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Appendices

Supplementary Materials for the Foundry Start-Up Guide | May 2022

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Supplementary Materials

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*Available as Microsoft Excel files

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**Available as Microsoft Word files

Appendix G online only

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*Available as Microsoft Excel files
**Available as Microsoft Word file

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APPENDIX A

Project Planning Overview

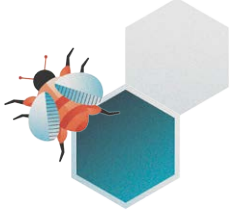
A.1 Project Charter Guidance Notes

A.2 Template: Project Charter

A.3 Foundry Centre Workplan Guidance Notes

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

*Available as Microsoft Excel file.



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Project Charter Guidance Notes

Context — When to use

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

Purpose — Why to use

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

Guidance — How to use

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

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Project Charter

Foundry (Name of Community)

Version	1.0
Document Owner	
Start Date	

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Approvals and Reviews

Stakeholders	Contact	Signature	Date
Executive Project Sponsor(s) Project Sponsor – is a person or group who provides resources and support for the project to enable success	**[Executive Project Sponsor Name]** [Title (If Appropriate)] [Organization or Agency] [Email address] [Phone Number]		
Project Sponsor(s) Project Manager/Lead – is responsible for the day to day operations of the project	**[Project Sponsor Name]** [Title (If Appropriate)] [Organization or Agency] [Email address] [Phone Number]		

Contacts

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

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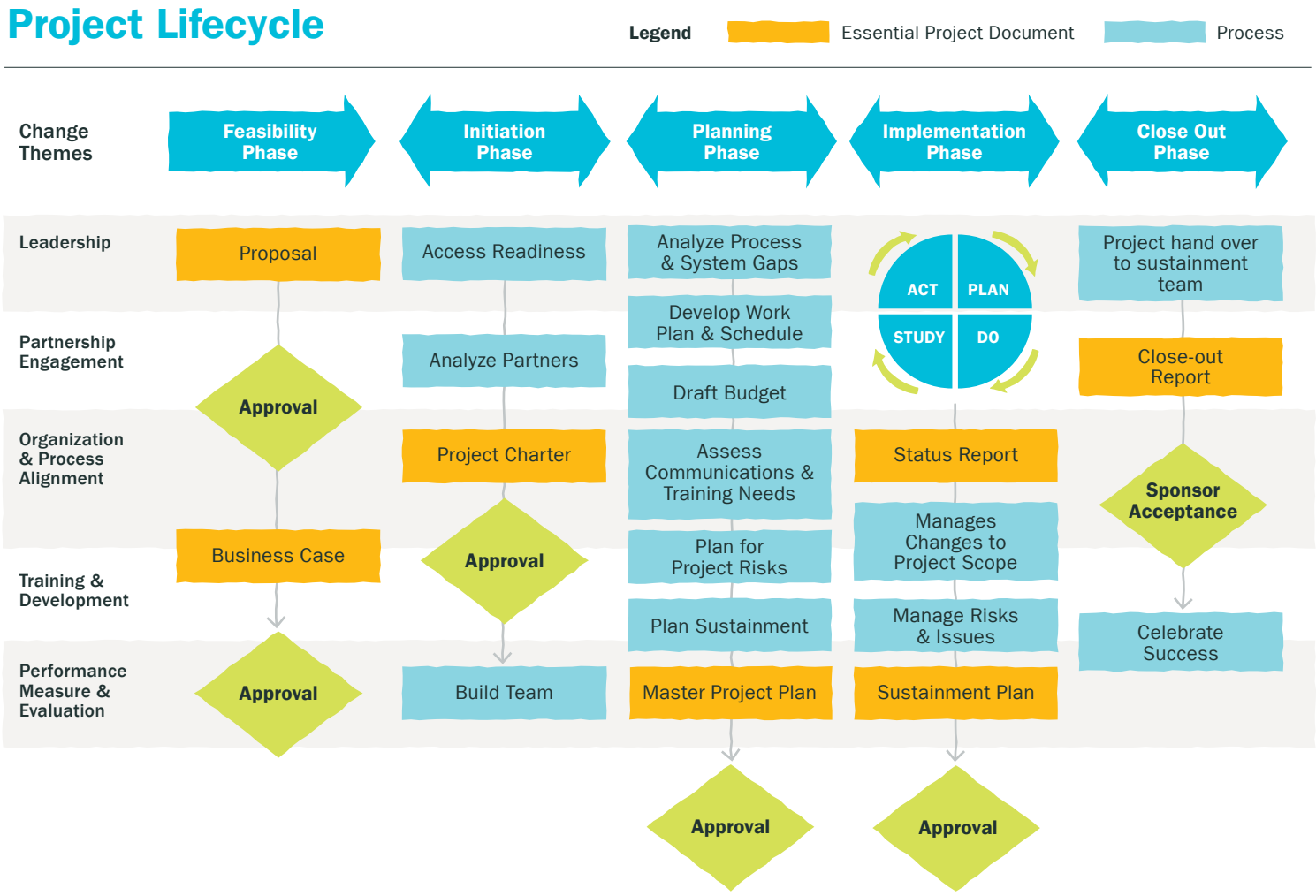
Document History

Version	Date	Author	Description of Changes/Comments
1.0			Log of each version of the document created

Project Lifecycle



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Note to Author

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

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

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

Notes that appear throughout this document need to be removed before distribution.

Either delete the green text, or hide the text using the Conditional Text panel [Window > Type & Tables > Conditional Text]

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1. Project Purpose

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

To open a Foundry Centre in (Community Name), BC by Date/Year.

This project focuses on the implementation (Capital, Services and Operations) of a Foundry Centre.

The aim of this Foundry Project is to provide:

- Easy point of access to ease navigation and find support and services
- Bring partners together and work in the same location, integrate care and services
- Build or renovate space to create a new and purpose built centre
- Develop community partnerships to support the Foundry model
- Provide clinical and social services for youth

2. Background

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

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

Foundry provides early intervention services to support young people's wellbeing. The Foundry model unites mental health care, substance use services, primary care, peer support and social services for young people ages 12-24, through the development of a network of centres and e-health services. By bringing together a variety of health and social services under one roof and working in partnership with young people and families, Foundry helps young people get the help they need when they need it.

Foundry (Community Name) will provide young people with multiple services integrated under one roof. The core services will include: primary health care (e.g. physical health, sexual health), mental health and substance use services, social services (e.g. vocational, educational, financial services) and youth and family peer support. The Centre will also include additional services based on local needs, to be determined in the service planning and functional programming processes.

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Foundry (Community Name) will help remove barriers to care by bringing together services and supports for young people and their families into one location. Instead of having to navigate an array of services themselves, and re-tell their story several times, young people will be able to walk through one door to get the help they need.

Foundry (Community Name) will be holistic, meaning it does not just focus on one area of support, such as mental health, but brings together services based on what each young person needs. It will also increase access to care by providing weekly walk-in hours, and no requirement for referrals. Foundry is built on youth and family participation in service delivery design, incorporating their input at all levels of decision making to more effectively meet their needs.

Foundry (Community Name) will be operated by (Lead Agency Name). The development of a Foundry (Community Name) will involve the coming together of existing youth-focused community-based services, resources and organizations to ensure centres will be able to provide the full range of services with an integrated approach.

3. Objectives

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

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

- Build a Foundry Centre by (insert date), 2020
- Open a Foundry Centre by (insert date), 2020
- Create Leadership tables (Funders, Leaders, Operations, Youth and Family) and terms of reference
- Create and implement a fundraising strategy
- Implement the Integrated Stepped Care Model (post opening)
- Implement Primary Care
- Develop operational plans (including: policies, procedures, governance and management structures, etc)
- Recruitment of physicians and staff
- Develop a Human Resource plan including: staff rotations, training and orientation
- Develop an Implementation work plan
- Develop a communications and stakeholder management strategy and implementation plan
- Conduct IM/IT planning and implementation (Toolbox,EMR)
- Create an operating plan and budget

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4. Scope

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

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

Within Scope

- Partnership Development
- Capital Development
- Functional Programming
- Service Planning
- Schematic Design
- Construction
- Youth and Family Engagement
- Close-out

Out of Scope

- Searching for additional funding outside of the Foundry process
- Non-Foundry services
- City Services using Foundry space

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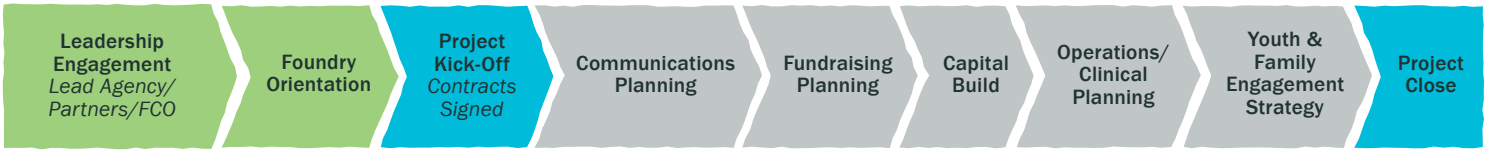
5. Key Milestones and Deliverables



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

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

Project Phase	Milestone/Deliverable	Completion Date
Initiation/Planning Phase	Establish partnerships/Leadership/Governance project structure and foundation	
	Contracts signed (MOA, Capital, ISA)	
	Complete project charter and workplan	
	Develop communications plan	
	Develop fundraising plan	
	Complete functional programming	
	Develop Operational and Services plan	
	Develop youth & family engagement plan	
Implementation Phase	Complete recruitment of staff	
	Complete physician contracts and recruitment	
	Complete furniture procurement and installation	
	Supplies purchased, received and stocked	
	Open doors for services	
Stabilization Phase	Project stabilization and Hand Off to Operations	

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6. Link Projects and Dependencies

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

	Linked Project	Possible Impact (Time, Cost, Scope, Quality, Other)	Project Manager (Name/Contact)
1			
2			
3			

7. Budget (High-level)

Item	Budget Estimate	Notes

8. Project Risks

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

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9. Project Resources & Structure

9.1. Project Team and Stakeholders

Foundry Centre	
Name	**Role**
	Executive Director
	Project Manager
	Clinical Lead

Foundry Central Office Team	
Name	**Role**
	Executive Director/FCO Sponsor
	Director Operations and Philanthropy/FCO Sponsor
	Director of Services and Innovation
	Director, Government and Indigenous Relations
	Director, Evaluation & Quality Improvement
	Project/Change Management Lead
	Implementation Manager
	Project Manager, Capital Projects
	Development & Philanthropy Lead
	Communications and Engagement Lead
	Communications Coordinator
	Youth Peer Engagement Coordinator
	Provincial Youth Peer Engagement Coordinator
	Family Engagement and Peer Support

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9.2. Governance Model

Committee	Purpose of Committee	Membership
Steering Committee	**Funders Table (FT)** **Function: Advisory, advocacy within own organizations. Supports Lead Operator - navigating complex systems, removing barriers identified by LAC, YAC/PAC and/or SWG, allocating resources. Critical in early stages, may meet less frequently or merge with LAC over time. Led/Chaired by Lead Operator Executive Director.** **[Committee Name]** [Enter Text Here]	**Small group of decision-makers from core funding or resource-providing partners:** • **Regional Health Authority** • **MCFD** • **First Nation(s) or Indigenous organization(s)** • **School Districts** • **FCO** • **Executive Lead Agency** [Enter Text Here] • [Bullet List Item]
Advisory Committee	**Leadership Advisory Council or Table (LAC/ LAT)** **Function: Community leadership, advisory, engagement. Advises Foundry Lead Operator on services and community/ partnership priorities. Led/Chaired by Lead Operator Executive Director, with support from Program/ Centre Lead.** **[Committee Name]** [Enter Text Here]	**Broad representation from community partners incl. local First Nation(s) and/or Indigenous organizations, with at least two youth and one family representatives** [Enter Text Here]
Operations Working Committee	**Service Planning/Operations Working Group (SWG)** **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/Centre Lead.** **[Committee Name]** [Enter Text Here]	**Clinical and service management staff, including partners, operating within the centre.** [Enter Text Here]

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Committee	Purpose of Committee	Membership
Youth and Family/Parent Advisory Committee(s) YAC, F/PAC)	**Youth and Family/Parent Advisory Committee(s) YAC, F/PAC)** **Function: Leadership, advisory, 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.** **[Committee Name]** [Enter Text Here]	**Young people and family members. May be separate or combined.** [Enter Text Here]

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9.3. Key Responsibilities

Role	Responsibilities
Executive Sponsor Foundry Centre/ FCO sponsor	• Ensure project aligns with Foundry vision and goals • Champion Foundry vision to key stakeholders • Act as escalation point for issues beyond the control of the Foundry Centre project team • Ensure risks are managed appropriately and make go/no-go decisions
Foundry Centre (Community) Project Manager	• Controls the day to day aspects of the project. • Executes the Project Plan utilizing project management processes. • Facilitates development of Project Charter, Project Plan and Budget. • Assists with the development of the QI, Change, and Communications plan. • Works with the Initiative Director in executing the Project Plan. • Ensures project planning and project controls are carried out. • Organize initiative into manageable pieces. • Provides support to team members and team leaders. • Helps team leaders resolve issues and changes. • Tracks and disposes of issues. • Escalates to the Sponsor issues and changes that are outside the PM's authority (e.g. scope change requiring additional capital expenditures). • Monitor and report project progress. • Submits regular Status Reports to Project Sponsors. • Prepare meeting agendas and minutes. • Documents all findings and recommendations. • Facilitates meetings and discussions.
Foundry Central Office Project Lead/ Manger, Service Implementation & Integration	• Call and chair project team meetings (Joint FCO & Centre PM meetings only). • Supports and controls the high-level aspects of the project. • Facilitates development of Project Charter, Project Plan and Budget. • Works with the Executive Directors in executing the Project Plan. • Organize initiative into manageable pieces. • Provides support to team members and team leaders. • Helps team leaders resolve issues and changes. • Tracks and disposes of issues. • Escalates to the Sponsor issues and changes that are outside the PM's authority. • Monitor and report project progress.
Project Team	• Carry out all phases and tasks of the project. • Provide, prepare and consolidate relevant documentation. • Ensure project deadlines are met. • Provide updates to staff through departmental meetings and/or documentation (e.g. minutes). • Produce and ensure quality of all deliverables. • Recommend go/no go decisions. • Reports to Initiative Director or Project Manager as appropriate. • Communicate regularly with Initiative Director and Project Manager.

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10. Project Organizational Chart (Optional)

Insert schematic representing organizational structure of the project.

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Workplan Guidance Notes

Context—When to use

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

Purpose—Why to use

A workplan:

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

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Guidance — How to use

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

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

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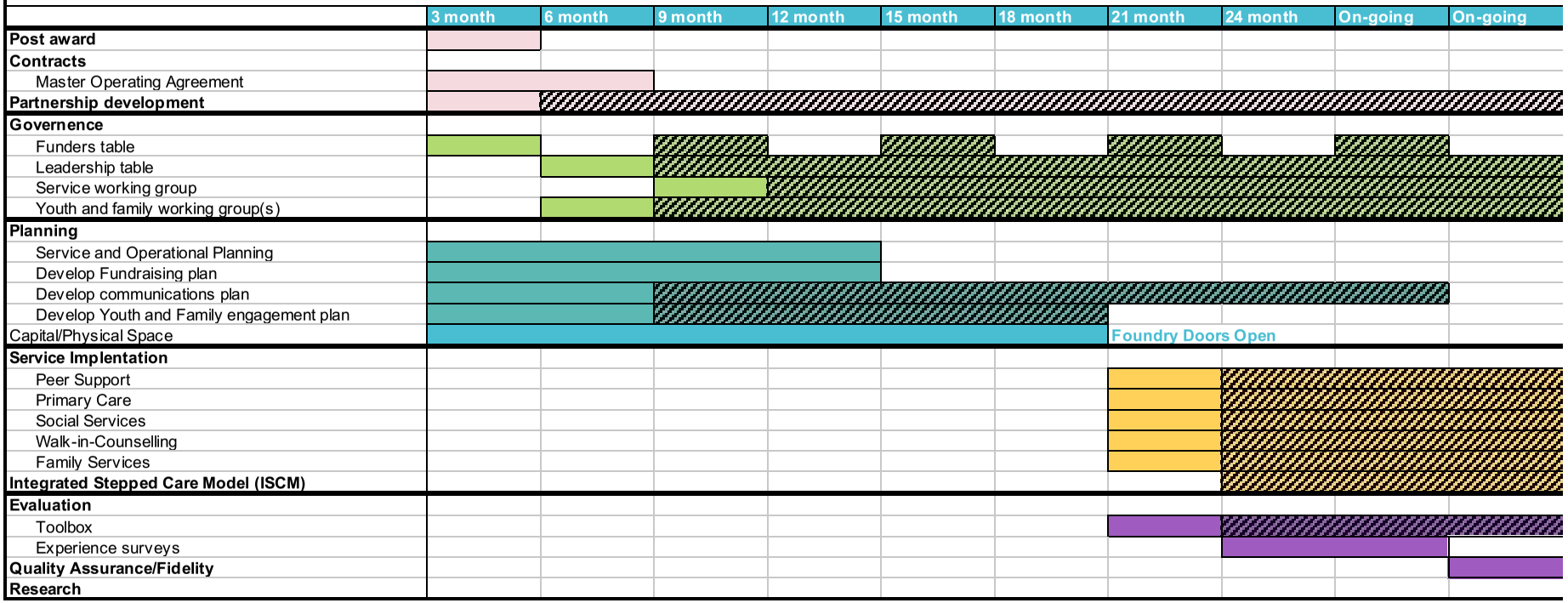
Foundry Centre High-Level Timelines



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

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APPENDIX B

Leadership and Governance

B.1 Sample: Funders Table Terms of Reference

B.2 Sample: Leadership Advisory Terms of Reference

B.3 Sample: Operations Working Group Terms of Reference

B.4 Sample: Family Advisory Committee Terms of Reference

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Sample:

Funders Council Terms of Reference

Foundry Richmond

1 Background

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

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

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

2 Purpose

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

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

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

3 Membership

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

3.1 The senior staff person of the Lead Agency will have direct operational accountability for Foundry.

3.2 One representative from each of the following organizations will fully commit to meaningful engagement by each organization as a constructive contributor towards the Foundry Richmond Centre's vision. Individuals will be appointed, with seniority in accordance with the level appropriate to the decision-making function of their organization, from:

3.2.1 Vancouver Coastal Health Authority – Director of Mental Health and Substance Use

3.2.2 The BC Ministry of Child and Family Development – Richmond (Executive Director of Service Richmond/Vancouver)

3.2.3 The BC Ministry of Child and Family Development – Richmond (Director of Operations, MCFD; Richmond/Vancouver CYSN; Regional Director, ECD)

3.2.4 Richmond School District (SD#38) – Director of Instruction – Learning Services

3.2.5 Richmond Addiction Services Society – Executive Director

3.2.6 A representative of the Foundry Central Office. The representative is to provide a mechanism to support developmental evaluation and knowledge exchange and allow for strong communication between the Foundry Central Office and Foundry Richmond and support potential leadership challenges in real time.

4 Leadership

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

5 Mandate and Duties

5.1 The Funders Council – Foundry Richmond is convened by and reports to the Lead Agency.

5.2 The Funders Council – Foundry Richmond has the authority to:

5.2.1 Review and evaluate the effectiveness of its own activities;

5.2.2 Ensure adherence to, abide by and uphold all relevant Lead Agency policies and procedures;

5.2.3 Consider and make recommendations on any issues referred to the Funders Council – Foundry Richmond by the Lead Agency and Funders Council;

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5.2.4 Establish such working groups or task forces as it deems relevant to accomplish its responsibilities; create and approve Terms of Reference for such bodies; direct their tasks; and receive the reports and recommendations from them.

5.3 The Funders Council – Foundry Richmond has the responsibility to:

5.3.1 Advise on the development, monitoring and review of the objectives of Foundry Richmond;

5.3.2 Advise the Lead Agency on future directions in respect of Foundry Richmond;

5.3.3 Advise and assist in defining opportunities, identifying partners and developing collaborative links for Foundry Richmond;

5.3.4 Promote the interests of Foundry Richmond;

5.3.5 Disseminate authorized information regarding the strategies, decisions and achievements of Foundry Richmond through developed communication channels;

5.3.6 Facilitate effective communication processes between and amongst its members;

5.3.7 Provide input to the Richmond annual plan and make recommendations to support the effectiveness of the Foundry Richmond;

5.3.8 Monitor the Richmond work plan and key performance indicators as agreed by the LAC-Richmond.

6 Voting and Decision Making

6.1 The Funders Council – Foundry Richmond shall aim to operate by consensus.

6.2 Members are responsible for raising issues of concern prior to committing to final decisions.

6.3 If consensus is not possible, a majority decision shall be reached with the majority consisting of votes from the number of representatives eligible to vote.

6.4 In the event of disagreement or divergence of views, members will at all times make best efforts to conduct themselves in a manner consistent with their Role Description, and in particular to be guided by the Foundry principles laid out therein.

6.5 Decisions made at the Funders Council – Foundry Richmond meetings will be final, based on the assumption that all members have sufficient notification to ensure representation at the meeting and the opportunity to raise issues of concern to enable them to be addressed.

6.6 All decisions endorsed by a meeting of the Funders Council – Foundry Richmond for which five days' notice has been given will be considered a final decision.

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7 Operations and Documentation

7.1 The Funders Council – Foundry Richmond will meet monthly during the preparation stage of the development of Foundry Richmond and at the call of the Chair.

7.2 A minimum of fourteen working days' notice shall be provided as part of the call for convening of any meeting.

7.3 For any Funders Council – Foundry Richmond meeting to proceed and be considered duly constituted, the Chair and a representative of the Lead Agency must be present (regardless of quorum).

7.4 A quorum of 50% plus one is necessary for any decision made at Funders Council – Foundry Richmond meetings. If no quorum is present within half an hour of the time of the appointed meeting time, the meeting may continue on the basis that decisions will be ratified at the next duly constituted Funders Council – Foundry Richmond meeting. Any such decisions will not be considered binding until such ratification has occurred.

7.5 All members shall serve voluntarily, without remuneration.

7.6 All members will be reimbursed for travel expenses as incurred, at rates not to exceed those currently approved for public sector employees in British Columbia, upon submission of original invoices.

7.7 Delegates are permitted.

7.8 Guests may be invited to attend with prior notice and the agreement of the Chair.

7.9 A majority of members (50% plus one) will constitute quorum for Funders Council – Foundry Richmond meetings.

7.10 Administrative support for Funders Council – Foundry Richmond will be provided by the Lead Agency including recording of minutes.

7.11 With respect to minutes of Funders Council – Foundry Richmond meetings:

7.11.1 Draft minutes for each meeting will be presented to members electronically within 30 days of the meeting and brought forward to the next meeting for Funders Council – Foundry Richmond approval;

7.11.2 Approved minutes will serve as the official record of Funders Council – Foundry Richmond deliberations.

8 Monitoring and Evaluation

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

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9 Document Control

Original Approved Per	Richmond Addiction Services Board of Directors and Foundry Central Office	[Insert date]
RASS Board President		
Foundry Central Office Executive Director		

Appendix A - Membership

Vancouver Coastal Health – (VCH – Richmond)

Ministry for Children and Family Development (MCFD – Richmond)

Foundry Central Office (FCO)

Richmond Addiction Services Society (RASS)

Richmond School District (SD#38)

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Sample:

Leadership Advisory Committee Terms of Reference

Foundry Richmond

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Members Role Descriptions 9

Membership 9

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1. Background

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

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

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

2. Reporting

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

3. Purpose

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

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4. Membership

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

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

4.2 One representative from each of the following organizations will fully commit to meaningful engagement by each organization as a constructive contributor towards the Foundry Richmond Centre's vision. Individuals will be appointed, with seniority in accordance with the level appropriate to the decision-making function of their organization, from:

- **4.2.1** Vancouver Coastal Health Authority – MHSU
- **4.2.2** Vancouver Coastal Health Authority – Public Health & Primary Care
- **4.2.3** The BC Ministry of Child and Family Development in Richmond
- **4.2.4** Richmond School District (SD#38)
- **4.2.5** Richmond Division of Family Practice
- **4.2.6** City of Richmond
- **4.2.7** CHIMO Community Services
- **4.2.8** SUCCESS
- **4.2.9** Touchstone Family Association
- **4.2.10** Pathways Clubhouse
- **4.2.11** Coast Mental Health
- **4.2.12** Richmond Family Place
- **4.2.13** Richmond Multicultural Community Services
- **4.2.14** Richmond Society for Community Living
- **4.2.15** Family Services of Greater Vancouver
- **4.2.16** Turning Point Recovery Society
- **4.2.17** FamilySmart
- **4.2.18** Ministry of Social Development Poverty Reduction – Outreach and Advocacy
- **4.2.19** Metro Vancouver Aboriginal Executive Council
- **4.2.20** Connections Community Services
- **4.2.21** Division of Family Program
- **4.2.22** Community Living of BC (CLBC)
- **4.2.23** At least two individuals with lived experience as a youth with mental health and/or substance use concerns.
- **4.2.24** At least one individual with lived experience as the parent/guardian of adolescent(s) with mental health and/or substance use concerns.
- **4.2.25** A representative of the Foundry Backbone Organization as ex-officio. The purpose of the Backbone representative is to provide a mechanism to support Developmental Evaluation and knowledge exchange and allow for strong

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communication between the Foundry Central Office and Foundry Richmond and support potential leadership challenges in real time.

4.3 Such other individuals as are appointed from time to time by mutual agreement of the Chair and Vice-Chair.

4.4 As a condition of appointment to the LAC-Richmond, nominees for membership shall review and acknowledge their agreement to abide by the LAC – Foundry Richmond. See Member Role Description in Appendix A.

4.5 Members of this committee are leaders from the partnering agencies. Other members of the partnering agencies may be included to inform strategic directions.

4.6 Action Groups made up of members or additional members will be created from time to time.

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

5. Leadership

5.1 The Co-Chair of the LAC – Foundry Richmond shall be nominated in collaboration with the Executive Director of Richmond Addiction Services Society as part of their role as a Lead Agency of the Foundry Richmond and operator of the Foundry Richmond Centre and Co-Chair of the LAC.

5.2 The Co-Chair of the LAC – Foundry Richmond shall be voted on by the members of the LAC – Foundry Richmond from amongst the members.

5.3 The term of office of the partnering Co-Chair shall be one year, renewable, with a maximum of three concurrent terms.

5.3.1 After three years of service, an individual serving as the partnering Co-Chair shall not be eligible for re-appointment to that role until a minimum of one year has elapsed.

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6. Mandate and Duties

6.1 Partnering agency members are accountable to their home agency and Board of Directors but agree to fully participate in the operations of the LAC – Foundry Richmond which means that LAC members are committed to the outcomes set forth by Foundry Richmond.

6.2 Members who are not associated with a home agency are accountable to the LAC – Foundry Richmond and will work to achieve the outcomes set by Foundry Richmond.

6.3 The LAC – Foundry Richmond is convened by and reports to the Lead Agency.

6.4 The LAC – Foundry Richmond has the authority to:

- **6.4.1** Review and evaluate the effectiveness of its own activities;
- **6.4.2** Ensure adherence to, abide by and uphold all relevant Lead Agency policies and procedures;
- **6.4.3** Consider and make recommendations on any issues referred to the LAC – Foundry Richmond by the Lead Agency, Funders Council and Program Manager of the Foundry Richmond;
- **6.4.4** Establish such working groups or task forces as it deems relevant to accomplish its responsibilities; create and approve Terms of Reference for such bodies; direct their tasks; and receive the reports and recommendations from them.

6.5 The LAC – Foundry Richmond has the responsibility to:

- **6.5.1** Advise on the development, monitoring and review of the objectives of the Foundry Richmond;
- **6.5.2** Advise the Lead Agency on future directions in respect of the Foundry Richmond;
- **6.5.3** Advise and assist in defining opportunities, identifying partners and developing collaborative links for the Foundry Richmond;
- **6.5.4** Promote the interests of the Foundry Richmond;
- **6.5.5** Disseminate authorized information regarding the strategies, decisions and achievements of the Foundry Richmond Centre through developed communication channels;
- **6.5.6** Facilitate effective communication processes between and amongst its members;
- **6.5.7** Provide input to the Richmond annual plan and make recommendations to support the effectiveness of the Foundry Richmond;
- **6.5.8** Monitor the Richmond work plan and key performance indicators as agreed by the LAC – Foundry Richmond.

7. Voting and Decision-Making

7.1 The LAC – Foundry Richmond shall aim to operate by consensus.

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7.2 Members are responsible for raising issues of concern prior to committing to final decisions.

7.3 If consensus is not possible, a majority decision shall be reached with the majority consisting of votes from the number of representatives eligible to vote.

7.4 In the event of disagreement or divergence of views, members will at all times make best efforts to conduct themselves in a manner consistent with their Role Description, and in particular to be guided by the Foundry principles laid out therein.

7.5 Decisions made at the LAC – Foundry Richmond meetings will be final, based on the assumption that all members have sufficient notification to ensure representation at the meeting and the opportunity to raise issues of concern to enable them to be addressed.

7.6 All decisions endorsed by a meeting of the LAC – Foundry Richmond for which five days' notice has been given will be considered a final decision of the whole LAC-Richmond.

8. Operations and Documentation

8.1 The LAC – Foundry Richmond will meet at least six times annually and at the call of the Chair.

8.2 A minimum of five working days' notice shall be provided as part of the call for convening of any meeting of the LAC- Foundry Richmond.

8.3 For any LAC – Foundry Richmond meeting to proceed and be considered duly constituted, the Chair and a representative of the Lead Agency must be present (regardless of quorum).

8.4 A quorum of 50% plus one is necessary for any decision made at LAC – Foundry Richmond meetings. If no quorum is present within half an hour of the time of the appointed meeting time, the meeting may continue on the basis that decisions will be ratified at the next duly constituted LAC – Foundry Richmond meeting. Any such decisions will not be considered binding until such ratification has occurred.

8.5 All members shall serve voluntarily, without remuneration.

8.6 All members will be reimbursed for travel expenses as incurred, at rates not to exceed those currently approved for public sector employees in British Columbia, upon submission of original invoices.

8.7 Delegates are permitted.

8.8 The Foundry Richmond Manager *(or relevant position)* will attend LAC – Foundry Richmond meetings and report on the performance and operations of the centre according to a structure determined by the LAC-Richmond.

8.9 At its sole discretion, the LAC – Foundry Richmond may meet without the Centre Manager *(or relevant position)* being present.

8.10 Guests may be invited to attend with prior notice and the agreement of the Co-Chairs.

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8.11 A majority of members (50% plus one) will constitute quorum for LAC – Foundry Richmond meetings.

8.12 Administrative support for LAC – Foundry Richmond will be provided by the Lead Agency including recording of minutes.

8.13 With respect to minutes of LAC – Foundry Richmond meetings:

- 8.13.1 Draft minutes for each meeting will be presented to members electronically within 30 days of the meeting and brought forward to the next meeting for LAC – Foundry Richmond approval.
- 8.13.2 Approved minutes will serve as the official record of LAC – Foundry Richmond deliberations.
- 8.13.3 Copies of meeting minutes will be circulated to the [Lead Agency's Executive Director] and following their approval by LAC- Foundry Richmond.

9. Monitoring and Evaluation

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

10. Document Control

Original Approved Per	Richmond Addiction Services Board of Directors and Foundry Central Office	[insert date]
RASS Board President		
FCO – Executive Director		

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Appendix A

Chair:

Co-Chair:

Members Role Descriptions

Core Operating Partner – offering core services within Foundry Richmond

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

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

Membership

Vancouver Coastal Health – (VCH – Richmond)

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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

Foundry Central Family Ambassador Team

Terms of Reference

September 27, 2018 – March 28, 2019

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Purpose

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

Membership

Foundry Abbotsford.
Foundry Campbell River. TBD
Foundry Central Office.
Foundry Kelowna.
Foundry North Shore.
Foundry Penticton.
Foundry Prince George.
Foundry Richmond. TBD
Foundry Ridge Meadows.
Foundry Terrace. TBD
Foundry Vancouver-Granville. TBD
Foundry Victoria.

APPENDIX C

Partnerships and Community Development

Additional material available on the Foundry Website.

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APPENDIX D

Master Operating Agreement Overview

Additional material available on the Foundry Website.

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APPENDIX E

Youth and Family Engagement

E.1 Foundry Central Office Engagement Roles and Groups

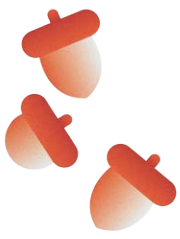
E.2 Foundry Centre Engagement Standards

E.3 Sample: Youth Advisory Committee Recruitment Poster

E.5 Sample: Youth Advisory Committee Meeting Agenda and Notes

E.6 Honoraria Guidelines

E.7 Supporting Youth and Caregivers on Leadership Tables



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Foundry Central Office Engagement Roles and Groups

Youth Peer Engagement Coordinator (YPEC)	• Staff member(s) of FCO Engagement team • Brings lived/living experience to support youth engagement, development and implementation of youth services across Foundry's provincial network • Facilitates and co-leads Foundry Engagement Forum and Provincial Youth Advisory Committee	**Family Peer Engagement Coordinator (FPEC)**	• Staff member(s) of FCO Engagement team • Brings lived/living experience to support family engagement, development and implementation of family services (including family peer support) across Foundry's provincial network • Facilitates and co-leads PFA, PFR, and FEF
Provincial Youth Advisory (PYA) Network	• Ensures youth participation and youth voice informs the work we do at FCO • Members co-lead PYA Committee operations alongside FCO YPEC • Works to build individual and group capacity, including identifying training and skill-specific development opportunities • Acts as a liaison between Provincial Youth Advisory Committee/FCO and local YAC/Foundry centre when necessary	**Provincial Family Representatives (PFR)**	• Family member/caregivers of youth ages 12-24 with mental health and/or substance use challenges who are connected to a Foundry centre's family advisory or have accessed Foundry services • Represents family voices of your Foundry centre and community • Shares Foundry centre updates and events as well as supports other centres' challenges and celebrations
FCO Youth Working Group(s)	• Project-specific youth working groups that provide direct and ongoing support to the development of Foundry's projects and initiatives • Co-led by FCO Youth Peer Engagement Coordinator and, when appropriate, other members of the FCO team • Membership consists of young people from across BC who have a Foundry centre in their home community and those who do not	**Provincial Family Ambassadors (PFA)**	• Family member/caregivers of youth ages 12-24 with mental health and/or substance use challenges across BC • Committed to supporting youth to live a good life and interested in making an impact on youth and family well-being • Opportunities to consult, co-design, co-lead and collaborate on provincial projects, focus groups and working groups involving services, resources, research and best practices

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Foundry Engagement Forum (FEF)	• Consists of Foundry centre staff members who lead engagement at the centre level (in most cases, this is the Youth & Family Engagement Coordinators, or equivalent) • Monthly community of practice facilitated by FCO • Members support centres in implementing meaningful youth and family engagement within the network • Develops collective vison and common working goals • Provides knowledge exchange opportunities
Youth and Family Ambassadors (YFA)	• Foundry National Ambassador Team • Membership consists of 60+ youth and family members across Canada with equal representation across demographics including race, Indigenous representation, provincial representation and age • Encourage Integrated Youth Services (IYS) Exchange, informing and expanding IYS knowledge and programs across provinces and territories in Canada • Attend a national convening at program end to discuss successes, challenges and questions that arose through the IYS Exchange Program • Act as a liaison between interested IYS communities and FCO through the Youth and Family Engagement Coordinators • Supports community engagement and IYS implementation

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Foundry Centre Engagement Standards

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

Role/Group	Engagement Standards
Youth & Family Engagement Coordinator (or equivalent)	This role is a staff member identified by the Lead Agency to coordinate and liaise with FCO around youth and family engagement opportunities and activities – this includes, but is not limited to: • Is the identified lead for youth & family engagement at a local level • Attends Foundry Engagement Forum (FEF) calls and meaningfully contributes to the community of practice by providing feedback, input and support as needed • Coordinates and supports local YAC and FAC (Youth Advisory Committee and Family Advisory Committee)
Youth Advisory Committee (YAC)	Consisting of young people accessing the Foundry centre, the YAC works to ensure the centre is for young people, by young people. This is done through not only elevating the youth voice to advise and inform the development of services, resources and other opportunities, but also includes the following: • Embedded on the principle of reciprocity • Goals are co-created • Provides and offers a range of engagement activities at varying levels • Suggested minimum: one YAC meeting per month • Terms of Reference (ToR) and Community Agreement are developed and reviewed annually • Honoraria is provided to compensate members for their time and expertise • Ongoing feedback loop is maintained between YAC members and Foundry centre staff and decision makers, to ensure transparency and that feedback given is action oriented and impacts decision making • Other tools: Sample YAC recruitment poster

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Role/Group	Engagement Standards
Family Advisory Committee (FAC)	Consisting of family members/caregivers of youth (some of whom may have accessed or be accessing the Foundry centre), the FAC ensure that a family voice and the unique needs of families/caregivers are represented in all aspects of Foundry centre operations. The same engagement standards for YACs apply to FACs: • Embedded on the principle of reciprocity • Goals are co-created • Provides and offers a range of engagement activities at varying levels • Suggested minimum: one FAC meeting per month • Terms of Reference (ToR) and Community Agreement are developed and reviewed annually • Honoraria is provided to compensate members for their time and expertise • Ongoing feedback loop is maintained between FAC members and Foundry centre staff and decision makers, to ensure transparency and that feedback given is action oriented and impacts decision making • Provide opportunity for FAC members to join the Provincial Family Representatives (PFR) and Provincial Family Ambassadors (PFA) groups (more below)
Local Leadership Table	Foundry centres will ensure that their Local Leadership Table: • Has minimum two youth and minimum one family/caregiver as members • Youth and family/caregivers are compensated by the Lead Agency for their time on the Local Leadership Table • Identifies an adult ally: this individual is responsible for supporting the youth and family/caregiver's meaningful participation and attendance. This includes providing administrative, emotional and accessibility support as well as any other facilitators to support the youth and family member/caregiver. • Support the youth and family/caregiver to liaise between the YAC and FAC and the Local Leadership Table. This may include the involvement of the Youth & Family Engagement Coordinator (or equivalent).

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Join the Foundry Youth Advisory Council!

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

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

In the YAC, we...

~ Make a meaningful difference in our community

~ Discuss topics like youth mental wellness and substance use

~ Meet other awesome people

~ Have twice-monthly meetings

~ Get volunteer hours

~ ...And more!

Contact [redacted] if you're interested!

[redacted]

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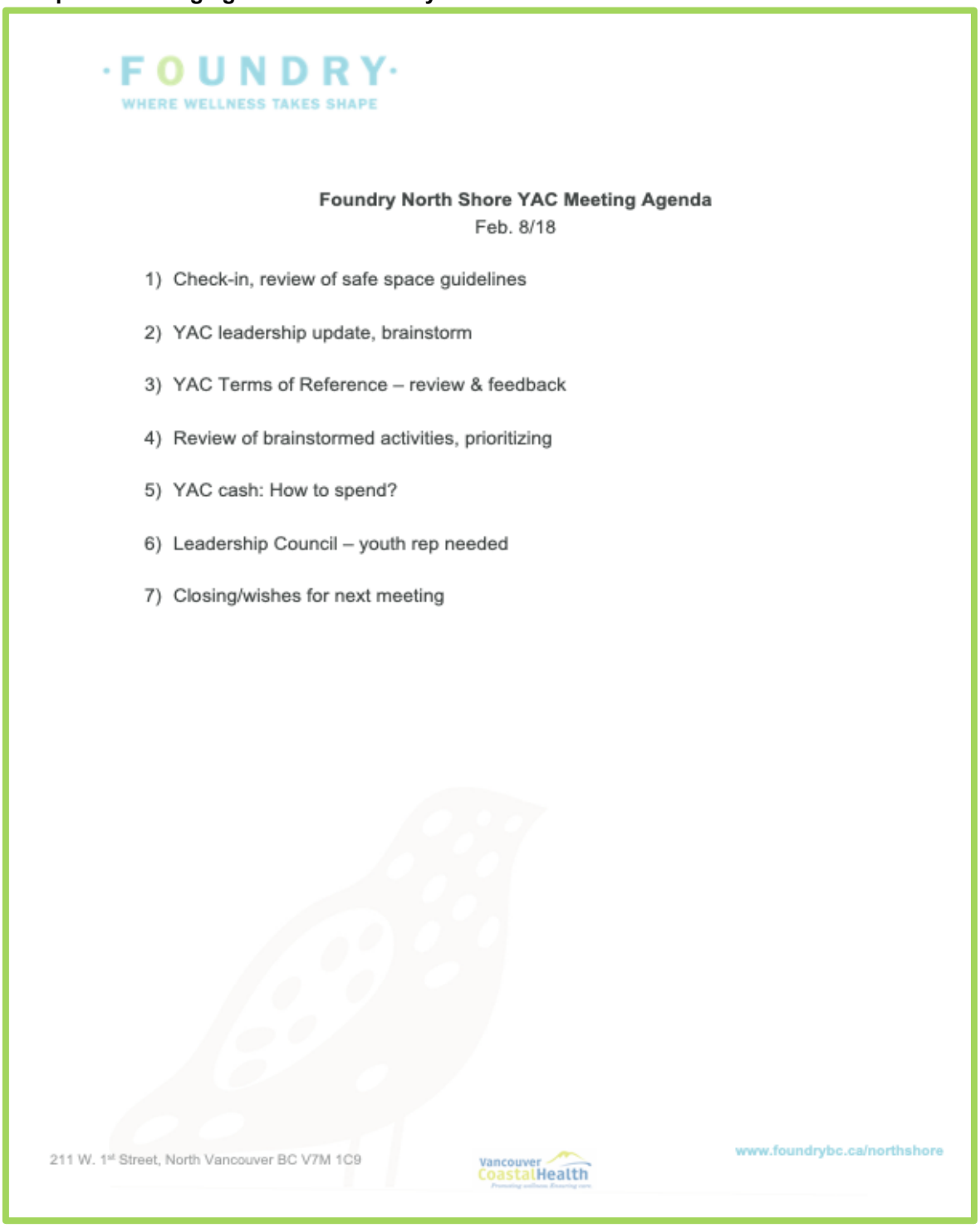
Sample: Youth Advisory Committee Meeting Agendas

Sample 1: Meeting agenda from Foundry North Shore YAC



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Foundry North Shore YAC Meeting Agenda
Feb. 8/18

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

211 W. 1st Street, North Vancouver BC V7M 1C9
Vancouver Coastal Health
www.foundrybc.ca/northshore

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Sample 2: Foundry staff/facilitator notes for meeting agenda - Foundry North Shore YAC

YAC Meeting – Dec. 12/19

Meeting Agenda & Notes

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

*Large paper

Check-in

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

Member responsibilities/safe space stuff

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

Discussion of project options

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

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Honoraria Guidelines

Honoraria is an important element of meaningful engagement with young people and their caregivers. Providing honoraria recognizes the importance of the lived experiences that every participant brings to the table. In addition to the opportunity for professional development, skill building and networking, financial incentives increase the value of the experience for young people and their caregivers. Financial incentives have been found to increase recruitment and retention of participants in various capacities.

Principles for Honoraria

- Connect with the Participant – Initially, financial incentives can be a great method to bring in young people and caregivers. If the participant decides it's valuable to continue to engage in the program, connect with them to determine what is best for them as they continue to work with your centre.

- Clarity of Purpose – The intention of the honoraria should be clearly communicated to the participants. Is it as an appreciation for participation or a reward for their time and effort? Make sure to establish and maintain clarity to avoid confusion.

- Flexible Payment Options – Not all young people and caregivers have a bank account. Ensure support systems are in place to ensure financial compensation is provided in a timely manner (cash, e-transfers, etc.).

- Establish and Maintain Equity – Conflict may arise when a young person does more work but receives the same amount as others who do less. Work with the participants to define the policies of what is fair for everyone and what determines a deduction of honoraria.

- Honoraria is Taxable – Ensure youth and caregivers understand that the Canada Revenue Agency will only allow for up to $500 of honoraria to go untaxed, and they will need to set aside a percentage of their honoraria for tax season.

Recommended Honoraria Amounts
The table below is the current payment amounts provided to young people and caregivers for engagement activities at Foundry Central Office.

Type of Work	Recommended Amount
Advisory role-related activities (meeting, document review, etc.) *Additional considerations: paying 1 hour minimum when work requires less than 1 hour*	$25/hour
Facilitation/presentation *Additional considerations: preparation time to be paid at $25/hour*	$50/hour
Special projects (at the request of external partners; can include focus group discussions, external advisory recruitment, etc.) *Additional considerations:* recognize that this will be dependent on external budget(s) but recommend to our partners a minimum of $25/hour	Min. $25/hour

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Supporting Youth and Caregivers on Leadership Tables

Foundry values the contribution of their expert youth and caregiver partners. Leadership tables are an excellent opportunity to provide meaningful engagement of youth and their caregivers to support the development of operations from the lens of those using Foundry services. It is highly recommended that leadership tables have representation from a minimum of two youth and one family member.

The following are some brief recommendations to support Foundry centre leadership in providing clear orientation to the youth and family leadership role. It also shares strategies that have been identified as helpful in creating an ongoing safe space to empower and support youth and family participation on leadership tables. Foundry Central Office's Youth and Family Engagement team can also provide further support to centres.

Orientation

1:1 call or meeting – possible discussion questions:

- What do you hope to contribute as part of the group?
- What is important to you as a youth or family member attending?
- What do you need to be safe in the room?
- Who would you identify as an ally within Foundry centre staff who would also be at the leadership table?
- Do you have questions about how this impacts you receiving services?

5 W'S

- **WHO:** names of participants in the room, from what organization - consider providing a document that has a blurb about each organization, more than one youth – for peer-to-peer support when/if needed, sense of comradery and debriefing
- **WHAT:** how long has group been meeting, Terms of Reference, Community Agreement
- **WHERE:** meeting location, youth-friendly spaces preferred – avoid overly formal spaces like stuffy business rooms or golf courses
- **WHEN:** meeting schedule, inclusive time for youth and families to attend, time commitment
- **WHY:** context, purpose of meeting

Confidentially

- Ask permission from the young person or family member if you are wanting to share something they said during a meeting in another context as it most likely will involve their lived and living experience. Other specific confidentiality agreements can be incorporated into a Community Agreement or Terms of Reference.

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Honoraria

- Considers equity of time and contribution
- Communicates the value of expert partners with lived and living experience to inform direction
- Provide a clear understanding of what honoraria will be
- Assign a designated person to manage and communicate with youth and family member around honoraria
- Suggested honoraria of $25/hour – align and provide consistency with the BC Centre for Disease Control and Frayme payment standards
- Other compensation to consider: mileage, parking, public transportation, child care, etc.

Support

- Identify an internal ally to support before, during and after meetings
- Provide orientation and introduction to other members
- Schedule regular check ins and feedback opportunities
- Open the opportunity to connect with ally during the meeting – text has been helpful in the past
- Be mindful and aware of any **non-verbal communication** and what that could mean (body language, gaze, etc.)
    - Young person or family member may be trying to speak up but cannot find the right time to jump in. If you notice them trying to contribute, be the one to help open up a space for them to do so. Can do so by saying “Nancy, what are your thoughts on this?” or “Nancy, do you have any questions?” Also be mindful of not putting them on the spot when they weren’t intending to share.

Resources to Create and Share

- Acronym sheet of local organizations to share and have available in the meeting for reference. Ask youth and caregivers to add missing information to the list during the meeting as acronyms are used. (Avoid use of acronyms during meetings as much as possible!)
- Create a who’s who document to have available in the meeting for reference.

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APPENDIX F

Communications and Branding

F.1 Information Sheet: Foundrybc.ca Website

F.2 Template: High Level Foundry Centre Communications Plan**

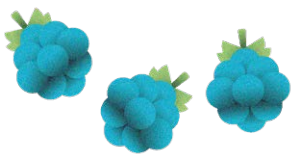
F.3 Template: Communications Plan**

F.4 Sample: Foundry Ridge Meadows Draft Communication Plan

F.5 Template: Foundry Centre Webpage Content**

F.6 Template: Centre Opening Media Event Planning

** Available as Microsoft Word files.



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The Foundrybc.ca Website

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

The Information and Tools section of the site covers topics related to mental health, substance use, healthy living, everyday life and tough topics. Each section includes selected apps and online tools related to that topic. New information is added regularly. The table below shows some of the topics.

Mental Health	Substance Use	Healthy Living	Life, School & Work	Tough Topics
• Anxiety • Body Image & Eating • Low Mood & Depression • Questioning Reality • Stress	• General Substance Use • Alcohol • Cannabis • Opioids • Vaping & Tobacco	• Healthy Eating • Active Living • Mindfulness • Sexual Wellness • Sleep • Technology & You	• Housing • Money • Online Safety • School • Work • Relationships	• Bullying • Loss & Grief • Self-Injury • Suicide • Violence & Abuse

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

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

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

The Supporting Others section contains helpful information for friends, families/caregivers and school and health professionals.

Foundry Pathfinder is a tool to help navigate the website's support resources. It is a 3-step tool to help young people find personalized support options.

Foundrybc.ca is powered by BC Children's Hospital. For questions about the website, please contact webinfo@foundrybc.ca.

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Foundry [Community Name] – Communications Plan

Purpose of this Document

This document is intended to help upcoming Foundry centres develop a strategic communications plan and communication activities. Communications plans vary in style and formats. If you would like assistance in filling out this template or support in communications planning, please contact Stefanie Costales for communications support. A communications plan is considered a "living" document and should be continuously updated and adjusted as new information is available.

Overview

This document will outline Foundry [community name]'s key communication objectives, audiences and channels.

SWOT Analysis

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

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Communications Goals

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

Key Audiences

- Key Audience #1:
  - Desired action: What do you want them to do?
  - Message: What do they need to know? How do you make the message resonate with this specific audience? Try to frame messages from your audience's values.
- Key Audience #2:
  - Desired action:
  - Message:
- Key Audience #2:
  - Desired action:
  - Message:

*Specific audience key messages to be created in Key Messages document (to be created in the future)

Communications Channels

- Monitor online engagement on website and social media during promotion periods

Monitoring

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

Evaluation

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

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Communications Plan

Foundry <Community Name>

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Purpose of This Document

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

Overview

A short synopsis of where you are now.

[Enter Text Here]

SWOT Analysis

Strengths	Weaknesses
Strengths of your organization. What can help you achieve your objectives? [Enter Text Here]	*Weaknesses of your organization. What might hinder your ability to reach your objectives?* [Enter Text Here]
Opportunities	**Threats**
External factors that may help you reach your objectives. [Enter Text Here]	*External factors that may negatively affect your ability to achieve your objectives.* [Enter Text Here]

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Communication Goals

This could be what you want people to do differently, desired behaviour changes, etc. Long-term and should support organizational goals.

Examples:

- Key audiences are aware that Foundry is coming and understand what Foundry centre will offer; and
- Foundry's brand is recognizable throughout the community.

Communication Objectives

Objectives should be SMART (strategic/specific, measurable, achievable, realistic, time-bound). Objectives are short-term steps to achieve your communication goals. It may be easiest to divide into short-term (e.g., before centre launch) and long-term (e.g., post centre launch).

Examples:

- Raise $X and gain # new donors by [date]
- Engage # new youth and families in a Foundry planning committee by [date]
- Sign # new contacts up for email updates by [date]
- Identify # new potential community partners and champions by [date]

Communication Goal 1	
Objective 1	
Objective 2	
Objective 3	

Align objectives with communication goals

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Primary Audiences

Audience 1	Who are you trying to reach (avoid using “general public”)
Desired Action	What do you want them to do?
Key Messages	What do they need to know? How do you make the message resonate with this specific audience? Try to frame messages from your audience’s values. Messages can be persuasive or informative.

Audience 2	
Desired Action	
Key Messages	

Audience 3	
Desired Action	
Key Messages	

Communication Channels

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

Examples:

- People: Peers, respected authority figures
- Places: Schools, community centres, coffee shops, counselling offices, libraries
- Things: Social media, website, news media, e-mail

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Tools/Tactics

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

Examples:

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

Audience Strategies

Fill out for each audience.

Audience	
Messages	
Channels	
Tools & Tactics	•

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Key Dates/Milestones

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

Examples:

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

Implementation

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

Date	Task	Person Responsible	Budget	Resources Needed	Status

Monitoring

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

[Enter Text Here]

Evaluation

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

[Enter Text Here]

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Sample: Communications Plan

Foundry Ridge Meadows

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Purpose of This Document

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

Overview

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

Communication Goals

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

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Communication Objectives and Tactics

Objectives should be SMART (strategic/specific, measurable, achievable, realistic, time-bound). Objectives are short-term steps to achieve your communication goals. It may be easiest to divide into short-term (e.g., before centre launch) and long-term (e.g., post centre launch).

Examples:

- Raise $X and gain # new donors by [date] through Twitter campaign
- Engage # new youth and families in a Foundry planning committee by [date] by leveraging our email newsletter

Communication Goal 1	• Existing and potential clients know that:
	  • The Youth Wellness Centre (YWC) will transition into Foundry Ridge Meadows in late 2019.
	  • The Youth Wellness Centre's current location will undergo renovations as it gets ready to open as Foundry. During renovations, the YWC will move to a temporary location and provide scaled back services.
	  • Foundry focuses on early intervention, bringing mental health, substance use, peer support, primary care and social services together in a single place. Foundry makes it easier for young people ages 12-24 to find the care, connection and support they need.

Objective/Tactic 1	
Communication Goal 2	• Existing clients ages 8-11 and their family understand that once the Youth Wellness Centre transitions into Foundry Ridge Meadows, which only provides services for youth 12-24, they will be supported through an alternative care model.
Objective/Tactic 1	Tactics can include: • Social media channels • DoFP email newsletter – to communicate to physicians • Youth and family groups • MOAs • Schools/school counsellors • Local newspaper?
Communication Goal 3	• Youth ages 8-11 interested in receiving care/support understand where to go.
Objective/Tactic 1	

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Primary Audiences

Audience 1	Existing and potential clients (youth ages 12-24) and their families.
Desired Action	Understand that the Youth Wellness Centre is transitioning to Foundry and will be moving to a temporary location in the summer. Receive answers to all their questions relating to the transition and move.
Key Messages	What's happening? The Youth Wellness Centre will transition into Foundry Ridge Meadows in late 2019. Who is Foundry? Foundry is forging a new, province-wide culture of care through the development of a network of centres and foundrybc.ca. Foundry focuses on early intervention, bringing mental health, substance use, peer support, primary care and social services together in a single place. Foundry makes it easier for young people ages 12-24 to find the care, connection and support they need. What do you need to know? The Youth Wellness Centre's current location will undergo renovations as it gets ready to open as Foundry. During renovations, the Youth Wellness Centre will move to a temporary location and provide scaled back services. When will Foundry open? We're aiming to have Foundry Ridge Meadows open in late 2019; connect with us via social media [add handles here] and keep an eye on your local news for the official opening announcement. Once Foundry Ridge Meadows is open, we hope you can drop by to say hi and spread the word!

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Audience 2	Existing clients ages 8-11 and their family
Desired Action	Understand and feel reassured that once the Youth Wellness Centre transitions into Foundry Ridge Meadows, which only provides services for youth 12-24, they will be supported through an alternative care model.
Key Messages	

Audience 3	Youth ages 8-11 interested in receiving care/support
Desired Action	Understand where to go to receive care/support.
Key Messages	

Key Dates/Milestones

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

Examples:

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

Implementation

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

Date	Task	Person Responsible	Budget	Resources Needed	Status

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Monitoring

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

[Enter Text Here]

Evaluation

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

[Enter Text Here]

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Template: Foundry Centre Webpage Content

Land Acknowledgement

- Sample text:

Who We Are

- Sample text: Hosted by the [LEAD AGENCY], Foundry [COMMUNITY NAME] unites multiple partner organizations that will address the health and wellness needs of young people ages 12-24 and their families who live in the [COMMUNITY] area.
- Option to outline services that will be available at future centre

Youth Quotes (optional)

- Recommend having 1 or 2 if possible

Get Involved

- Outline opportunities for young people/caregivers
- List ways people can promote Foundry in your community
- Outline upcoming events

Partnerships

- Sample text: Hosted by [LEAD AGENCY], Foundry [COMMUNITY NAME] is bringing together partner organizations that will address the health and wellness needs of young people ages 12 to 24 and their families.
- Opportunity to add list of partners

Donation Information

- Sample text: Make a difference for youth in [COMMUNITY] by donating to Foundry [COMMUNITY NAME] today.
- Add link to donation page

Resources for Young People

- Local resources
- Foundry Virtual BC– link to foundrybc.ca/virtual

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Centre Opening Media Event Planning Template

Foundry (Name of Community)

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Purpose of Document

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

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

Notes that appear throughout this document need to be removed before distribution.

Either delete the green text, or hide the text using the Conditional Text panel [Window > Type & Tables > Conditional Text]

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Event Overview

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

Example Format

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

Planning Team

The main organizing team includes:

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

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

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Action Plan

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

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

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Date/Timing	Action	Tools	Responsible	Linkages/Considerations
4-6 weeks prior	Develop key messaging, background information and press release	Key messaging document; press release; FAQ	Usually led by MMHA communications, Foundry central office communications lead as main point of contact, with lead agency to review and provide input.	• Consider specific messages to the centre (e.g. does the public need to know that only certain services will be offered?), potential issues that might come up etc. • Press release will usually include quotes from: MMHA, Foundry central office leadership, lead agency leadership, health authority, youth or family/caregivers
4-6 weeks prior	Develop local materials if appropriate	Brochures, banners, information sheets	Lead agency, with communication support from Foundry central office	Lead agency to work with Foundry central office Communication Lead and officer to determine if any materials are needed for the day—especially if there is a larger event. May also want to check with fundraising leads.
4 weeks prior	Planning meeting called by MMHA communications		Usually led by MMHA communications and involves Foundry central office communications lead, lead agency representative, and health authority representative	Topics covered usually include: venue, set-up logistics, invitations, program, speakers, podium sign, media and photography.
4 weeks prior	Confirm event speakers and media interviews		MMHA determines government representation; Foundry central office communications lead determines Foundry speaker, lead agency determines lead agency representation and youth/family/caregiver representative and Indigenous welcome	
4 weeks prior	Determine venue location, speaker pre-brief room and any visuals needed	Photos of space, measurements, pop-up banners, displays etc.	Lead agency	Lead agency to provide photos and measurements of space to MMHA to determine best set-up (or coordinate walk-through if possible). Foundry central office can help with banners etc.
2-4 weeks prior	Determine podium sign, A/V set-up, podium etc.		Usually coordinated through MMHA with health authority support	
2 weeks prior	Prepare speakers and potential interviews	Speaking notes, messaging, agenda, photo consent forms	Lead agency with support from Foundry central office communications lead	Provide length of speaking time, guidance around remarks (avoid duplication with other speakers), obtain photo consent forms (may include one for Foundry central office, lead agency and Ministry if under age 19).

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Date/Timing	Action	Tools	Responsible	Linkages/Considerations
2 weeks prior	Media black out		Lead agency	During this time any media inquiries are put on hold until the event. Lead agencies can reach out to Foundry central office communications lead for support if they do receive inquiries and would like guidance with navigating them.
1-2 weeks prior	Finalize guest list		MMHA	Depending on space availability invite list may need to be adjusted accordingly
1-2 weeks prior	Speaking notes finalized	Speaking notes for all speakers	MMHA – Minister/gov't reps; Foundry central office communications lead – Foundry leadership notes and support for local speakers; Lead agency – lead agency speaking notes & support for local speakers	Foundry central office communications lead will usually review all speaking notes for accuracy and to help avoid redundancy/ duplication between speakers. Lead agency will usually support the local speakers as they have an established relationship, but Communications lead is also available for assistance.
1-2 weeks prior	Arrange for photographer		Lead agency	Sometimes MMHA arranges a photographer, but lead agencies are also encouraged to make arrangements to ensure desired images are captured
1-2 weeks prior	Determine media interviews and tour guides for event		Lead agency, with Foundry central office communications lead	Usually people speaking as part of the formal program will be asked to do media interviews afterwards. It is good to have others lined up as well (e.g. peer support workers, family/ caregivers, clinicians). Usually tour is led by the lead agency rep and Foundry central office's executive director and can involve other centre staff if they are comfortable answering questions for their area. Be sure to have signed media consent forms for those doing interviews, especially underage, or non-staff. Youth/family members/caregivers may find a briefing helpful to prepare.
About 1 week prior	Brief staff on timing and logistics and any further impact to centre operations		Lead agency	Provide staff with an overview of the agenda, logistics, instructions around media, and messaging in case they are asked questions (especially front desk).
About 1 week prior	Save the date for key stakeholders		Lead agency	MMHA will send out the invite a few days before, but a general "save the date" with basic info (time/location) may be needed for key stakeholders (e.g. donors) to give proper notice. Lead agency to discuss with Foundry central office communications lead before sending.

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Date/Timing	Action	Tools	Responsible	Linkages/Considerations
A few days prior	Create media notice posters		Lead agency	For entrance and other appropriate space, it is suggested to put up a notice a day before that a media event will be held and filming/ photography will occur. Communications lead can provide an example template if requested.
Day before	Venue set-up		Lead agency	If possible, clear out room night before to prepare for set-up; post event/media notice posters
Morning of event	Venue set-up	Podium, mic, A/V, banners, podium sign, media notice posters	Lead agency and MMHA/health authority leads	Lead agency rep to meet MMHA or health authority rep to set up venue. MMHA/health authority usually handle media location, podium, A/V, mics etc. Lead agency usually handles banners, displays, seating, water etc.
Day of event	Greet media		MMHA, or Foundry central office communications lead	TBD who will be the media point person. Be sure to give media quick run of the event and get the reporter's name and media outlet. This person may also lead the Q&A scrum (usually only for MMHA and Foundry leadership—not youth and family/caregivers). This person will also give instructions for tour and support one-on-one interviews.
Day of event	Greet speakers and guests		Lead agency	When speakers are identified ask them to meet in the briefing room before the event and give them the time and location.
Day of event	Distribution of press release		MMHA communications (or Foundry central office communications lead)	Printed copies to be distributed at event to media in attendance
15 minutes before start	Speaker pre-brief		MMHA/health authority lead, or Foundry central office communications lead	Quick run-down of program with speakers prior to start.
After formal speaking & Q&A	Media tour & interviews		MMHA/health authority lead, lead agency, Foundry central office communications lead	Distribute people as required. If youth/ families are being interviewed a lead agency/ Foundry rep should also be in attendance to support them (and collect media consent if needed).
Post-event	Media monitoring	Media clippings	Foundry communications officer	Distribute to lead agency and other channels as appropriate
Post-event	Debrief		Foundry central office communications lead and lead agency	Quick call to go over event and identify opportunity for improvements, etc.

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APPENDIX G

Capital Development

G.1 Sample: Project Schedule

G.2 Functional Program Outline & Template**

G.3 Schematic Design Review Process & Template*

G.4 Template & Sample: Capital Budget*

G.5 Sample: Capital Workflow

G.6 Sample: Centre Space Lists

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

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Sample: Project Schedule

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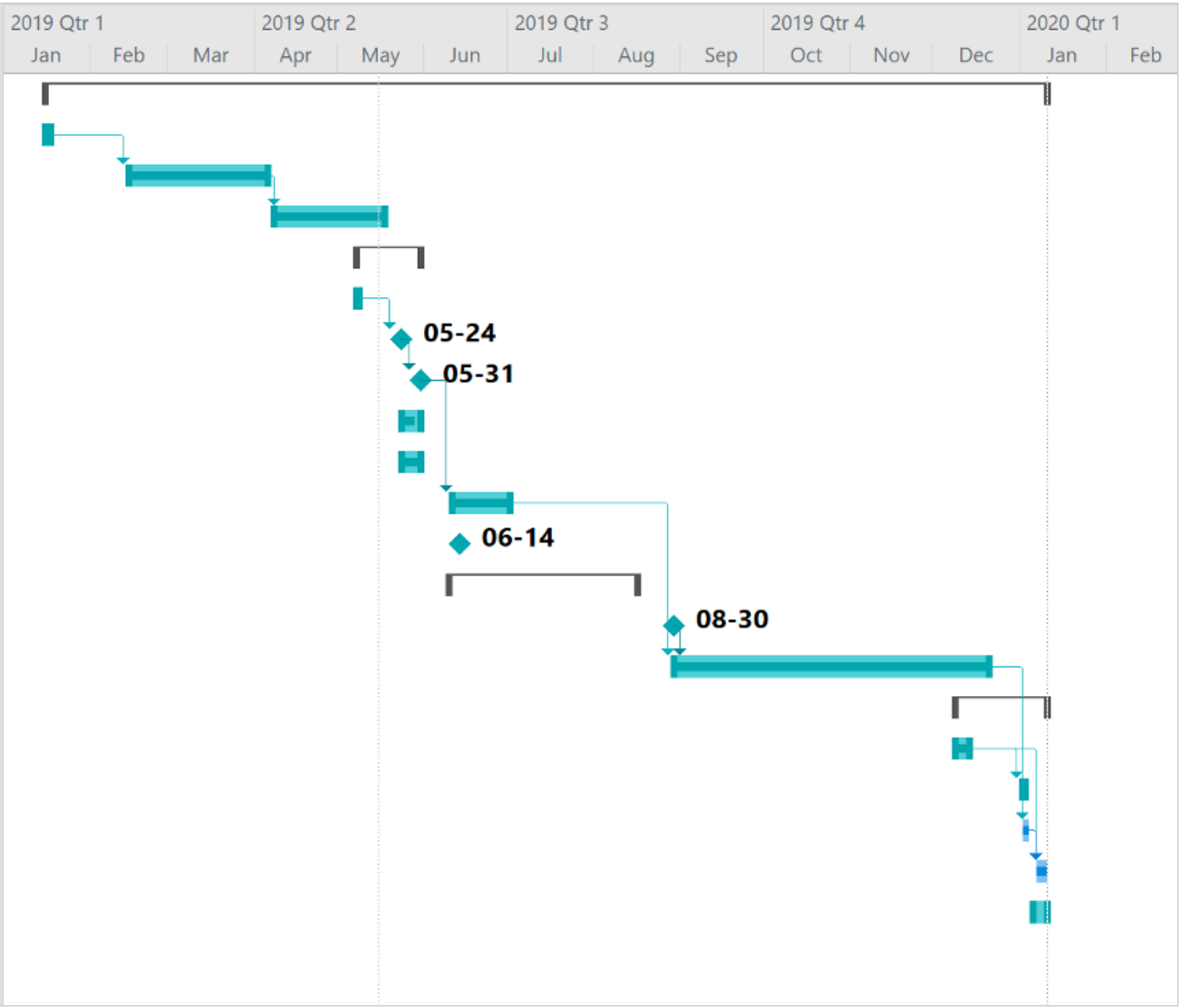
Task Name	Duration
New Capital Project	**253 days**
Engagement Plan	2 days
Functional Programing	36 days
Schematic Design	30 days
Design Development	**17 days**
Youth Design Review	1 day
50% development plans	0 days
100% development plans	0 days
IT design & pricing	5 days
Security design & pricing	5 days
Building Permit Package	3 wks
Design Development Report	0 days
Changes & Budget refinement	**50 days**
Ancticipated Construction Start	*0 days*
Construction	16.2 wks
Close-out	**20 days**
Furniture installation	5 days
Final Clean	1 day
IT install	2 days
Staff move-in	4 days
Graphics & Signage	5 days



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FOUNDRY Functional Program Outline

NEW CENTRE DEVELOPMENT

1. Functional Program Overview

1.1. What is a Functional Program?

1.1.1. A functional program is a formal document completed by the Project Team to thoroughly define the parameters of the project, as well as identify any opportunities or potential barriers, and to describe the functional and design requirements for the overall project.

1.1.2. This document should review the following components which will be noted further in this document in more detail:

- 1.1.2.1. Project background
- 1.1.2.2. Required functions and operational parameters
- 1.1.2.3. Workflows of various stakeholder groups
- 1.1.2.4. Space requirements – types, sizes, site-specific spaces
- 1.1.2.5. Compliance with Foundry Core Principles
- 1.1.2.6. Staffing projections including the growth projections
- 1.1.2.7. Interior and exterior* design concepts (*if required/applicable).

1.2. Why is a Functional Program important?

1.2.1. A functional program helps provide direction for the duration of the project, and guide the decision-making process. The functional program is reviewed by the Project Team to ensure the success of the project, and that the space designed and built will meet the desired and required functional requirements.

1.2.2. The functional program will help inform those making key decisions and reviews through the design process why certain decisions have been made. The document can also help new staff joining the design process understand the key-learnings and functional/operational parameters, as well as act as a reference to look back at in the future once the centre is open.

1.3. Who is Responsible for Developing the Functional Program?

1.3.1. The functional program is completed as a team. As this document will review and define the goals and functional requirements of a project, a holistic review is required to ensure accuracy.

1.3.2. The Project Team in this reference consists of the following parties:

- 1.3.2.1. Designer/Architect
- 1.3.2.2. Foundry Central Office (FCO)
- 1.3.2.3. Client team
- 1.3.2.4. Any other party the client deems necessary for developing and reviewing the functional program as a whole.

1.3.3. Various stakeholder groups (youth, caretakers, direct partners, leadership, community partners) will be engaged during the programming phase of the project. Their input is gathered and helps inform the functional program. These parties are not typically involved in reviewing the final documentation; however, they will help determine any critical operational, spatial, and community requirements for a specific site through engagement activities and discussions.

1.3.4. The roles and responsibilities of each party is further described at each of the following sections.

2. Functional Program Section 1 – Executive Summary

2.1. Executive Summary

2.1.1. The executive is the primary introduction to the functional program. This section should concisely define the project scope for the reader.

2.1.2. What to include:

- 2.1.2.1. Include a short description of the project, client, site, and a description of what is to come in the following functional program.
- 2.1.2.2. Describe projections for planning parameters (ie. Site should be built to accommodate growth for 5-10 years in the future)

2.1.3. Project team responsibilities:

- 2.1.3.1. Designer Responsibility: Complete executive summary for FCO and client review.
- 2.1.3.2. FCO Responsibility: Work with client group & designer to help determine appropriate growth projections.
- 2.1.3.3. Client Responsibility: Work with designer & FCO to determine growth projection. Review executive summary and provide feedback.

3. Functional Program Section 2 – Project Overview

3.1. Project Background

3.1.1. Describe the background or history of the project and what the overall project parameters are. Include the following:

- 3.1.1.1. Project location
- 3.1.1.2. Project site and size
- 3.1.1.3. Project outreach
  - 3.1.1.3.1. Are there other regional communities this centre will be supporting or providing outreach to?
  - 3.1.1.3.2. Potential to show regional map to show relation between main hub and communities who will be utilizing outreach.
- 3.1.1.4. If applicable, describe any other functions on the site (ie. BC Housing, youth services, etc).
- 3.1.1.5. Has any work been done on this project previously? Has any engagement been completed previously by Client team?
  - 3.1.1.5.1. Describe any previously completed engagement – who, what, when?
  - 3.1.1.5.2. Describe any outcomes. Include any graphs, tables, or images as necessary to provide additional information of outcomes.

3.1.2. Project team responsibilities:

- 3.1.2.1. Designer Responsibility: Complete project background for FCO and client review.
- 3.1.2.2. FCO Responsibility: Review project background and provide any required feedback.

3.1.2.3. Client Responsibility: Provide any required site information for designer use. Review project background and provide any required feedback.

3.2. Project Vision

3.2.1. Describe the objectives/vision of the project and what the overall project goals are. Include intentions for items such as the following:
- 3.2.1.1. Access to health, wellness and social services
- 3.2.1.2. Community-specific goals
- 3.2.1.3. Youth and family-centered engagement/outreach
- 3.2.1.4. If applicable, describe any other goals specific to the vision of the project

3.2.2. Project team responsibilities:
- 3.2.2.1. Designer Responsibility: Complete project vision for FCO and client review.
- 3.2.2.2. FCO Responsibility: Review project vision and provide any required feedback.
- 3.2.2.3. Client Responsibility: Provide any required goal and objective information for designer use. Review project vision and provide any required feedback.

3.3. Partnerships

3.3.1. List all partnerships for the project. Include agencies such as the following (for example only, each centre may not have partnerships with all of these examples):
- 3.3.1.1. Local health authorities
- 3.3.1.2. Government ministries
- 3.3.1.3. First Nations and Indigenous partnerships
- 3.3.1.4. School districts
- 3.3.1.5. Local societies
- 3.3.1.6. Medical programs/organizations
  - 3.3.1.6.1. Options for Sexual Health
  - 3.3.1.6.2. Child and Youth Mental Health (CYMH)
  - 3.3.1.6.3. Ministry of Children and Family Development (MCFD)
- 3.3.1.7. Government Agencies (ie. RCMP)
- 3.3.1.8. Community Services
- 3.3.1.9. Township or City Bodies (ie Township of Langley, City of Vancouver)

3.3.2. Project team responsibilities:
- 3.3.2.1. Designer Responsibility: None. Insert list provided by Client into functional program document.
- 3.3.2.2. FCO Responsibility: Review list of partnerships and provide any required feedback.
- 3.3.2.3. Client Responsibility: Provide any partnership information for designer use.

3.4. Planning Considerations

3.4.1. Describe the planning considerations for the project. Include considerations such as the following:
- 3.4.1.1. List the standards and guidelines to reference to ensure the project follows best practices and recommendations for health care settings

for this project. Include all current applicable documents to meet or exceed requirements for, such as the following:

- 3.4.1.1.1. Foundry Facilities Guide
- 3.4.1.1.2. Health Care Facility reference planning and/or infection control guidelines
- 3.4.1.1.3. Local building code or bylaw document for region
- 3.4.1.1.4. Accessibility planning guidelines

3.4.1.2. List any overall assumptions, opportunities and constraints for the project. These could include but are not limited to:

- 3.4.1.2.1. Project area
- 3.4.1.2.2. Property: leased or owned and any conditions that may arise from this condition
- 3.4.1.2.3. Accessibility
- 3.4.1.2.4. Mechanical, HVAC and electrical
- 3.4.1.2.5. Ability to modify base building
- 3.4.1.2.6. Access to natural light
- 3.4.1.2.7. Sustainable design intentions
- 3.4.1.2.8. Visibility and curb-appeal
- 3.4.1.2.9. Sightlines
- 3.4.1.2.10. Upgrade triggers
- 3.4.1.2.11. Parking
- 3.4.1.2.12. Safety and security

3.4.1.3. Include any demographic information for the community.

- 3.4.1.3.1. Census Canada
- 3.4.1.3.2. School district resources

3.4.1.4. Expected future considerations

- 3.4.1.4.1. Planning horizons – Indicate the length of time the functional and operational requirements in this Functional Program are being developed to serve (ie. future growth and flexibility for 5-10 years).

3.4.1.5. If applicable, describe any other project specific considerations that will guide the design direction of the facility or that will help define the principle success drivers.

3.4.2. Project team responsibilities:

- 3.4.2.1. Designer Responsibility: Complete planning considerations for FCO and client review.
- 3.4.2.2. FCO Responsibility: Review planning considerations and provide any required feedback. Assist Client with any possible demographic information, and references to the Foundry Facilities Guide/standards.
- 3.4.2.3. Client Responsibility: Provide any required planning consideration information for designer use. Review project vision and provide any required feedback.

3.5. Brand Alignment

3.5.1. List key branding opportunities to be integrated into site identified through engagement with youth and community partners to ensure brand alignment and that design is inclusive and reflective of the community. Examples may include the following:

3.5.1.1. Preliminary signage types and locations as determined through Foundry Environmental Guidelines.
3.5.1.2. Donor recognition
3.5.1.3. Visual graphics (ie wall decals, glazing film, digital projection, etc)

3.5.2. How do you intend to align with the Foundry Environmental Standards/branded elements? How will these elements be implemented in the site and who will be driving these decisions?
3.5.2.1. How will engagement help guide these environmental standards within this community? Anything unique?

3.5.3. Project team responsibilities:
3.5.3.1. Designer Responsibility: Complete brand alignment for FCO and client review. Include any feedback received from community/stakeholders from early engagement opportunities.
3.5.3.2. FCO Responsibility: Review brand alignment and provide any required feedback. Provide latest Foundry Environmental Guidelines and assist with where customization or community input can be integrated.
3.5.3.3. Client Responsibility: Review brand alignment and provide any required feedback.

3.6. Engagement Overview

3.6.1. This section will include a summary of the pre-design engagement done to date. Please describe these engagement sessions and any outcomes that could impact the overall design/function of the space.

3.6.2. Provide examples of the project drivers and community values from the engagement with stakeholders, youth, family and community. The detailed engagement plan is to be provided as an appendix. Examples to be included in the functional program may include the following:
3.6.2.1. Intentions (ie feeling invoked from space, aesthetics)
3.6.2.2. Priorities (ie programs, opportunities)
3.6.2.3. Concerns (ie safety, access)
3.6.2.4. Support (ie activities, training, recreation)
3.6.2.5. Community reflection (ie reflection of community through design)

3.6.3. Provide overviews of any lessons learned from comparable Foundry sites or related community sites if applicable.

3.6.4. Project team responsibilities:
3.6.4.1. Designer Responsibility: Complete engagement and complete engagement summary for FCO and client review. Include engagement outcomes within functional program as they relate to this document.
3.6.4.2. FCO Responsibility: Review engagement and provide any required feedback.
3.6.4.3. Client Responsibility: Determine if Designer should review any key spaces within community and assist with lessons learned (*if applicable). Review engagement and provide any required feedback.

3.7. Cultural Wellness

3.7.1. Provide examples of cultural wellness understanding, values and commitment through project design. Include considerations such as the following:

3.7.1.1. Communicate understanding of site location and traditional territory of local Indigenous people
3.7.1.2. Describe relationship and history (if any) working with Indigenous partners, community members, organizations or societies
3.7.1.3. Provide examples of activities or services to encourage inclusivity and engagement from all territories within the reach of this community space.
3.7.1.4. Include considerations to promote cultural wellness and safety.
3.7.1.5. Indicate design considerations to encourage cultural wellness through design (ie material-use, layout, special features)

3.7.2. Project team responsibilities:
3.7.2.1. Designer Responsibility: Review and include cultural wellness text from Client in functional program.
3.7.2.2. FCO Responsibility: Review cultural wellness and provide any required feedback.
3.7.2.3. Client Responsibility: Complete cultural wellness section with assistance, if required, from Indigenous partner representatives, for use within functional program.

3.8. Planning Process

3.8.1. Describe the planning process used to ensure the future requirements of this Foundry location are captured. Provide a detailed description of the items that have informed the development of this functional program and key planning discussions. For example, this may Include considerations such as the following:
3.8.1.1. Note who was included in engagement sessions and strategic planning
3.8.1.2. List priority concepts that provide direction for the project
3.8.1.3. If applicable, provide acknowledgements to any other agencies, societies or partners who have contributed to the development of the functional program.
3.8.1.4. Include land acknowledgement.

3.8.2. Project team responsibilities:
3.8.2.1. Designer Responsibility: Complete planning process for FCO and client review.
3.8.2.2. FCO Responsibility: Provide names of any key team members who have been critical in the completion of this functional programming document and efforts. Review planning process and provide any required feedback.
3.8.2.3. Client Responsibility: Provide land acknowledgement and names of any key team members who have been critical in the completion of this functional programming document and efforts. Review planning process and provide any required feedback.

4. Section 3 – Programming Parameters

4.1. Functional Description

4.1.1. Summarize the approach to wellness for this new Foundry location. Provide a brief description of the services to be provided, and the factors these services are to address (ie counselling, primary care, peer support).
    4.1.1.1. Include an overview of any social programs to be provided (ie. Income assistance, WorkBC)
4.1.2. Ensure clinical services reflect services which could be available within project planning horizons. While we know not all services may not be available when the centre opens, what is the hopes for the next 2, 5, or 10 years? Refer to previously determined planning horizon.
4.1.3. Approach to Care
    4.1.3.1. Describe the Foundry stepped care model, goals and method for monitoring impact and interventions.
    4.1.3.2. Indicate the levels of support within the approach to care.
4.1.4. Clinical Services
    4.1.4.1. Provide a list of key activities related to clinical services and physical health. For example, this may Include services such as, but not limited to, the following:
        4.1.4.1.1. Primary Care/Walk-In Services
        4.1.4.1.2. Psychiatry
        4.1.4.1.3. Sexual Health
        4.1.4.1.4. Mental Health + Substance Support
        4.1.4.1.5. Early Psychosis Intervention
    4.1.4.2. Note whether these will be scheduled or walk-in services, indicate specific goals (if applicable), indicate the practitioner for the service or whether this service is to be offered through a Foundry partner
4.1.5. Peer & Family Support Services
    4.1.5.1. Provide a list of key activities to be provided for Peer & Family Support Services. For example, this may Include services such as, but not limited to, the following:
        4.1.5.1.1. Peer + Family Support
        4.1.5.1.2. Support Groups (ie Caregiver Social, Youth Social)
        4.1.5.1.3. Family Smart in the Know
    4.1.5.2. Provide brief description of each support service
4.1.6. Community & Support Services
    4.1.6.1. Provide a list of key activities to be provided for Community & Support Services. For example, this may Include services such as, but not limited to, the following:
        4.1.6.1.1. WorkBC
        4.1.6.1.2. The Ministry for Social Development and Poverty Reduction
        4.1.6.1.3. Housing Assistance
        4.1.6.1.4. Indigenous youth supports
        4.1.6.1.5. Cultural Ceremonies
        4.1.6.1.6. Opioid Agonist Therapy (OAT)
        4.1.6.1.7. FamilySmart
    4.1.6.2. Provide brief description of each support service
4.1.7. Associated Trends

4.1.7.1. Provide a list of current trends to take into consideration during design development that may influence the future functioning of this facility. For example, this may Include items such as:
4.1.7.1.1. Health crises (ie. pandemic)
4.1.7.1.2. Anticipated increases in demand
4.1.7.1.3. Need for flexibility in services
4.1.7.1.4. Change or growth of service providing partners

4.1.8. Project team responsibilities:
4.1.8.1. Designer Responsibility: Work with FCO and Client to determine clinical and social services which are applicable for this specific community. Review during engagement sessions with Direct Partners (if requested by Client).
4.1.8.2. FCO Responsibility: Support Client with determining what services are applicable or available to community, in the present and in the near future.
4.1.8.3. Client Responsibility: Work with FCO and Direct Partners to determine which clinical services are applicable or available to community, in the present and in the near future.

4.2. Operational Description

4.2.1. Current hours of operation (if applicable)
4.2.1.1. Include hours for overall site and any specific programs (if applicable)

4.2.2. Future Hours of Operation
4.2.2.1. Include hours for overall site and any specific programs (ie. Options for Sexual Health may have different days/hours of availability.

4.2.3. Future Anticipated Client Volumes
4.2.3.1. Indicate anticipated client volumes per day and for various programs (if applicable).

4.2.4. Project team responsibilities:
4.2.4.1. Designer Responsibility: Include hours of operation (current and future), along with anticipated client volumes, in functional program.
4.2.4.2. FCO Responsibility: Review other comparable Foundry sites and community data to determine appropriate anticipated client volume. Assist Client with hours of operation, if required, with data from other centres.
4.2.4.3. Client Responsibility: Work with FCO to determine anticipated client volumes and appropriate hours of operation for future centre. Provide any current data which could be applicable to help formulate these numbers.
4.2.4.3.1. Local clinical visits
4.2.4.3.2. School data

4.3. Integrated Services

4.3.1. Provide summary of intentions for the delivery of integrated services, as well as any planning and design considerations to be implemented to ensure a feeling of integration and a continuous delivery of services. Include items such as the following:
4.3.1.1. With whom there will be partnerships for integrated services

4.3.1.2. Intentions for how to marry technology and services within the partnership

4.3.2. Project team responsibilities:

4.3.2.1. Designer Responsibility: Include integration information in functional program.

4.3.2.2. FCO Responsibility: Review other comparable Foundry sites and FCO strategies to determine action plan for integration within this community. Assist Client with integration strategies.

4.3.2.3. Client Responsibility: Work with FCO to determine integration strategy for Direct Partners.

4.3.2.3.1. Work with Direct Partners to determine what integration means to them.

4.3.2.3.2. Review and concerns/thoughts from them.

4.4. Workflows

4.4.1. Workflows are a critical component of functional programming and can determine the overall layout and key adjacencies within a centre. Workflows should be determined through discussion with Direct Partners, and other stakeholder groups, such as the youth, to determine what is critically important to each group.

4.4.2. Provide summary of workflow and critical operation adjacencies required to support service delivery, privacy, confidentiality, and harm reduction in the following sub-categories:

4.4.2.1. Youth & Client Workflows – List key considerations for design as it relates to Youth & Client Workflows. Include items such as the following:

4.4.2.1.1. Access & greeting considerations

4.4.2.1.2. Sign-in procedures

4.4.2.1.3. Repeat client entry procedures

4.4.2.1.4. Specific entry, location or circulation pattern requirements for various services or programs

4.4.2.1.5. Considerations for clients in distress

4.4.2.1.6. Adjacencies to other services/zones of activity

4.4.2.1.7. How would the youth like to access certain services? Counselling? Exam Rooms?

4.4.2.1.8. Confidentiality and privacy

4.4.2.2. Family & Peer Support Workflows – List key considerations for design as it relates to Family & Peer Support Workflows. Include items such as the following:

4.4.2.2.1. Access & greeting considerations

4.4.2.2.2. Sign-in procedures

4.4.2.2.3. Specific policies related to services

4.4.2.2.4. Specific entry, location or circulation pattern requirements

4.4.2.2.5. Adjacencies to other services/zones of activity

4.4.2.3. Staff Workflows – List key considerations for design as it relates to Staff Workflows. Include items such as the following:

4.4.2.3.1. Staff site entry/exit considerations

4.4.2.3.2. Workflow adjacencies for various tasks between staff groups

4.4.2.3.3. Specific entry, location or circulation pattern requirements
4.4.2.3.4. Functional workflows – supplies, materials, etc.

4.4.3. Project team responsibilities:
4.4.3.1. Designer Responsibility: Review workflows/zoning of departments with specific stakeholder groups during engagement activities. Record outcomes in functional program.
4.4.3.2. FCO Responsibility: Review engagement outcomes and provide feedback on requested workflows.
4.4.3.3. Client Responsibility: Review engagement outcomes and provide feedback on requested workflows.

4.5. Staffing

4.5.1. Provide forecast of current and future staffing requirements. Include staffing projections which account for planning horizon, as noted in 2.1 Executive Summary. This section may be prepared as a table and can document FTE (full-time equivalent) and HC (head counts).
4.5.2. Include a breakdown of touchdown vs. permanent workstations required to assist with planning.
4.5.3. Project team responsibilities:
4.5.3.1. Designer Responsibility: Create staffing table and populate as required.
4.5.3.2. FCO Responsibility: Review staffing table and provide input on staff positions, quantities of staff, and types of workstations required.
4.5.3.3. Client Responsibility: Review staffing table and provide input on staff positions, quantities of staff, and types of workstations required.

5. Section 4 – Planning Parameters

5.1. Design Criteria

5.1.1. Provide brief summary of the design direction and project goals (ie. priority elements such as accessibility, feeling space is to evoke).
5.1.1.1. External Relationships
5.1.1.1.1. Provide simple graphic illustrating relationships between this specific Foundry Centre and external relationships such as schools, community centres and public transportation.
5.1.1.1.2. A more detailed graphic will be included in the site description in Section 7.
5.1.1.2. Zones of Activity
5.1.1.2.1. Provide a simple list of zones and areas associated with each. The zones should be divided up as follows, as determined by the Foundry Facilities Guide:
5.1.1.2.1.1. Zone 1: Greeting & Reception Zone
5.1.1.2.1.2. Zone 2: Clinic Zone
5.1.1.2.1.3. Zone 3: Counselling/Talking Zone
5.1.1.2.1.4. Zone 4: Group Zone
5.1.1.2.1.5. Zone 5: Staff Zone
5.1.1.2.1.6. Zone 6: Service Zone

5.1.1.2.2. Below each zone title listed, provide list of rooms that are to be included in each.

5.1.1.3. External Concepts (if required/applicable)

5.1.1.3.1. Provide simple graphic illustrating relationships between interior zones and exterior zones, including access points to exterior features (ex. Parking, social areas, outdoor talking room, garden, etc.)

5.1.1.4. Internal Concepts

5.1.1.4.1. Provide simple graphic illustrating relationships between zones, including client verses restricted access spaces.

5.1.2. Project team responsibilities:

5.1.2.1. Designer Responsibility: Create graphics as required as determined by engagement and previous discussions with stakeholders.

5.1.2.2. FCO Responsibility: Review graphics and provide input as required.

5.1.2.3. Client Responsibility: Review graphics and provide input as required.

5.2. Foundry Principles of Design

5.2.1. Summarize planning and design considerations related to Foundry core principles, noted in the Foundry Facilities Guide. Provide a list of design concepts to be considered and implemented for each of the sub-categories below.

5.2.1.1. Accessibility & Inclusivity

5.2.1.1.1. Describe methods and key considerations for the following:

5.2.1.1.1.1. Breaking down barriers to accessing services

5.2.1.1.1.2. Accessibility features for persons with physical disabilities

5.2.1.1.1.3. Environmental needs of persons with anxiety, autism, and other mental health needs

5.2.1.2. Safety & Security

5.2.1.2.1. Describe methods for maximizing safety for staff and clients through the following:

5.2.1.2.1.1. Violence prevention, mitigation, elimination, and response

5.2.1.2.1.2. Furniture, doorways, means of egress

5.2.1.2.1.3. Electronic systems for code white, security cameras, etc.

5.2.1.2.1.4. Infection control standards

5.2.1.2.1.5. Consider compliance with specific standards and guidelines, access to personal protective equipment, material selections, separation and control of waste, hygiene methods, etc.

5.2.1.3. Privacy & Confidentiality

5.2.1.3.1. Describe methods and key considerations for privacy and confidentiality through acoustic considerations,

considered adjacencies and circulation patterns, visual screening, etc.

5.2.1.3.2. Connected to Safety & Security

5.2.1.4. Quality

5.2.1.4.1. Describe methods and considerations for ensuring quality such as:

5.2.1.4.1.1. Any key considerations for design of a flexible layout (ie how to provide multi-use spaces or transition spaces for future expansion).

5.2.1.4.1.2. Integration of services

5.2.1.4.1.3. Operational efficiencies.

5.2.1.5. Brand Alignment

5.2.1.5.1. Describe methods and considerations for the following:

5.2.1.5.1.1. Youth and family engagement regarding décor and furniture

5.2.1.5.1.2. Branded elements follow current Foundry brand guidelines

5.2.1.5.1.3. Consistent client experience across centres

5.2.1.6. Sustainability

5.2.1.6.1. Describe methods and key considerations for healthy environments such as atmosphere, ergonomics, biophilia, access to daylight, material and finish selections, best practices for infection control, acoustic separation, cleanability, durability, etc.

5.2.1.6.2. Work to achieve 10+ year target lifespan of all elements before another capital budget is required for renovation or refurbishment

5.2.1.7. Youth Artistic Expression

5.2.1.7.1. Describe methods and key considerations to provide access for youth artistic expression through art installations, ability to personalize space, opportunities for integration of cultural spaces and ceremonial activities, incorporation of design elements that are distinct to the community, etc.

5.2.2. Project team responsibilities:

5.2.2.1. Designer Responsibility: Review Foundry Facilities Guide and work to determine how these may be achieved within this new centre.

5.2.2.2. FCO Responsibility: Work with Designer to determine how to implement Foundry Design Principles within centre. Review completed documentation for FCO compliance.

5.2.2.3. Client Responsibility: Review documentation and provide input as required.

5.3. Internal Relationships

5.3.1. Summarize the input through various engagement session activities that have helped to develop the functional zones within the program and critical design considerations.

Provide subheadings with the various types of engagement and strategic planning below including the following information:

5.3.1.1. Name of event
5.3.1.2. Date of event
5.3.1.3. People, agencies, societies or community members who attended or contributed
5.3.1.4. Summary of key considerations recommended during session
5.3.1.5. Description of key adjacencies and workflows to be described.
5.3.1.6. Include requirements for any critical sightlines or security measures.

5.3.2. This can be provided in a list format and/or through simple graphics
5.3.3. Project team responsibilities:
5.3.3.1. Designer Responsibility: Document or create graphics as required as determined by engagement and previous discussions with stakeholders to summarize internal relationships required.
5.3.3.2. FCO Responsibility: Review documentation/graphics and provide input as required.
5.3.3.3. Client Responsibility: Review documentation/graphics and provide input as required.

5.4. Exterior Planning Parameters

5.4.1. Summarize the input through various engagement session activities that have helped to develop the exterior components/requirements within the program and critical design considerations. Provide subheadings with the various types of engagement and strategic planning below including the following information:
5.4.1.1. Name of event
5.4.1.2. Date of event
5.4.1.3. People, agencies, societies or community members who attended or contributed
5.4.1.4. Summary of key considerations recommended during session
5.4.1.5. Description of key adjacencies and workflows to be described.
5.4.1.6. Include requirements for any critical sightlines or security measures.
5.4.2. This can be provided in a list format and/or through simple graphics
5.4.3. Project team responsibilities:
5.4.3.1. Designer Responsibility: Document or create graphics as required as determined by engagement and previous discussions with stakeholders to summarize external relationships required.
5.4.3.2. FCO Responsibility: Review documentation/graphics and provide input as required.
5.4.3.3. Client Responsibility: Review documentation/graphics and provide input as required.

6. Section 7 – Proposed Accommodations

6.1. Space Requirements

6.1.1. Summarize the space planning intentions in relation to the Foundry Facilities Guide, as well as any unique requirements to this project and community. Provide a list of the general zones which are driven by the Foundry Facilities Guide, along with some

of their primary functions and preliminary design functions in each of the sub-categories below:

6.1.1.1. Greeting, Entry Zone
6.1.1.2. Clinical Zone
6.1.1.3. Counselling, Talking Zone
6.1.1.4. Group Zone
6.1.1.5. Staff, Administrative Zone
6.1.1.6. Staff, Amenity Zone
6.1.1.7. Service Zone

6.1.2. Project team responsibilities:

6.1.2.1. Designer Responsibility: Summarize requirements for each functional zone and include any unique requirements as determined through engagement.
6.1.2.2. FCO Responsibility: Review documentation and provide input as required.
6.1.2.3. Client Responsibility: Review documentation and provide input as required.

6.2. Schedule of Accommodations

6.2.1. Provide a table summarizing the preliminary schedule of accommodation, listing out the space typologies, quantity, net areas and any specific equipment/service needs as minimum requirements.

6.2.1.1. This information is determined through engagement with the stakeholder groups, and will inform the Schematic Design moving forward. Minor changes may occur as planning/engagement continues, however, this is considered the basis for design and will determine the space allocations.
6.2.1.2. This table should include a gross-up factor which accounts for circulation and general inefficiencies in planning due to base building conditions. Caution should be taken against reducing further than 35%.
6.2.1.3. Note, total available useable program space, not including base building elements such as elevators, mechanical or electrical rooms.

6.2.2. Example of Schedule of Accommodations:

						AREA REQUIREMENTS			
TAG	SPACE NAME	REMARKS	EQUIPMENT NEEDS	SPECIALTY M&E NEEDS	QTY	NSF / UNIT	NSF	NSM / UNIT	NSM
1.0 GREETING, ENTRY ZONE									
1.1	Greeting / Reception Desk	*Accessible desk to accommodate two workstations*	*Incl. desktop PC, 2 monitors, phone, MFP, filing, security controls, form and resource storage*	*Power, data, Wifi, access to CCTV*	1	140.0	140.0	13.0	13.0
1.2	Primary Waiting Area	*Waiting for up to 10 people, maximize natural daylighting* *Intake, data entry*	*Incl. wall-mounted tv, donor tree, (3) self-check in stations, variety of bariatric seating options and areas* *Optional child play area if space allows*	*Power, data, Wifi, charging ports*	10	20.0	200.0	1.9	18.6
1.3	Secondary Waiting Area	*Waiting for up to 6 people, maximize natural daylighting*	*Incl. wall-mounted tv,variety of seating options and areas, privacy*	*Power, data, Wifi, charging ports*	6	20.0	120.0	1.9	11.1
1.4	Peer Support Room	*Flex space for peer/patient consultation and family education. Seating for 2+ people. Consider double egress*	*Incl. desktop PC, phone, work area, storage, whiteboard and/or pin-board*	*Power, data, Wifi*	1	120.0	120.0	11.1	11.1

6.2.3. Project team responsibilities:

6.2.3.1. Designer Responsibility: Prepare preliminary schedule of accommodations based off Foundry Facilities Guide and typical space

standards. Include any unique requirements as determined through stakeholder engagement. Review with Direct Partners, FCO, and Client to confirm quantities of key spaces such as Exam and Talking Rooms, and balance with service planning. Staffing tables from Section XX to determine needs for staff workstation quantities.

6.2.3.2. FCO Responsibility: Review Schedule of Accommodations and provide input as required.

6.2.3.3. Client Responsibility: Review Schedule of Accommodations and provide input as required.

7. Section 8 – Site Context

7.1. Site Overview

7.1.1. Provide description of site location, adjacencies, and proximities to amenities, along with all considerations identified through site review and engagement sessions. Include information such as, but not limited to, the following:

7.1.1.1. Proximity to local schools (high schools, middle schools, post-secondary, any religious schools), public transport (critical transit stops, transit exchange/hubs), downtown core, etc.

7.1.1.2. Note whether the site is situated in a commercial or residential zone

7.1.1.3. List nearby stores and/or services applicable to youth

7.1.1.4. Indicate health services and social services which may be applicable to youth

7.1.1.5. Indicate total area/useable area of site

7.1.1.6. Note key considerations of site and building (ie accessibility, access to natural light, etc.)

7.1.1.6.1. Indicate whether there is access to exterior space and any code-related considerations for use

7.1.1.6.2. Indicate any code considerations to be considered for site

7.1.1.6.3. Review preferred entry/egress (should be discussed during engagement sessions)

7.1.1.6.4. Provide images to support information and proposed features

7.1.2. Consider providing a site map with icons to indicate proximity of site to local amenities noted above.

7.1.3. Project team responsibilities:

7.1.3.1. Designer Responsibility: Create documentation/graphics to document site context and relationship of site to local youth amenities/resources.

7.1.3.2. FCO Responsibility: Review documentation and provide input as required.

7.1.3.3. Client Responsibility: Review documentation and provide names of any local sites/amenities which may have been missed/overlooked.

7.2. Site Attributes

7.2.1. Security

7.2.1.1. Communicate existing site considerations and feasibility of proposed security changes.

7.2.1.2. Provide list of proposed security measures, such as:

7.2.1.2.1. CCTV
7.2.1.2.2. Duress buttons – locations and types. Hardwired? Portable? Combination?
7.2.1.2.3. Card readers for secure spaces
7.2.1.2.4. Intrusion alarms
7.2.1.2.5. Exterior lighting
7.2.1.2.6. Any additional requirements

7.2.2. Vehicle parking
7.2.2.1. Communicate current parking provisions on or near site
7.2.2.1.1. Client use
7.2.2.1.2. Staff use
7.2.2.1.3. Accessible parking stalls
7.2.2.2. Indicate whether existing parking is anticipated to be sufficient as per municipal requirements
7.2.2.3. Note any specific parking considerations or assumptions, including for future growth

7.2.3. Bicycle parking
7.2.3.1. Communicate current bicycle parking provisions on or near site
7.2.3.2. Indicate whether existing bicycle parking is anticipated to be sufficient as per municipal requirements
7.2.3.3. Note any specific parking considerations or assumptions, including for future growth and security
7.2.3.4. Review requirements with youth during engagement

7.2.4. Public Transportation
7.2.4.1. Communicate the current and anticipated public transportation available to site
7.2.4.2. Indicate whether the public transportation connects with other nearby amenities and communities the site is to serve
7.2.4.3. Note any specific considerations or assumptions

7.2.5. Signage Opportunities
7.2.5.1. Communicate the proposed exterior signage locations and any constraints you may see.
7.2.5.2. Indicate level of visibility to key areas (ie. visible by traffic, pedestrians, etc)
7.2.5.3. Provide recommendations for secondary signage including other entrances, sandwich boards, etc.
7.2.5.4. Provide images of signages for reference, if applicable

7.2.6. Project team responsibilities:
7.2.6.1. Designer Responsibility: Provide documentation and any related site images to provide site context.
7.2.6.2. FCO Responsibility: Review documentation and provide input as required.
7.2.6.3. Client Responsibility: Review documentation and provide input as required.

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SCHEMATIC DESIGN REVIEW PROCESS

This is the process for sharing a finalized schematic design with the FCO team for review in order to collect feedback on design and service workflows.

Frequency: FCO Capital will share the final Schematic Design version once towards the end of the Schematic Design (SD) Phase. If there are significant changes or updates to SD after approvals have occurred, the updated SD will be re-sent through the approval process. If changes are minor, approvals will not be sought after, but FCO will be informed of these updates. See NOTES.

Process Duration: 5 business days (receipt of final SD to approval response to Lead Agency).

Documents Required

- Final Schematic Design
- Schematic Review & Recommendations file (TEMPLATE)

Process

1) Designer finalizes schematic design with Lead Agency.
   a) Throughout this process FCO will support where needed providing feedback and engagement with youth will occur around space planning, workflows, design etc.

2) Designer uploads finalized schematic design file to appropriate SharePoint folder and informs FCO Capital files are available for review.

3) FCO Capital reviews schematic design file and provides details/reasoning for any variances in the Schematic Review & Recommendations file.

4) FCO Capital sends email to FCO team (Centre Establishment, MSII, YPEC) for review that includes:
   a) Link to Schematic Design file to review
   b) Link to Schematic Review & Recommendations file (with variance info) to collect feedback.
   c) Date feedback needed by (allow 2 business days for FCO team to review)

5) If there are no significant changes or flags that arise, FCO Capital will send email to Steve for review and approval that includes:
   a) Link to Schematic Design file
   b) Summary of Schematic Review & Recommendations variances and feedback collected
   c) List of FCO team members who have already reviewed
   d) Date feedback needed by (allow 2 business days for review)

6) FCO Capital will loop back with Designer and Lead Agency with feedback and recommendations.

NOTES: Significant changes are those that alter pathways or the intended flow of service (I.e., moving reception, making an exam room smaller). Minor changes are those that do not impact any pathways or service flows (I.e., addition of reading nook, shifting a door one side to the other).

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Centre Code		FXX
Opening Date		Jan-22
Type of Capital Project		TI
Square Feet		8000
CONSTRUCTION FEES		
GENERAL REQUIREMENTS	$	176,223.23
EXISTING CONDITIONS	$	187,962.00
CONCRETE	$	39,750.00
MASONRY	$	-
METALS	$	-
WOOD, PLASTICS & COMPOSITES	$	118,219.00
THERMAL MOISTURE & PROTECTION	$	6,000.00
DOORS & WINDOWS	$	147,297.00
FINISHES	$	259,500.00
SPECIALTIES	$	51,400.00
EQUIPMENT	$	20,000.00
FURNISHINGS	$	31,600.00
SPECIAL CONSTRUCTION	$	-
CONVEYING SYSTEMS	$	-
MECHANICAL	$	365,830.00
ELECTRICAL	$	266,000.00
PLUMBING	$	24,000.00
HVAC	$	-
CONTINGENCY	$	5,000.00
SUBTOTAL CONSTRUCTION COSTS	$	1,693,781.23
CONSTRUCTION FEE (if applicable)	$	100,000.00
CONTINGENCY (% varies)	$	84,689.06
TOTAL CONSTRUCTION COSTS	**$**	**1,878,470.29**
Square Feet		8000
$/sq ft	$	234.81
PROFESSIONAL FEES		
PROJECT MANAGEMENT	$	-
INTERIOR DESIGNER	$	95,000.00
ARCHITECT	$	20,000.00
PERMITS & FEES	$	5,000.00
TOTAL PROFESSIONAL FEES COSTS	**$**	**120,000.00**
Square Feet		8000
$/sq ft	$	15.00
IT FEES		
A/V	$	5,000.00
HARDWARE & DEVICES	$	45,000.00
DATABASE/EMR	$	28,400.00
TELECOMMUNICATIONS	$	31,975.00
NETWORK	$	70,500.00
SECURITY	$	59,000.00
TOTAL IT COSTS	**$**	**239,875.00**
Square Feet		8000
$/sq ft	$	29.98
FURNITURE FIXTURES & EQUIPMENT		
FURNITURE	$	200,000.00
EQUIPMENT & APPLIANCES	$	30,000.00
PRIMARY CARE EQUIPMENT	$	18,000.00
TOTAL FFE COSTS	**$**	**248,000.00**
Square Feet		8000
$/sq ft	$	31.00
SIGNAGE & GRAPHICS FEES		
INTERIOR SIGNAGE/GRAPHICS	$	2,500.00
EXTERIOR SIGNAGE/GRAPHICS	$	3,000.00
TOTAL SIGNAGE & GRAPHICS COSTS	**$**	**5,500.00**
Square Feet		8000
$/sq ft	$	0.69
OTHER COSTS		
TBD	$	-
TOTAL OTHER COSTS	**$**	**-**
Square Feet		8000
$/sq ft	$	-
TOTAL CONTRACT COSTS	**$**	**2,491,845.29**
Square Feet		8000
$/sq ft	$	311.48

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FOUNDRY
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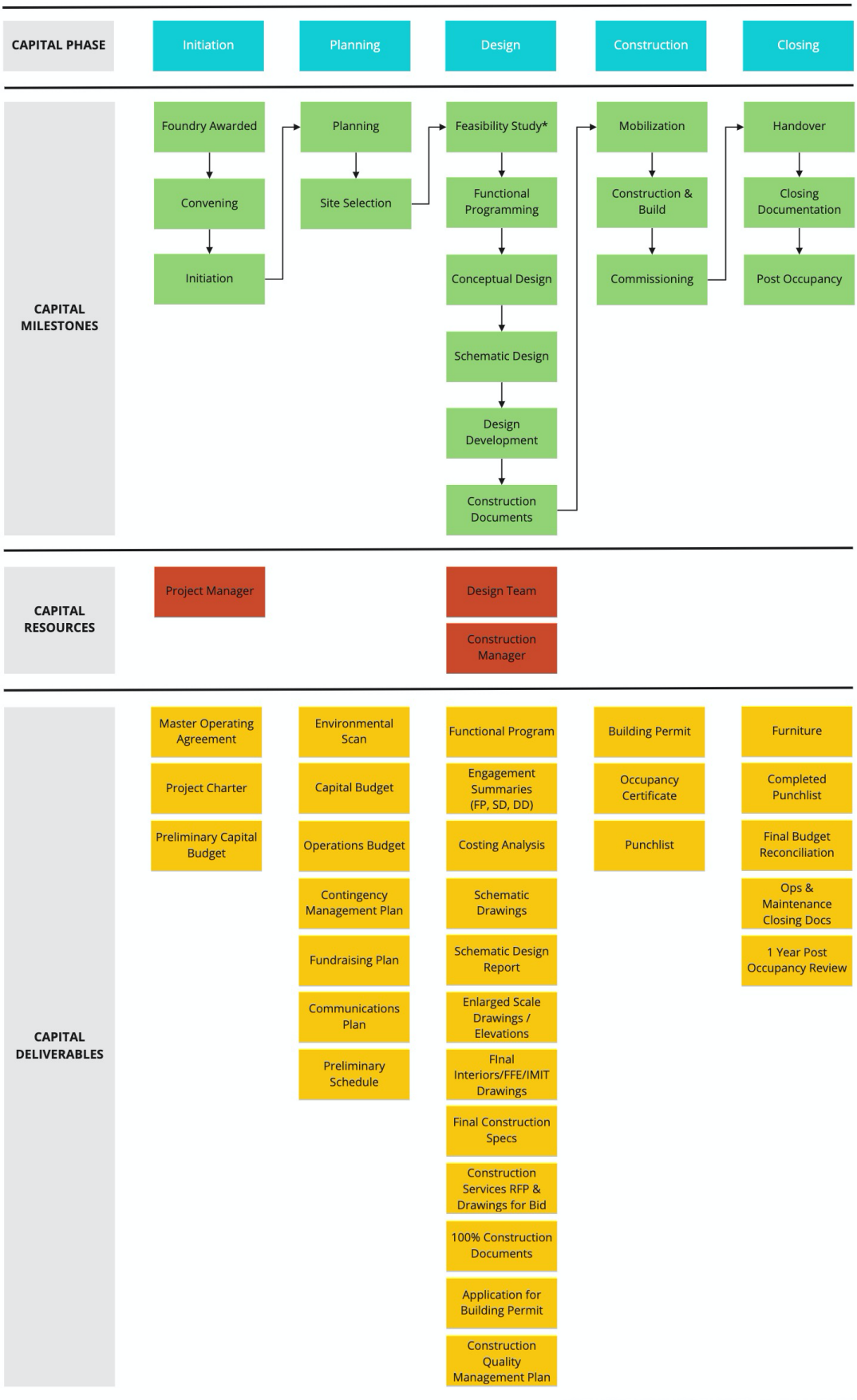
CAPITAL WORKFLOW



* only if required

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miro

FOUNDRY SPACE LIST - LARGE

SPACE SUMMARY

TAG	SPACE NAME	REMARKS	QTY	AREA REQUIREMENTS NSF / UNIT	AREA REQUIREMENTS NSF
1.0	GREETING, ENTRY ZONE				
1.1	Greeting / Reception Desk	*Accessible desk to accommodate two workstations*	1	140.0	140.0
1.2	Primary Waiting Area	*Waiting for up to 10 people, maximize natural daylighting* *Intake, data entry*	12	20.0	240.0
1.3	Secondary Waiting Area	*Waiting for up to __ people, maximize natural daylighting*	6	20.0	120.0
1.4	Peer Support Room	*Flex space for peer/patient consultation and family education. Seating for 2+ people.* *Consider double egress*	2	120.0	240.0
1.5	Family Support Room	*Flex space for peer/patient consultation and family education. Seating for 2+ people.* *Consider double egress*	1	120.0	120.0
1.6	Indigenous Support Office		1	120.0	120.0
1.7	Secondary MOA Area	*Supervision and work area near secondary waiting area to accommodate one workstation*	1	60.0	60.0
1.8	Washroom, Public, Gender-Neutral	*Two-piece washroom, accessible. Considerations for anti-ligature fixtures and accessories*	1	50.0	50.0
1.9	Refreshment Station	*Countertop with cabinetry to support reception/waiting area*	1	20.0	20.0
1.10	Belonging Storage	*Bed bug management, backpacks, pets, skateboards*	1	80.0	80.0
SUBTOTAL, RECEPTION					1190.0
2.0	CLINIC ZONE				
2.1	Exam Room, Standard	*Typ size to be 8'x11' min. Considerations for infection control, visual and acoustic privacy*	2	80.0	160.0
2.2	Exam Room, Large	*Typ size to be 8'x11' min. Considerations for infection control, visual and acoustic privacy. Designed to be barrier free and accessible with 5'-0" turning radius*	2	120.0	240.0
2.3	Staff Consult Room	*Meeting room table for up to 6 staff to accommodate staff consultations and drop-down work. Considerations for visual and acoustic privacy*	1	120.0	120.0
2.4	Clean Utility, Supply Room	*Secured storage room. Considerations for infection control*	1	100.0	100.0
2.5	Soiled Utility, Waste Holding	*Secured storage room. Considerations for infection control*	1	80.0	80.0
2.6	Lab Space, Medication Storage	*Secured storage for medications/vaccination. Considerations for security and infection control. May co-locate in a controlled area.*	1	65.0	65.0
2.7	Client Records, File Room	*Considerations for security, ergonomics and confidentiality*	1	60.0	60.0
2.8	Washroom, Public, Gender-Neutral	*Two-piece washroom, accessible. Considerations for anti-ligature fixtures and accessories*	1	50.0	50.0
SUBTOTAL, CLINIC ZONE					825.0
3.0	COUNSELLING, TALKING ZONE				

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3.1 Secure Talking, Counselling Room	*Seating for 4. Considerations for security, and acoustics. Two means of egress required. Consider standards for behavioural health. Potential to place near greeting zone for intake , visible from reception, staffed area*	2	100.0	200.0
3.2 Talking, Counselling Room, Small	*Seating for 4. Considerations for security, and acoustics. Flexible space, reconfigurable.*	4	80.0	320.0
3.3 Talking, Counselling Room, Large	*Seating for 6. Considerations for security, and acoustics. Consider sofa in one room to allow for immunizations.*	3	120.0	360.0
3.4 Quiet/Meditation Room	*To be used by staff and/or clients. Care to be taken to ensure safety and privacy within this zone - Sightlines, acoustics*	1	80.0	80.0
SUBTOTAL, COUNSELLING, TALKING ZONE				**960.0**
4.0 Group Zone				
4.1 Multi-Purpose Room	*Seating for 16-20. Considerations for acoustics, opereational processes, flexibility*	1	500.0	500.0
4.2 Group Room, Small	*Seating for 8-10. Considerations for acoustics, flexibility and privacy*	2	240.0	480.0
4.3 Group Room, Large	*Seating for 10-12. Considerations for acoustics, flexibility and privacy*	1	320.0	320.0
4.4 Demonstration Kitchen	*Considerations for acoustics, infection control, opereational processes. Two means of egress required. Provide access to natural daylight*	1	350.0	350.0
4.5 Washroom, Public, Gender-Neutral	*Two-piece washroom, accessible, considerations for anti-ligature fixtures and accessories*	1	50.0	50.0
SUBTOTAL, GROUP ZONE				**1700.0**
5.0 Staff, Administrative Zone				
5.1 Open Office Workstation - Dedicated	*Workstations for 8. Considerations for acoustics, flexibility, ergonomics, and privacy - provide 6'x6 workstations.*	8	36.0	288.0
5.2 Open Office Workstation - Drop In	*Touchdown workstations for 6. Considerations for acoustics, flexibility, ergonomics, and privacy - provide 4'x6 workstations.*	15	24.0	360.0
5.3 Breakout, Team Meeting, Small	*Seating for 2-4. Considerations for acoustics, flexibility and privacy - double as phone room, locate near talking rooms*	1	80.0	80.0
5.4 Breakout, Team Meeting, Small	Seating for 6. Considerations for acoustics, flexibility and privacy - double as phone room, locate near talking rooms	1	120.0	120.0
5.5 Office Support Room	*Considerations for ergonomics. Option for hub-and-spoke approach*	1	50.0	50.0
5.6 Phone Room	Table and chair for touchdown work. Considerations for visual and acoustic privacy	2	35.0	70.0
SUBTOTAL, STAFF, ADMINISTRATIVE ZONE				**968.0**
6.0 Staff Amenity Zone				
6.1 Staff Lunchroom	*Considerations for acoustics*	1	120.0	120.0
6.2 Locker Area	*Provide secure storage for personal belongings. 20 lockers to be provided*	1	10.0	10.0
6.3 Washroom, Staff, Gender-Neutral	*Two-piece washroom, accessible*	1	50.0	50.0

SUBTOTAL, STAFF AMENITY ZONE				**180.0**
7.0 Service Zone				
7.1 Housekeeping, Janitorial Closet or Room	*Secured storage room. Locate within clinical zone if possible*	1	60.0	60.0
7.2 Voice, Data Server Room	*To be coordinated with M&E consultants. Secured network room. VCH IT space requires double lock and key, separate server rack*	2	65.0	130.0
7.3 General Storage		1	80.0	80.0
SUBTOTAL, SERVICE ZONE				**270.0**
8.0 Other				
8.1 Laundry	*To be used for laundering of towels, aprons, patient gowns. Considerations for acoustics.*	1	15.0	15.0
8.2 Shower	*Connection with reception washroom*	1	25.0	25.0
8.3 Waste Holding, Garbage Room	*Secured and controlled access. Consideration for waste and recycling sorting*	1	50.0	50.0
8.4 Mechanical Room	*To be coordinated with M&E consultants. Consideration for acoustics*	1	60.0	60.0
SUBTOTAL, OTHER				**150.0**
SUBTOTAL, FOUNDRY (LARGE)				6243.0
GROSS UP FACTOR (35%)				2185.1
TOTAL, FOUNDRY (LARGE)				**8428.1**

Additional spaces to include as spare pieces

Type	SQFT	Quantity

FOUNDRY SPACE LIST - MEDIUM

SPACE SUMMARY

TAG	SPACE NAME	REMARKS	QTY	AREA REQUIREMENTS NSF / UNIT	NSF
1.0 GREETING, ENTRY ZONE					
1.1	Greeting / Reception Desk	*Accessible desk to accommodate two workstations*	1	140.0	140.0
1.2	Primary Waiting Area	*Waiting for up to 10 people, maximize natural daylighting* *Intake, data entry*	8	20.0	160.0
1.3	Secondary Waiting Area	*Waiting for up to 6 people, maximize natural daylighting*	4	20.0	80.0
1.4	Peer Support Room	*Flex space for peer/patient consultation and family education. Seating for 2+ people. Consider double egress*	1	100.0	100.0
1.5	Family Support Room	*Flex space for peer/patient consultation and family education. Seating for 2+ people.* *Consider double egress*	1	100.0	100.0
1.6	Indigenous Support Office		1	100.0	100.0
1.7	Washroom, Public, All-Gender	*Two-piece washroom, accessible. Considerations for anti-ligature fixtures and accessories*	1	50.0	50.0
1.8	Refreshment Station	*Countertop with cabinetry to support reception/waiting area*	1	20.0	20.0
1.9	Belonging Storage	*Bed bug management, backpacks, pets, skateboards*	1	60.0	60.0
SUBTOTAL, RECEPTION					810.0
2.0 CLINIC ZONE					
2.1	Exam Room, Standard	*Typ size to be 8'x11' min. Considerations for infection control, visual and acoustic privacy*	2	80.0	160.0
2.2	Exam Room, Large	*Typ size to be 8'x11' min. Considerations for infection control, visual and acoustic privacy. Designed to be barrier free and accessible with 5'-0" turning radius*	1	120.0	120.0
2.4	Clean Utility, Supply Room	*Secured storage room. Considerations for infection control*	1	80.0	80.0
2.5	Soiled Utility, Waste Holding	*Secured storage room. Considerations for infection control*	1	80.0	80.0
2.6	Lab Space, Medication Storage	*Secured storage for medications/vaccination. Considerations for security and infection control. May co-locate in a controlled area.*	1	65.0	65.0
2.7	Client Records, File Room	*Considerations for security, ergonomics and confidentiality*	1	60.0	60.0
2.8	Washroom, Public, All-Gender	*Two-piece washroom, accessible. Considerations for anti-ligature fixtures and accessories*	1	50.0	50.0
SUBTOTAL, CLINIC ZONE					565.0
3.0 COUNSELLING, TALKING ZONE					
3.1	Secure Talking, Counselling Room	*Seating for 4. Considerations for security, and acoustics. Two means of egress required. Consider standards for behavioural health.* *Potential to place near greeting zone for intake , visible from reception, staffed area*	1	100.0	100.0

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3.2	Talking, Counselling Room, Small	*Seating for 4. Considerations for security, and acoustics. Flexible space, reconfigurable.*	3	80.0	240.0
3.3	Talking, Counselling Room, Large	*Seating for 6. Considerations for security, and acoustics. Consider sofa in one room to allow for immunizations.*	2	120.0	240.0
SUBTOTAL, COUNSELLING, TALKING ZONE					580.0
4.0 Group Zone					
4.1	Multi-Purpose Room	*Seating for 16-20. Considerations for acoustics, opereational processes, flexibility*	1	450.0	450.0
4.2	Group Room, Small	*Seating for 8-10. Considerations for acoustics, flexibility and privacy*	1	240.0	240.0
4.3	Group Room, Large	*Seating for 10-12. Considerations for acoustics, flexibility and privacy*	1	320.0	320.0
4.4	Demonstration Kitchen	*Considerations for acoustics, infection control, opereational processes. Two means of egress required. Provide access to natural daylight*	1	350.0	350.0
4.5	Washroom, Public, All-Gender	*Two-piece washroom, accessible, considerations for anti-ligature fixtures and accessories*	1	50.0	50.0
SUBTOTAL, GROUP ZONE					1410.0
5.0 Staff, Administrative Zone					
5.1	Open Office Workstation - Dedicated	*Workstations for 8. Considerations for acoustics, flexibility, ergonomics, and privacy - provide 6'x6 workstations.*	10	36.0	360.0
5.2	Open Office Workstation - Drop In	*Touchdown workstations for 6. Considerations for acoustics, flexibility, ergonomics, and privacy - provide 4'x6 workstations.*	8	24.0	192.0
5.3	Breakout, Team Meeting, Small	*Seating for 2-4. Considerations for acoustics, flexibility and privacy - double as phone room, locate near talking rooms*	1	80.0	80.0
5.4	Breakout, Team Meeting, Small	Seating for 6. Considerations for acoustics, flexibility and privacy - double as phone room, locate near talking rooms	1	120.0	120.0
5.5	Office Support Room	*Considerations for ergonomics. Option for hub-and-spoke approach*	1	50.0	50.0
5.6	Phone Room	Table and chair for touchdown work. Considerations for visual and acoustic privacy	2	35.0	70.0
SUBTOTAL, STAFF, ADMINISTRATIVE ZONE					872.0
6.0 Staff Amenity Zone					
6.1	Staff Lunchroom	*Considerations for acoustics*	1	120.0	120.0
6.2	Locker Area	*Provide secure storage for personal belongings. 20 lockers to be provided*	1	10.0	10.0
6.3	Washroom, Staff, All-Gender	*Two-piece washroom, accessible*	1	50.0	50.0
SUBTOTAL, STAFF AMENITY ZONE					180.0
7.0 Service Zone					
7.1	Housekeeping, Janitorial Closet or Room	*Secured storage room. Locate within clinical zone if possible*	1	60.0	60.0

7.2 Voice, Data Server Room	*To be coordinated with M&E consultants. Secured network room. VCH IT space requires double lock and key, separate server rack*	2	65.0	130.0
7.3 General Storage		1	80.0	80.0
SUBTOTAL, SERVICE ZONE				270.0
8.0 Other				
8.1 Mechanical Room	*To be coordinated with M&E consultants. Consideration for acoustics*	1	60.0	60.0
SUBTOTAL, OTHER				60.0
SUBTOTAL, FOUNDRY (MEDIUM)				4747.0
GROSS UP FACTOR (35%)				1661.5
TOTAL, FOUNDRY (MEDIUM)				**6408.5**

Additional spaces to include as spare pieces

Type	SQFT	Quantity
Secondary waiting area	60	1
Secondary MOA area	60	1
Quiet/Meditation Room	80	1
Talking room - small	80	2
Talking room - large	120	2
Talking room - secure	120	1
Exam room - typical	80	2
Exam room - large	120	2
Staff consult room	80	1
Electrical room	60	1
Laundry	30	1
Shower	25	1
Waste holding room	50	1

FOUNDRY SPACE LIST - SMALL

SPACE SUMMARY

TAG	SPACE NAME	REMARKS	QTY	AREA REQUIREMENTS NSF / UNIT	NSF
1.0 GREETING, ENTRY ZONE					
1.1	Greeting / Reception Desk	*Accessible desk to accommodate two workstations*	1	100.0	100.0
1.2	Primary Waiting Area	*Waiting for up to 10 people, maximize natural daylighting* *Intake, data entry*	8	20.0	160.0
1.3	Peer Support Room	*Flex space for peer/patient consultation and family education. Seating for 2+ people.* *Consider double egress*	1	100.0	100.0
1.4	Washroom, Public, Gender-Neutral	*Two-piece washroom, accessible. Considerations for anti-ligature fixtures and accessories*	1	50.0	50.0
1.5	Refreshment Station	*Countertop with cabinetry to support reception/waiting area*	1	20.0	20.0
1.6	Belonging Storage	*Bed bug management, backpacks, pets, skateboards*	1	60.0	60.0
SUBTOTAL, RECEPTION					490.0
2.0 CLINIC ZONE					
2.1	Exam Room, Standard	*Typ size to be 8'x11' min. Considerations for infection control, visual and acoustic privacy*	1	80.0	80.0
2.2	Exam Room, Large	*Typ size to be 8'x11' min. Considerations for infection control, visual and acoustic privacy. Designed to be barrier free and accessible with 5'-0" turning radius*	1	120.0	120.0
2.3	Clean Utility, Supply Room	*Secured storage room. Considerations for infection control*	1	80.0	80.0
2.4	Soiled Utility, Waste Holding	*Secured storage room. Considerations for infection control*	1	80.0	80.0
2.5	Lab Space, Medication Storage	*Secured storage for medications/vaccination. Considerations for security and infection control. May co-locate in a controlled area.*	1	65.0	65.0
2.6	Client Records, File Room	*Considerations for security, ergonomics and confidentiality*	1	60.0	60.0
2.7	Washroom, Public, Gender-Neutral	*Two-piece washroom, accessible. Considerations for anti-ligature fixtures and accessories*	1	50.0	50.0
SUBTOTAL, CLINIC ZONE					485.0
3.0 COUNSELLING, TALKING ZONE					
3.1	Secure Talking, Counselling Room	*Seating for 4. Considerations for security, and acoustics. Two means of egress required. Consider standards for behavioural health.* *Potential to place near greeting zone for intake , visible from reception, staffed area*	1	100.0	100.0

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3.2 Talking, Counselling Room, Small	*Seating for 4. Considerations for security, and acoustics. Flexible space, reconfigurable.*	2	80.0	160.0
3.3 Talking, Counselling Room, Large	*Seating for 6. Considerations for security, and acoustics. Consider sofa in one room to allow for immunizations.*	1	120.0	120.0
SUBTOTAL, COUNSELLING, TALKING ZONE				**380.0**
4.0 Group Zone				
4.1 Multi-Purpose Room	*Seating for 16-20. Considerations for acoustics, opereational processes, flexibility*	1	400.0	400.0
4.2 Group Room, Medium	*Seating for 8-10. Considerations for acoustics, flexibility and privacy*	1	320.0	320.0
4.4 Demonstration Kitchen	*Considerations for acoustics, infection control, opereational processes. Two means of egress required. Provide access to natural daylight*	1	300.0	300.0
4.5 Washroom, Public, Gender-Neutral	*Two-piece washroom, accessible, considerations for anti-ligature fixtures and accessories*	1	50.0	50.0
SUBTOTAL, GROUP ZONE				**1070.0**
5.0 Staff, Administrative Zone				
5.1 Open Office Workstation - Dedicated	*Workstations for 8. Considerations for acoustics, flexibility, ergonomics, and privacy - provide 6'x6 workstations.*	8	36.0	288.0
5.2 Open Office Workstation - Drop In	*Touchdown workstations for 6. Considerations for acoustics, flexibility, ergonomics, and privacy - provide 4'x6 workstations.*	6	24.0	144.0
5.3 Breakout, Team Meeting, Small	*Seating for 2-4. Considerations for acoustics, flexibility and privacy - double as phone room, locate near talking rooms*	1	120.0	120.0
5.4 Office Support Room	Considerations for ergonomics. Option for hub-and-spoke approach	1	50.0	50.0
5.5 Phone Room	Table and chair for touchdown work. Considerations for visual and acoustic privacy	2	35.0	70.0
SUBTOTAL, STAFF, ADMINISTRATIVE ZONE				**672.0**
6.0 Staff Amenity Zone				
6.1 Staff Lunchroom	*Considerations for acoustics*	1	120.0	120.0
6.2 Locker Area	*Provide secure storage for personal belongings. 20 lockers to be provided*	1	10.0	10.0
6.3 Washroom, Staff, Gender-Neutral	*Two-piece washroom, accessible*	1	50.0	50.0
SUBTOTAL, STAFF AMENITY ZONE				**180.0**
7.0 Service Zone				
7.1 Housekeeping, Janitorial Closet or Room	*Secured storage room. Locate within clinical zone if possible*	1	60.0	60.0

7.2 Voice, Data Server Room	*To be coordinated with M&E consultants and specific health authority requirements. Secured network room. Health authority typically requires double lock and key, separate server rack*	1	65.0	65.0
7.3 General Storage		1	100.0	100.0
SUBTOTAL, SERVICE ZONE				225.0
8.0 Other				
8.1 Mechanical Room	*To be coordinated with M&E consultants. Consideration for acoustics*	1	60.0	60.0
SUBTOTAL, OTHER				60.0
SUBTOTAL, FOUNDRY (SMALL)				3562.0
GROSS UP FACTOR (35%)				1246.7
TOTAL, FOUNDRY (SMALL)				4808.7

Additional spaces to include as spare pieces

Type	SQFT	Quantity
Secondary waiting area	60	2
Indigenous support office	100	1
Talking room - small	80	2
Talking room - large	120	2
Family support room	100	1
Exam room - typical	80	2
Exam room - large	120	2
Staff consult room	80	1
Electrical room	60	1
Laundry	30	1
Shower	25	1
Waste holding room	50	1

APPENDIX H

Philanthropy and Fundraising

H.1 Prospect Management Practice Guidelines

H.2 Gift Acceptance Practice Guidelines

H.3 Donor Recognition Practice Guidelines

H.4 Sample: Case for Support

H.5 Sample: Web Page

H.6 Sample: Gift Chart

H.7 Sample: Pledge or Donation Card

H.8 Sample: Deed of Gift or Pledge

H.9 Sample: Direct Mail

H.10 Sample: E-blast

H.11 Sample: Media Announcement

H.12 Sample: Foundry One-pager

H.13 Sample: Thank You Letter

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Prospect Management Practice Guidelines

Foundry

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

I. INTRODUCTION:

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

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

II. DEFINITIONS:

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

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

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

III. PRINCIPLES:

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

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

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

IV. NOTES:

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

V. JURISDICTION:

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

VI. GENERAL:

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

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

3. These practice guidelines may change from time to time.

VII. ROLES AND RESPONSIBILITIES:

1. The Principal, Fund Development will be the FCO point person for prospect management and coordination amongst the FCO and its Partners.

2. Lead Agencies and AFO's will be responsible for prospect management at the local level, i.e. to ensure a coordinated approach within their own communities, and that communication flows, as needed, between all local Partners.

3. Stewardship and recognition of confirmed Funders is the responsibility of the Partner securing and receiving the gift (see Foundry Donor Recognition Practice Guidelines).

VIII. PROCEDURES:

1. The Principal, Fund Development at the FCO will call or meet regularly with a designated Fundraising representative from each Partner to offer support with prospect management and other Fundraising needs.

2. Partners will consult with the FCO in advance of approaching a Funder regarding Foundry, whenever any one of the following criteria apply:

    a. The Funder is a provincial or national government agency or body;
    b. The Funder supports organizations outside of a limited local area (e.g. a community foundation vs. a national bank);
    c. The Funder has a head office or a substantial base of operations outside of the Partner's Health Authority or within another Partner's local area;
    d. The Funder is already publicly listed as a Funder to Foundry or to another Partner; or
    e. The proposal will be for any part of Foundry outside of the Partner's scope or authority (e.g. a site not under a Partner's sole jurisdiction, specific operations of the FCO, or future plans for Foundry not yet confirmed).

3. The Principal, Fund Development may also refer a Funder to a Partner if that Funder has interest in a specific site or in working with a particular Partner.

4. The Principal, Fund Development will maintain a list of Funders and their associated Partners and, if there appears to be a conflict (e.g. more than one Partner approaching the same Funder), will contact relevant Partners to discuss next steps.

    a. Factors for discussion may include:
        i. Which Partner is best positioned to maximize the opportunity;
        ii. A Funder's desire to work with a specific Partner; or
        iii. A Funder's existing relationship with a Partner, such as a volunteer, director, past donor, or personal friend.

    b. If agreement is reached, and next steps include one Partner approaching the Funder, the assigned Partner should attempt to engage the Funder within three months. If this does not occur, the Partner should update the FCO and recommend a revised strategy or next steps.

    c. If agreement cannot be reached, the FCO will gather information from each Partner and assess, as collaboratively as possible with them, whether 1) a joint approach can be made, 2) a certain Partner may have the best chance of success, or 3) it would be more effective for the FCO, as a neutral party, to approach the Funder directly.

        i. If a disagreement occurs, the FCO will prompt a discussion between affected Partners.

        ii. If the disagreement cannot be resolved between Partners, it will be elevated to the Executive Director of Foundry, who may elect to raise the issue with the following foundations party to the Foundry (BC-IYSI) Collaboration Agreement signed October 2015: Graham Boeckh Foundation and St. Paul's Foundation.

        iii. If the disagreement cannot be resolved upon consultation with the Graham Boeckh Foundation and St. Paul's Foundation, the Executive Director Foundry may raise the issue with the Foundry Governing Council for final resolution. This option should be reserved for extraordinary circumstances and considered a last resort.

        iv. The Principal, Fund Development will communicate any resolution to relevant Partners, along with rationale, where not constrained by Funder privacy.

    d. If a Partner violates an agreement or decision, a meeting (in-person or teleconference) will be called between the affected Partners, the Principal, Fund Development, and, as needed, the Executive Director of the FCO and members of the Foundry Governing Council, to 1) talk through the issue, 2) determine how to resolve it, 3) determine how and avoid a similar issue in future, and 4) discuss how to re-establish trust between affected Partners.

5. Once a Donation of over $10,000 has been confirmed or received, Partners are requested to 1) ask permission from the Funder to inform the FCO of their Donations, and 2) when permission is granted, to inform the Principal, Fund Development.

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

CONTACT:

Questions and feedback are welcomed. Please direct to:

Communications and Development Lead
Foundry Central Office

Appendix #1: Flow and Designation of Funds

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

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

Gift Acceptance Practice Guidelines

Foundry (formerly BC Integrated Youth Services Initiative)

Policy	**Gift Acceptance Policy**
Date	April 2016 (new version currently under development)
Created by	Principal, Fund Development, Foundry
Also see	Foundry Gift Acceptance Policy Foundry Donor Recognition Policy
Revised	February 2017, to reflect new brand

INTRODUCTION:

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

PRINCIPLES:

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

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

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

DEFINITIONS:

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

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

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

NOTES:

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

JURISDICTION:

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

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

ROLES AND RESPONSIBILITIES:

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

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

GENERAL:

1. Donations received by Foundry and its FCO, or benefiting any of its local centres, must complement the Foundry mission, vision and values. Foundry reserves the right to refuse or dissociate itself from any Donation that may compromise its integrity. This may include Donations:

    a. From individuals or organizations whose philosophy and values are in direct conflict with the vision, mission or values of Foundry or an affected Partner;
    b. Which in any way violate federal, provincial or municipal laws or regulations;
    c. Which are considered to have come from illegal or unethical activities;
    d. Whose acceptance may damage the reputation of Foundry or one of its Partners;
    e. Which could improperly benefit any individual or organization;
    f. Where conditions imposed on the gift conflict with the policy, the overall objectives or independence of the Foundry or one of its Partners;
    g. Would require Foundry or any of its Partners to expend resources on activities that are not consistent with its priorities; and/or

h. Where acceptance or administration of a gift or payment will impose undue expense on Foundry or one of its Partners, or expose them to liability or embarrassment.

2. From time to time, the FCO or its Partners may be unsure whether acceptance of a particular Donation might conflict with the principles listed above (for example, proceeds of the sale of legal substances, such as alcohol or tobacco). In such cases, the FCO requests that the Partner consult with its Youth and Family Advisory Councils or other youth and family representatives, and local partners such as their Local Leadership Table. Partners are welcome to contact the FCO for support in such decision-making.

3. This policy may change from time to time.

PROCEDURES:

1. The FCO and its Partners are each individually responsible for implementing this policy throughout the course of their fundraising activities. Should any concerns arise about a Donor or Donation, they should notify the Principal, Fund Development at the FCO immediately, and prior to accepting such Donation.

2. The Executive Director of Foundry will review and assess all Donations that may negatively impact the brand or reputation of Foundry. They may choose to elevate a decision to the Foundry Governing Council.

3. If any Partner requires additional support, a request can be sent to the Principal, Fund Development at the FCO.

CONTACT:

Questions and feedback are welcomed. Please direct them to:

Communications and Development Lead
Foundry Central Office

Donor Recognition Practice Guidelines

Foundry

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

I. PURPOSE

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

II. DEFINITIONS:

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

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

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

III. PRINCIPLES:

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

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

IV. NOTE:

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

V. GENERAL:

1. Due to the important role brand awareness will play in the success of Foundry, Naming Recognition is not available for the overall Foundry, nor for its local centres. It is available for spaces and activities that are part of the Foundry or its local centres.

    a. Spaces within facilities or activities supported by Donations may be named after a Donor, or a third party at the wish of a Donor, provided that the Donation represents a significant part of the cost or is regarded as central to the completion of the facility or activity.

   b. Naming associated with a particular space or activity will not preclude further naming opportunities within or related to that space or activity.

2. Foundry Central has established minimum Donation thresholds for Donor Recognition available through Foundry Central. Foundry Central will work with Lead Agencies to develop minimum Donation thresholds for their local centres. While some consistency is desired, these thresholds may vary between communities.

3. Donor Recognition may also be subject to:
   a. The Income Tax Act and Canada Revenue Agency guidelines;
   b. The Province of BC's Naming Privileges Policy; and/or
   c. Naming or Donor Recognition policies of Partners.

4. When Donor Recognition has been offered and approved, it will be honoured in accordance with the agreement that was entered into. In the event of changed circumstances, such as a renovation to a space, Foundry Central is available to consult, if needed, with the Donor and relevant Partners, to determine a suitable alternative.

5. Foundry Central and its Partners reserve the right to decline or revoke Donor Recognition if it has reasonable concern about impact to their brand or reputation.

6. Donors may choose their preferred recognition wording. They may use their own names, their business name, or may wish to celebrate a life or honour a loved one. (*For example: ABC Corporation; John and Jane Smith; In Honour of Jennifer Smith; or In Memory of Jason Smith.)*

7. To avoid the appearance of advertising, corporate logos will not be used for Donor Recognition purposes on buildings or signs, unless approved by the Executive Director of the FCO.

8. Consideration should always be given to the longevity of Naming or Signage Recognition: for example, for the life of a lease, the duration of a program, or to anticipate future fundraising needs. Except for in exceptional cases, Donor Recognition should not be promised in perpetuity. Limited-term recognition may be offered. At the expiration of the term, the Donor may be given the first opportunity to extend the named recognition upon the terms and conditions agreed to amongst the Donor, relevant Partner(s), and the FCO.

9. Lead Agencies may choose to partner with Agency Fundraising Organizations (AFO) to raise funds for their Foundry centre. Such partnerships are valued and reflect the mission of Foundry. In such cases, the leadership role of Foundry Lead Agencies must be included in any publicly-facing communications from the Lead Agency, AFO or otherwise.

10. These Practice Guidelines may change from time to time.

VI. JURISDICTION:

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

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

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

VII. ROLES AND RESPONSIBILITIES:

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

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

VIII. RECOGNITION TYPES AND OPPORTUNITIES:

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

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

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

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

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

6. **Thank-You Procedures**
   This may include an organization's standard procedures for thanking donors, such as meetings, tours, phone calls, emails, letters, etc.

IX. PROCEDURES:

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

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

2. Approval of Naming Recognition:

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

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

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

3. Branding:

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

4. Budget:

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

5. Maintenance:

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

6. Documentation and Implementation:

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

X. CONTACT:

Questions and feedback are welcomed. Please direct to:

Communications and Development Lead
Foundry Central Office

APPENDIX 1: MINIMUM DONATION LEVELS FOR RECOGNITION

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

1. **Donors to or through the FCO.** This includes:
    - Donors to St. Paul's Foundation;*
    - Donations from Graham Boeckh Foundation;
    - Grants or payments from the Province of BC (Ministry of Health); and
    - Grants or payments from the Michael Smith Foundation for Health Research.

    Donors in this category are eligible for:
    - Any recognition offered by the Registered Charity receiving the Donation (most frequently, St. Paul's Foundation);
    - The FCO recognition, as outlined below;
    - Recognition at a Foundry centre, as outlined below, <u>if</u> the majority of the Donation is designated to a Foundry centre <u>and</u> it is approved, in advance, by the relevant Lead Agency.

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

    Donors in this category are eligible for:
    - Any recognition offered by the Registered Charity receiving the Donation; and
    - Foundry online recognition, as outlined below.

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

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

<u>DONOR RECOGNITION MATRIX:</u>

Notes:

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

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

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

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

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

Category 2: Funds Flowing to Local Site

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

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

	$1K	**$10K**	**$25K**	**$100K**	**$250K**	**$500K**	**$1M**
Thank-You Procedures							
Thank-you email/letter and/or phone call from (?)	x	x	x	x	x	x	x
Thank you email/letter from the ED of Foundry		x	x	x	x	x	x
Communications and Updates							
Annual Donor Update (written							

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

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

FOUNDRY
WHERE WELLNESS TAKES SHAPE

Sample: Case for Support

Foundry: Overview

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

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

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

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

For more information, please visit **foundrybc.ca** or contact:

Dr. Steve Mathias
Executive Director
E: smathias@foundrybc.ca

Rebecca Sharma
Lead, Philanthropy & Communications
E: rsharma@foundrybc.ca

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

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

A need – and opportunity

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

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

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

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

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

"Foundry is about community, about strength. It's about resilience and it's about being welcoming."
- Judy Darcy, Minister of Mental Health and Addictions

"The genuine care that is involved with the whole institution, from front desk to the doctors and nurse practitioners. I have love in my heart for all those who work here."
- Young person accessing Foundry services

Foundry does things differently

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

We are a provincial leadership and standards team.

Our Foundry central office team facilitates the Foundry provincial network and builds capacity within communities. We lead comprehensive site selection and business planning processes, activate knowledge-sharing, coordinate across systems, create clinical pathways and service standards, move evidence into practice, collect and manage consistent data, conduct evaluation, and support local partnership development, governance, capital project management, communications and fundraising.

We engage partners and communities.

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

We stand by our commitment to meaningfully engage youth.

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

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

We optimize resources by integrating services.

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

We collect data and evaluate meaningful outcomes.

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

We foster national and international linkages.

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

Foundry Vancouver-Granville

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

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

Sustainable partnerships and funding

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

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

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

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

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

Foundry's 2019 Youth Experience Survey found:

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

What we've accomplished so far

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

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

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

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

Foundry Campbell River

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

- Rob Boeckh, Graham Boeckh Foundation

Our future vision

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

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

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

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

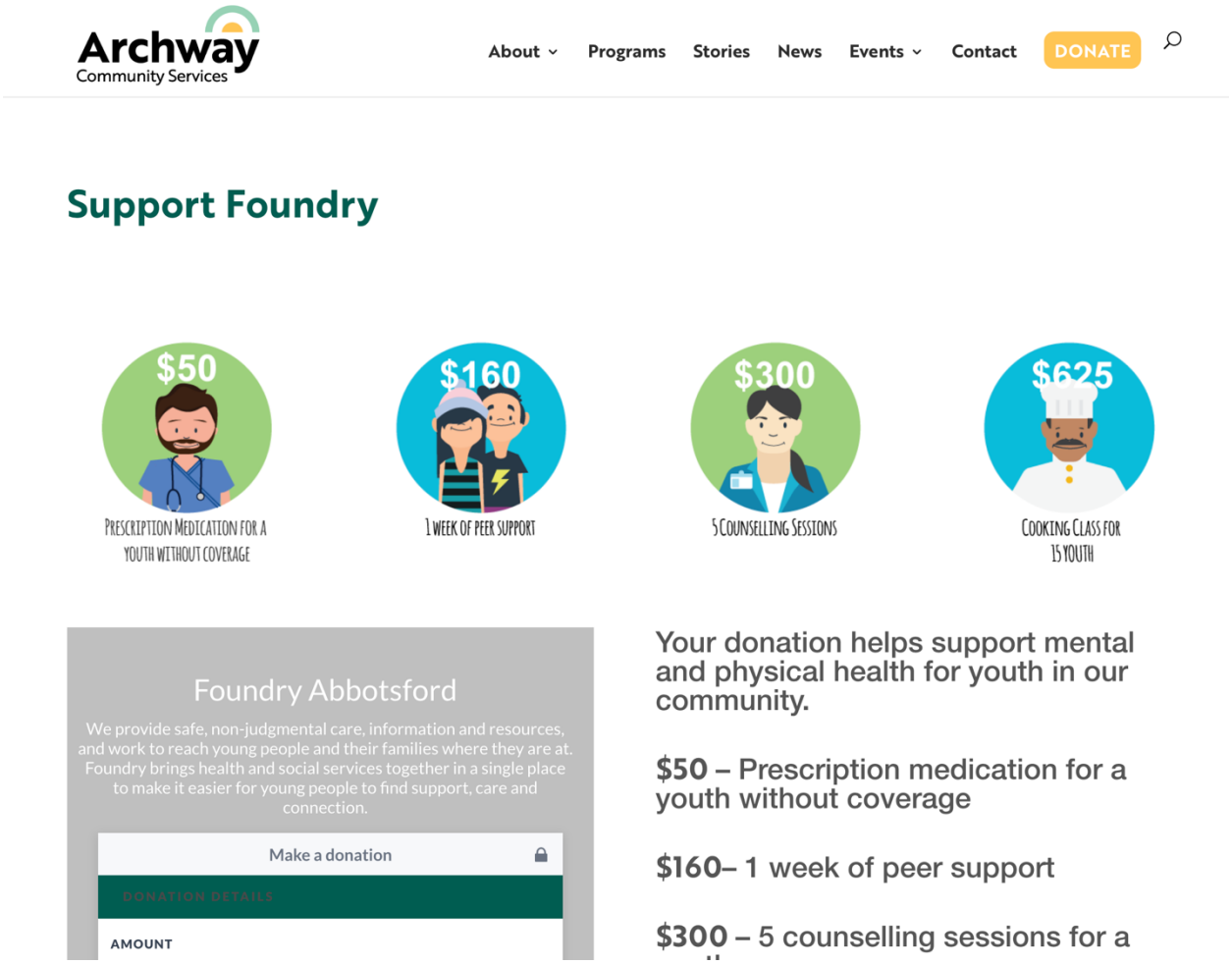
[ii] Kirby, M. & Keon, W. (2004). *Report 1, Mental Health, Mental Illness an Addiction: Overview of Policies and Programs in Canada.* Interim Report of the Standing Senate Committee on Social Affairs, Science and Technology.

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

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

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

Sample: Web Page



Sample: Gift Chart

·FOUNDRY·
WHERE WELLNESS TAKES SHAPE

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

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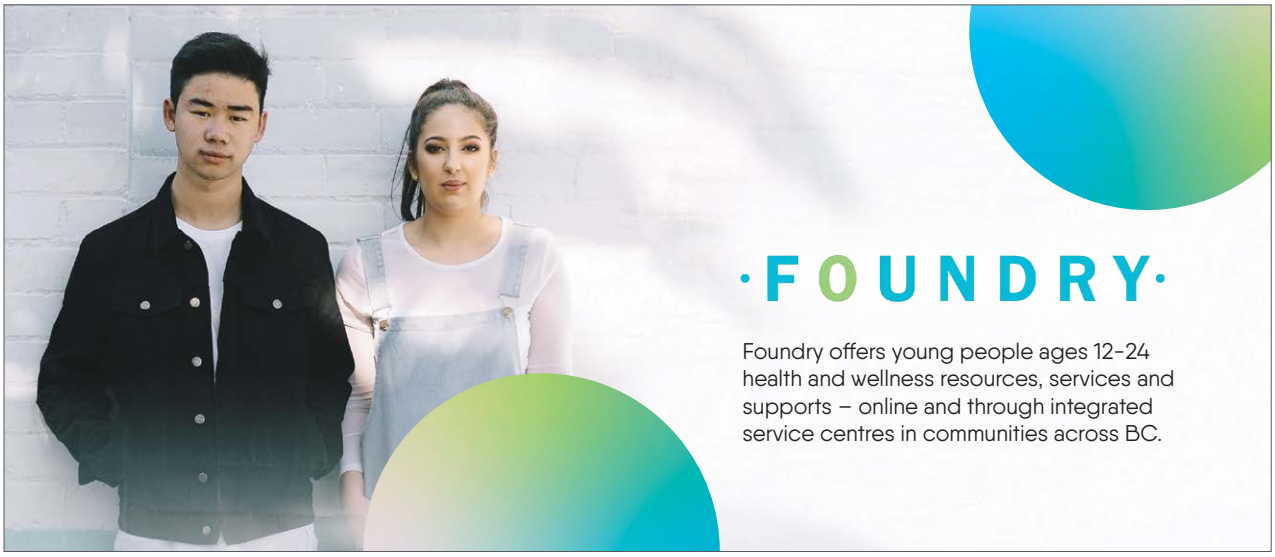
Sample: Pledge or Donation Card

Front



Back

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

·FOUNDRY· | STpaul's FOUNDATION

☐ ONE TIME GIFT
☐ $50 ☐ $100
☐ $250 ☐ $1000
☐ OTHER $ _____

☐ MONTHLY DONOR
☐ $30 ☐ $60
☐ $90
☐ OTHER $ _____
☐ ANNUAL GIFT $ _____

PAYMENT OPTIONS
☐ VISA ☐ MASTERCARD ☐ AMEX
NUMBER
Expiry CVC
☐ Cash
☐ Cheque attached (St. Paul's Foundation of Vancouver)
☐ Bank Account Withdrawal (VOID Cheque attached)
☐ 1st of each month (or) ☐ 15th of each month

Name on card Date

Signature

St. Paul's Foundation of Vancouver
178 - 1081 Burrard Street, Vancouver, BC V6Z 1Y6,
www.helpstpauls.com/Foundry

FIRST
LAST
ADDRESS
CITY
PROVINCE POSTAL CODE
PHONE (HOME)
PHONE (CELL)
E-MAIL

☐ Please send me your newsletter
Charitable Registration Number: 11925 7939 RR0001

1866244_corpgiving_SCRE4072

INSERT LOGO/USE LETTERHEAD

Sample: Deed of Gift

DEED OF GIFT

This Deed of Gift is made the _____ day of MONTH, 20___.

BETWEEN:

DONOR NAME
(the "Donor" or if more than one donor, collectively the "Donor")

AND:

XYZ ORGANIZATION (NAME OF ORGANIZATION RECEIVING THE GIFT)
("XYZ")

WHEREAS:

A. The Donor wishes to recognize and support the work of . . . .

B. The Donor wishes to make a gift of cash to XYZ for the advancement of patient care, medical research and medical education at XYZ Organization;

C. XYZ, being empowered to accept gifts of cash, for the benefit of XYZ, desires to accept the gift;

NOW THIS DEED WITNESSES AS FOLLOWS:

Transfer of Gift and Acknowledgement

1. The Donor gives the sum of $_____ in cash (the "Gift") to XYZ, for its own use absolutely, subject only to the terms of this Deed.

2. The Donor will pay the Gift to XYZ in instalments. Instalment payments shall be made on the following dates, in the following amounts.

Date:	**Amount:**

3. XYZ accepts the Gift from the Donor, subject only to the terms of this Deed.

Receipt (*or* Valuation and Receipt)

4. XYZ will issue a charitable tax /acknowledgment receipt for the amount of the Gift within a reasonable period following receipt of the Gift.

Purpose of Gift

5. The purposes of this Gift shall be to

6. The focus of the priorities at XYZ Organization may shift over time and it may become impossible, inadvisable or impracticable to apply the Gift for the purpose set out in this Deed. If XYZ is of the opinion that the original purpose is no longer appropriate, XYZ shall exercise its discretion, in consultation with the Donor where possible, to use the Gift to the best advantage of XYZ Organization and for such other purposes consonant with the spirit and intent of the Donor's Gift.

Or

5. The purposes of this Gift shall be as set out in the Terms of Reference for the "Named Fund" attached hereto as Schedule A.

Expenditure

6. The Gift shall be disbursed for purposes which are in conformity with the purposes of SPF and which are consistent with the wishes of the Donor as expressed in this Deed.

7. The Gift shall be disbursed for the purposes and in the manner described in the Terms of Reference for the "Named Fund" attached hereto as Schedule A

Recognition

8. XYZ is grateful and honoured that the Donor has chosen to make this Gift to XYZ and XYZ will publicly recognize the Gift as "RECOGNITION NAME" in accordance with XYZ's Donor Recognition Policy and looks forward to confirming a comprehensive recognition plan with the Donor. Recognition may include public recognition, such as donor walls and acknowledgment in print or social media, as well as recognition clubs and invitation to special XYZ events.

Amendment

9. The foregoing terms and conditions may be amended at any time by a further Deed, in writing, made between the Donor or his or her or their designated representative and XYZ.

General Terms

10. This Deed is binding on the parties hereto and their respective heirs, executors, administrators, successors and assigns.

11. This Deed and the enforcement of its terms will be interpreted and conducted under the laws of the Province of British Columbia.

12. This Deed may be executed in one or more counterparts and the counterparts shall be read, all together, as a single document.

13. Delivery by facsimile or by electronic transmission in portable document format (PDF) of an executed copy of this Deed is as effective as delivery of an originally executed copy.

IN WITNESS WHEREOF the parties have executed this Deed effective as of the day and year first above written.

SIGNED by

_____
Name of Donor

_____
Name of Donor

SIGNED by
XYZ Organization:

_____
XYZ contact name and title

_____
Additional XYZ contact name and title

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Sample: Direct Mail

Conconi Challenge aims to finish Foundry funding

Philanthropists Bob and Diane Conconi offers matching gift challenge; your donation will be doubled until May 31, 2017

In creating a province-wide network of youth centres (one in each of BC's five health authorities) Foundry will dramatically improve access to care and support services for youth in BC aged 12 to 24.

The new centres will be located in Kelowna, Campbell River, Abbotsford, North Shore and Prince George and will be modeled in part on the Granville Youth Health Centre in Vancouver, which is a project of St. Paul's Inner City Youth Program.

Why the 12-24 demographic ? It is during those early years that 75% of mental illness and substance use begins. Providing a safe, trusted place for youth to access the care they need, before it is too late, is imperative.

Foundry needs $1 million more to reach $7.5 million goal

With $1 million still needed to turn on the lights at Foundry locations across BC, it was the way in which the project's first $6.5 million was raised that made an impression on Vancouver philanthropist Bob Conconi. With this in mind, the Robert L. Conconi Foundation put forth a community fundraising challenge.

"One of the impressive things about Foundry is the number of different funding partners involved," says Mr. Conconi. "Several government ministries, a provincial health and research foundation, a leading mental health foundation and many others. That's a testament to the importance of the work."

A chance to double your donation

The Robert L. Conconi Foundation will match every dollar donated to St. Paul's Foundation, up to $500,000, to support Foundry. The challenge is on now and lasts until May 31, 2017.

"For us as an organization, challenging the community in this way has become a tool to support meaningful—and often new and innovative—projects," says Mr. Conconi. "This is especially true in the area of health care, where we know costs are significant."

Immersion in a cause

Bob Conconi is also known to immerse himself in the causes he supports, to learn as much as possible about the issues in play, and things were no different when he was considering support of the Foundry network.

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“We spent time with youth, listening to their experiences,” he says. “What we heard is how traumatic going to an adult clinic can be.”

Therein lies a key to Foundry’s approach, which engages a youth-friendly design that more closely resembles a hip loft rather than an intimidating adult health clinic.

Based on data collected at the Granville Youth Health Centre, which employs this approach, young people are responding to it, citing access to care as being much easier and reporting dramatic improvements in both school and employment activities.

The clock is ticking!

Take up the Conconi Challenge today. All donations to St. Paul’s Foundation in support of Foundry will be matched, up to $500,000, from now until May 31, 2017. Please join Foundry and communities around the province in supporting this innovative, collaborative and ground-breaking initiative.

{Insert information on ways to donate}

Caption: Vancouver philanthropists Robert and Diane Conconi are helping St. Paul’s Foundation raise funds for the Foundry youth centre project. To help raise the final $1 million needed, the Robert L. Conconi Foundation will match donations, dollar for dollar, up to $500,000, until May 31, 2017.

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Sample: E-blast

EMAIL #1

Subject: <first name>, double your impact and support youth in BC

Dear <first name>,

I am very excited to share with you a very special message from Bob and Diane Conconi of the Robert L. Conconi Foundation.

Between April 1st and May 31st of this year, this BC couple is putting up $500,000 in matching donations to help launch an initiative – Foundry – a service that will be a game changer for young people throughout our province.

For every dollar you give, the Robert L. Conconi Foundation will match your generosity with an additional dollar to help turn on the lights at Foundry in six communities across British Columbia.

You can read about Foundry here <<insert hyperlink>>.

That letter should be in your mailbox shortly, and I hope that you will help us make the most of Mr. and Mrs. Conconi's generous offer.

Together, we can turn on the lights and be there for our children, youth and families when they are facing their darkest moments.

Warm regards,

<<insert e-signature>>

Dick Vollet
President and CEO
St. Paul's Foundation
PS: To learn more or to make your gift right away – please visit us today <<insert hyperlink to donation page>>.

<<Donate Now>> button

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FOLLOW-UP EMAIL #2

Subject: <<First name>>, time is running out! Only 7 days left to have your gift doubled!

Dear <<first name>>,

I am writing to remind you of this incredible opportunity to have your gift to support youth matched! We still need your help, and the window to take advantage of Bob and Diane Conconi's offer to double your donation is closing fast!

Only 7 days left to make twice the impact with one donation: every dollar will be doubled and counted towards our $1,000,000 goal!

It surprises most of us to learn that 75% of all mental illness or substance use begins before the age of 24.

Sadly, far too many youth who are facing mental health or substance use challenges are either not comfortable speaking up or don't know where to go to get the help they need.
But your gift can change that...

With your support, we can launch Foundry services for youth in six locations across British Columbia and transform how young people and their families access primary care, mental health, substance use and social services across British Columbia.

Please go to donate.helpstpauls.com/support-youth and help us turn on the lights at Foundry for youth by May 31st!

Thank you for your support!

Steve Mathias, MD, FRCPC
Executive Director, Foundry
Psychiatrist, Providence Health Care
Clinical Assistant Professor, the University of British Columbia

P.S. Please accept my sincere gratitude if you have already made your gift. If you haven't had a chance to do so, please go to donate.helpstpauls.com/support-youth and give today!

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Conconi Foundation and St. Paul's Foundation launch fundraising challenge to raise donations for trailblazing youth centres in B.C.

Donations to be matched until May 31, 2017 with goal to raise $1 million for Foundry Youth Centres

FOR IMMEDIATE RELEASE

VANCOUVER, B.C., May 15, 2017 – The Robert L. Conconi Foundation has partnered with St. Paul's Foundation to raise funding for Foundry, a province-wide network of youth centres removing barriers and increasing access to care for young people seeking mental health and substance use services, as well as primary care and social services. Matching all donations up to $500,000 until May 31^{s}, 2017, funding raised will support St. Paul's Foundation and its partners in opening six Foundry locations throughout the province in the coming year.

Providing young people ages 12-24 with a one-stop place to easily access health and social services in a welcoming space, each Foundry location will have a youth-friendly design, looking more like a hip urban loft than an adult health care clinic. Located in Kelowna, Campbell River, Abbotsford, downtown Vancouver, the North Shore and Prince George, the centres will build on existing community programs, and will unite local organizations under a single umbrella that will adapt to meet the specific needs of each community.

Bob Conconi and his family are committed to serving B.C.-based initiatives, particularly those that help contribute to a transformational shift for children and youth. With $1 million left to fundraise to meet Foundry's startup costs of $7.5 million, the Conconi Foundation put together a challenge so that all Foundry locations can open without delay.

"For us as an organization, challenging the community in this way has become a tool to support meaningful—and often new and innovative—projects," says Mr. Conconi. "Our goal is to support youth across the entire province with the unique and important services that Foundry provides."

The new centres will be modeled in part after the Granville Youth Health Centre in Vancouver, a pilot project for the Foundry model and home to St. Paul's Inner City Youth Program. Operating since 2015, the Granville Youth Health Centre proves that the model works. In the last six months, the Granville location recorded 10,000 visits, with young people citing access to care is much easier and reporting dramatic improvements in both school and employment activities.

"After we opened the Granville Youth Health Centre in Vancouver, we were contacted by agencies across B.C. – and even across Canada – wanting to open the same kind of one-stop shops in their communities," says Dr. Steve Mathias, Foundry B.C. Executive Director and Head of the Department of Psychiatry at St. Paul's Hospital. "By creating the Foundry network, and working with partners to open their own community Foundry centres, we envision that one day all young people in B.C., and their families and loved ones, will know where to find the help they need – when they need it."

Creating this network of centres could not come at a better time. Currently, one in five youth report experiencing mental health issues or substance use problems. In fact, 75 per cent of mental health and substance use disorders begin before the age of 24, however research suggests that only 25 per cent of young people receive the services they need. Providing a safe, trusted place for youth to access the care they need, before it is too late, is imperative.

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For more information on Foundry, the Conconi Foundation matching gift challenge, or to make a donation, visit helpstpauls.com/supportyouth**.**

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About Providence Health Care
Providence Health Care (PHC) is one of Canada's largest faith-based health care organizations, operating 16 health care facilities in Greater Vancouver. PHC operates one of two adult academic health science centres in the province – St. Paul's Hospital – performs cutting-edge research in more than 30 clinical specialties, and focuses its services on six "populations of emphasis": cardio-pulmonary risks and illnesses, HIV/AIDS, mental health, renal risks and illness, specialized needs in aging and urban health and is home to the B.C. Centre for Excellence in HIV/AIDS. www.providencehealthcare.org.

About St. Paul's Foundation
St. Paul's Foundation raises funds to support inspired care, research, and teaching at St. Paul's and other Providence Health Care hospitals and residences in British Columbia. St. Paul's is a treasured provincial health resource for all British Columbians, specializing in the care of people with heart and lung disease, HIV/AIDS, mental illness, renal disease and people living in Vancouver's Downtown Eastside. We integrate the best clinical care with real-world research and education, and provide care to our patients from across BC who made more than 500,000 visits to St. Paul's last year. For more information, or to donate, visit www.helpstpauls.com

About The Robert L. Conconi Foundation
The Robert L. Conconi Foundation is a private family foundation established in 2003 with a goal to inspire constructive change in our communities and organizations we support. We focus our giving in four areas: health, poverty, education and arts. For more information visit www.conconi.org

About Foundry
Foundry removes barriers and increases access to care by developing a province-wide network of wellness centres for young people ages 12-24. Foundry centres provide a one-stop-shop for young people to access mental health care, substance use services, primary care, social services and youth and family peer supports. By bringing together a variety of health and social services under one roof and working in partnership with young people and families, Foundry is helping B.C.'s young people get the help they need when they need it. Hosted by Providence Health Care, Foundry is supported by the Government of British Columbia, Graham Boeckh Foundation, Michael Smith Foundation for Health Research and St. Paul's Foundation. To learn more at www.foundrybc.ca.

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When navigating life's challenges, large and small – Foundry offers connection, resources and support.

Foundry is removing barriers and increasing access to health and wellness services for young people ages 12-24 and their caregivers through a network of youth-friendly centres across British Columbia and online.

By offering integrated mental health care, substance use services, physical and sexual health care, youth and family peer support and social services, Foundry makes it easier for young people to find support in their communities. Online resources and first-of-its-kind virtual care further broaden Foundry's reach.

Foundry brings together over 200 partners including government, community organizations, youth and families. Our network of centres - co-created with and for youth - can be found in eleven communities across BC, with another eight centres in development.

At Foundry, young people can easily access appropriate, welcoming, youth-friendly services – by simply walking into their local Foundry centre, by exploring the tools and resources online or by accessing Foundry's virtual services at foundrybc.ca/virtual.

Referrals are not required to visit a centre or to receive online support, and all services are free and confidential.

Foundry aims to reach young people earlier – before their concerns have a severe impact on their health, relationships, and well-being. We see each youth as a whole person, rather than just their challenges, and empower young people to determine which services and supports would best help them live a good life.

Online or in the community, Foundry makes it easy for young people and their caregivers to find the tools, resources and services they need, when they need it. Visit foundrybc.ca to learn more.

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Date

Donor Name(s) & Address Block

Dear Donor Name(s),

On behalf of the Foundry provincial initiative and our youth and families in Community Name and throughout BC, thank you for your leading support of Foundry Community Name. It was a pleasure to meet you/ speak with you [insert details], and an honour to have you/your family among our community of donors.

Your gift through Organization Name will make sure young people and families in Community Name know where to find the help they need. Foundry will provide a single door to access services for all of life's challenges – someone to talk to, care providers for any health need and friendly experts to help navigate social services, resources and programs. As a result, more young people in Community Name will live their best lives.

Provincially, your early support will help transform our health and social service systems; reorienting services so they centre on the needs of our young people and their families. And, it will ensure Foundry succeeds and grows to more communities in BC.

Thank you again for your generosity and leadership. I know the Community Name team will keep you very well updated on their progress; and if you have any questions of our central office, it would be a pleasure to hear from you – should you have any questions, I can be reached at smathias@foundrybc.ca.

Sincerely,

Steve Mathias, MD, FRCPC, CACAP
Executive Director, Foundry
Psychiatrist, Providence Health Care
Clinical Assistant Professor, the University of British Columbia

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APPENDIX I

Centre Services and Operations

I.1 Setting the Foundation for Service Model Implementation

I.2 Service Elements and Clinical Modalities

I.3 Template: Mental Health, Substance Use, Peer Support, Primary Care and Social Services Environmental Scan**

I.4 Centre Operation Standards for Integrated Service Delivery

I.5 Integrating with Intention

** Available as Microsoft Word files.

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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, Leadership and Governance section)
- 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;

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    - Shared administrative staff; and
    - Foundry and ISCM services.

- Sign Memoranda of Understanding (MOU) or Collaboration Agreements with partners
- Refer to Integrating with Intention document (appendix of 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		√	√		
Physical Health Care	√ (full spectrum)	√ (including firstline addictions medicine)	√		
Sexual Health Services (access to birth control and other sexual health care)	(screening)	(screening)	√		
Health Promotion/ Prevention/Harm Reduction	√	√	√	√	√
Wellness Program Groups	√	√		√	√
Psychoeducation Groups	√	√		√	

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Foundry Centre Services	Mental Health	Substance Use	Primary Care	Peer Support	Social Services
Clinical Groups	√ (CBT, DBT informed)	√ (MI, CBT)			
SMART Recovery		√		√	
Seeking Safety		√			
After-Care Support (e.g., relapse prevention)	√	√			
Family Services	√ (EFFT)	√ (EFFT)		√	√
Peer Support Services				√	
Outreach		√		√	√
Foundry Works					√
Income Assistance					√
Housing 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

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

Please identify existing health and social services currently 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 including contacts 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?
  - 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 served	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 SERVICES						

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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 served	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 (youth and family)						
PHYSICAL HEALTH (e.g., sexual health and more)						
SOCIAL SERVICES (e.g., employment, cultural services)						

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Centre Operation Standards for Integrated Service Delivery

Foundry strives to enhance the experience of young people and their families as they access health and social services. Foundry centres are well-positioned to streamline access points to care, a process 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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Integrating with Intention

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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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.

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 and 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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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 (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 about 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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APPENDIX J

Knowledge Exchange, Mobilization and Training

J.1 Knowledge Exchange, Mobilization and Training Outline

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Foundry Knowledge Exchange, Mobilization and Training Outline

This outline provides Foundry centre leads 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 (primarily the Knowledge Exchange and Mobilization Manager and Manager, Service Implementation and Integration (MSII)) to help develop and maintain your plan(s) throughout the implementation phase as well the sustaining phase of service delivery.

This outline reflects the KEMb 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

The following definitions are provided to support the recognition and understanding of key concepts related to Foundry's varying service delivery KEMb initiatives.

Confidential space: a space that provides the opportunity for people to share their thoughts, feelings, experiences and ideas and know that:

1. The space is aligned with Providence Health Care (PHC) confidentiality protocols (FCO/PHC Zoom or other approved virtual platform);
2. Sessions are not video or sound recorded by anyone;
3. Individuals' anonymity and content shared is kept within the attendees; and
4. There will only be group agreed-upon sharing of resources, tips, communication and documentation.

Meeting and training spaces my vary with levels of confidentiality and should be outlined clearly by the planner or facilitator prior to the sessions. Any participant may clarify as needed prior to their participation.

Core training formats:

1. **Live Training**: training runs in real time, with students and instructors attending together, either:
   a. In-person: gathering in an agreed-upon physical environment while following public health recommendations; or
   b. Virtual: gathering via a pre-identified online platform, with all learners having the applicable resources (e.g., computer, video, Wi-Fi, space).

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2. **Asynchronous Learning:** training runs on a more relaxed schedule, with students accessing class materials at different times and from different locations, including:
    a. Self-learning: engaging with recommended learning content by reading, discussing and practicing; and
    b. Online learning: accessing structured courses via a Learning Management System (LMS).

3. **Blended Learning:** training that incorporates both live training components as well as asynchronous learning components.

4. **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.

Continuing competencies:

1. **Training Guides**: These core service delivery competency guides and pathways support centre leads and service providers to recognize, understand and plan what training is available when, who should take certain trainings and to what level. These guides also include what resources and supports are available and required by the centres to attain success. These guides will continue to be developed and will be available through the LMS as FCO continues to strategize best ways to support centres. The changes reflect input from the network, learners, the FCO KEMb Manager and the MSIIs through varying forms of evaluations throughout the year.

2. **Clinical or Practice Supervision:** This occurs when a content expert (e.g., Emotion-Focused Family Therapy (EFFT) facilitator) provides specific skills review and feedback in an interactive environment with trained and practicing individuals. Supervision groups can also be peer led, which is when the content expert is the group itself, and a facilitator supports interaction and knowledge sharing. It is a confidential environment, but general tips and practice resources are shared within the group.

3. **Optional additional capacity building opportunities:** Foundry service providers are provided with opportunities to increase their competency in key areas of practice to enhance or build their knowledge or skills or to help inform their practice. These are considered optional.

Communities of Practice:

Communities of Practice (CoPs) represent an interactive group of people who are working in a similar role/program/practice 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.

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Network Knowledge Exchange sessions:

The FCO-led Network Knowledge Exchange sessions (NKE) provide the opportunity for attendees to share, learn about and discuss pre-arranged topics. These sessions will relate to scope of role, in relation to service delivery. The priority audience is the network centre leads. 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.

Part 1: Foundry Service Delivery Core Training Overview

Topic	Target Audience	Approximate Time & Frequency	Organized By	Format
Foundry Orientation	All FCO and Foundry centre staff	TBD (under development) Upon staff hiring	FCO	Asynchronous (LMS)
Measurement Based Care (MBC) Core Training	Foundry clinicians	TBD (under development)	FCO	Blended (live virtual and asynchronous)
Toolbox Orientation	All FCO and Foundry centre staff	TBD (under development) Upon staff hiring	FCO	Asynchronous (LMS)
Toolbox Core Training (Admin/MOAs)	Centre admin/Medical Office Assistant	Prior to opening, then ongoing throughout implementation and sustaining phases	FCO	Blended learning (live in-person & virtual and asynchronous)
Toolbox Core Training (Foundry clinicians)	Foundry clinicians	Prior to opening, then ongoing throughout implementation and sustaining phases	FCO	Blended learning (live in-person & virtual and asynchronous)
Integrated Stepped Care Model (ISCM) Orientation	All FCO and Foundry centre staff	TBD (under development) Upon staff hiring	FCO	Asynchronous (LMS)

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Topic	Target Audience	Approximate Time & Frequency	Organized By	Format
Integrated Stepped Care Model (ISCM) Core Training	All Foundry centre staff	Prior to opening, then ongoing throughout implementation and sustaining phases	FCO with Foundry centre	Currently live training (live in-person and virtual)
Walk-in Counseling (WiC) Orientation	All FCO and Foundry centre staff	TBD (under development) Upon staff hiring	FCO	Asynchronous (LMS)
Walk-In Counselling (WiC) Core Training	All Foundry walk-in, short-term and single-session counsellors and their supervisors	Prior to opening for new centres and twice per year (approx.1.5 full days)	FCO organizes with opening Foundry centre	Blended learning (live in-person & asynchronous)
Emotion-Focused Family Therapy (EFFT) Orientation	All FCO and Foundry centre staff	TBD (under development) Upon staff hiring	FCO	Asynchronous (LMS)
Emotion-Focused Family Therapy (EFFT) Core 1 Training	Foundry clinicians and Family Peer Supporters supporting families/caregivers	Twice per year	FCO contracts and organizes	Live training (virtual)
Emotion-Focused Family Therapy (EFFT) Core 2 Training	Foundry clinicians (advanced)	Twice per year	FCO contracts and organizes	Live training (virtual)
EFFT Caregiver Workshop	Family Peer Supporters	Once per year	FCO contracts and organizes	Live training (virtual)

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Topic	Target Audience	Approximate Time & Frequency	Organized By	Format
Family Peer Support (FPS) Training	Family Peer Supporters	Twice per year (under development)	FCO organizes	Blended learning (live virtual & asynchronous)
Youth Peer Support (YPS) Core Training	Youth Peer Support Workers	TBD	FCO organizes and facilitates	Blended learning (live virtual & asynchronous)
Foundry Works Orientation	All FCO and Foundry centre staff	TBD (under development) Upon staff hiring	FCO	Asynchronous (LMS)
Foundry Works Core Training	Foundry Works staff	TBD (under development) Upon staff hiring	FCO	TBD

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Part 2: Continuing Competencies

Topic	Target Audience	Description	Approximate Time & Frequency & Format	Organized By/ Coordination Support
EFFT Supervision Sessions	Foundry service providers trained and offering EFFT	EFFT facilitator provides specific skills review and feedback in an interactive environment	Monthly Live virtual	FCO contracts and organizes
Peer Support Supervision Sessions	Youth Peer Support Workers and Family Peer Supporters	Regular supervision by supervisor at individual centre	Ongoing Live in-person or virtual	Foundry centre peer support supervisor
Youth Peer Support "Train the Trainer"	Youth Peer Support Workers	Training to become facilitators for Youth Peer Support training (under development)	Timing TBD Live in-person or virtual	FCO
Peer Support Mentorship	Youth Peer Support Workers and Family Peer Supporters	1:1 mentorship sessions with FCO Peer Support Coordinators or other peers from the Foundry network, can be episodic or long term and develops organically	Ongoing Live in-person or virtual	FCO and self-directed

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Part 3: Community of Practices (CoP) for Service Delivery

Topic	Target Audience	Approximate Time & Frequency	Format	Organizer
Walk-In Counselling Solution-Focused Brief Therapy (WiC SFBT) CoP	All Foundry walk-in, short-term and single-session counsellors and their supervisors	Monthly	Live virtual	FCO
Circle of Our Peers CoP	Youth Peer Support Workers	Monthly	Live virtual	FCO
Family Peer Support CoP	Family Peer Supporters	Monthly	Live virtual	FCO
Peer Support Implementation Working Group CoP	Peer support leaders and supervisors in centres	Monthly	Live virtual	FCO
Nurse Practitioners CoP	Foundry nurse practitioners	Monthly	Live virtual	FCO
Foundry Engagement Forum	Youth and family engagement leads from centres and a Youth Peer Engagement Coordinator and Family Peer Engagement Coordinator from FCO	Monthly	Live virtual	FCO
Foundry Works CoP	Foundry Works staff	Monthly	Live virtual	FCO
Operations CoP	Centre leads	Bi-monthly	Live virtual	FCO

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Part 4: Network Knowledge Exchange

Topic	Target Audience	Approximate Time and Frequency	Delivery	Organizer
Network Knowledge Exchange (NKE) Sessions	Centres leads, program/operations managers, service providers Focused on issues related to service delivery	Bi-monthly	Live virtual	FCO
Network Town Halls	Open to all, advertised widely for network staff and leadership to share strategic learnings and opportunities	As needed	Live virtual	FCO

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APPENDIX K

Foundry Centre Operations Budget

K.1 Sample: Project Lead Job Description**

** Available as Microsoft Word file.

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Job Description

JOB TITLE: Project Lead

REPORTS TO:

LOCATION:

UPDATED:

Job Summary

Foundry is removing barriers and increasing access to health and wellness services for young people ages 12–24 and their caregivers through a network of youth-friendly centres across British Columbia and online. By offering integrated mental health care, substance use services, physical and sexual health care, youth and family peer support and social services, Foundry makes it easier for young people to find support in their communities. Online resources and first-of-its-kind virtual care further broaden Foundry's reach.

[Add Lead Agency mission]

The Project Lead is responsible for leading and coordinating the establishment of a new Foundry centre. This involves creating and implementing a project plan, which includes a medium-sized capital project, a clinical service model, thorough engagement with youth, families and community members, fundraising, brand implementation, communications and evaluation. The Project Lead works with consultants, such as architects, contractors and designers, and with stakeholders, including senior health system staff. They develop strong, collaborative relationships with Foundry Central Office staff, local partners, youth, families and other members of the Foundry provincial network. They inspire others to achieve goals and deliverables through facilitation, effective communication and addressing potential barriers to success. The Project Lead communicates with all levels of staff and management to facilitate consensus, consult, negotiate and share information.

[Note: This position leads the overall development of a Foundry centre, from selection (or hire) through to the centre opening. Some Lead Agencies have existing staff who can lead this work for the period required but most need to hire. The role and its funding end after the centre is open; however, a Project Lead with a strong clinical operations background and project management competencies could transition into an operations or clinical leadership role after the Foundry centre is open.]

Key Duties and Responsibilities

- Collaborating closely with Foundry Central Office, leads the creation and implementation of a complex, multi-stakeholder project plan, including governance structures, a capital project, a clinical service model, youth and family enagement, fundraising, brand implementation, communications and evaluation;
- Leads the convening of local partners, including health and social services system partners, Indigenous (First Nations, Métis and Urban Indigenous) partners and youth

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

- Supervises and liaises with consultants, contractors and project coordination staff to ensure the project plan is proceeding toward a timely opening of the centre, full integration of services and fidelity to the Foundry brand experience;
- Acts as the Lead Agency's primary point of contact for Foundry Central Office during the establishment of the Foundry centre;
- Creates agendas for and attends regular project meetings, participates in knowledge exchange calls and travels to occasional provincial gatherings, training opportunities or events and ensures relevant Lead Agency staff are involved in these activities;
- Ensures meaningful youth and family engagement is integrated throughout the project, from the outset of planning through to the opening of the Foundry centre;
- Using resources provided by Foundry Central Office, creates detailed project charter and project plans outlining goals, objectives, timelines and project deliverables.
- Tracks project progress according to project plan, monitors and reports on the status of projects and major issues, makes recommendations on projects scope changes, seeks consensus and proceeds as appropriate;
- Implements effective processes to assess project risks, identify risk mitigation strategies and monitor risk throughout the life cycle of the project;
- Develops a budget plan that meets the goals and objectives of the project, monitors expenditures, identifies financial issues, seeks to adhere to budget or take corrective action;
- Recommends and/or negotiates contracts for provision of goods and services as required;
- Communicates with stakeholders, project sponsors and Foundry Central Office on the scope and status of the project, benefits to stakeholders and others, obligations, responsibilities and changes in processes and ensures questions and concerns are addressed; and
- Performs other related duties as assigned.

Qualifications

- A bachelor's degree in relevant discipline (Master's degree preferred);
- 7–10 years of recent, related experience in a health care setting that includes managing large-scale, multi-stakeholder projects, leading service operations and facilitating and managing consultation processes with a wide range of stakeholder groups;
- Experience working in health, social services or integrated youth services, either in an operational management or clinical leadership role; and
- Experience working with youth or family members with lived or living experience with mental health and/or substance use concerns.

Skills and Abilities

- Knowledge of project management and change management principles and methodologies and ability to coach and coordinate staff;
- Effective communication skills to function within a complex interdisciplinary, cross-sectoral environment involving government, health, non-profit and client stakeholders;

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- Ability to exercise tact and diplomacy, present as a leader and act with humility when working with partners and stakeholders from across systems and with various backgrounds and perspectives;
- Ability to respectfully empower youth and families, including individuals with lived and living experience with mental health and/or substance use concerns, to ensure their voices and perspectives remain central to the project;
- Ability to use initiative, vision, independent thinking and creative problem-solving abilities to implement project plans and complete projects;
- Effective facilitation, persuasion and negotiation skills to achieve consensus, resolve conflict and achieve desired outcomes;
- Ability to work effectively under time pressure to meet deadlines, balance work priorities and resolve problems in a timely, respectful and creative manner; and
- Functional knowledge of word processing, spreadsheet, presentation, project management and database applications.

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APPENDIX L

Evaluation and Quality Improvement

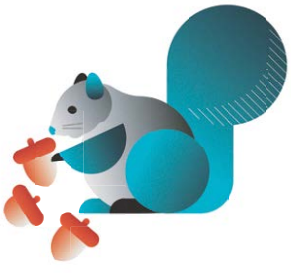
L.1 Foundry Demographic Survey

L.2 K10, Self-Report Health (SRH) and Self-Report Mental Health (SRMH)

L.3 End of Visit Form (including SOFAS Measurement)

L.4 Foundry Health Survey

L.5 Outcome Rating Scale (ORS) and Session Rating Scale (SRS)



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Demographic Survey

This survey will take approximately **3 minutes** to complete.
Answering the following questions will help us get to know you better.

Please provide your name and the date that you are completing this survey on below.

Name	
Date	

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My guardian is:

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

I would describe my ethnic or cultural background as:

- ☐ Indigenous* (First Nations, Métis, Inuit)
- ☐ Caucasian (White)
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Latin American
- ☐ South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan)
- ☐ Southeast Asian (e.g. Indonesian, Vietnamese)
- ☐ West Asian (e.g. Afghan, Iranian)
- ☐ Black (e.g. African, Haitian, Jamaican)
- ☐ Arab
- ☐ Prefer not to answer
- ☐ I don't identify with any of these options. Please specify: _____

***If you describe your ethnic or cultural background as Indigenous:**

I am:

- ○ Métis
- ○ Inuit
- ○ First Nations

If First Nations, I am:

- ○ Status
- ○ Non-Status

I am:

- ○ a Canadian citizen
- ○ a permanent resident
- ○ on a work visa
- ○ on a student visa
- ○ a visitor to Canada
- ○ a refugee claimant
- ○ Not sure
- ○ Prefer not to answer

I identify as:

- ○ Female
- ○ Male
- ○ Trans female
- ○ Non-binary
- ○ Agender
- ○ Two-spirit
- ○ Not sure/questioning
- ○ Prefer not to answer
- ○ I don't identify with any of these options. Please specify: _____

My preferred pronoun is:

- ○ He/Him/His
- ○ She/Her/Hers
- ○ Ze/Hir/Hirs
- ○ They/Them/Theirs
- ○ Just my name please
- ○ Other, please specify: _____

I identify as:

- ○ Heterosexual
- ○ Gay or Lesbian
- ○ Bisexual
- ○ Asexual
- ○ Questioning
- ○ Prefer not to answer
- ○ I don't identify with any of these options. Please specify: _____

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

- ○ Yes
- ○ No
- ○ Not sure

I found out about this centre/service through:

- ☐ My worker
- ☐ My healthcare provider (e.g. doctor/nurse)
- ☐ My family friend
- ☐ My friend
- ☐ Internet/online search
- ☐ Social Media (Facebook, Twitter, etc.)
- ☐ My school counselor/teacher
- ☐ Saw the centre
- ☐ Foundry website
- ☐ Hospital/Urgent Care Clinic
- ☐ Crisis line/informational line
- ☐ Advertising/promotional materials (e.g. pamphlet, poster)
- ☐ From someone who received services here
- ☐ Cultural/spiritual support person, please specify: _____
- ☐ Other, please specify: _____

If this centre/service was unavailable, I would have gone to _____ to get the help I needed today: *Your response to this question will help us better understand resources that are available in your community on where to go for help*

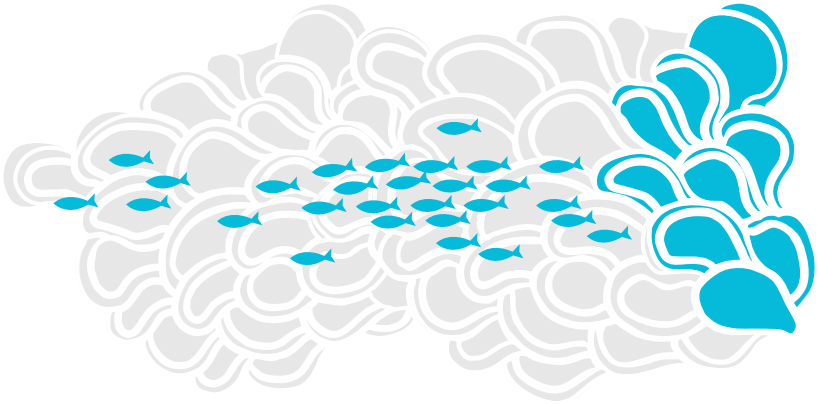
- ☐ Family members/friends
- ☐ My worker
- ☐ My healthcare provider (e.g. family doctor)
- ☐ Walk-in clinic
- ☐ Street nurse
- ☐ My school counselor/teacher
- ☐ Cultural/spiritual support person, please specify: _____
- ☐ Online support
- ☐ Emergency services (911)/Crisis Line
- ☐ Hospital emergency
- ☐ Nowhere/I wouldn't have gotten help
- ☐ Other, please specify: _____

Today I am here to discuss:

- ☐ Eating/nutrition
- ☐ Alcohol/drugs
- ☐ Sexual health
- ☐ Physical health
- ☐ My feelings (stress, anxiety, depression)
- ☐ Family
- ☐ School/work
- ☐ Relationships
- ☐ Finances
- ☐ Housing
- ☐ Other, please specify: _____

I have a family doctor:

- ☐ Yes
- ☐ No
- ☐ Not sure



Permission to Contact

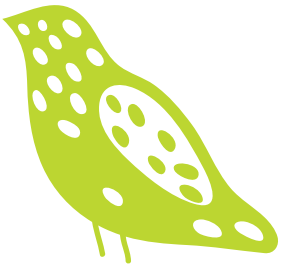
From time to time, young people attending Foundry will be contacted to participate in research or evaluation activities to help provide information to improve Foundry services and find out more about the people who use Foundry.

- ○ **No,** I do not want to be contacted for research or evaluation.
- ○ **Yes,** I am willing to hear about these opportunities from Foundry. I understand that I may not have to take part, and I can change my mind at any time by telling someone at the front desk.

If yes, how would you like to be contacted?

- ○ by email at _____
- ○ by phone at _____
- ○ by text message at _____

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



In general,

How would your rate your health?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

How would your rate your mental health?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

During the last 30 days...

How often did you feel tired out for no good reason?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

How often did you feel nervous?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

How often did you feel so nervous that nothing could calm you down?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

During the last 30 days... (continued)

How often did you feel hopeless?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

How often did you feel restless or fidgety?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

How often did you feel so restless you could not sit still?

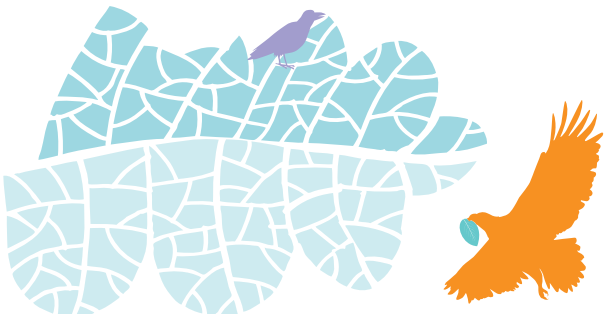
- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

How often did you feel depressed?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

How often did you feel that everything was an effort?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time



During the last 30 days... (continued)

How often did you feel so sad that nothing could cheer you up?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

How often did you feel worthless?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

Thank you for completing the survey

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

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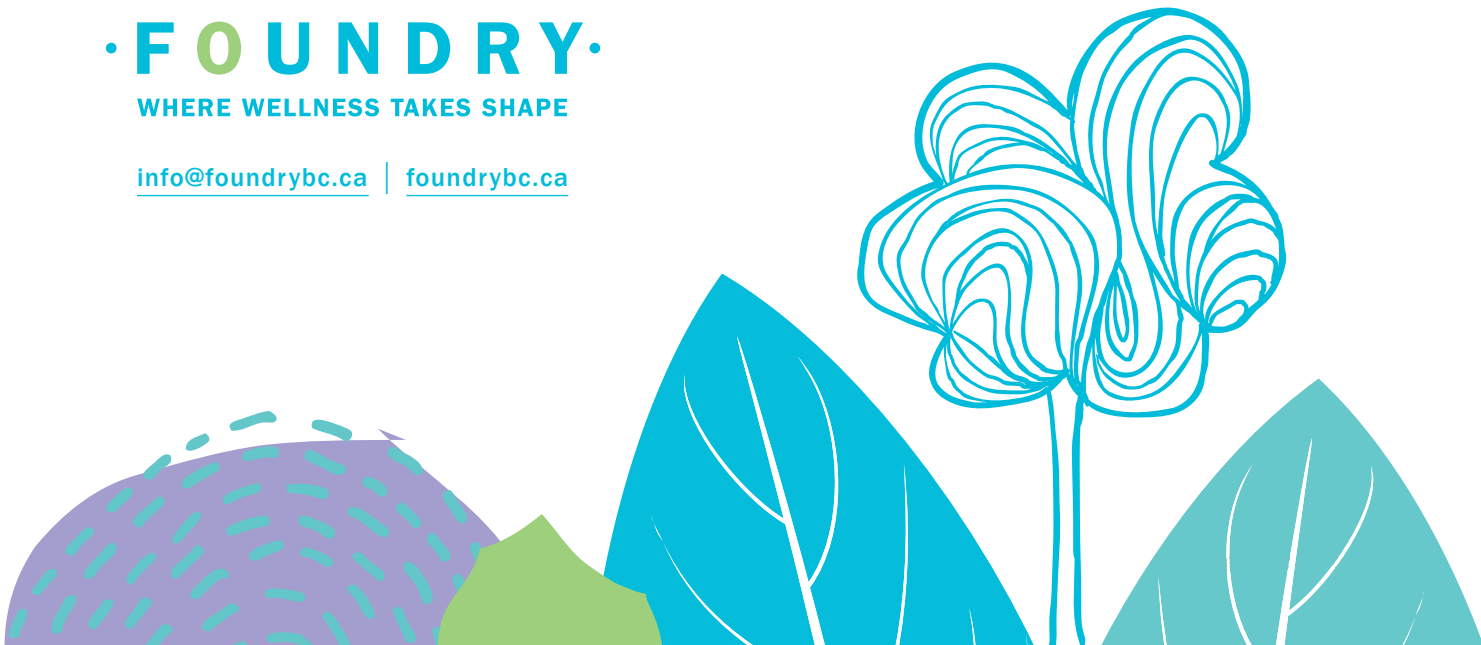
info@foundrybc.ca | foundrybc.ca



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Kessler Psychological Distress Scale (K10)

Please provide your name and the date that you are completing this survey on below.

Name	
Date	

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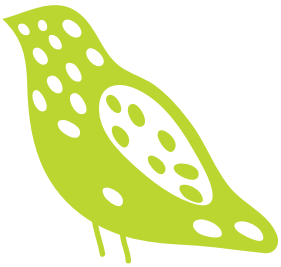

In general,

How would your rate your health?

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- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

How would your rate your mental health?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

During the last 30 days...

How often did you feel tired out for no good reason?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

How often did you feel nervous?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

How often did you feel so nervous that nothing could calm you down?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

During the last 30 days... (continued)

How often did you feel hopeless?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

How often did you feel restless or fidgety?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

How often did you feel so restless you could not sit still?

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- ○ Some of the time
- ○ Most of the time
- ○ All of the time

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- ○ Most of the time
- ○ All of the time

How often did you feel that everything was an effort?

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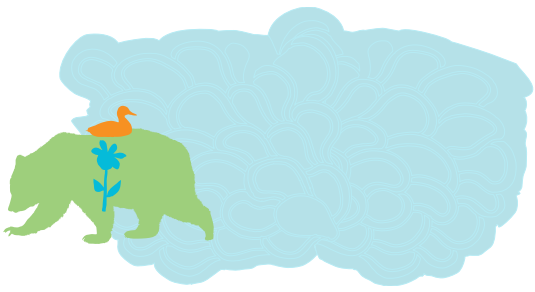
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time



During the last 30 days... (continued)

How often did you feel so sad that nothing could cheer you up?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

How often did you feel worthless?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

Thank you for completing the survey

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

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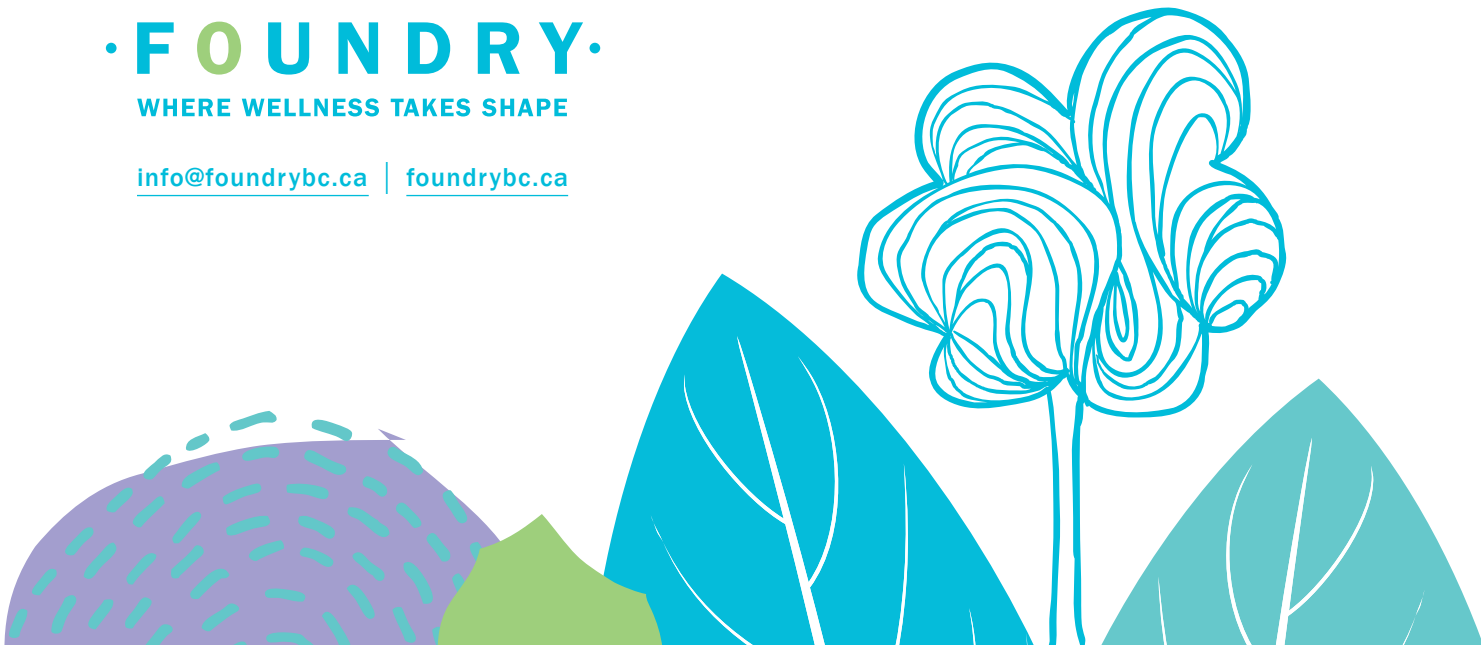

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END OF VISIT FORM

What services did the client receive? (check all that apply)

☐ ***Outreach*** *(check off this option in addition to the services you are providing, if this visit has taken place outside of the Foundry centre)*
Primary Care – Sexual Health
☐ *Birth control*
☐ *Emergency contraception*
☐ *Pregnancy test*
☐ *STI testing*
☐ *STI treatment*
☐ *Other (please specify)* _____
☐ ***Primary Care – Physical Health***
☐ *Illness/Injury*
☐ *Immunization*
☐ *Prescription*
☐ *Eating/Nutrition*
☐ *Trans- care*
☐ *Other (please specify):* _____
Mental Health and Substance Use Services
☐ *Initial/Comprehensive Assessment*
☐ *Mental health*
☐ *Substance use*
☐ *Psycho social rehab - non ISCM pathway*
☐ *Other (please specify)* _____

Rule: If any service under Mental Health Services and Substance Use Services, other than psycho social rehab - non ISCM pathway is selected, show all remaining sections; otherwise hide "ISCM documentation" and "SOFAS rating guide"

Integrated Stepped Care Model

SOFAS rating*: _____
**SOFAS rating guide is available at the end of this form*

If the SOFAS rating cannot be filled then specify a reason:
☐ *Not enough information to rate*
☐ *Rater not trained in SOFAS*
☐ *N/A – Primary Care or Substance Use Assessment*

☐ *Assessment Only*

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ISCM Pathway	Step Placement	Intervention(s)
☐ Substance Use	☐ 1 – Active engagement ☐ 2 – Low intensity ☐ 3 – Moderate intensity ☐ 4 – High intensity, Specialist (specify referral) _____ Select Specialist Services - CYMH - Adult Mental Health - ICM/IYOS - Concurrent Disorder Service - OT Assessment/Intervention - EPI - Eating Disorder - Crisis Response Service - Addiction Service - GP/NP Services (Addictions Medicine, Metabolic Monitoring, etc.) - Other (Please specify) ☐ Discharge from pathway	☐ Active monitoring ☐ Information/Education ☐ Self-care ☐ e-Health ☐ Individual Therapy ☐ Group Intervention ☐ Family Services ☐ Psychiatric Services ☐ Medication/Prescription ☐ Harm Reduction ☐ Other (please specify) _____
☐ Mood/Anxiety/Distress	☐ 1 – Active engagement ☐ 2 – Low intensity ☐ 3 – Moderate intensity ☐ 4 – High intensity, Specialist (specify referral) _____ Select Specialist Services dropdown ☐ Discharge from pathway	☐ Active monitoring ☐ Information/Education ☐ Self-care ☐ e-Health ☐ Individual Therapy ☐ Group Intervention ☐ Family Services ☐ Psychiatric Services ☐ Medication/Prescription ☐ Harm Reduction ☐ Other (please specify) _____
☐ Early Psychosis	☐ –Active engagement ☐ 2 – Low intensity ☐ 3 – Moderate intensity ☐ 4 – High intensity, Specialist (specify referral) _____ Select Specialist Services dropdown ☐ Discharge from pathway	☐ Active monitoring ☐ Information/Education ☐ Self-care ☐ e-Health ☐ Individual Therapy ☐ Group Intervention ☐ Family Services ☐ Psychiatric Services ☐ Medication/Prescription ☐ Harm Reduction ☐ Other (please specify) _____

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☐ ***Walk-in Counselling*** ☐ *Mental health concern* ☐ *Substance use concern* ☐ *Other (text box)*
☐ ***Navigation Services***
Social Services ☐ *Housing support* ☐ *Employment information and support* ☐ *Education* ☐ *Income assistance* ☐ *STADD navigator* ☐ *Other (please specify)_____*
☐ *Youth* ***Peer Support Services***
☐ ***Groups*** ***Group ID:*** _____ *Group Name:* _____
☐ *Other (please specify):* _____
Client left without receiving any service (please specify why below) ☐ *Service unavailable – client was given appointment for another day* ☐ *Service unavailable – options for other days or other services discussed with client* ☐ *Client chose to leave without being seen* ☐ *Other (please specify):*

External Referrals

☐ Referral to acute/urgent service e.g. emergency services (please specify)_____
☐ Referral to other community service(s) (please specify) _____

Inter-professional Communication: ----------

☐ VC Registration/Survey Filled

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SOFAS Rating Guide

SOCIAL AND OCCUPATIONAL FUNCTIONING: Consider social and occupational functioning on a continuum from excellent to grossly impaired. Include impairments in functioning due to physical limitations, as well as those due to mental impairments. Impairment must be a direct consequence of mental and physical health problems. The effects of lack of opportunity and environmental limitations are not to be considered.	
Superior functioning in a wide range of activities.	100 91
Good functioning in all areas. Occupationally and socially effective.	90 81
No more than slight impairment in social, occupational, or school functioning (e.g. infrequent interpersonal conflict, temporarily falling behind in schoolwork).	80 71
Some difficulty in social, occupational, or school functioning but generally functioning well. Has some meaningful interpersonal relationships.	70 61
Moderate difficulty in social, occupational or school functioning (e.g. few friends, conflict with peers or co-workers).	60 51
Serious impairment in social, occupational or school functioning (e.g. no friends, unable to keep a job).	50 41
Major impairment in several areas, such as work, school, or family relations (e.g. depressed man avoids friends, neglects family and is unable to work; child frequently beats up younger children, is defiant at home and is failing at school).	40 31
Inability to function in almost all areas (e.g. stays in bed all day; no job, home, or friends).	30 21
Occasionally fails to meet minimal personal hygiene (e.g. smears feces); unable to function independently.	20 11
Persistent inability to maintain personal hygiene. Unable to function without harming self or others or without considerable external support (e.g. nursing care and supervision).	10 1

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Health Survey

This survey will take approximately **15 minutes** to complete.

- Although some of the questions may seem personal, they will help the care professional you are about to see understand your situation
- Some answers are colour-coded and yellow or red responses may result in an alert sent to service provider(s) through the Toolbox system
- Maintaining your privacy is important to us. Please do not leave this document unattended until you are done with the survey
- If you need help at any time, just ask at the front desk

Please provide your name and the date that you are completing this survey on below.

Name	
Date	

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TOPIC 01 HOME

1.1 I live with: *(check all that apply)*

- ☐ Mother(s)
- ☐ Father(s)
- ☐ Both parents at different times
- ☐ Stepmother or stepfather
- ☐ Grandparent(s)
- ☐ Foster parent(s)
- ☐ Aunt, uncle or other adults related to me
- ☐ Brother(s)/sister(s)
- ☐ Partner/boyfriend/girlfriend
- ☐ Friend(s)
- ☐ I live alone
- ☐ Child/children
- ☐ Other, please specify: _____

1.2 I currently live:

- ☐ In a house, apartment or townhouse
- ☐ In a group home
- ☐ In a homeless shelter
- ☐ On the street
- ☐ In a single room occupancy (SRO)
- ☐ I couch surf
- ☐ Other, please specify: _____

If "I couch surf" is selected for question 1.2, skip question 1.3

1.3 I have been homeless or couch surfed in the past month:

- ○ No
- ○ Yes

If "I live alone" is selected for question 1.1, skip to question 1.5

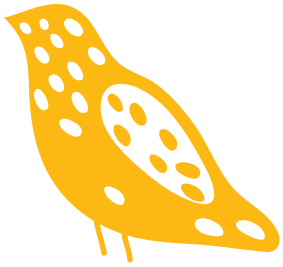
1.4 I get along with the people I live with:

- ○ Never
- ○ Sometimes
- ○ Often
- ○ Always

1.5 At some point in my life, I have lived with adults who were not my parents:

- ☐ No
- ☐ Foster care
- ☐ Other family member
- ☐ Family friend
- ☐ Other friend
- ☐ Other, please specify: _____

1.6 I have run away from home:



- ○ Never
- ○ Thought about it
- ○ Once
- ○ More than once

1.7 I can talk to someone in my family if I have problems:

- ○ No
- ○ Sometimes, depending on the problem
- ○ Yes, about most things

1.8 I can talk to someone outside my family if I have problems:

- ○ No
- ○ Sometimes, depending on the problem
- ○ Yes, about most things

Did you know Foundry has someone you can talk to about your housing situation? Ask the front desk staff for more information.

TOPIC 02 SAFETY

In the last three months...

2.1 I have experienced online bullying:

- ○ Never
- ○ Sometimes
- ○ Often
- ○ Always

2.2 I have seen or experienced some form of violence (e.g. physical, emotional):

- ○ No
- ○ Yes

2.3 I feel safe where I live:

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ Little or none of the time

Did you know? If you are worried about your safety or someone else's, we are here to help. You can talk to any one of our team members to see what services could help.

TOPIC 03 SEX

3.1 When I have questions about sex, I ask my:

- ☐ Parent/caregiver
- ☐ Sibling(s)
- ☐ Friend
- ☐ A telephone helpline
- ☐ Internet
- ☐ Counsellor/worker
- ☐ Doctor/nurse
- ☐ Teacher
- ☐ Nobody
- ☐ Other, please specify: _____

3.2 I have had sex:

- ○ No
- ○ Thinking about it
- ○ Yes

If "no" or "thinking about it", skip to question 3.6

3.3 The last time I was tested for sexually transmitted infections was:

- ○ Never
- ○ More than 3 months
- ○ Less than 3 months
- ○ Can't remember/not sure
- ○ I want to get tested

3.4 I use the following to protect myself from HIV/STIs:

Use external condoms or internal condoms:

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Rarely
- ○ Never
- ○ I don't know

Use dental dams:

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Rarely
- ○ Never
- ○ I don't know

3.5 I/we use this/these to prevent pregnancy:

- ☐ Condoms
- ☐ Birth control medication
- ☐ Morning after pill/Plan B
- ☐ Other contraceptives
- ☐ Rhythm method/pulling out
- ☐ None
- ☐ This doesn't apply to me

3.6 I would like to talk about birth control and/or my sexual health:

- ○ No
- ○ Yes

Did you know? Foundry has staff on site who can provide information or advice on sexual health.

TOPIC 04 EDUCATION

4.1 I am a student:

- ○ No
- ○ Yes

If "no" is selected, complete question 4.2, then skip to question 4.9 on page 6

4.2 The highest level of education I have completed is:

- ☐ Grade 1–6
- ☐ Grade 7–8
- ☐ Grade 9–10
- ☐ Grade 11–some grade 12
- ☐ High school graduate
- ☐ College or other non-university certificate or diploma
- ☐ Registered apprenticeship or other trades certificate or diploma
- ☐ University

4.3 I am currently going to:

- ☐ Elementary school
- ☐ Middle school
- ☐ High school
- ☐ Trades school
- ☐ Training program (e.g. Culinary, Game Design)
- ☐ College
- ☐ University
- ☐ Other, please specify: _____

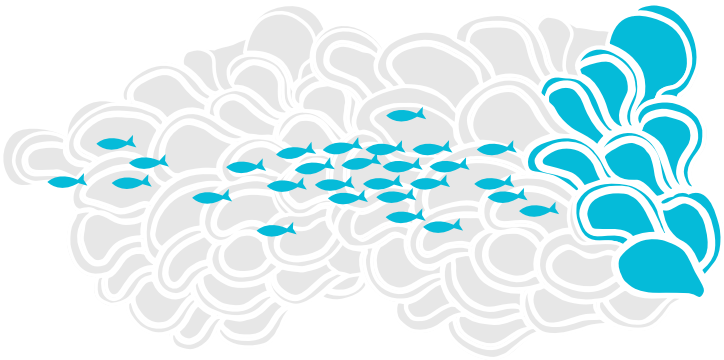
4.4 School is:

- ○ Fun
- ○ Ok
- ○ Terrible

Minnesota School Survey items being used by McCreary – permission given

4.5 I feel like I am part of my school:

- ○ Strongly agree
- ○ Agree
- ○ Neither agree nor disagree
- ○ Disagree
- ○ Strongly disagree



4.6 I feel safe at my school:

- ○ Strongly agree
- ○ Agree
- ○ Neither agree nor disagree
- ○ Disagree
- ○ Strongly disagree

4.7 Last month, I missed days _____ of school:

- ○ 0
- ○ 1–5
- ○ 6–10
- ○ 11–15
- ○ 16–20
- ○ More than 20

4.8 I think about dropping out of school:

- ○ Never
- ○ Sometimes
- ○ Often
- ○ Always

4.9 I have a paid job:

- ○ No
- ○ Yes

If "no" selected, skip to question 4.12 on page 7

4.10 I have had this paid job for:

- ○ Less than a month
- ○ 1–3 months
- ○ 4–12 months
- ○ More than a year

4.11 I usually work this many hours per week: _____

4.12 My main sources of income are: *(check all that apply)*

- ☐ Full-time job
- ☐ Part-time job
- ☐ Casual work (e.g. Labor Ready)
- ☐ Student loan
- ☐ Family gives me money
- ☐ Income/social assistance (welfare)
- ☐ Disability assistance
- ☐ Employment insurance
- ☐ Panhandling/binning/ scavenging/recycling
- ☐ Sex work
- ☐ Crime
- ☐ No source of income
- ☐ Other, please specify: _____

4.13 I find it difficult to keep a paid job:

- ○ Never
- ○ Sometimes
- ○ Often
- ○ Always
- ○ This does not apply to me

4.14 Does your money situation stress you out?

- ○ Never
- ○ Sometimes
- ○ Often
- ○ Always

Did you know Foundry has someone you can talk to about employment? Ask the front desk staff for more information.

TOPIC 05 ACTIVITIES

5.1 I like to spend my time: *(check all that apply)*

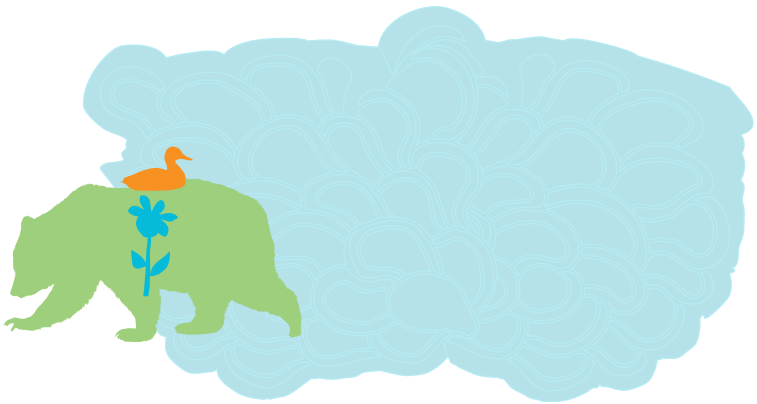
- ☐ Making/playing music
- ☐ Drinking alcohol
- ☐ Writing
- ☐ Spending time with pet(s)
- ☐ Travelling
- ☐ Getting high
- ☐ Drawing
- ☐ Gaming
- ☐ Taking photographs
- ☐ Using my cell phone
- ☐ Playing sports
- ☐ Doing extracurricular activities at school
- ☐ Exercising (e.g. yoga, running, gym)
- ☐ Shopping
- ☐ Doing/exploring art
- ☐ Watching TV
- ☐ Reading
- ☐ Eating
- ☐ Smoking
- ☐ Being with friends
- ☐ Being with family
- ☐ Interacting on social media
- ☐ Gambling
- ☐ Spending time outdoors
- ☐ Practicing my culture
- ☐ Vaping
- ☐ Other, please specify: _____

5.2 I spend this many hours a week exercising:

- ○ less than 2 hours
- ○ 2–5 hours
- ○ 6–10 hours
- ○ 11–15 hours
- ○ 16–25 hours
- ○ Over 25 hours

5.3 I participate in a sports team, club, or organized group:

- ○ Never
- ○ Once a month
- ○ Once or twice a week
- ○ More than twice a week



5.4 Altogether, how much time do you spend each week doing something that is meaningful and important to you? (i.e. work, volunteering, sports, music, theatre, arts, dance, spending time with friends, engaging in cultural activities)?

- ○ Less than 2 hours
- ○ 2–5 hours
- ○ 6–10 hours
- ○ 11–15 hours
- ○ 16–25 hours
- ○ Over 25 hours

5.5 On average, I sleep ____ hours every day

5.6 On average, I spend ____ hours a day on screens (e.g. watching TV, internet surfing, on social media, texting or playing video games)

- ☐ More than 6 hours a day

Did you know? If you're looking for healthy things to do, Foundry team members can connect you with sports, social activities and positive skill-building groups.

TOPIC 06 EMOTIONS

The following questions are about problems that many people have. Some of the questions ask about **"significant"** problems. A problem is significant when you have it for two or more weeks, when it keeps coming back, when it keeps you from doing the things you say you are going to do, or when it makes you feel like you can't go on.

Please tell us the last time you had a "significant" problem by answering whether it was in the last month, 2 to 3 months ago, 4 to 12 months ago, or 12+ months ago. If you have never had the problem, you can choose "never." If you are not sure about the answer to a question, please make your best guess. You can also decide not answer a question.

When was the last time that you had significant problems with...

6.1 Feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.2 Sleep trouble such as bad dreams, sleeping restlessly, or falling asleep during the day?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.3 Feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

When was the last time that you had significant problems with...

6.4 Becoming very distressed and upset when something reminded you of the past?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.5 Thinking about ending your life or committing suicide?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.6 Seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

When was the last time that you...

6.7 Lied or conned to get things you wanted or to avoid having to do something two or more times?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.8 Had a hard time paying attention at school, work, or home two or more times?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

When was the last time that you...

6.9 Had a hard time listening to instructions at school, work, or home two or more times?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.10 Had a hard time waiting for your turn two or more times?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.11 Were a bully or threatened other people two or more times?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.12 Started physical fights with other people two or more times?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.13 Tried to win back your gambling losses by going back another day two or more times?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

When was the last time that...

6.14 You used alcohol or other drugs weekly or more often?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.15 You spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or receiving from the effects of alcohol or other drugs (e.g. feeling sick)?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.16 You kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.17 Your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.18 You had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

When was the last time that you...

6.19 Had a disagreement in which you pushed, grabbed, or shoved someone?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.20 Took something from a store without paying for it?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.21 Sold, distributed, or helped to make illegal drugs?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.22 Drove a vehicle while under the influence of alcohol or illegal drugs?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

When was the last time that you...

6.23 Purposely damaged or destroyed property that did not belong to you?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.24 Had significant problems with missing meals or throwing up much of what you did eat to control your weight?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.25 Had significant problems with eating binges or times when you ate a very large amount of food within a short period of time and then felt guilty?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.26 Had significant problems with being disturbed by memories or dreams of distressing things from the past that you did, saw, or had happen to you?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.27 Had significant problems with thinking or feeling that people are watching you, following you, or out to get you?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

When was the last time that you...

6.28 Had significant problems with videogame playing or internet use that caused you to give up, reduce, or have problems with important activities or people of work, school, home or social events?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.29 Had significant problems with gambling that caused you to give up, reduce, or have problems with important activities or people at work, school, home, or social events?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

6.30 Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with?

- ○ No
- ○ Yes, please describe: _____

6.31 When was the last time that you intentionally, or on purpose, self-harmed yourself (for example, cut yourself, burnt yourself, hit yourself, driven recklessly, or abused prescription medication)?

- ○ Never
- ○ 12+ months ago
- ○ 4 to 12 months ago
- ○ 2 to 3 months ago
- ○ Past month

Did you know? If you need to talk, we are here to listen. We have a youth peer support workers and youth friendly counsellors available to talk about whatever is on your mind. Our reception team can connect with you.

TOPIC 07 ALCOHOL AND SUBSTANCE USE

7.1 I have tried vaping, tobacco, alcohol, other types of street drugs, or drugs that were not prescribed to me

- ○ No
- ○ Yes

If "no" selected, skip the remainder of this section

7.2 I would describe my use of the following as:

	Never tried	Tried a few times	Weekend/ occasional	Regular/daily	Former
Vaping	○	○	○	○	○
Weed/Pot	○	○	○	○	○
Tobacco (cigarettes, chewing)	○	○	○	○	○
Alcohol	○	○	○	○	○
Cocaine/crack (up, rock, hard)	○	○	○	○	○
Prescription medication	○	○	○	○	○
Painkillers (including T3s and Oxy)	○	○	○	○	○
Sedatives (including Activan, valium, Xanax)	○	○	○	○	○
Stimulants including (Dex and Ritalin)	○	○	○	○	○
Heroin/fentanyl (down, junk, smack)	○	○	○	○	○
Inhalants (sniffing gas, glue, whippets, cough syrup)	○	○	○	○	○
Hallucinogens (LSD, acid, magic mushrooms, mescaline, GHB, ketamine)	○	○	○	○	○
MDMA (ecstacy, EX, molly)	○	○	○	○	○
Steroids (growth hormones)	○	○	○	○	○
Amphetamine (meth, crystal, Jib) syrup)	○	○	○	○	○
Other, please specify:	○	○	○	○	○

7.3 I have tried injecting drugs

- ○ No
- ○ Yes

Did you know? If you have any questions about drugs and alcohol or would like to talk about how using is impacting you or someone you care about, we can help. You can ask our reception team to see a drug and alcohol counsellor.

TOPIC 08 HEALTH

8.1 When I'm sick, I get help from: *(check all that apply)*

- ☐ Family members
- ☐ Friends
- ☐ Hospital emergency
- ☐ Walk-in clinic
- ☐ Nurse practitioner
- ☐ Emergency services (911)
- ☐ Street or outreach nurse
- ☐ Outreach worker
- ☐ No one
- ☐ Other, please specify: _____

8.2 I have spent a night in hospital the past year

- ○ No
- ○ Yes

8.3 Taking care of my health is:

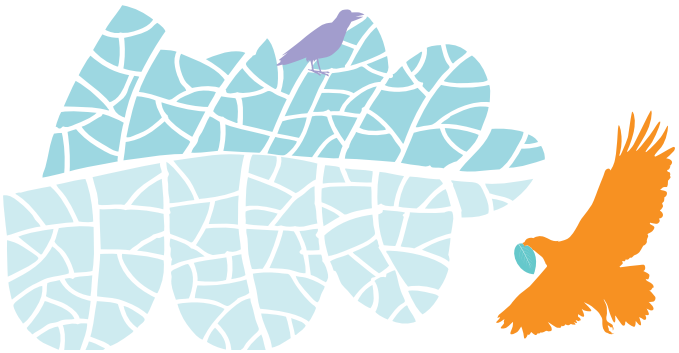
- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

8.4 I am currently taking medication

- ○ No
- ○ Yes

8.5 I worry about my physical health

- ○ Never
- ○ Sometimes
- ○ Often
- ○ Always



8.6 I worry about my mental health

- ○ Never
- ○ Sometimes
- ○ Often
- ○ Always

8.7 Have you ever been told by a health care provider (doctor, nurse etc.) that you may have: *(check all that apply)*

- ☐ Fetal alcohol syndrome or spectrum or effects
- ☐ Learning disabilities
- ☐ Brain injury
- ☐ ADD or ADHD
- ☐ Cognitive problems
- ☐ None of these

8.8 Have you ever had a head injury (concussion, fractured skill, knocked unconscious)?

- ○ No
- ○ Yes

If "no" selected, skip to question 8.12 on page 20

8.9 How many times have you had a head injury?

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10

8.10 When was your most recent head injury?

- ○ One month ago
- ○ 2 to 6 months ago
- ○ 7 months to one year ago
- ○ More than a year ago

If you answered "no" or "thinking about it" to question 3.2 on page 4, skip to question 8.12

8.11 The last time I had an HIV test was:

- ○ Within last month
- ○ 2 to 6 months ago
- ○ 7 months to one year ago
- ○ More than a year ago
- ○ Never
- ○ Can't remember/not sure

Skip question 8.12 if you answered "no" or "thinking about it" to question 3.2 on page 4 and/or answered "no" to question 7.3 on page 18

8.12 The last time I had a Hep C test was:

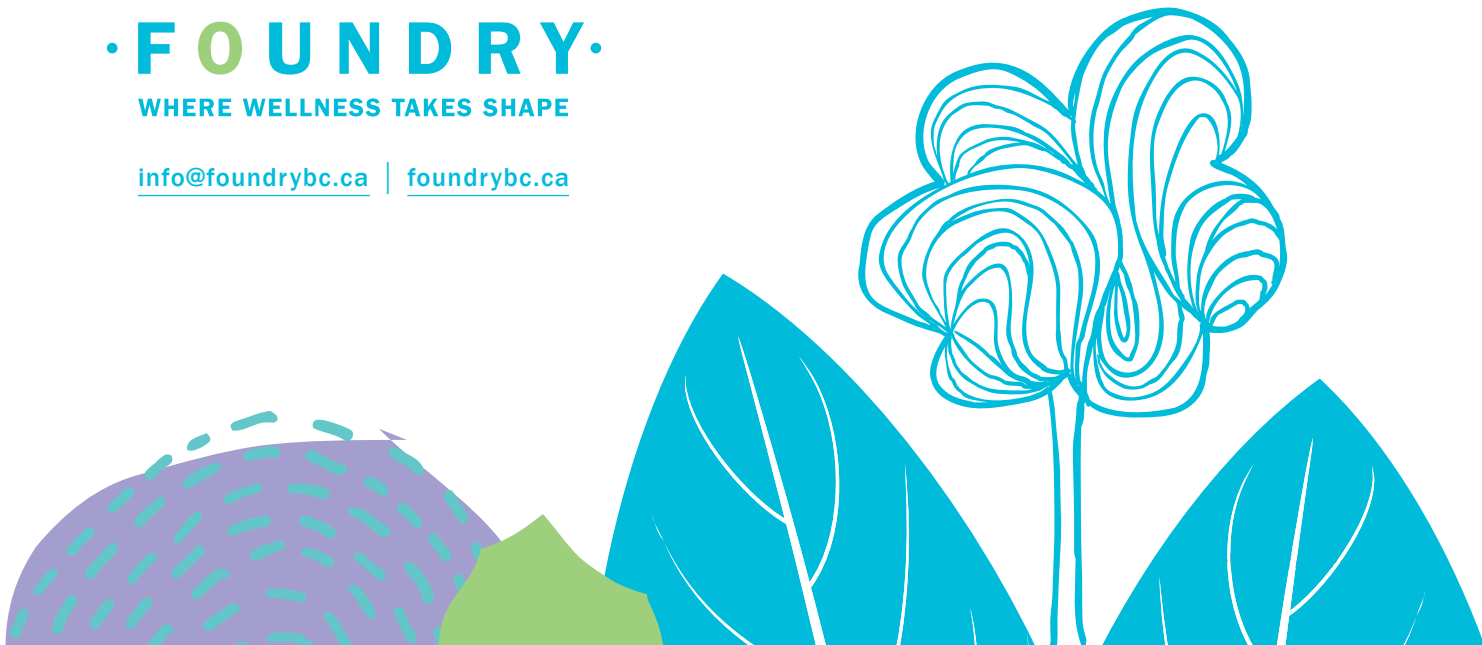
- ○ Within last month
- ○ 2 to 6 months ago
- ○ 7 months to one year ago
- ○ More than a year ago
- ○ Never
- ○ Can't remember/not sure

Thank you for completing the survey

This information will be used confidentially with you by the staff here at Foundry.

FOUNDRY
WHERE WELLNESS TAKES SHAPE

info@foundrybc.ca | foundrybc.ca



Outcome Rating Scale (ORS)

Name _____Age (Yrs):____ Sex: M / F
Session # ____ Date: _____
Who is filling out this form? Please check one: Self_____ Other_____
If other, what is your relationship to this person? _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

ATTENTION CLINICIAN: TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.

Individually
(Personal well-being)

I----------I

Interpersonally
(Family, close relationships)

I----------I

Socially
(Work, school, friendships)

I----------I

Overall
(General sense of well-being)

I----------I

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Session Rating Scale (SRS V.3.0)

Name _____Age (Yrs):____
ID# _____ Sex: M / F
Session # ____ Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected. I---------- I felt heard, understood, and respected.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about. I---------- We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The therapist's approach is not a good fit for me. I---------- The therapist's approach is a good fit for me.

Overall

There was something missing in the session today. I---------- Overall, today's session was right for me.

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Child Outcome Rating Scale (CORS)

Name _____Age (Yrs):____
Sex: M / F_____
Session # ____ Date: _____
Who is filling out this form? Please check one: Child_____ Caretaker_____
If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

Me
(How am I doing?)

I----------I

Family
(How are things in my family?)

I----------I

School
(How am I doing at school?)

I----------I

Everything
(How is everything going?)

I----------I

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Child Session Rating Scale (CSRS)

Name _____Age (Yrs):____
Sex: M / F
Session # ____ Date: _____

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening

_____ did not always listen to me.

I----------

_____ listened to me.

How Important

What we did and talked about was not really that important to me.

I----------

What we did and talked about were important to me.

What We Did

I did not like what we did today.

I----------

I liked what we did today.

Overall

I wish we could do something different.

I----------

I hope we do the same kind of things next time.

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APPENDIX M

Research and Innovation

Additional material available on the Foundry Website.

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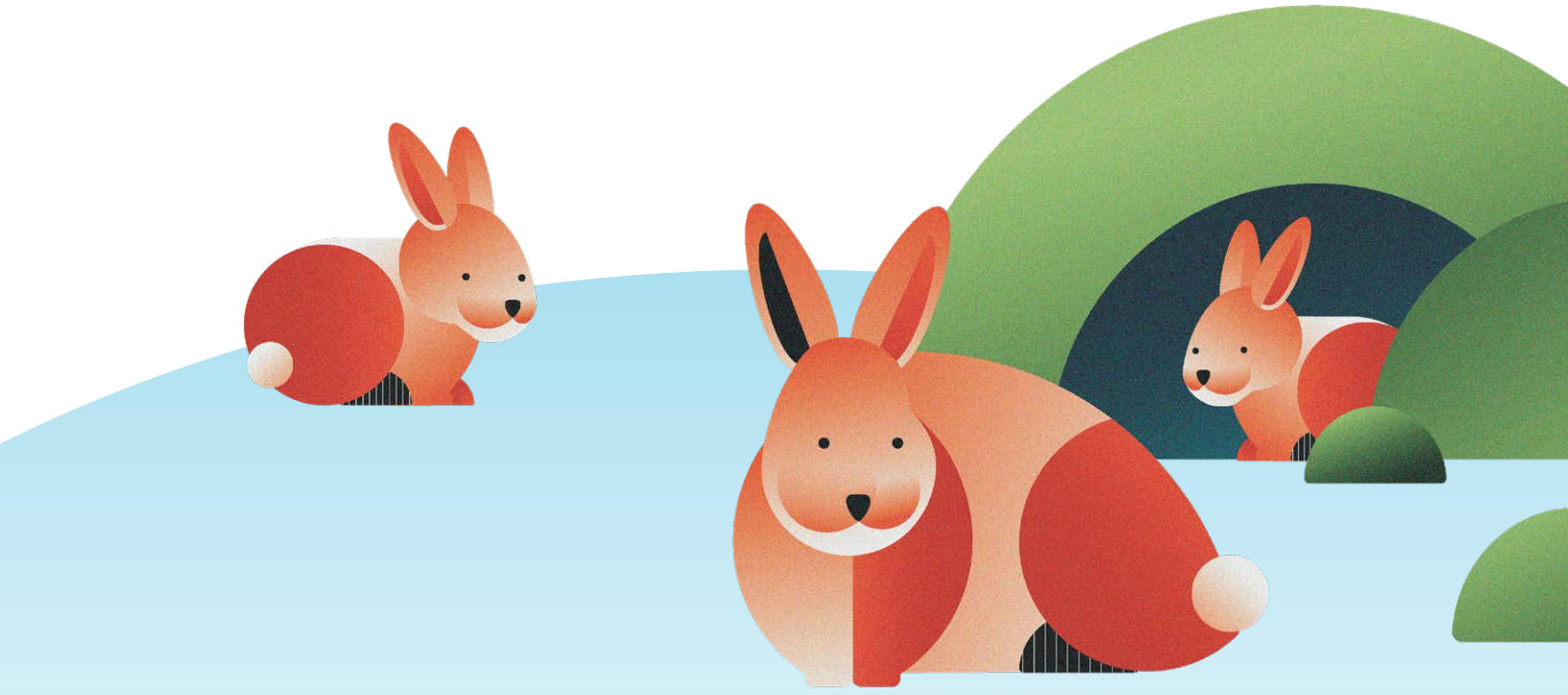

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