hours accessible for Foundry youth from CYMH; or
    b. Youth is asked to attend BCFPI walk-in session at CYMH.

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3. Toolbox information and documentation is made available to clinician providing BCFPI.

4. Youth is added to tracking sheet.

5. All youth allocated for intake will be tracked on a list and reviewed at weekly meeting.

Child Protection Services

Child protection services in BC are intended to safeguard children from harm. Where there is reason to believe a child has been abused or neglected, or is otherwise in need of protection, child protection social workers have the delegated authority to investigate and take appropriate action to ensure that child's safety.

1. Youth attends Walk-in Counselling session.

2. Notify management of concern related to child protection.

3. Call 1-800-663-9122.

4. All youth suspected of child protection concerns will be tracked and a review with management will occur with Child Protection Services.

Youth Agreements

A Youth Agreement is a legal agreement made between a youth and the Ministry of Children and Family Development (MCFD) in cases of extreme need. A thorough assessment of a youth's circumstances will be completed by the local MCFD office, and when appropriate, Foundry will work with the youth and their family to address their needs.

Depending on what a youth needs to live on their own, they may get help with:

- Finding a place to live;
- Learning life skills like grocery shopping, preparing healthy meals, paying bills and communicating with landlords;
- Coping with alcohol or drug problems;
- Managing mental health issues;
- Managing money; and
- Getting an education.

Qualifying for a Youth Agreement

A youth may qualify for a Youth Agreement if:

- They are 16–18 years old; and
- They are in need of assistance and may be in need of protection. This will be thoroughly assessed by an MCFD worker once they have spoken with the youth.

Process for applying for a Youth Agreement

1. Youth attends Walk-in Counselling session.

2. During session break, agreement reached that youth may benefit from a Youth Agreement.

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3. Call the Provincial Centralized Screening office at 1-800-663-9122. The youth may do this with support from a Youth Peer Support Worker or the youth may elect to do this independently.

4. Youth is added to the referral tracking sheet.

5. Youth will be reviewed at weekly service leadership meeting.

Agreements with young adults

If youth have been in foster care or have had a Youth Agreement, they may qualify for an Agreement with a Young Adult (AYA). It can help cover the cost of things like housing, childcare, tuition and health care while they go back to school or attend a rehabilitation program.

To apply for an agreement, youth must be at least 19 years old and on their 19th birthday were in one of the following care arrangements:

- The custody of a director or permanent custody of the Superintendent;
- The guardianship of a director of adoption;
- The guardianship of a director under the Family Relations Act; or
- A Youth Agreement.

Process for applying for an Agreement with a Young Adult

1. Youth attends Walk-in Counselling session.

2. During session break, agreement reached that youth may benefit from an Agreement with a Young Adult

3. Call 1-877-387-7027. The youth may do this with support from a Youth Peer Support Worker or the youth may elect to do this independently.

4. Youth is added to the referral tracking sheet.

5. Youth will be reviewed at weekly service leadership meeting.

Services to Adults with Developmental Disabilities (STADD)

Substance Use Services
[Insert your substance use service partners]

Divisions of Family Practice

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School District

WorkBC

Community Agency

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Overview of Roles and Responsibilities

Foundry [Insert community here]

[Please include the name and information regarding the role and responsibilities for these positions. Revise position titles as relevant for your centre.]

Executive Director:

Program Manager:

Clinical Supervisor:

Clinical Quarterback:

Medical Office Assistant(s):

Family Practice Physician(s):

Concurrent Disorders Counsellor(s):

Mental Health Counsellor(s):

Youth Peer Support Worker(s):

Family Peer Support Worker(s):

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(Health Services for youth ages 12–24)

Referral form for Primary Care Providers (PCP) to access Foundry services

Fax referral to: 604-746-7399; More info at: foundrybc.ca/abbotsford

NAME: _____ DOB:_____ PHN:_____

Phone #:_____ Alt. phone #: _____ Ok to leave message? Y N

PCP: _____ Length of time as your patient: _____

Where did you hear about Foundry?_____

SERVICES REQUESTED:

- ☐ **Primary Care:** Mental Health management (mild to moderate issues not responding to your initial Tx)
- ☐ **Counselling:** Walk-in counselling (Solution-focused, 1–2 sessions)
- ☐ **Sexual Health: (**Please circle)

  Contraception/IUD's STI management and F/U PrEP
- ☐ **Gender Affirming Care**
- ☐ **Social Services:** Poverty reduction, housing, food security
- ☐ **Peer Support:** Youth and adult peers with lived experience

Please attach the following to your referral:

- Services/Providers already accessed by your patient
- Medication trials to date

The following programs can be accessed directly by PCP's:

- Dr. Agbahovbe (adolescent psychiatrist): Fax referral letter to: 604-776-2121
- IMPACT: Drug/Alc counselling for youth and their adult supports: ph: 778-347-8664
- START: Short Term Assessment Response Team: (ages 6–18) ph: 604-743-0765
- EPI: Early Psychosis Intervention Program: (ages 13–30) ph: 1-866-870-7847
- CYMH: Child and Youth Mental Health: (ages 0–18) ph: 604-870-5880
- AMH: Adult Mental Health (ages 19 and up) ph: 604-870-7800
- Eating Disorders: Adult: ph: 604-870-7800; Adolescents (age <19): ph: 604-870-5880

Note: ADTP: Adolescent Day Treatment Program: (ages 13–18) via CYMH only

Information will be shared with the referring PCP upon patient consent

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Place Patient Form Label Here

FOUNDRY VANCOUVER-GRANVILLE INNER CITY YOUTH PROGRAM REFERRAL

* 3 1 0 5 *

Home and Community Referral

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

SERVICES AVAILABLE:

- ☐ **Intensive Case Management**
  - 16 to 24 years old
  - Requires intensive outreach/unable to engage in traditional mental health and/or substance use services
  - Confirmed or suspected mental health diagnosis and/or substance use
- ☐ **Shared Care/ Psychiatric Consult**
  - 12 to 24 years old
  - Referral by MD/NP required (*must be able to accept patient back for follow-up care*)
  - Diagnostic clarification, treatment recommendations (short term engagement only)
- ☐ **Substance Use Services**
  - 12 to 24 years old
  - Assessment, treatment, medication, harm reduction, and connecting with other resources including recovery based care

INTERNAL REFERRALS ONLY:

- ☐ **Counselling** • 12 to 24 years old - Short term counselling
- ☐ **Groups** • 18 to 24 years old ☐ CBT ☐ MBCBT ☐ Caregiver Workshop/EFFT ☐ DBT ☐ Hearing voices ☐ Trauma Informed Yoga ☐ Psychosocial Rehabilitation ☐ Other: _____

REFERRAL SOURCE

Referral person: _____ Agency/Program: _____

Referring date: _____ Phone #: _____

PATIENT INFORMATION

Patient's legal name:

Patient's preferred name: DOB: (mm/dd/yy)

Gender on Legal ID: ☐ Male ☐ Female

Gender: _____

Patient's address (If NFA , where can we find this patient):

_____

☐ Home ☐ Shelter ☐ Other: _____

PHN or Provincial Insurance Program #:

_____

Phone No: _____ Email address: _____

If patient has no phone, contact: _____
Name Phone No.

Is patient currently hospitalized? ☐ Yes ☐ No

If YES, anticipated date of discharge: _____ Which hospital/unit? _____

HISTORY

Family physician/Nurse practitioner: Billing #:

Current mental health symptoms/concerns:

History continued on page 2

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FOUNDRY VANCOUVER-GRANVILLE
INNER CITY YOUTH PROGRAM
REFERRAL

Place Patient Form Label Here

* 3 1 0 5 *

Home and Community
Referral

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

HISTORY (continued)		
Current physical health symptoms/concerns:		
Previous diagnoses: (including diagnosing clinician, year)		
Previous mental health care: (Please include any copies of consult reports, previous assessments, information about treatment attempts and counselling)		
Specify any concerns of current or past behavioural risk: (suicide, self-harm, aggression, threats, legal concerns)		
ER visits/hospitalization history:		
Current medications:		
Intellectual disability/ Cognitive impairment: (specify if confirmed or suspected)		
Current substances used, frequency, route & amount:	History of problematic substance use:	Previous substance use treatment:
List any involved service providers: (e.g. Covenant House, DCHC, Directions, UNYA, MCFD etc.)		

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

Patient signature: _____ Date: _____

Signature of referring person: _____ Date: _____

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

INNER CITY YOUTH PROGRAM: 604-297-9671

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Providence HEALTH CARE · FOUNDRY · VANCOUVER – GRANVILLE

FOUNDRY VANCOUVER-GRANVILLE/ INNER CITY YOUTH PROGRAM REFERRAL

* 3 1 0 5 *

Home and Community Referral

AVAILABLE SERVICES

Intensive Case Management:
Intensive Case Management (ICM) at Foundry Vancouver-Granville is provided through a team of nurse and social work case managers, psychiatrists, nurse practitioners, peers and rehabilitation services. Our priority is to engage youth who are homeless or experience unstable housing, suffer from untreated and or emergent mental health and substance use issues who are living in the downtown east side or downtown core of Vancouver.
Not all youth referred will meet specific criteria for ICM services. As a part of a continuum of care, the ICM service is intended to reach both those individuals that:

a) Have high needs for care, but may be infrequent users of services; and

b) Have a high need for services and frequent service use, but don't meet the criteria for more intensive services (e.g. ACT, Inpatient Services).

1. Individual must meet the following criteria:

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

AND

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

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

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

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

The Shared Care / Psychiatric Consult service strives to improve access for children, youth and families to the right level of care at the right time. In addition, we are committed to continually building capacity to support community physicians to improve early identification and treatment for children and youth with mental health problems. We work closely with various community mental health services. In cases deemed not appropriate for shared care at Foundry Vancouver, our team will provide families and physicians with alternative service options and notify referring physicians and families/caregivers of triage decisions.

Continued on page 2

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

FOR INTERNAL REFERRALS ONLY

COUNSELLING, GROUPS AND PSYCHOSOCIAL REHABILITATION

Individual Counselling:
Short term counselling (6 to 10 sessions) provided by Psychologist, RCC, Social Worker or Clinical Psychology Intern. Counselling grounded primarily in CBT but may integrate other approaches as needed. Please consider youth's level of functioning and motivation to commit to individual work before making a referral. All referrals will be screened for the following:

1. **Depressive mood and/or anxiety with moderate severity and impairments:**
   Some screening scores to consider: SOFAS below 60; Kesslers 10 above 25; PHQ above 15.
2. **Specialized treatment (e.g. OCD, psychosis, substance use):**
   Please consult with Psychologist.
3. **Emotion dysregulation (e.g., self-harm, SI, substance use, disordered eating, angry behaviours):**
   A referral to psychology may be appropriate to provide interim support if youth is on the waitlist for DBT program. If youth is not being considered for DBT but presents with the above issues, please consult with Psychologist.
4. **Others:** Youth who don't fit into any of the above categories AND present with moderate functional impairment but no suitable group treatment option available. Please consult with Psychologist.

Groups:

1. **CBT –** Cognitive Behaviour Therapy
2. **MBCBT –** Mindfulness Based Cognitive Behaviour Therapy
3. **DBT –** Dialectical Behaviour Therapy
4. **Trauma Sensitive Yoga –** trauma informed yoga as an adjunct treatment for depression / anxiety
5. **Hearing Voices -** Peer led drop-in group for youth who experience voice hearing but also encompasses other hallucinatory experiences (i.e., visual / tactile)

Family Engagement:

1. **Caregiver Workshop:** helping parents/caregivers with skills/tools to better support a loved one who is struggling (2 days – group format)
2. **Emotion-Focused Family Therapy (EFFT):** supporting parents/caregivers to increase their involvement in (1) interrupting symptoms and supporting health-focused behaviors, (2) helping their child to process overt and underlying emotions that may be fuelling problematic thoughts and symptoms, and (3) leading the repair of relational injuries if applicable.

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

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APPENDIX J

Centre Staffing

J.1 Staffing Model

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Staffing Model

Last Updated: January 2020

Notes:

- *The following staffing model indicates basic requirements to operate an integrated service. Consideration of services and Full-Time Equivalent (FTE) allotment should be a combination of existing resources and partnerships and identification of community need and related gaps.*
- *Staffing model document to be reviewed in dialogue with Foundry Central Office (FCO).*
- *Recommend hours of operation to include some evening service to further improve access (e.g., open until 6pm, with extended hours two days per week until 7:30pm). This may impact FTE and budget (e.g., evening premiums). Please consult with youth, families and community partners regarding preferred evening hours of operation.*
- *FTE below are base FTE. Please increase with vacation/sick relief.*
- ****Minimum staffing recommendations** are based on urban centre location (e.g., Victoria, Kelowna), offering 20 hours of drop-in based services (medical clinic, counselling, peer support) in addition to appointment-based services. Planning to consider local context including demographics, population, current resources and community needs/assets.*
- *Primary care numbers for panel size to be discussed in consultation with Division of Family Practice, FCO and Health Authority leadership.*

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Core Service Streams	Role and Suggested Disciplines	**Services Delivered** (refer to overview document and other references required)	**Minimum Staffing Recommendations** (*see note above)	Notes
MENTAL HEALTH	Counsellor (ideally concurrent disorders trained)	Intake/assessment Crisis intervention as needed (depending upon if have crisis response program or not) Walk-in counselling (Solution-Focused Brief Therapy (SFBT)) Individual brief intervention (SFBT) Individual short-term therapy (Cognitive Behavioural Therapy (CBT)) Clinical group facilitation (CBT, Dialectical Behaviour Therapy (DBT) informed) Family work (Emotion-Focused Family Therapy (EFFT) informed) Outreach to engage Liaise with schools and collaborate with other care providers	2 FTE	Standard visit is 1 hour (including documentation) Masters-level supervision is required to support young people presenting with higher levels of acuity Family work using an EFFT approach, family therapy would be a specialized or additional service as required
	Youth Worker	Navigation support Screening Walk-in counselling (SFBT)* Outreach services Facilitate or co-facilitate psychoeducation groups Facilitate wellness groups/social groups Health literacy and prevention	As available in community	*Requires on-site supervision by Masters-level clinician
	Psychiatrist	Shared care with General Practitioner (GP)/Nurse Practitioner (NP)/ Family Physician Consultations Assessments Pharmacotherapy Teaching and education for medical students and residents	0.5 to 1 day per week, depending on community needs and resources	Blended billing, ideally sessions are provided by health authority (HA) & Ministry of Children and Family Development (MCFD) If additional specialized services are provided such as Intensive Case Management (ICM) or Early Psychosis Intervention (EPI), additional psychiatry coverage may be required

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SUBSTANCE USE	Substance Use Counsellor (ideally concurrent disorders trained)	Intake/assessment Crisis intervention Walk-in counselling (SFBT) Brief intervention (SFBT, Motivational Enhancement Therapy (MET)) Short-term therapy (Motivational Interviewing (MI), CBT) Clinical group facilitation (CBT, DBT informed, Seeking Safety, Self-Management and Recovery Training (SMART), aftercare support) Family work (EFFT informed) Outreach Liaise with schools and collaborate with other care providers Health promotion/prevention	2 FTE minimum	Core Addictions Practice training an asset Visits range from 1520 minutes to 1 hour Family work using an EFFT approach, family therapy would be a specialized or additional service as required
PRIMARY CARE	Physician (Family Doctor, General Practitioner)	Full scope medical services (including nutritional support related to eating disorder) Mental health care: screening, assessment, pharmacotherapy Shared care with psychiatry Providing integrated team-based care, consulting with other providers and community Sexually transmitted infection (STI) screening and treatment Referral to specialists Health education and prevention Teaching medical students and residents Metabolic monitoring Medical care associated with mental health care **Substance use and addictions care: screening, assessment, treatment including Opioid Agonist Therapy (OAT) **Gender-affirming care	Minimum 2 providers needed during walk-in – may be 1 physician and 1 Nurse Practitioner 1 FTE physician (10 sessions per week)	Sessional billing better for collaborative care Sessions ideally provided by HA or MCFD Ratio depending on panel size and community need Visits average 30 minutes **Specialized services such as methadone starts and gender-affirming care require additional time and may require additional funding/sessions and admin support

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	Nurse Practitioner (NP)	Full scope medical services Shared care with psychiatry Providing integrated team-based care, consulting with other providers and community STI screening and treatment Referral to specialists Health education and prevention Mental health care: screening, assessment, pharmacotherapy Metabolic monitoring **With additional training: gender-affirming care, addictions treatment including OAT	1 FTE	Standard visit is 30 minutes, first visit is 45-60 minutes **Services such as methadone starts and gender-affirming care require additional time and may require additional funding and admin and other support
	Registered Nurse (RN) with certified practice for sexual health	Direct support for medical services on site Triage primary care patients Harm reduction education and support Care coordination as needed Vaccinations Phlebotomy as indicated and available, light wound care Addictions medicine screening, assessment and support Sexual health: STI screening, diagnosis and treatment Birth control and emergency contraception **With additional training: gender-affirming care	1 FTE to support primary care	Service hours to coincide with physician/NP Service may be offered by a combination of Licensed Practical Nurse (LPN)/RN/Registered Practical Nurse (RPN) or nurse with expanded scope **Primary care mental health nursing The two certifications that are applicable to Foundry are Contraceptive Management and STI

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	Social Worker	Support with resources for transition-aged youth Time-limited case management and care coordination Crisis intervention as needed System navigation and advocacy Family support Outreach to engage and support with stabilization	1 FTE to support primary care	Service hours to coincide with physician/NP Social worker to be cross-trained in primary care and mental health and substance use (MHSU) and have experience in child protection/family support Bachelor of Social Work level may be appropriate (if Health Sciences Association (HSA), this position will require practice support from Master of Social Work)
PEER SUPPORT	Youth Peer Support Worker Family Peer Support Worker	Waiting room support and introduction to Foundry 1:1 non-clinical emotional and social support Facilitate and bridge meetings between families and service providers Resource support and navigation Outreach (assist clients attend appointments and community resources) Co-facilitating groups (SMART recovery/life skills) Client advocacy Overdose prevention and response (Take Home Naloxone) training Harm reduction education and supplies distribution Education sessions Health promotion/prevention	1 FTE for Youth Peer Support Worker Minimum 0.5 FTE for Family Peer Support Worker	Mental Health First Aid training Youth Peer Support training Family Peer Support training

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SOCIAL SERVICES	Youth Outreach Workers Employment Counsellors Income Assistance Workers	Employment and vocational support Income assistance Service To Adults with Developmental Disabilities (STADD) Housing support	Community services to provide in Foundry centre	Mental Health First Aid training
ADMINISTRATION, FOUNDRY NETWORK, LEADERSHIP AND COMMUNITY ENGAGEMENT	Program Manager	Operational manager for Lead Agency (LA) staff and provides matrix reporting/support to partner staff on site Instrumental in representing Foundry and implementing Foundry initiatives with LA and partners' staff teams Liaison with FCO Day-to-day operations leadership	1 FTE	Delegates or ensures coverage and support is available to staff who are working after traditional business hours
	Clinical Supervisor	Provides clinical supervision to team members working at Foundry centre (including peer support) related to counselling, MHSU services and working with adolescent, youth and young adults Offers clinical leadership during walk-in hours of operation Participates in the Provincial Clinical Working Group Takes lead role in training new team members in the service delivery model at the local level, including but not limited to EFFT, SFBT, CBT, MI	1 FTE	Clinical supervision may also be shared with partners to support LA core leadership staff
	Medical Director	Provides clinical leadership to physicians, psychiatrist and residents Participates in the development and implementation of service model Supports Foundry centre leadership with practice change, session allocation and funding model Supports partnership development with Division of Family Practice and HA	0.5 FTE	

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		Supports physician engagement in Foundry-related activities (Clinical Working Group, Community of Practice) Physician recruitment and practice support Educational lead for training of medical students and residents Leads dissemination of information relevant for physicians		
	Clinical Coordinator	Provides coordination and leadership related to primary care service delivery Supports with Quality Improvement and processes around flow related to triaging, scheduling and general patient flow within the service delivery Provides clinical oversight to nurses and others delivering primary care services	0.5 FTE	
	Medical Office Assistant/Clerical	Responsible for creating a warm, welcoming environment for young people and families Supports operation of service areas (e.g. manages supplies, room bookings) Client registration in EMR and Toolbox Support primary care providers and patient flow (e.g. managing external referrals, faxes, appointment booking, coordination with labs) Answering and responding to centre phone calls Tracking and ordering medical supplies	3 FTE	Must be available during all hours of operation 2 FTE trained in Medical Office Assistance, with 1 FTE as administrative assistant or office manager
	Youth and Family Engagement	Supports youth, family and community engagement locally Participates in provincial network activities Offers representation at leadership tables	TBD	Honorarium to be offered as compensation. Guidelines are in development stages

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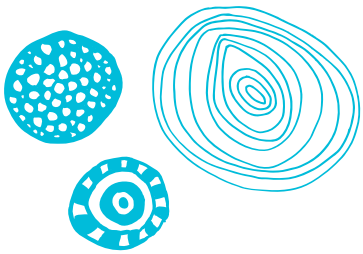

APPENDIX K

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)

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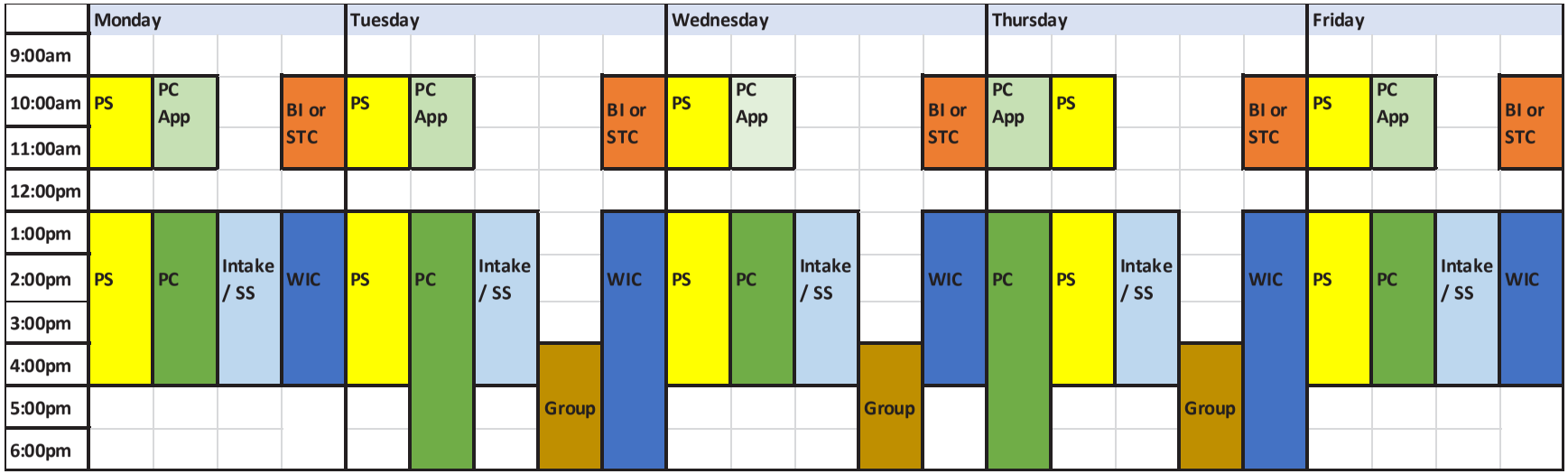
Sample: Foundry Services Schedule



WIC: Single-session walk-in counseling (Solution-Focused Brief Therapy (SFBT))
PS: Youth Peer Support and Family Peer Support
PC App: Primary Care appointment (may include physicians, sexual health, public health)
PC: Primary Care (may include physicians, sexual health, public health)
Intake/SS: Mental Health and Substance Use intake (Child & Youth Mental Health (CYMH), Brief Child and Family Phone Interview (BCFPI) completion, adult mental health and substance use intake, youth substance use services) and Social Services (housing, income, vocation, cultural wellness, etc.)
BI or STC: Appointment-based Brief Intervention (step 2) or Short-term Counselling (step 3)
Group: Evening-based groups across all steps

*** Please note this is a sample service schedule and service hours will vary across sites and stage of implementation. Services will be designed around the five core service streams (Mental Health, Primary Care, Substance Use, Social Services, Peer Support). ***

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Welcome! How can we help you today?

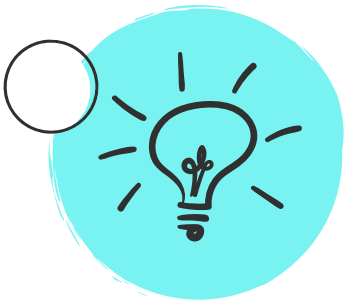
We offer multiple services to help improve the wellness of people ages 12 to 24. Use this page to tell us what services you might be interested in accessing. There is no limit to how many services you use. If later on you feel you need more support or less support, you can change your mind at any time.

Check off which services you're interested in:

Your name: _____

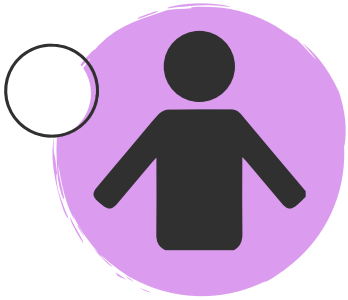
Urgent Help

If you have an urgent concern, please inform us immediately so we can ensure you quickly receive appropriate care. Examples includes any concerns for your safety.



Mental health

We have a variety of services to support your mental health, depending on your concern.

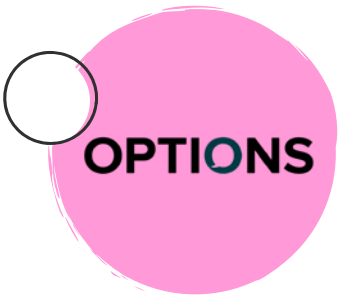


Peer support

Young people with lived experience and training who can help you navigate services and work towards goals. This also includes social opportunities, fun activities and groups.

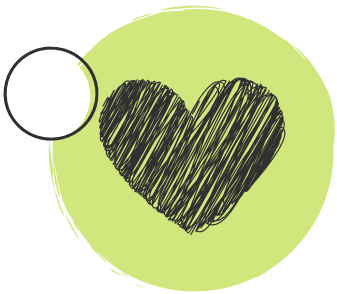
Physical Health

Let us know what concerns you have with your health and what you would like help with.



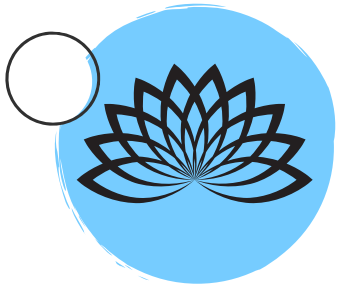
Sexual health

Options For Sexual Health provides many services. These include STI testing, low-cost birth control and more.



Caregiver support

For those who are supporting a young person with their mental health or substance use.



Substance use

Are you struggling with substance use? You don't have to be considering change yet — we're here to support you with whatever stage you're in.

Please note any other ways we can help:

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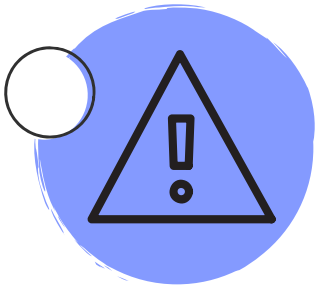
Welcome! How can we help you today?

We offer multiple services to help improve the wellness of people ages 12 to 24. Use this page to tell us what services you might be interested in accessing. There is no limit to how many services you use. If later on you feel you need more support or less support, you can change your mind at any time.

Check off which services you're interested in:

.

YOUR NAME: _____



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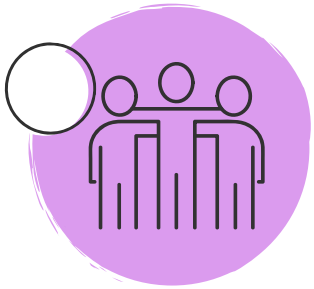

Peer Support

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Physical Health

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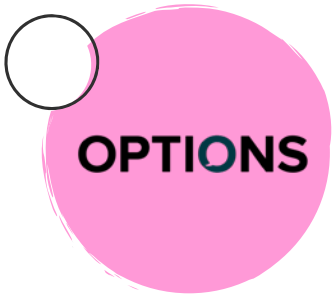
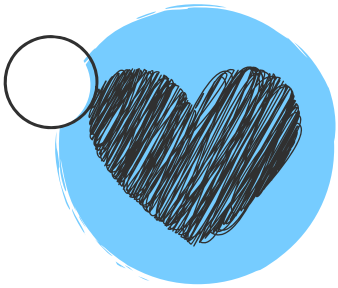


Sexual health

Options For Sexual Health provides many services. These include STI testing, low-cost birth control,and more.

Mental health

We have a variety of services to support your mental health, depending on your concern (walk-in counselling, skills groups, etc.).



Substance use

Are you struggling with substance use? You don't have to be considering change yet — we're here to support you with whatever stage you're in (this includes harm reduction).

Please note any other ways we can help:

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APPENDIX L

Knowledge Exchange and Training

L.1 Knowledge Exchange, Mobilization and Training Outline

L.2 Training Event Checklist*

* Available as Microsoft Word file.

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Knowledge Exchange, Mobilization and Training Outline

This outline is intended to provide Foundry centre leadership with an overview of terminology and a high-level description of knowledge exchange, mobilization (KEMb), training and continuing competency initiatives to help the development of your Foundry training plan related to service delivery. Centre leads will have continued support from the Foundry Central Office (FCO) support team (mainly the Knowledge Exchange and Mobilization Manager and Manager, Service Implementation and Integration) to help develop and maintain your plan(s) throughout the implementation phase as well the maintenance/sustaining phase of service delivery.

This outline reflects the knowledge exchange and mobilization strategies that support the current core service delivery model. As new evidence related to best practices in service delivery evolves, so will the training plans.

Key Concepts

To help support the recognition of varying KEMb and training modes and definitions, the following have been defined within the context of Foundry KEMb and training initiatives:

1. **Confidential space:** a space that provides the opportunity for people to share their thoughts, feelings, experiences and ideas and know that:
   a. The space is aligned with Providence Health Care (PHC) confidentiality protocols (FCO/PHC Zoom or other approved virtual platform);
   b. Sessions are not video or sound recorded by anyone;
   c. Individuals' anonymity and content shared is kept within the attendees; and
   d. There will only be group agreed-upon sharing of resources, tips, communication and documentation.

2. **Training formats:**

   a. **In-person**: an agreed-upon physical environment with other people while maintaining any public health recommendations;
   b. **Virtual Training:** an online platform pre-identified and planned. Learner is required to have the applicable resources (computer, video, wifi, space, etc.);
   c. **Self-learning:** engaging in recommended learning content by reading, discussing and practicing; and
   d. **Mentoring:** a process where a more experienced individual provides encouragement, direction, shadowing, support, learning opportunities and feedback to enhance the application of core knowledge and skills.

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3. Knowledge exchange and continuing competencies processes in Foundry:

a. **Network Knowledge Exchange sessions (NKE):** The priority audience is the network centre leads. The FCO KEMb Manager or designate organizes and facilitates this opportunity for attendees to share, learn about and discuss the pre-arranged topics. Minutes are taken and resources are shared. It is not a confidential space, but sessions are only recorded, with permission, when a presentation is conducted.

b. **Supervision:** This is used when a "content expert" such as Natasha with Emotion-Focused Family Therapy (EFFT) facilitates and provides specific skills review and feedback in an interactive environment with trained and practicing individuals. It is a confidential environment, but general tips and practice resources are shared within the group.

c. **Community of Practice (CoP):** This is an interactive group of people who are working in a similar role/program or service delivery and working together to refine and expand the skills, standards and delivery of the intended work. One person may organize the group, but it is a shared and equal space. It is not confidential; resources, notes and outcomes are shared according to the objectives of the CoP.

d. **Practice Support Session:** This is a group of people within the same roles/scopes or service delivery informally coming together to build relationships, define common practice delivery and provide each other support. One person may lead the organizing, but it is a shared space. It is a confidential space with agreed-upon sharing of resources and communications.

e. **Learning Needs Survey:** An online questionnaire is conducted prior to training to help identify the scope of learning needs and shape the objectives to best meet the group learning needs.

f. **Training Evaluation:** Training recipients complete a confidential online questionnaire to provide feedback and input into the effectiveness of the training provided. This helps to plan any follow-up needs or changes to the curriculum and delivery method for future.

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Foundry Knowledge Exchange and Training				
Topic	**Target Audience**	**Approximate Time & Frequency**	**Organized By**	**Format**
Foundry Provincial Network Knowledge Exchange (NKE) Session	Foundry centre leadership	Every 2 weeks primarily	FCO	Virtual
Foundry Primary Care Providers Networking Sessions (TBD)	Foundry Primary Care Providers multidisciplinary team	TBD and formally planned	FCO	Virtual
Toolbox	All Foundry staff Curriculum dependent	Prior to opening then ongoing throughout implementation phases and program delivery	FCO	In-person and virtual
Foundry Integrated Stepped Care Model (ISCM)	All Foundry staff Curriculum dependent	Ongoing throughout implementation phases and program delivery	FCO with Foundry centre	In-person and virtual
Foundry Walk-in Counselling Solution-Focused Brief Therapy (SFBT) Model	All Foundry walk-in, short-term and single-session counsellors and their supervisors	Prior to opening, initial Core training (approx.1.5 full days) for centre staff and partners	FCO with Foundry centre	In-person or virtual
		Monthly (2nd Tuesday) Foundry Walk-in Counselling SFBT Provincial Community of Practice	FCO	Virtual
	New centre clinicians (after opening)	Start-up Orientation	Foundry centre Clinical Supervisor OR centre's SFBT co-facilitator	On site with content shared via SharePoint
		Can join in when the Core trainings are offered provincially (approximately 2 per year) OR with another centre's training when seats are available	FCO	Location dependent on centre need or delivered virtually

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	Experienced Foundry SFBT clinicians	Co-facilitator training for senior clinicians	FCO (centre leads support clinicians to participate)	In-person and virtual
Emotion-Focused Family Therapy (EFFT) • ***Core Skills***	Foundry Clinicians and Family Peer Support Workers supporting families/caregivers	After opening when staffing and foundation services are in place: • Online introductory courses (3 hours each) as needed and available • 2–5 days of provincial Core training, approximately 1–2 cohorts per year as needed • Monthly (4th Tuesday) 1-hour provincial supervision sessions	FCO contracts and organizes	In-person and virtual
• ***2-day EFFT Caregiver Workshop (CW) Lead Facilitator Certification***	Foundry clinicians who have completed Core Skills training and meet the Foundry CW facilitator prerequisites	When the Foundry centre is ready to support the provision of the CW, usually no sooner than 1 year after opening due to training requirements Up to 5 clinicians (provincially) per cohort • 1 cohort per year (or as needed) • 10–20 hours self-learning • 8 hours group learning/supervision • 1 hour supervision post-CW lead facilitator certification	FCO organizes cohorts with support from Foundry centre lead	In-person and virtual

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• ***2-day EFFT CW Co- Facilitators***	Foundry Clinicians and Family Peer Support Workers who have completed and practiced the Core Skills and intend to co-facilitate 2-day CWs as per the centre plan	• Observation of the Caregiver Workshop • Mentoring with certified facilitator • Working closely with the EFFT CW lead facilitator to develop collegial and effective delivery of material	Foundry centre lead with support from FCO	
• ***3-hour EFFT CW Family Peer Support Worker Led*** ***(new for 2021)***	Foundry Peer Support Workers (with lived experience) who complete the pre-requisites and intend to lead or co-lead this short version of the CW.	• Completion of core training • Engaging in monthly EFFT supervision sessions • Observation of CW • Attendance of practice support sessions. • Other as determined • Engaging in CW continuing competency initaitives	FCO	Virtual
• ***2-day CW Facilitators Continuing Competencies***	Foundry CW certified facilitators and co-facilitators (including Family Peer Support Workers)	• 1 hour group supervision 4-6 times per year • Foundry CW facilitators CoP (TBD)	FCO	Virtual
	Foundry CW lead facilitators maintaining certified status	Facilitate 2-day CWs twice per year	As per Foundry centre leaders' plan	

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Family Peer Support (FPS) and Family Ambassadors	Foundry Family Peer Support Workers	• FPS monthly group Practice Support Sessions • FPS Canadian Mental Health Association (CMHA) - Calgary training curriculum	FCO	Virtual
		Monthly 1:1 FPS mentorship with Peer Support Canada mentor Debbie Wiebe and Foundry Family Services Project Developer		
		Regular supervision	Foundry centre Family Ambassador	
		Other identified core competency training (TBD)	Foundry centre and/or FCO	In-person or virtual
Youth Peer Support (YPS)	YPS are typically trained before hire. Please refer to the Peer Support section in Service Model Guide or your Manager, Service Implementation and Integration for more information about Foundry YPS Training Program and how to offer in your community.			
Train the Trainer	Foundry centre leads	Approximately 2 times per year	FCO	In-person or virtual
YPS Continuing Competency and Service Delivery	Foundry Youth Peer Support Workers	Regular supervision	Foundry centre YPS supervisor	In-person or virtual
		Foundry's Provincial Youth Peer Support Community of Practice	FCO	Virtual
		Group facilitation training	FCO	In-person or virtual
		Additional identified appropriate training opportunities	FCO	In-person or virtual

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Training Event Checklist

From time to time, you may be organizing training or events at your Foundry centre: Toolbox, Integrated Stepped Care Model (ISCM), Solution-Focused Brief Therapy (SFBT), etc. This checklist is a tool to support you and your centre in planning any kind of training event. Feel free to adapt it to your needs.

Done	Person(s) responsible	Task	Notes
		BEFORE TRAINING	
☐	Centre Lead	Confirm training need and target audience (consult with Nina Zerwinska, Knowledge Exchange and Mobilization Manager (KEMb), nzerwinska@foundrybc.ca). Some training requires prerequisites to support best outcomes.	
☐	Centre Lead with FCO support team	Confirm training time required in consultation with FCO support team.	
☐	Centre Lead	Confirm date, coordinate as needed with FCO support team.	
☐	Centre Lead	Confirm estimated number of attendees with FCO support team.	
☐	Centre Lead	Confirm adequate space at your centre or alternate location.	
☐	Centre Lead	Confirm budget requirements (e.g., refreshments, parking, travel, work time, etc.).	
☐	Centre Lead	Identify additional support needed (e.g., clerical, tech person, catering, day of support).	
☐	Centre Lead with FCO support team	Receive presenter details: bio, presentation outline/objectives/agenda/handouts, as applicable, to include in invitation.	
☐	Centre Lead with FCO support team as needed	Develop invitation content that includes: • Objectives; • Date; • Location and parking; • Times; • Agenda; and	

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		• Any prerequisites / pre-reading.	
☐	Centre Lead	Confirm invitation dates and process for registration.	
☐	Centre Lead with FCO support team	Confirm handouts required. Electronic vs. hard copies. Does presenter distribute? Arrange for photocopying support.	
☐	Centre Lead with FCO support team	Confirm presentation equipment and room setup with presenter (e.g., projectors, screen, tables, chairs, sticky notes, paper, pens, etc.).	
☐	Centre Lead	Invite attendees and include: • Objectives; • Date; • Location and parking; • Times; • Agenda; and • Any prerequisites/ pre-reading.	
☐	Centre Lead	Maintain registration list including: • Attendee names; • Roles/titles/program; and • Emails.	
☐	Centre Lead	Confirm number of attendees.	
☐	Centre Lead	Confirm and arrange refreshments for expected number of attendees.	
☐	Centre Lead	Prepare sign-in sheet.	
☐	Centre Lead	Prepare and plan welcome (including land acknowledgement), presenter introductions, etc., with FCO support team as needed.	Ask for brief intro bios from presenter(s).
		DAY Of TRAINING	
☐	Centre Lead	Set up room, projector, screen and signage as needed.	
☐	Centre Lead	Welcome attendees, direct to handouts, sign-in, etc.	
☐	Centre Lead	Conduct welcome including: • Land acknowledgement; • Purpose of training/workshop; and • Introduction of presenters.	

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☐	Centre Lead	Support facilitation as pre-planned.	
☐	Centre Lead	Conduct closing for the training.	
		AFTER TRAINING	
☐	Centre Leads with FCO support team	Debrief on how training went, review written training evaluations and determine if the objectives were met. Discuss considerations and plan for next steps.	
☐	Centre Lead	Email any additional handouts and follow-up requirements identified in training session.	

Additional Notes:

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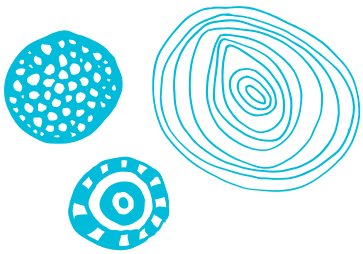

APPENDIX M

Supporting Integration

M.1 Measuring Integration

M.2 Integrating with Intention

M.3 Sample: Foundry Team Commitments

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WHERE WELLNESS TAKES SHAPE

Measuring Integration

Updated January 2020

The following questionnaire has been adapted from the Fulop Typology Questionnaire to measure domains of integration within Foundry centres. It is meant to engage partners in meaningful conversation around what's working well and areas for improvement related to operations of Foundry centres.

ORGANIZATIONAL INTEGRATION: How is the organization formally structured to support integration? For example, are organizations brought together formally by mergers or structural change or through contracts between separate organizations?				
0	**1**	**2**	**3**	**4**
No formal structures for integration exist currently within Lead Agency structure or among the partner organizations and none are being seriously considered.	Within the Lead Agency and among partner organizations, there is an emerging awareness of the need for formal integration-enabling structures or strategies, and processes have been initiated to explore various possibilities.	Partner organizations together have initiated a process to incrementally implement formal integration-enabling structures or strategies based on a shared philosophy.	Partner organizations have reached consensus regarding approaches for integration and have established joint decision-making processes involving agreements, Memoranda of Understanding, etc., to address service gaps that cannot be easily met by individual organizations working alone.	Partner organizations have established formal legally binding independent structures such as consortiums or other means to meet service needs that cannot be easily met independently by individual organizations working alone.

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SERVICE INTEGRATION: Within the organization and among partner organizations, how are the health and social services offered at a Foundry centre integrated with each other? For example, are processes (i.e., registration, referrals, triage meetings) organized in a way to minimize duplication and allow for a seamless service experience?				
0	**1**	**2**	**3**	**4**
Services are not integrated and operate independently both within and across partner organizations.	There is some service integration within but not across organizational boundaries. Moreover, within the organization, integration is not driven by an overall organizing integration strategy or principle.	Services are reasonably well integrated within the organization, although this integration may not yet be driven by an overall organizing principle. There is little evidence that Lead Agency integration cuts across organizational boundaries.	Services are reasonably well integrated within the organization. Moreover, there is an emerging consensus regarding an overall organizing principle for integration that is increasingly gaining acceptance by all partner organizations.	Services are well integrated within and across partner organizations. This integration is now driven by an overall integration strategy endorsed by the Lead Agency.

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FUNCTIONAL INTEGRATION: How are nonclinical support and back-office functions integrated? For example, do all providers use common data platforms or Electronic Medical Records (EMR) systems, and is the functional space designed to encourage a team culture of integrated care?				
0	**1**	**2**	**3**	**4**
Across Lead Agency and partner organizations, nonclinical support and back-office functions are NOT integrated. Within an organization, these functions also tend not to be integrated, although some degree of collaboration may exist.	There is minimal integration of nonclinical support and back-office functions, but where it does occur, this integration is not the result of conscious effort aligned with an overall integration strategy.	There is an attempt to integrate nonclinical support and back-office functions in alignment with the increasing clinical integration within the Foundry centre, but there is not yet an overall organizing strategy to guide integration activities.	There is increasing consistency in the actual and functional integration of nonclinical support and back-office functions alongside clinical integration. This is now done as part of the overall organizing strategy within the organizations but not yet across organizations.	Various partner organizations now contribute nonclinical and back-office support in cases where this makes sense. This support is virtually fully functioning or actually integrated in alignment with clinical integration as part of the overall integration strategy based on a set of explicit organizing principles.
CLINICAL INTEGRATION: Is care by professionals and providers to clients integrated into a single or coherent process within and/or across professionals, such as through use of shared guidelines and protocols? The Integrated Stepped Care Model and walk-in counselling services are examples of clinical integration.				
0	**1**	**2**	**3**	**4**
The care of clients and their families is not integrated into a single process both within an organization and across partner organization boundaries.	The care of clients and their families is integrated for part of the pathway within a partner organization but not across partner organization boundaries.	The care of clients and their families is integrated along much of the pathway within the same organization and some arrangements have been made on a case-by-case basis to streamline the pathway across partner organization boundaries.	The care of clients and their families is integrated along much of the pathway within the same organization and there are systematic efforts being made to streamline the pathway to cut across partner organization boundaries.	The care of clients and their families is integrated into a set of dovetailing processes that connects partner organizations. This is being implemented as part of an overall organizing principle adopted by all partners in order to streamline client journeys.

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NORMATIVE INTEGRATION: To what degree are there shared values in coordinating work and securing collaboration in the delivery of health and social services at a Foundry centre? For example, are there a shared philosophy of care and team agreements? Do all care providers identify as Foundry and are they committed to a shared vision?				
0	**1**	**2**	**3**	**4**
There is essentially not much explicit sharing of values relating to the coordination of work or securing collaboration either within or across partner organization boundaries.	Some sharing of values exists but no effort has yet been made to systematically arrive at a broad consensus regarding shared values relating to coordination and collaboration within or across partner organization boundaries.	Some sharing of values exists and systematic efforts are underway to reach consensus regarding shared values relating to coordination and collaboration within an organization but not across partner organization boundaries.	Shared values are now part of an evolving but not yet mature system of procedures and protocols that guide coordination and collaboration within an organization.	Shared values are now part of the guiding principles within the Foundry centre. By consensus, these have now been adopted by practically all partner organizations.

SYSTEMIC INTEGRATION: To what degree are there coherent rules and policies at the various levels of the organization and across partner organizations?				
0	**1**	**2**	**3**	**4**
Within and across the partner organizations, there appears to be no discernible coherence regarding rules or policies that are directed towards systemic integration.	There are some, but as yet minimal, efforts made to align rules and policies that support systemic integration.	Attempts are now being made by individual partner organizations to align rules and policies that support systemic integration.	Serious attempts are being made as part of collaborative agreements to align rules and policies to support systemic integration among informal and formal partner organizations.	Coherent rules and policies that support systemic integration now exist system-wide as part of formal partnership agreements.

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Integrating with Intention

Updated January 2020

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

ORGANIZATIONAL INTEGRATION: Organizations brought together formally by mergers or structural change or through contracts between separate organizations	**Items/activities**	**Identified challenges**
Integrating services relies on the development of intentional partnerships and collaborative working relationships with a shared commitment to transform access to health and social services. Organizational integration sets the stage for systemic integration which describes how agreements at the organizational level are actualized at the centre level.	The following structures support organizational integration and are in place to support decision making and communication between key community stakeholders at the local community level: • Funders/Governance Table; • Local Leadership Table; • Local Service/Clinical Working Group; • Youth and Family Engagement Working Group; • Physician Compensation Agreement; • Memoranda of Understanding; • Service Agreements or Contracts; and • Information Sharing Agreements.	• Decision-making protocol between agencies, who is the ultimate decision maker; • Up and down communication between staff, leadership tables, working groups; and • Circling back to youth and families when a decision has been made.

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FUNCTIONAL INTEGRATION: Nonclinical support and back-office functions are integrated	**Items/activities**	**Identified challenges**
Service partners including the Lead Agency negotiate terms of use on operational matters that support service delivery.	Key areas for discussion: • Electronic Medical Records (EMR) (shared); • Toolbox; • Admin office space and use; • Room booking; • Licensing cost contributions; • Operational costs (phones, computers, printers); and • Lease cost contributions.	• Multiple EMR platforms and shared access; • Training staff to use multiple data platforms (Toolbox & EMR); • Cost for software licensing for computers as # of users and accounts required increases; and • Cost for medical supplies particularly for those expanding to include primary care services.
CLINICAL INTEGRATION: Care by professionals and providers to clients is integrated into a single or coherent process within and/or across professionals such as through use of shared guidelines and protocols	**Items/activities**	**Identified challenges**
Walk-in counselling and the Integrated Stepped Care Model (ISCM) present key opportunities for integration. The overall goal is that the care of young people and families is integrated in a single process in terms of inter-professional and inter-agency communication.	• Service providers identify leaders/champions who are willing to support training and knowledge mobilization; • Partner agreements for core service provisions within ISCM - Emotion-Focused Family Therapy (EFFT), Cognitive Behavioural Therapy (CBT), Solution-Focused Brief Therapy (SFBT), Motivational Interviewing (MI) and core groups; • Adoption of operational requirements for ISCM; and • Walk-in counselling is offered by various partners.	• Following common processes/approaches to guide the care pathway - huddles, triage meetings, shared care plans, assessment and screening; • Duplication of mental health assessment; • Team-based care is inclusive of all disciplines (including physicians, peer support workers); and • Myths and misconceptions about ISCM and walk-in counselling.

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SERVICE INTEGRATION: Different services provided are integrated at an organizational level, such as through teams of multi-disciplinary professionals	**Items/activities**	**Identified challenges**
Services delivered at Foundry are complementary, cohesive and comprehensive so that young people and families experience seamless service coordination. Processes are in place allowing service providers to coordinate services in a way that minimizes duplication.	Streamlined processes across partner agencies including: • Registration; • Referral (internal and external); • Service/program schedule; • Screening and assessments; • Release of Information (shared); • Roles, responsibilities and scope of practice for care providers. People need to understand each other's roles and what they do in order to minimize assumptions and promote culture of integration; • Staff meetings include all service partners; and • Team meetings for frontline care providers and administration in order to facilitate communication on operational matters.	• Mandated screens/assessments that duplicate information (e.g., Brief Child and Family Phone Interview (BCFPI), other specialized assessments); • Inclusion of peer support workers and access to client records (Toolbox & EMR); • Consent and privacy - Personal Information Protection Act (PIPA) and Freedom of Information and Protection of Privacy Act (FOIPPA) (service providers may fall under different legislation); • Following common processes/approaches to guide the care pathway - huddles, triage meetings, shared care plans, assessment and screening; and • Repeated initial Mental Health and Substance Use (MHSU) assessment.

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NORMATIVE INTEGRATION: Shared values and commitment to coordinating work enables trust and collaboration in delivering health care	**Items/activities**	**Identified challenges**
Service partners adopt Foundry's vision and guiding principles by developing a shared understanding of how this translates locally at the centre and in the community. Vision: Transform access to health and social services for young people and their families.	• Developing team agreements that highlight shared values and beliefs; • Creating Terms of Reference for various groups; and • Leaders are critically aware of organization culture and monitor the impact of shared assumptions on organizational culture.	• Community organizations with different philosophies of care, values and beliefs.
SYSTEMIC INTEGRATION: Coherence of rules and policies at all organizational levels	**Items/activities**	**Identified challenges**
There is a system-wide commitment to integrating with intention, and agreements made at the organizational level (aka governance) are supported by protocols and procedures that support integration at the centre level.	Examples for consideration: • Shared reporting requirements across service providers; • Transparent conversations re: eligibility requirements and how to "service in"; • Service transition protocols; • Hiring process includes representation from multiple service partners and youth and family/caregivers; • Vacation coordination between service partners; • Supervision (clinical and administrative); and • Policies and Procedures - big P (organizational) and little p (centre).	• Matrix reporting lines across organizations and flow of communication; • Staff shortages affecting Foundry centre operations (i.e., Lead Agency having to fill the gap when partners are unable to recruit for positions offered in-kind); and • Adopting Foundry Brand Guidelines and developing a culture of shared accountability.

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PRINCE GEORGE

Sample: Foundry Team Commitments

Team Member Name: _____ Date: _____

FOUNDRY VISION

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

FOUNDRY PROGRAM PURPOSE

Our mission is to improve care pathways for young people through individualized, integrated health and social services. Guided by shared values, young people, their families and best evidence, we work with communities to improve access to quality care, establishing partnerships to create one-stop health and social service centres and, through the use of technology, to expand supports virtually. Foundry offers a consistent yet individualized experience for every young person and family member who enters our network of care, empowering them to optimize their health and well-being.

TEAM GUIDING PRINCIPLES

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

MUTUAL COMMITMENTS TO THE TEAM

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

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CORE VALUES FRAMEWORK

Am I doing this with:

- Kindness;
- Curiosity; and
- Integrity?

Am I being:

- Inclusive; and
- Responsive?

Am I promoting:

- Connection; and
- Empowerment?

OUR COMMITMENTS TO THE YOUTH

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

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

_____

Signature

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