Providence Health Care

·FOUNDRY·
VANCOUVER–GRANVILLE

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FOUNDRY VANCOUVER-GRANVILLE MENTAL HEALTH REFERRAL

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Home and Community Referral

Available Services that require a referral. For all other services available at Foundry Vancouver please check our website www.foundrybc.ca

1. **Intensive Case Management:**

Intensive Case Management (ICM) at Foundry Vancouver-Granville is provided through a team of nurse and social work case managers, psychiatrists, nurse practitioners, peer support workers and rehabilitation specialists. Our priority is to engage youth living in the Downtown Eastside, or downtown core of Vancouver who are homeless or experience unstable housing and suffer from untreated and/or emergent mental health and substance use issues.
As a part of a continuum of care, the ICM service is intended to reach both those individuals that:

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

Individuals must meet the following criteria:

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

AND

Individual has urgent to emergent mental health issues with or without substance use which seriously interfere with their ability to live in the community AND includes one of the following:

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

Our Intake Coordinator reviews and triages referrals to determine if the services provided through the Foundry ICM are the best option for the youth. Our Intake Coordinator monitors and maintains all referrals to ensure that youth referred to our program are served in the best way and place possible.

2. **Shared Care / Psychiatric Consult:**

The Shared Care / Psychiatric Consult service is for youth ages 18 to 24
Referral will only be accepted from a family physician, pediatrician or nurse practitioner
Offers:

- Mental health assessments
- Medication review
- Short-term treatment recommendations
- The referring agent must be able to accept patient back for on-going care
- If youth has had a psychiatric consultation in the last 6 months, they will not be eligible for another assessment.

Due to limited availability of this service, Foundry Vancouver focuses on priority populations.
Please contact the Intake Coordinator to determine eligibility before submitting a referral

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3. **Mood Anxiety Pathway (MAxP)**

The Mood Anxiety Pathway is for youth who experience mild to moderate symptoms of non acute depression and anxiety. The MAxP focuses on helping youth develop skills and knowledge to manage their experiences with stress and mood symptoms. There are 4 core services available to youth enrolled in the MAxP:

- **Primer Group**:
  Four session group which will cover education about mood and anxiety, sleep, hygiene, healthy lifestyle and self management strategies. This group will be offered virtually or in person and is facilitated by Occupational Therapists and Peer Support. Upon completion of the Primer Group, youth can enroll in the following:

- **CBT Boot Camp:**
  8 session weekly group

- **Mindfulness Based Cognitive Therapy (MBCT):**
  8 session weekly group

- **1:1 Counselling**
  Upon completion of either CBT or MBCT (requires approval).

4. **DBT Program: (Internal Providence Health Referrals only)**

Please contact Intake Coordinator for DBT Screener

DBT Skills:

- Youth age 18 to 24 mild BPD traits (or emerging traits), and no active self-harm or suicidal gestures in the last year, who are stably housed, and not high resource users (i.e., no recent hospital admissions).
- This group can be seen as a preventive measure to support use of skills.
- This is a skills acquisition group, does not include 1:1 therapy or skills coaching. Topics taught include emotion regulation, setting boundaries, healthy relationships, distress tolerance, interpersonal effectiveness and mindfulness.

DBT Comprehensive:

- Youth age 18 to 24 with BPD traits/disorder that have higher service utilization (frequent ER visits, hospitalizations, active self-harm, suicidal ideation, dissociative symptoms.)

Skills Squad:

- Youth age 19 to 24
- DBT informed skills training for youth with emotion and social dysregulation, as well as safety vulnerabilities who have a FSIQ of 100 or less, impaired working memory and/or processing speed.

5. **Caregiver Supports:**

- **Caregiver Workshop:** (2 days – group format)
  Using Emotion Focused Family Therapy (EFFT) principles to help parents/caregivers develop skills/tools to better support a loved one who is struggling with mental health and/or addiction.

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In order to determine eligibility of the youth being referred for services at Foundry Vancouver please provide the following information:

SERVICES AVAILABLE:

☐ **Intensive Case Management**	• 18 to 24 years old • Requires intensive outreach/unable to engage in traditional mental health and/or substance use services • Confirmed or suspected mental health diagnosis with or without substance use
☐ **Shared Care/Psychiatric Consult**	• 18 to 24 years old • Referred by MD/NP required (must be able to accept patient back for follow-up care) • Diagnostic clarification, treatment recommendations (short term engagement only)
☐ **Mood Anxiety Pathway (MAxP)**	• 18 to 24 years old • Primer • CBT/MBCT
☐ **DBT**	• Referrals only accepted from Foundry Centres and Providence Health Care Services • Requires DBT Screener (Please contact Intake Coordinator) for screener
☐ **Caregiver Supports**	• Emotion Focused Family Therapy (EFFT) Parents/Caregiver workshop

REFERRAL SOURCE

Referring Clinician:	Phone:	Email:
Mental Health Care Provider:	Agency/Program:	
Primary care provider: (Dr./NP if different from referring clinician)	MSP number:	

YOUTH INFORMATION

Legal name: (first/last)	Name used by youth:	Pronouns:
DOB:(dd/mmm/yyyy)	PHN:	Gender Identity: ☐ Male ☐ Female ☐ Non-Binary ☐ Other:_____

Youth's address: _____

If No Fixed Address, where can we find this youth: ☐ Shelter ☐ Other: _____

Best way to reach the youth: Phone: _____ Email: _____

If youth has no phone, contact: Name: _____ Phone: _____

Does the youth have stable housing: ☐ Yes ☐ No	Is youth attending school: ☐ Yes ☐ No	Is youth working: ☐ Yes ☐ No

List any involved service providers (e.g. Covenant House, Primary Care Clinics, Directions, UNYA, MCFD, etc.)

REASON FOR REFERRAL

What is the specific issue or concern(s) to be addressed?

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Please provide a brief description of the presenting problem (symptoms, duration, context)

HISTORY

Previous diagnoses (including diagnosing clinician, year)

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

Emergency Department visits/hospitalization history:

Has there been suicide attempts/gestures in the last year? ☐ Yes ☐ No

☐ Single attempt: approximate date:(dd/mmm/yyyy) _____ Details: _____

☐ Multiple attempts: Approximate date of most severe attempt (dd/mmm/yyyy) _____Details of most severe attempt:

☐ Self-harm history (more than one year ago):

Details:

Does the youth experience psychosis? ☐ No ☐ Active ☐ Historic

Symptoms:

Current medications:

Current physical health symptoms/concerns:

Does the youth have cognitive challenges? ☐ Yes ☐ No Are they CLBC eligible? ☐ Yes ☐ No

Details:

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Is the youth currently participating in or waitlisted for any other mental health programs? ☐ Yes ☐ No

Details:

Specify any concerns of current or past behavioural risk: (e.g. aggression, threats, legal concerns)

Alcohol		☐ Mild	☐ Moderate	☐ Severe
Cannabis		☐ Mild	☐ Moderate	☐ Severe
Stimulants		☐ Mild	☐ Moderate	☐ Severe
Opioids		☐ Mild	☐ Moderate	☐ Severe
Hallucinogens		☐ Mild	☐ Moderate	☐ Severe
Other: _____		☐ Mild	☐ Moderate	☐ Severe
Please also indicate the overall degree of impairment to functioning caused by substance use.	☐ None	☐ Mild	☐ Moderate	☐ Severe

Please list previous substance use treatment history (including medications, OAT, detox or treatment programs)

PLEASE SHARE ANY OTHER INFORMATION WE SHOULD HAVE

Is the youth aware of the referral ☐ Yes ☐ No

Does the youth approve the referral ☐ Yes ☐ No

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

Patient signature: _____ Date: (dd/mmm/yyyy) _____

Signature of referring person: _____ Date: (dd/mmm/yyyy) _____

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

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

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