

· F O U N D R Y ·

Implementing Integrated Stepped Care Model Services

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Introduction

Every young person's journey to wellness is unique. At Foundry, we want to ensure that our evidence-informed care model is flexible to best meet the individual needs of every young person. To be able to provide this personalized care, we have developed an Integrated Stepped Care Model (ISCM) for Foundry.

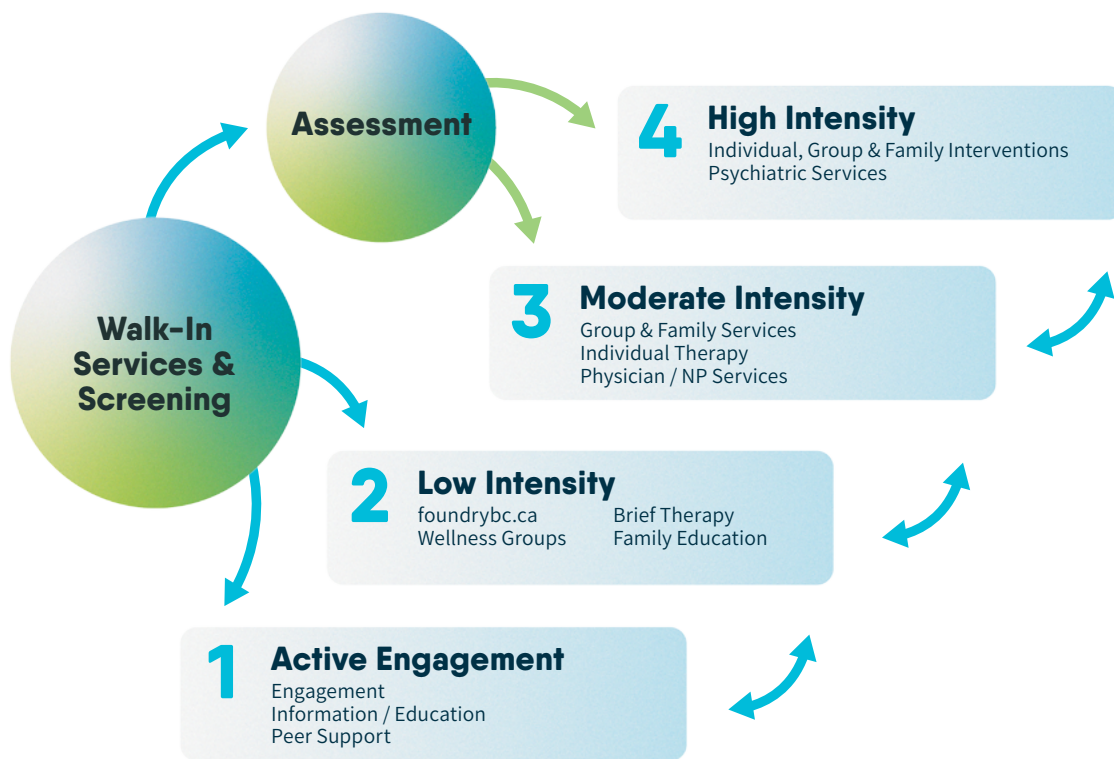
The ISCM gives order to how we provide services across Foundry centres and between different service providers. By following the ISCM, we can help provide a framework for young people, their families/caregivers and service providers to access the most effective interventions. The ISCM places emphasis on transparency and flexibility in service matching and highlights early intervention to offer effective support to young people before issues overwhelm or illness progresses to the point of requiring specialized services. Services offered to young people are based on their needs, readiness and preference, as well as the provider's clinical judgement and data from standardized tools that are completed by youth seeking mental health, substance use and physical health care services.

A range of services, from low to high intensity, are available at each centre. Service options for each step are based on wise practices and community assets. For example, step one options may include services delivered by Peer Support Workers and step two includes support to access self-guided materials through foundrybc.ca. Step three and four care options typically involve more intense mental health and substance use services. Easy access to services is key, whether they are specialist services on site or medical care. See "Figure 1: Foundry's Integrated Stepped Care Model" on page 4.

In addition to clinical conversations, mental health is measured in order to inform transparent and collaborative care delivery. Using measures helps infer if the young person is likely to benefit from a service, and comparisons are made at different times to assess how much the young person is benefiting relative to their goals. Data supports providers in deciding which services to offer, and data supports youth in making informed decisions about their care. For an overview of Foundry's ISCM, visit the [Service Model Guide](#).

Each community is different, so the ISCM at each centre is customized to fit their needs. The purpose of this document is to provide guidance and tools to centre leaders as they create, implement and refine an ISCM that best suits their unique context.

FIGURE 1: FOUNDRY'S INTEGRATED STEPPED CARE MODEL



Core Components of Implementation

As a Foundry community begins to develop their Integrated Stepped Care Model, it can be helpful to break it down into processes and practice standards that guide the work.

Building on the learnings from the 2019 developmental evaluation of Foundry's ISCM, and adapting implementation and practice materials¹ and practice wisdom from colleagues at Stepped Care Solutions, we identified seven core components to help centre leaders navigate the implementation process. The core components offer meaningful and actionable guidance on how to do the work in a good way, in line with Foundry's values.

The core components are organized into two groups — Model Design and Development at the Foundry Centre and Youth Experience. The first group focuses on the initial design of the model and its ongoing improvement and sustainability. The second group of core components focuses on what service providers can do to make sure youth have the best possible experience when seeking and receiving services.

The core components, which are described in more detail in the next section, are:

Model Design and Development at the Foundry Centre

- Asset-based Co-design
- Range of Services Using a Range of Evidence
- Continuous Quality Improvement

Youth Experience

- Person-centred and Flexible
- Timely and Accessible
- Effective and Data-informed (Measurement-based Care)
- Coordinated and Integrated

For each core component, the following is explained:

- Description of the component
- Indicators used to track the component
- Minimum and enhanced practice standards

Model Design and Development at the Foundry Centre

The following three components are all related to developing the ISCM at a Foundry centre.

Core Component: Asset-Based Co-Design

Foundry centres are designed alongside young people and families/caregivers in the community in order to reflect what is important and welcoming to them. Just as we ask youth and families to collaborate on selecting the interior furnishings, branded decals and more, Foundry services are also co-created alongside youth, families/caregivers and the people providing youth services in a community. Involving community service leadership is critical when developing and designing the services in the Integrated Stepped Care Model.

Asset-based co-design brings together aspects of asset-based community development (ABCD) with principles of co-creation and co-design. While ABCD is often focused on neighbourhood and community planning, the principle of starting with the assets and strengths of all participants is a foundational piece of asset-based co-design. When we use an ABCD framework to develop service models, we move away from the traditional social service or medical model of mental health services, and we move into new possibilities of partnership and connection.



Here's a story to illustrate this:

At one community table where a Foundry centre was being discussed and developed, a member of the board of the non-profit had joined the conversation, as they had graciously cooked lunch for the meeting. While they were talking about the meal program they support for seniors in the community, they shared that a new herb and vegetable garden was going in at the seniors' centre. They shared how great it would be for the seniors and the youth to garden and harvest this plot together. The Foundry centre manager brought this idea to the youth who were being engaged at schools and through the youth advisory committee and found there was a lot of interest. This gardening project was developed into the ISCM service planning, at a level one for the wellness program.

This story shows the potential that exists when we include anyone who's interested in the development of Foundry services in the early conversations. It also shows the importance of co-designing services alongside the youth, families/caregivers and other interested community members. With consistent involvement from everyone, the proposed ideas can be discussed and developed in more detail together.

We use an asset-based framework to inform our development because we want to ensure that we are building on and enhancing a community's strengths and not unintentionally creating unnecessary duplication. Using an asset-based approach also helps us highlight the gaps in services, coming from a place of strength and collaboration, as it requires a level of community agreement on what gaps exist.

Steps to co-design a centre or community's ISCM often include:

- Identify who will co-lead this work, often the Lead Agency team member responsible for centre service development and the FCO Manager of Service Implementation and Integration (MSII).
- Host workshops to begin to co-design your local ISCM framework. Workshop participants should include leads from agencies that could provide services within the centre, youth and family advisory committee members, representatives from local Indigenous groups and others explained in the practice standard below.
- Identify existing health and social services currently offered in your community and how they are accessed. Focus on the many strengths of your community. Consider whether there is an opportunity for these services to operate out of a Foundry centre or deliver existing services in an integrated manner.
- Collaboratively design the ISCM, by placing the available services on Steps 1, 2, 3 and 4, using the ISCM Services – Clinician's Reference template in the [Service Model Guide](#).
- Identify gaps as a community and look to see how the core Foundry funding might be used to fill gaps in Steps 1-3. Gaps on Step 4 are identified to the appropriate jurisdiction and noted for future funding and service development planning. Foundry funding is not intended to fill all the gaps at Step 4 as this is not sustainable, but it can be used to supplement specific services such as sessional time for psychiatry.
- Synthesize your findings. What are the strengths? What gaps have you identified? What are the opportunities, such as supporting same-day services, supporting new services and transitioning between services? What other themes came up?
- Discuss your findings and the draft ISCM with youth and family advisory committees, as you work together to articulate what services will look like at the Foundry centre.

Indicators used to track this core component:

1. Centre's populated Integrated Stepped Care Model Services (either the template above, or something similar).
2. Meeting notes from youth and family advisory committees and services working groups.

The following practice standards provide guidance on implementing services using asset-based co-design:

	Minimum Practice Standard	Enhanced Practice Standard (minimum standard plus the additions below)
Include youth, families/ caregivers and representatives from all youth-serving organizations and services in the co-design process	<p>Workshop includes:</p> <ul style="list-style-type: none"> • Youth and families/caregivers • Representatives from all disciplines of the service model (nurses, family physicians, peer support workers, counsellors and cultural, vocational and outreach workers) • Leaders from organizations that will work in the Foundry centre • Representatives from Indigenous communities and organizations • Groups who will refer youth to the centre, such as hospital liaisons and schools 	<p>Workshop also includes:</p> <ul style="list-style-type: none"> • Representatives from other youth-serving organizations such as community centres, libraries, religious spaces and non-profits • Leaders from other wellness services that youth access such as art studios
Create a safer space for all participants	Beyond just inviting a broad range of participants, the workshop organizers endeavour to create a space without hierarchy, where all participants are empowered, supported and heard.	
Share and discuss the centre's draft ISCM	<p>After the draft ISCM for the centre is created, it is shared and discussed with all workshop participants, including youth and families/caregivers.</p> <p>The draft ISCM is shared and discussed with the youth and family advisory committees.</p>	The discussion and review by the workshop participants is led by participants, including youth and families/caregivers. This supports the knowledge acquisition process of the Foundry model (the "see-do-teach" idea).

Core Component: Range of Services Using a Range of Evidence

Once you have a broad idea of what the centre's ISCM looks like, you can move on to creating a more detailed plan for offering services.

Foundry's ISCM includes four stepped services: **Mood, Anxiety and Distress; Substance Use; Disordered Eating** and **Early Psychosis** (as shown in the table “Integrated Stepped Care Model Services Planning” on page 10). Stepped services for trauma care are currently in development.

These stepped services are organized around a set of common core therapies, including Cognitive Behavioural Therapy (CBT), Solution-Focused Brief Therapy (SFBT), Motivational Interviewing (MI) and Emotion-Focused Family Therapy (EFFT). Group-based services — such as CBT, SMART Recovery and wellness groups — are also offered in centres.

Although each stepped service is unique, they share some common interventions as shown in the table “Integrated Stepped Care Model Services Planning” on page 10. Looking at each stepped service, consider which group, family and individual services can be offered at each step, making sure that all mental health and substance use services offered in the Foundry centre are built into the ISCM. A template for this table (Integrated Stepped Care Model Services Planning) is in the [Service Model Guide](#).

Step 1 and 2 services are general and appropriate for a wide range of concerns and are available at all Foundry centres. Step 3 services are more specific to the reason the youth is seeking service, are moderate in intensity and are guided by service providers with specific training. Step 4 services are high intensity specialist services that may be accessed in the centre or through referrals to other community partners. Generalized screening occurs for all services at first visit, and more robust assessment processes inform decision making around steps 3 and 4.

In the stepped services for Mood, Anxiety and Distress and Substance Use, Steps 3 and 4 are co-designed, bringing in existing youth and young adult services. Stepped services for Early Psychosis/Ultra High Risk and Disordered Eating are established when these services are available within each community.

Beyond the minimum expectations of services that should be implemented in centres, other more specialized services may be offered, based on each community's needs and resources. This could include Intensive Case Management, Youth Assertive Community Treatment or Step-Up Step-Down Outreach at Step 4.

Throughout this planning, consider the evidence that supports each type of service, including Indigenous knowledge, practice wisdom and academic evidence.

For Indigenous knowing, focus specifically on relationship building and trauma-informed practices (such as PACE, somatic attunement, storytelling, using language to build safety and familial practices identified by the young person). Denise Findlay, the founder of [Gathering our Medicine](#), refers to this as intersubjective relating.

Integrated Stepped Care Model Services Planning

Service	Mood/Anxiety/ Distress	Substance Use	Disordered Eating	Early Psychosis
Step 1 Active Engagement				
Active Monitoring	Active monitoring provided by service provider, low intensity group facilitated by social services			No Step 1 services
Information/ Education	Internet-based (Foundry website) written material — general mental health and substance use information and self-care			
Peer Support	Youth Peer Support Worker — drop-in peer support			
Family Services	Family education, cultural support			
Other		Screening, harm reduction	Media literacy training	
Step 2 Low Intensity				
Self-care	Self-care/guided self-care — online, written			
e-Health	Foundry website — direct to specific apps, Youth BounceBack®, interactive online modules, eCBT			
Group Intervention	Wellness Groups, cultural experiences, outreach and land-based services			
	YMind	Drop-in groups (e.g., Peer Harm Reduction)		
Individual Therapy	SFBT	Motivational Interviewing	SFBT, building connection	N/A
Family Services	Family education, one-at-a-time/single session counselling for caregiver/youth relationship			Family education on Ultra High Risk (UHR)
Other		Targeted Health Promotion & Prevention (HPP), harm reduction		Active monitoring of psychosis
Step 3 Moderate Intensity				
Group Intervention	CBT DBT informed	Therapeutic/ psychosocial group (e.g., SMART Recovery)	Incorporate DE elements into mood/anxiety CBT group	Needs-based intervention and/ or group education for UHR
Individual Therapy	CBT	MI, CBT, Acceptance & Commitment Therapy	CBT for DE	Needs-based intervention — consider other stepped services

Service	Mood/Anxiety/ Distress	Substance Use	Disordered Eating	Early Psychosis
Step 3 Moderate Intensity				
Family Services	Family education, EFFT, EFFT caregiver workshop	Family intervention	EFFT, EFFT Caregiver workshop	Family education and support
Primary Care Services (physician/nurse practitioner)	Consider medication (SSRI)	Monitor physical and mental health, risk assessment and response	Screening or active monitoring for eating disorder	Shared care with psychiatrist
Psychiatric Consultation	Consider psychiatric assessment, shared care with physician/nurse practitioner	N/A	Consider psychiatric assessment, shared care with physician/nurse practitioner	EPI psychiatrist consult, shared care with physician/nurse practitioner
Other		Targeted HPP, harm reduction, art therapy, Elder (spiritual) support		Active monitoring of psychosis
Step 4 High Intensity, Specialist Services				
Group Intervention	CBT, DBT — may be offered by or in collaboration with CYMH/AMH	Specialized therapist-led groups (e.g., Seeking Safety)	Eating Disorder Program groups	EPI Program groups
Individual Intervention	CBT, DBT — may be offered by CYMH/AMH	Case Management — may be offered by MHSU (e.g., ICMT, ACT)	Eating Disorder Program interventions & case management	EPI Program case management & interventions
Primary Care Services (physician/nurse practitioner)	Shared care with psychiatrist	Addictions medicine — OAT (provided by physician/nurse practitioner)	Monitor long term medical concerns	Comprehensive physical exam at entry to EPI and annual exams; info on prevention and treatment of relevant health issues; metabolic monitoring; medical monitoring & treatment
Specialist MHSU Services	Evidence-based/informed interventions specific to diagnosis provided by multi-disciplinary team — group, individual, family and psychiatric services offered by local Health Authority MHSU, CYMH teams and specialist programs (e.g., EPI, Eating Disorders) — on site and off site			

Indicators used to track this core component:

1. Centre has service offerings at each step.
2. Toolbox end of visit data shows that services are provided at each step.

The following practice standards provide guidance on implementing a range of services using a range of evidence:

	Minimum Practice Standard	Enhanced Practice Standard (minimum standard plus the additions below)
Design services that are evidence-informed, trauma-informed and culturally relevant	<p>At Foundry, evidence-informed practice includes Indigenous knowledge, practice wisdom and academic evidence.</p> <p>Services and assessments take a trauma-informed approach, emphasizing safety, transparency, collaboration, empowerment and choice.</p> <p>Service development includes Indigenous leaders, youth and service providers, to ensure services are culturally-specific and safe.</p> <p>Services are developed alongside youth and leaders from equity-denied groups such as newcomers, with particular attention to creating safety and access for 2SLGBTQIA+ youth.</p>	
Reflect the services provided by multi-disciplinary team members in all stepped services	<p>All Foundry centre service providers (nurses, family physicians, peer support workers, counsellors and cultural, vocational and outreach workers) are represented in the services offered.</p>	
Complete assessments when necessary	<p>Every young person accessing Foundry completes generalized screening for distress (Kessler Psychological Distress Scale – K10), mental health (Self-Rated Mental Health), and general health (Self-Rated Health) at the first visit.</p> <p>When young people seek out counselling or medical services related to mental health and substance use, they complete the GAIN-SS, which helps indicate if an assessment is needed.</p> <p>When an assessment is needed, centres have a process to complete a more comprehensive bio-psycho-social assessment, using available templates.</p>	

Core Component: Continuous Quality Improvement

The Integrated Stepped Care Model is continuously evolving. Each Foundry centre community has specific assets that they bring to enhance the ISCM, reflecting each community's unique strengths.

These centre-specific services are brought to Foundry's Clinical Collaborative and Knowledge Exchange, where they are shared and discussed for potential province-wide implementation. At a provincial level, we consider and trial new services based on feedback from centres, and at a centre level, youth and service providers trial new interventions such as groups and therapies. This approach reflects the flexibility of the model to adapt to the needs of each Foundry community and the broader provincial perspective.

Continuous Quality Improvement:

Achieving growth and change through ongoing monitoring and improvement cycles.¹

It's important to continue to monitor the impact that the ISCM is having on individual client outcomes and program-wide in a Foundry centre. Centre leaders use multiple methods to monitor this impact including Toolbox data, youth and family surveys, feedback from youth and family advisories and leadership tables, and service provider surveys.

The Foundry Central Office evaluation team performs ongoing analyses of the data from Toolbox and surveys, to determine how effective the model is at improving outcomes for youth and families/caregivers over the long term. This information can help determine where more resources are needed, so we can continue to build on the success of what has been working well.



Indicators used to track this core component:

1. Toolbox data reports.
2. Centre-specific data gathered (e.g., EMR, Health Data Coalition).

The following practice standards provide guidance on implementing services with continuous quality improvement:

	Minimum Practice Standard	Enhanced Practice Standard (minimum standard plus the additions below)
Collect data at the client level using Toolbox	<p>Service providers enter the services delivered to each young person in Toolbox.</p> <p>Service providers are oriented to the screening and outcome monitoring tools in Toolbox, know how to have youth input data and how to track changes over time.</p>	<p>Service providers engage with measurement-based tools alongside youth.</p>
Mobilize data and share it back with service providers	<p>Centre leaders share Toolbox data reports with Foundry service providers and partner organizations.</p>	
Monitor the quality of services	<p>Centre leaders track wait times and turn-aways for services.</p> <p>Youth and family/caregiver satisfaction data is collected at regular intervals.</p> <p>Youth and families/caregivers have advisory committees that meet and review this data.</p>	<p>Centres review this data quarterly and take on quality improvement projects as indicated.</p>

Youth Experience

The following four components are all related to a youth's experience of the ISCM at Foundry.

Core Component: Person-Centred and Flexible

We want youth to be able to access a range of services that vary in intensity and commitment needed and that reflect what youth in each community want.

At the heart of it, person-centredness is the reason why Foundry has developed the Integrated Stepped Care Model. Person-centred means that the young person's hopes, desires and goals for engaging with Foundry are reflected in their access to services.

Foundry service providers understand that the situations and stresses young people face are often changing, so the way they provide services needs to be flexible to that constant change. To empower young people, service providers clearly explain which services are available, which may be effective in different situations and how the intensities of the services vary.

As part of serving young people in a person-centred and flexible way, Foundry recognizes the importance of including the people in their circle of care when possible and appropriate. Service providers learn who is supporting a young person in their lives and how the young person would like these people involved. Family/caregivers who are concerned about a young person are able to access walk-in counselling and peer support on their own, to focus on how to provide support.

Service providers demonstrate this core component in their interactions with young people, in the way these interactions are documented and in the development of a young person's service team and service plan.

A group of Foundry youth have created a graphic interpretation of the ISCM to support explaining the model to other young people. See ““Figure 2: Youth-facing ISCM Graphic Co-created with Foundry Young People” on page 16.

Person-centred: Putting the young person at the centre, providing the care that best meets their needs.²

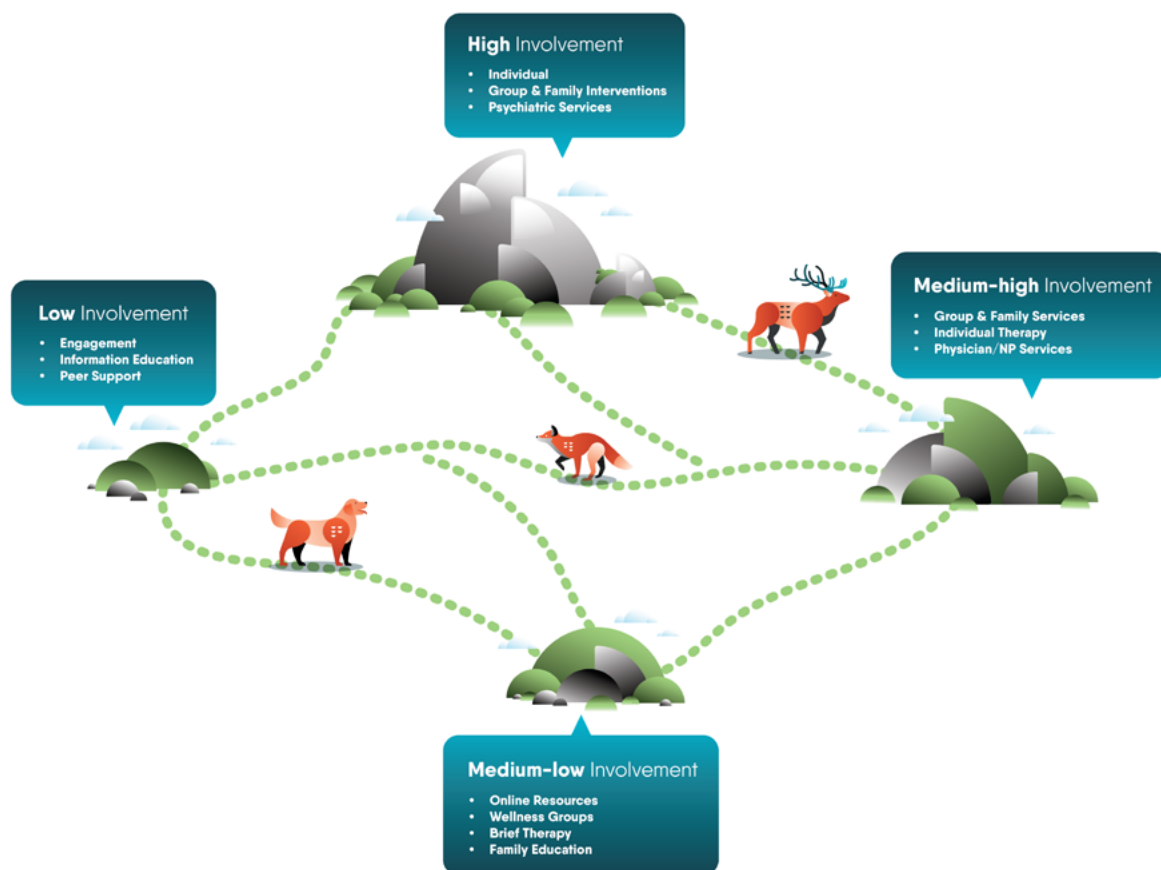
Flexible: Providing a spectrum of services at different intensities, delivered in the order and manner most appropriate for each individual.²

At Foundry, **family** is defined uniquely by each young person and can include anyone supporting or advocating for their wellness. Family, whether by birth, choice or circumstance, holds a significant role in supporting a young person by fostering a sense of belonging and hope through their shared experience.

Indicators used to track this core component:

1. Documentation of overarching care plan in the client/medical record and notes indicate the young person's goals and hopes for the visit to Foundry.
2. Documentation includes who from their natural support system the young person wants involved in their care and how they want them involved. Toolbox end of visit data reflects family/caregiver involvement in visits.
3. Meeting notes and feedback from family and youth advisory committees includes ISCM and the topic of services.

FIGURE 2: YOUTH-FACING ISCM GRAPHIC CO-CREATED WITH FOUNDRY YOUNG PEOPLE



The following practice standards provide guidance on implementing services in a person-centred and flexible way:

Minimum Practice Standard		Enhanced Practice Standard (minimum standard plus the additions below)
Take a strength-based approach to planning and assessment	<p>Service providers respect and honour a young person's and family/caregiver's perspectives about life, their strengths and their preferences for support. They seek this knowledge to guide or inform decisions about what services are offered to them.</p> <p>Assessments are done when more intensive services are indicated or asked for, and assessments are not required for services in Steps 1 and 2.</p> <p>Assessment and care plan templates include strengths and goals.</p>	
Be transparent when explaining service options	Service providers offer information to young people and families/caregivers about what services are available and effective for different situations.	
Explain the levels of service available and offer choice	Young people are offered the choice between less and more intensive therapeutic services, based on their goals and concerns (more intensive services are offered when clinically indicated). Service providers are clear about the expected time commitment for each choice.	
Identify youth's circle of care and their involvement	<p>Service providers identify a youth's circle of care and offer to include them when providing services. Service providers support young people's autonomy about if, how and when their circle of care are involved, including parent(s) or other caregivers.</p> <p>For young people who are experiencing feelings of alienation and isolation, the service providers gather a sense of who in past or present might be well positioned to become part of a young person's circle of care.</p>	
Document the youth's consent to include their circle of care	Young people provide explicit consent for the engagement of their circle of care. In the client/medical record, service providers clearly document what information is appropriate to share with each member of their support system and check it regularly with the young people to ensure it remains correct.	

Core Component: Timely and Accessible

We want youth to be able to access the support they need when they need it, with minimal barriers.

Foundry centres offer a variety of same-day services that are designed to support young people and their families/caregivers in a timely way — the moment they seek support. In addition to walk-in counselling, drop-in wellness groups and peer support, Foundry offers other appointment-based services that are also built into the Integrated Stepped Care Model.

Walk-in counselling may be the entry point into other ISCM services, if young people need or request additional support. They have the option of being referred for a comprehensive assessment to determine which services match their needs and preferences. Walk-in counselling may also be helpful as an interim solution when there is a waitlist for group or individual psychotherapy.

Foundry reduces barriers to ensure that services are accessible to youth and families/caregivers. Services are free, confidential and don't require a referral or an assessment. For families/caregivers, their services are not tied to having a youth receiving services — they can access support on their own.

Part of accessibility is creating an environment where diverse youth and families/caregivers can feel comfortable and safe. As part of Foundry's Justice, Equity, Diversity and Inclusion (JEDI) Strategy, centre leaders and service providers strive towards culturally safer services, by learning and unlearning with humility and working to understand the diverse unmet needs of youth experiencing multiple intersecting barriers.

Foundry's provincial virtual services team also makes services more accessible to people across the province through the Foundry Virtual BC platform, which includes the Foundry BC app, a web portal and phone services, which are all available longer hours than Foundry centres.

Timely: Facilitating timely access to services — both over the life course and within an episode of care.²

Accessible: Actively working to reduce barriers, invite diverse youth experiences and create a welcoming environment free from judgment and stigma.

Indicators used to track this core component:

1. Foundry centre Services Planning/Clinical Services Plan or other centre-generated document that outlines the hours and philosophy of care.
2. Youth and family feedback, both from experience surveys and advisory committees.

The following practice standards provide guidance on implementing services in a timely and accessible way:

	Minimum Practice Standard	Enhanced Practice Standard (minimum standard plus the additions below)
Ensure support for mental health and substance use concerns is accessible	<p>Walk-in counselling is offered for young people and their families/caregivers at consistent drop-in times and does not require referral or assessment.</p> <p>Youth and family peer support is offered at consistent times.</p> <p>Centre leaders and service providers have opportunities to learn and reflect about personal and systemic biases, so they can work towards providing safer, more equitable services.</p>	
Offer support for families/caregivers	<p>Same-day and appointment-based services are offered to the families/caregivers of young people who are seeking support. The services focus on supporting the young person.</p> <p>Family/caregiver services are offered in their own right and do not have to be tied to the services accessed by their young person.</p>	<p>Centres with co-located specialist services include family interventions such as family therapy in the Early Psychosis Intervention (EPI) and Eating Disorders programs.</p> <p>Centres have partnering family therapy agencies that offer family therapy at the centre or through referral to their location.</p> <p>Centres offer additional family services such as family mediation and conflict resolution.</p>
Offer support for youth waiting for Foundry services	<p>When possible, service providers stay connected to young people who are on waitlists for services. They ask if the young people would like check-ins, how they would like to be contacted and the frequency. Service providers suggest lower barrier and same-day services to help them stay connected to Foundry.</p>	

Core Component: Effective and Data-Informed (Measurement-Based Care)

Tailoring services to best suit the needs and goals of young people is a critical part of stepped care, along with using measurement to monitor changes in how they are doing over time, so the young person and service provider can notice, respond and adapt the services.

To determine a young person's starting point in the ISCM, service providers consider the young person's and the family's/caregiver's needs, preference and readiness, their own clinical judgment and data from validated tools.

A key tool is Foundry's electronic data platform, Toolbox. Toolbox supports decisions about which services might be the best fit to offer the young person by collating and demonstrating change from clinical screening and assessment tools. These tools can be used for self-reporting by a young person and also for clinician reporting. Following a visit with the young person, a service provider indicates the step of the services that were offered, which can support team-based care, especially for centres where not all service providers document on the same client/medical record.

In addition to supporting decision making about stepped services, these screening tools and scales are used to track progress as young people move through interventions. Regular reassessment helps a service provider adjust young people's treatment plans as they respond to interventions and their needs change, and it is also an opportunity to put data back into the hands of young people to monitor their own progress and make informed decisions about their care. Toolbox provides each young person's results through readily accessible summary reports.

Data-informed: Using screening and assessment tools to support decisions and discussions about accessing services and tracking progress.

Effective: Providing services that result in functional improvement and progress towards young people's goals, using multiple sources of data to inform changes in care.

Indicators used to track this core component:

1. Client Progress Tracker in Toolbox.
2. Client records demonstrate reviews and reassessments occur.
3. Youth and family feedback, both from experience surveys and advisory committees.

The following practice standards provide guidance on implementing services in an effective and data-informed way:

Minimum Practice Standard		Enhanced Practice Standard (minimum standard plus the additions below)
Match services to the young person	Service providers offer young people and families/caregivers services matched to their readiness and level of need. If indicated, they choose lower intensity and less resource-intensive interventions first.	
Use data and clinical tools to support decisions	Service providers and young people use information and data to make shared decisions about Integrated Stepped Care Model services. Using the clinical tools in Toolbox, they collaboratively track how the young person is doing and if another approach or service might be useful.	
Reassess regularly	Service providers conduct brief, systematic reassessments at regular intervals, discussing the purpose and including the young person's perspective. They use the results of the reassessments as points of discussion.	

Core Component: Coordinated and Integrated

To fully and ideally implement the ISCM, high levels of coordination and integration are necessary, so the young person has a seamless service experience.

One of the guiding objectives of integrated service delivery is to minimize the burden of someone seeking services having to tell multiple people the same information without therapeutic value. We commonly have young people come into a Foundry centre saying, “I don’t know why I’m here but (fill in the blank) told me it was a good idea or told me I had to seek services here.” While we do not have as much influence over what providers outside Foundry do, the integrated part of ISCM means that within Foundry we clearly explain to a young person why they are being connected to another service, and we clearly communicate the goal of the referral to the other service provider.

Integrated: Focusing on coordination and communication between services and supports.

“Not just everything under one roof but everyone working together.”

Foundry Developmental Evaluation



Coordination can be somewhat complex when a variety of service providers who work for different agencies are working together at Foundry. From the young person's perspective, they are all working together in the same location, so they should have the same information. When centres implement processes for communication and documentation, youth experience the services as more coordinated.

Coordinated: Enabling integration of mental health and other services.²

The following story illustrates this:



A young person comes to Foundry seeking sexual health services. They see a nurse who provides sexual health education and dispenses birth control medication. The nurse is employed by the health authority public health program and comes to Foundry once a month. During their conversation, the young person explains that they have been feeling “extra moody” and wonder if they might be depressed. As a routine part of their practice, the nurse has reviewed the K10 and noted the youth was not in high distress, and so they proceed to ask a few screening questions for depression. The youth does not screen positive for depression at this time, so the nurse provides some mental health literacy information, shares the Foundry website, points out some helpful apps the young person says they will download and invites them to return to Foundry for walk-in counselling in the future.

Two weeks later the young person returns to Foundry and asks to see a counsellor. They complete the Foundry Health Survey (which includes the GAIN-SS), and a counsellor sees them.

How do we ensure the counsellor knows that the youth saw the nurse two weeks ago and tried the things the nurse suggested? How do we make sure the youth doesn't have to explain something tedious like why they are here, when they are following the nurse's advice to return?

Indicators used to track this core component:

1. Youth and family feedback, both from experience surveys and advisory committees.
2. Leadership table feedback.

The following practice standards provide guidance on implementing services in a coordinated and integrated way:

	Minimum Practice Standard	Enhanced Practice Standard (minimum standard plus the additions below)
Use shared documentation and communication processes	<p>Service providers use Toolbox consistently, so it is easy to see which service providers have met with a young person.</p> <p>When young people register, they are asked if they have received Foundry services before so the service provider can link the files once consent is obtained.</p> <p>Service providers review standardized screening tools in Toolbox prior to a visit.</p> <p>Regular huddles occur with all members of the drop-in team (i.e., counsellor, peer support worker, nurse, supervisor, physicians, medical office assistant).</p> <p><i>If all service providers are not using the same client/medical record: Service providers review a client's Toolbox record to see who they last saw.</i></p>	All service providers document on the Foundry centre client/medical record.
Make referrals and connections to other services seamless for young people	When possible, service providers facilitate personal introductions to other service providers to help build effective connections and make transitions easier for young people.	
Share information and collaborate on a referral process with community partners	<p>Service providers regularly meet with community partners to share information about services, referral processes, waitlists and barriers to care.</p> <p>Service providers work with common referring sources such as school counsellors, emergency room providers and family physicians to create a more streamlined and less burdensome referral experience.</p>	Use one community-level referral form for all Foundry services.

FCO Support

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

References

- 1 Carey, S., Jaouich, A., Churchill, A., Cornish, P., Impey, D., & Kim, M. (2021) Stepped Care 2.0 Revised Implementation Guide. Mental Health Commission of Canada. Ottawa, ON.
- 2 South Eastern Melbourne Primary Health Network. Mental Health Stepped Care Model. 2016.



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info@foundrybc.ca | foundrybc.ca

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