FOUNDRY
WHERE WELLNESS TAKES SHAPE

CHÉOS
Centre for Health Evaluation & Outcome Sciences

Developmental Evaluation of Foundry's Proof of Concept

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October 2018

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ACKNOWLEDGEMENTS

Our developmental evaluation team gratefully acknowledges the support of the Foundry Governing Council, including the Michael Smith Foundation for Health Research; the Province of British Columbia including the Ministries of Health, Children and Family Development, and Mental Health and Addictions; St Paul's Foundation; Providence Health Care; and the Graham Boeckh Foundation.

We would also like to acknowledge the Michael Smith Foundation for Health Research for funding this work, and the Centre for Health Evaluation and Outcome Sciences for their ongoing support of our team.

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EXECUTIVE SUMMARY

Background

This report summarizes the findings of a two-year developmental evaluation of Foundry's "proof of concept" period. Developmental evaluation is an evaluative approach that supports the development and deployment of dynamic, complex, and innovative interventions with the desire and capacity for real time decision-making and course correction. This developmental evaluation was commissioned to support evidence-informed, real time decision making on the adaptive development of the Foundry model: helping Foundry to take shape, and preparing it for formative and summative evaluation. During Foundry's proof-of-concept period, developmental evaluation was also used to examine and track changes and working hypotheses over time, taking the opportunity to optimize learning from a first-in-Canada "natural experiment" in health and social service system transformation. In so doing, it was hoped that consolidating and sharing learning could inform the ongoing work of Foundry Central Office, subsequent phases of Foundry centres, parallel initiatives in other jurisdictions, and other initiatives to achieve integrated health and social care within BC. Specifically, this report highlights some of the most salient learnings that emerged during Foundry's proof-of-concept period that has implications for the work of future Foundry centres, Foundry Central Office, and their partners.

Methods

This evaluation was carried out between February 2016 and April 2018, and was divided into two phases. The first phase (February 2016-December 2016) used ethnographic methodologies (semi-structured participant, non-participant observations, and key informant interviews) to examine the formation of Foundry Central Office and its role and function, as well as the early stages of Foundry as an emerging, complex adaptive system. In the second phase (January 2017-April 2018), attention shifted to the experiential learning occurring in the first six Foundry centres: Foundry Campbell River, Foundry North Shore, Foundry Granville, Foundry Kelowna, Foundry Prince George, and Foundry Abbotsford. Semi-structured individual and group interviews were conducted with over 150 participants, including centre staff, youth and family advisors, partner agency representatives, and lead agency personnel. Interviews in the second phase of the developmental evaluation were conducted in three cycles: Cycle 1 was conducted in the months prior to opening of the Foundry centres, Cycle 2 in the 3-6 months after the opening of Foundry centres, and Cycle 3 at the end of the proof-of concept period. Interviews analysed barriers to accessing existing community services, respondents' role and experience of the Foundry movement to date, lessons learned from creating Foundry centres, and reflections on core concepts that provided a foundation for the Foundry movement (i.e. service integration, system transformation, access, etc.). Thematic analysis was conducted by two coders to establish interrater reliability using NVivo 11 software.

Key Findings

Core Components of a Foundry Centre: In each community where they operate, Foundry centres have successfully created a new 'culture of care' for young people and their families. Streamlined care trajectories,

single point access to multiple services, relationship-based approaches, and empowering youth as care-seekers and decision-makers emerged as core considerations offering a "Foundry experience" to young people and families. By Cycle 2, evidence shows a transition of focus to "relationship building" between and among youth and service providers, and the importance of creating a safe, welcoming, and accepting space for youth to explore their options for receiving care.

Leadership: Foundry also created a new culture of leadership, setting conditions for leaders in health, social services, non-profit community-based organizations, philanthropic partners, and Foundry Central Office staff to lead differently in order to achieve these outcomes. Accounts highlighted the central role of local leadership tables, and of key partners at the provincial level, in promoting a broader understanding about the work required to develop Foundry, and a Foundry centre. Key leadership qualities identified as requirements for continued momentum towards this shared vision included creative problem solving, adaptability, accountability, and availability.

The developmental evaluation also examined the question of what type of organization might be best suited to serve as a lead agency for future Foundry centres. It was determined that an "ideal" lead agency would be a medium to large-sized, community-based, non-profit organization with a strong track record of leading cross-sectorial work in the community, with an ability to leverage its legacy, accomplishments, and capacity.

Partnerships and Relationship-Building: Respondents described the types of partnerships that were required to develop their centre; factors that promote/build partnerships including a willingness to collaborate and a commitment to system transformation; factors that maintain partnerships including commitments to transparency and reciprocity; and the benefits of partnerships that were contributing to the development of their centre and the shifting service landscapes resulting in the broader communities. A significant observation during the proof-of-concept period pertains to the shift in orientation among Foundry leaders, locally and provincially, from emphasizing "partnerships"- which represented formal agreements between organizations to work together in specifically delineated ways, toward an emphasis on "relationships"- or the deeper but less formal connections established between individuals and organizations.

Collaboration and Integration: Throughout the proof-of-concept period, stakeholders at all levels recognized the need for effective collaboration, focused leadership, and formalizing action plans to develop Foundry centres. Accounts of the key components of this work included supported and deliberate actions to dismantle existing service and system siloes, navigating and utilizing existing community resources, and reinforcing partnerships. It was evident that through leadership and collective efforts, Foundry centres were well on their way towards achieving unified vision, or a "sense of "we"", that they saw as a chief requirement for optimal service and system integration.

Conclusions

During the proof-of-concept period, Foundry transformed access to services for young people and their families primarily through the intentional integration of services, programs, and policies across sectors and systems. The creation of Foundry centres as "one stop shops" did not simply add a program or service to the city in which it was located, or create mechanisms for optimizing utilization of limited resources. Rather, *Foundry centres fundamentally reconfigured the service and policy landscapes in the regions in which they were located*. The work of making a Foundry centre required communities to create new services and networks, and expand existing networks, to move toward clinical, administrative, and community-level integration that had previously been desired but not achieved. In so doing, each community responded to urgent local needs and priorities that shaped specific "access" and "integration" challenges, while also co-creating a foundation for a rapidly growing movement to enhance the well-being of young people and families across BC. In this sense, creating Foundry is best understood to be achieving system transformation by "not just [having] everything under one roof" but by facilitating "everyone working together" and "understanding the community" where Foundry operates.

Background: Young People's Mental Health in Canada

Emerging evidence regarding the mental health needs of young people presents urgent public health and public policy challenges. Children, youth, and young adults are particularly vulnerable to poor outcomes associated with untreated and inappropriately treated mental health concerns, and in relation to social determinants of mental health. The onset of most mental illness occurs during adolescence and young adulthood, and young people aged 15-24 are more likely to report mental health problems than any age group (CMHA 2012). Mental health and substance use disorders account for 60% of the non-fatal global disease burden among people aged 15-34 (McGorry 2007).

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Recent national and international studies have shown a significant and persistent gap between the identified service needs of young people living with mental health concerns and their abilities to access services. In some Canadian jurisdictions, as few as 25% of youth with diagnosable mental health and substance use disorders receive the services they need (Davidson et al 2010). This gap is not due to a lack of evidence-based treatments. In fact, dozens of interventions - pharmacological, psychological, and social - have been well-described in child and adolescent psychiatric literature over the past twenty years. Rather, the challenge in BC, similar to most jurisdictions, lies in the creation of low-barrier access points that make these treatments readily available, affordable, coordinated, and acceptable, and which enable the majority of youth and young adults with mental health and substance use problems to engage in evidence-based interventions as they transition from adolescence to adulthood (BCIYSI 2015, Salmon et al 2016). Barriers to mental health care are even greater for those facing additional challenges related to poverty, housing insecurity, and both social and geographic isolation (CMHA 2010).

Regardless of how 'access' to mental health services for young people is defined or measured, it has been consistently demonstrated that access is lacking in Canada, for all types of mental illness, populations, and geographic settings (Hermens et al. 2014). A combination of individual and systemic factors frequently combine to frustrate efforts to help young people receive timely, appropriate, and effective supports for their mental health. The "siloing" of mental health services often means that co-occurring substance use problems, sexual and other health concerns, and issues related to social determinants of health such as employment, education, housing, family, and relationships are not identified or addressed in the context of clinical mental health service delivery. Pressures on limited resources for existing clinical services often require providers to

triage only those with the most pronounced and prolonged distress for care, meaning those young people who have subclinical, less pronounced, or newer presentations of mental ill health are often not seen until a crisis erupts. In the absence of accessible, low-barrier services, young peoples' utilization of expensive and inappropriate emergency rooms for mental health concerns has climbed dramatically. For example, there has been a 50% increase in ED visits over five years (2009 to 2013) for youth aged 15 to 19 in BC, and a comparable increase in the number seeking mental health and substance use inpatient hospital services; in Fraser Health Authority, this increase has been closer to 85% (BC Ministry of Health, cited in BCIYSI 2015). Furthermore, recent BC studies indicate that lack of mental health literacy, coupled with persisting high levels of stigma, can discourage young people from discussing mental health, substance use, or sexual health concerns with their regular health care provider, and push young people toward walk-in clinics, where often no continuity of care exists and counselling limited (Richardson et al 2012, McCreary Centre 2011).

WHY FOUNDRY?

Jurisdictions across Canada have been responding to this evidence brought forward from researchers, service providers, young people, families, advocacy organizations, and philanthropic sectors to respond to the challenge of supporting young to thrive in their communities. Foundry is a provincial movement whose goal is to transform access to care for young people ages 12-24 in BC. In 2015, the *BC Integrated Youth Services Initiative* (which later became 'Foundry') received funding for a "proof-of-concept" undertaking. This initiative was to include five key deliverables:

1. Establish a Backbone Organization;
2. Create five integrated youth services centres, one located in each regional health authority;
3. Lead the expansion of non-traditional access points, such as a help line and e-service components;
4. Conduct research, evaluation and quality improvement that provides real time performance feedback in order to support scaling and expansion of the system of care; and
5. Develop a youth public health strategy for the province of BC, in partnership with the BC Centre of Disease Control (BCCDC). (BCIYSI 2015, p.5)

The five integrated youth wellness centres were charged with providing low barrier, integrated services for young people and their families in a "one-stop shop" setting. In addition to offering primary care, social services, peer support, and system navigation assistance, Foundry centres would offer mental health and substance use services through a co-created integrated stepped care model, which would enable a reconfiguration of how these services would be delivered (BCIYSI 2015). The impetus for this work was found in the recognition that the way mental health and substance use services are currently delivered in the province frequently concentrate expensive and scare specialist mental health resources in settings that are only able to serve the most unwell, while offering very little service to those who are in earlier stages of ill health who could benefit significantly from earlier and less resource intensive interventions.

Through a multi-stage application and planning process guided by Collective Impact principles (Kania and Kramer 2011), five communities were selected to receive funding from the BC Integrated Youth Services Initiative to a) create a new, youth friendly physical environment for young

Foundry Vision and Mission

Vision

Foundry will transform how youth access health and social services within British Columbia.

Mission

Foundry improves care pathways for young people through individualized, integrated health and social services. Guided by shared values and through an evidence-informed approach, we work with communities to improve access to care by establishing one-stop health and social service centres across British Columbia. We offer a unique, consistent experience for every young person and family member who enters our network of centres, empowering youth and families in BC to optimize their health and well-being.

people and families, and b) engage with partners across multiple sectors in their community to plan and deliver integrated care within the centre, in accordance with the to-be-developed stepped care model. Based on the model of care offered at the Granville Youth Health Centre (Foundry's "prototype site", which was included as a sixth centre in the initiative and rebranded "Foundry Granville"), Foundry centres would offer these core services on a walk-in and self-referral basis for young people facing a full spectrum of clinical and life challenges, emphasizing early intervention and care for those presenting with emerging mental health concerns who are not often served elsewhere. Recognizing the overwhelming unmet need for these services around the province, it was originally planned that the outcomes and lessons learned at each of these six centres during the proof-of-concept period would guide decision-making regarding the expansion of Foundry to other communities, and the elaboration of Foundry's model of care.

This report summarizes the findings of this "proof of concept" period, focusing on the lessons learned at the six centres that opened during this time: Foundry Granville, Foundry Campbell River, Foundry Kelowna, Foundry Prince George, Foundry North Shore, and Foundry Abbotsford. This developmental evaluation was commissioned as part of BCIYSI/ Foundry's 4th deliverable, to support evidence-informed, real time decision making on the adaptive development of the Foundry model: helping Foundry to take shape, and preparing it for formative and summative evaluation. During Foundry's proof-of-concept period, developmental evaluation was also used to examine and track changes and working hypotheses over time, taking the opportunity to optimize learning from a first-in-Canada "natural experiment" in health and social service system transformation. In doing so, it was hoped that consolidating and sharing learning could inform the ongoing work of Foundry Central Office (or the Backbone Organization, noted in the first deliverable), subsequent phases of Foundry centres, parallel initiatives in other jurisdictions, and other initiatives to achieve integrated health and social care within BC. Specifically, this report highlights some of the most salient learning that emerged during Foundry's proof-of-concept period that has implications for the work of future Foundry centres, Foundry Central Office, and their partners.

Foundry and its partners strive to advance a culture of multi-directional knowledge exchange and innovation, leveraging the collective learning of all centres and partners in order to transform the delivery of services for youth throughout the province. As such, the information contained in this document is not intended to be fully prescriptive, nor is it assumed that all of these findings will be generalizable or applicable to all centres currently being developed. Rather, it is hoped that the learning captured in this document will inspire conversation between and among the various Foundry stakeholders, which can in turn inform the planning and implementation of services for youth and their families in each centre's respective community.

WHY DEVELOPMENTAL EVALUATION?

The decision to use developmental evaluation as a component of Foundry's proof-of-concept evaluation leveraged a substantial opportunity for knowledge generation occurring through a first-in-Canada "natural experiment" in health and social service system transformation.

> Developmental evaluation is an evaluative approach that supports the creation and implementation of dynamic, complex, and innovative interventions with the capacity for real time decision-making and course correction (Patton, 2010).

Developmental evaluation is frequently used to assist with definition and refinement of new models and approaches in the earliest stages of innovation where outcomes are unpredictable or evidence regarding expected formative and summative outcomes is scarce. In this respect, developmental evaluation proved integral to efforts to define the core components of Foundry and its centres, and to develop a deep, contextualized, and nuanced understanding concepts such as "access", "integration", "empowerment", and "engagement". As has been noted by Hodges et al (2006), the definition of key concepts is a critical and necessary element of understanding how and why systems of care work as they do. As they observe: "defining a concept also opens it to logical, empirical, and experiential challenges... This has practical implications for service providers and families to the extent that new definitions of concepts are translated into structures, decision rules, and new concepts that are translated into actions".

Like other participatory and action-oriented approaches to research and evaluation, the adaptable characteristics of developmental evaluation make it especially amenable to the domains of public health and mental health system transformation, which deal with dynamic and emergent interventions implemented in complex social environments (Patton, 2010; Rey et al., 2014). Developmental evaluation adapts to the uncertain realities of social innovations, rather than seeking to impose order and certainty (Patton et al., 2015; Rey et al., 2014). As such, it is well-suited to early phases of activities that take place in the context of *complex adaptive systems*, in which relationships between actions and outcomes may be non-linear or beyond the ability of the evaluator or the centre to control, and in which behaviours and patterns emerge rather than being designed into or dictated by the system(s) in which they occur (Rouse 2000). In order to engage fully and strategically with these dynamics, developmental evaluators are typically embedded as members of innovation teams and participate actively their work, such that the process of generating and interpreting data is best understood to be a co-creation of the evaluator, the evaluation participants, and the context which mediates the actions and innovations that take place (Rey et al., 2013). Methodologically, the developmental evaluation process can be implemented using a variety of procedures and approaches, so long as they are utilization-focused, compatible with the complexity of the intervention, offer opportunities to better understand and support development, and capable of apprehending and reflecting the dynamics of the system in which the intervention or program is situated (Patton, 2010; Rey et al., 2013).

This developmental evaluation was commissioned to support evidence-informed, real time decision making on the adaptive development of the Foundry model. This was part of a three-pronged evaluation approached that helped Foundry to take shape, to examine and track changes and working hypotheses over time, and to prepare it for formative and summative evaluation. The developmental evaluation was conducted independently by Dr. Amy Salmon, a scientist at the Centre for Health Evaluation and Outcome Sciences, while the formative and summative evaluation were completed by Foundry's internal evaluation team. By agreement with Foundry Central Office, the developmental evaluation focused on BCIYSI deliverables 1 (creating a Backbone), 2 (creating youth service centres), and 4 (research, evaluation, and quality improvement). Due to resource and time constraints, deliverables 3 (non-traditional access points) and 5 (provincial youth health strategy) were determined to be out-of-scope.

The primary questions guiding the developmental evaluation were:

1. How does Foundry foster system transformation toward improved youth well-being at the population level, and facilitate change in policy and practice between and among Foundry stakeholders?
2. How do Foundry centres understand and respond to challenges of access to health and social supports for young people and families?
3. How are principles of youth and family engagement defined, practiced, and evident in Foundry (provincially and at centres)?
4. What methods, indicators, measures, and benchmarks are most suitable for assessing the performance of Foundry over time?

The material presented in this summary report address questions 1-3. The findings from the developmental evaluation that address Question 4 are presented elsewhere (Helfrich et al 2018).

Together, Foundry's developmental, formative, and summative evaluations took full advantage of the opportunity to optimize and consolidate learning that could inform the ongoing work of Foundry Central Office, subsequent phases of Foundry centres, parallel initiatives in other jurisdictions, and other initiatives to achieve integrated health and social care within BC. Specifically, this report highlights some of the most salient learning that emerged during Foundry's proof-of-concept period that has implications for the work of future Foundry centres, Foundry Central Office, and their partners.

THEORTICAL FRAMEWORK:
Foundry as a Complex Adaptive System of Care

Developmental evaluation characteristically takes place in contexts of complexity, in which outcomes are emergent and unpredictable, and the focus of the evaluation (and therefore the evaluation approach) frequently changes through multiple iterations over the course of the evaluation period. It was clear from the beginning of the proof-of-concept period that Foundry could not be understood simply as an intervention within a specific, defined, and bounded "system", or accurately represented using a traditional program logic modeling approach. Rather, Foundry must be understood as an effort to transform existing the policy, service, and support landscape for young people and their families in BC to create a *new system of care* that is best regarded in light of understanding the emerging behaviours of a *complex adaptive system.* These two concepts anchored the developmental evaluation and provided a theoretical foundation for assessing the adaptive development of the Foundry movement as a whole.

The phrase "system of care" first appeared in the literature over 30 years ago, and was initially deployed by Stroul and Friedman (1986) in response to a crisis of "fragmented and inadequate services" for "children with serious emotional disturbance". More recently, Hodges et al (2010) have defined a system of care as:

> "an adaptive network of structures, processes and relationships grounded in system of care values and principles that provides…access to and availability of necessary services and supports across administrative and funding jurisdictions".

Throughout this evaluation, attention was paid to the ways in which core values and principles were articulated, evolved, and consolidated between and among actors within the Foundry movement in ways that subsequently provided a shared language and set of commitments to build a different kind of system of care for young people and families. This, in turn, mobilized the necessary resources (including the political will) to achieve system transformation within and beyond youth and family-serving administrative and funding silos.

In health care, complex adaptive systems are nonlinear and dynamic, with boundaries that are often "fuzzy" or not clearly defined. Within complex adaptive systems, people don't just respond to changes in their environment that are designed into or dictated by the system they are in; they also experiment and gain experiences that enable them to learn and change their behaviours. These changes that occur in one part of a complex adaptive system result in changes elsewhere in the system. Thus, in complexity contexts, behaviour patterns and other changes are interconnected. They can be influenced, but they cannot be controlled through a single point. (Rousse 2000). Direct attribution is therefore notoriously difficult to undertake in the evaluation of complex adaptive systems.

Using complex adaptive systems theory requires novel ways of thinking about health care and social services organizations and systems, including how policy should be developed, how these systems should be 'managed', how innovation spreads within them, and how to evaluate them (Sibthorpe, Glasgow, and Longstaff 2004) A large number of evaluation tools, techniques and methods of program evaluation operate from basic

assumptions about linear organizational dynamics (predictability, low dimensionality, system closure, stability and equilibration) that do not apply to complex adaptive systems (Eoyang and Berkas 1998). Instead, evaluating in complexity contexts requires theoretical and methodological alignments that are capable of uncovering the processes and effectiveness principles that shape the direction of the system(s) as it/ they evolve over time (Patton et al 2015, Patton 2018).

METHODOLOGY

This evaluation was carried out between February 2016 and April 2018, and was divided into two phases.

1) The first phase (February 2016-December 2016) examined the formation of Foundry Central Office and its role and function, as well as the early stages of Foundry as an emerging, complex adaptive system.
2) In the second phase (January 2017-April 2018), attention shifted to the experiential learning occurring in the first six Foundry centres: Foundry Campbell River, Foundry North Shore, Foundry Granville, Foundry Kelowna, Foundry Prince George, and Foundry Abbotsford.

While this report draws on lessons learned during the first phase of the developmental evaluation, given the emphasis of this report on findings that can inform the development and implementation of future Foundry centres, this report focusses primarily on analyses of data collected during the second phase. For a summary of developmental evaluation findings pertaining to the role of function of Foundry Central Office, please see *Foundry Early Learnings: Proof of Concept Evaluation Report* (Helfrich et al 2018). All aspects of the developmental evaluation were carried out in accordance with Providence Health Care's ethical requirements for evaluation and quality improvement activities, and were assessed using ARECCI processes, including input from an independent secondary reviewer (ARECCI Ethics Guideline and Screening Tools 2018).

As mentioned previously, the developmental evaluation was one component of a three-pronged approach undertaken during Foundry's proof of concept period. Formative and summative evaluation planned and implemented by Foundry Central Office were primarily oriented toward the collection of quantitative data focused on service utilization and accompanying trends drawn from administrative data collected at Foundry centres, and survey data collected regarding youth's perceptions of barriers and drivers to accessing services in their communities, and the use of validated survey tools to measure specific dimensions of partnership and integration at Foundry centres (Helfich et al 2018). To ensure the availability of a well-rounded data set to complement and extend this work, qualitative methods were identified as the primary focus for the developmental evaluation. Given Foundry's information needs, and the orientation of the primary evaluation questions, an ethnographic design was chosen. Ethnography is a method based in anthropology that examines the social and structural factors that shape the behaviour and experiences of a group of people, from the perspective of the members of that group. Most ethnographic study is longitudinal, as data collected across different stages and at different locations lends itself well to revealing experiences of change over time and context (Long-Sutehall et al., 2010). This ethnographic approach supported immersion and prolonged engagement with the Foundry movement, with ongoing opportunities to observe the inner and outer workings of Foundry, and to ask questions and clarify assumptions that were driving decision-making and experiences over time.

Data sources: All ethnographic data was collected by the primary evaluator, Dr. Amy Salmon. During the first phase of the evaluation, interviews were conducted with Foundry Central Office staff, combined with participant and non-participant observations of activities and events initiated by Foundry Central Office (i.e. semi-weekly team meetings, weekly Project Management teleconference with lead agencies, bi-weekly network teleconferences such as Knowledge Exchange and Clinical Working Group calls, episodic visits to Foundry centres, Foundry Centre official openings, and face-to-face meetings with Foundry lead agencies). In keeping with the developmental evaluation orientation, ethnographic field notes recorded acts, decisions,

interpretations, and processes, and were expanded with analytic memos and reflective notes. Together, these first phase interviews and observations provided insight into context, priorities, beliefs, attitudes, intentions, assumptions, and emergent concerns that helped shape the ongoing iterations of evaluation questions, interview guides, sampling strategies, and interpretations. Observations at Foundry Central Office continued on a semi-weekly basis for 17 months, until thematic saturation had been achieved. Observations were conducted at Foundry centres a minimum of four times: once during site visits with Foundry Central Office staff in August of 2016, and during each of the three second phase data collection cycles described below. Additional observations were conducted at formal media announcements and official openings for three centres.

Semi-structured individual and group interviews in the second phase of the developmental evaluation were conducted in three cycles: Cycle 1 was conducted in the months prior to opening of the Foundry centres, Cycle 2 in the 3-6 months after the opening of Foundry centres, and Cycle 3 at the end of the proof-of concept period. Participants were interviewed at least once and up to three times each, depending on their role and engagement with Foundry and/or their local Foundry centre, and their availability. Interviews were 30-120 minutes in length. At the Foundry centres, interview guides for staff, leaders, partners, and youth and family advisors explored participants' perspectives on current and future state of issues related to access to existing services in each community; how each centre seeks to address these concerns; role and experience with the Foundry initiative to date; lessons learned (including changes made and needed); reflections on core concepts (i.e., integration, transformation); and any other issues participants wished to discuss related to Foundry. Interviews were conducted at each of the Foundry centre locations in three cycles that corresponded with the implementation of the Foundry centre (Cycle 1), opening of the Foundry centre (Cycle 2), and approximately three to six months into centre operation (Cycle 3). The majority of interviews took place at or near the Foundry centre, lead agency, or Central Office site. Telephone or videoconference interviews were conducted if face-to-face interviews were not possible.

Participants and Sampling: Over 150 participants were interviewed individually or in focus groups over the three cycles of the second data collection phase. Individuals were invited to participate in individual or focus group interviews if they (or their organization) had a direct role in the development or implementation of at one or more of the six proof-of-concept Foundry centres, or if they played a key role in the establishment of Foundry Central Office or the Foundry movement. Participants included Foundry centre staff, youth and family advisors, the Foundry Central Office team, Governing Council members, lead agency personnel, representatives of partner agencies, and local leadership table partners. Key individuals at the local level were identified originally by Foundry Central Office and Foundry Centre leaders, and individuals interviewed were also asked to identify others whose perspectives they believed should be included.

Qualitative data analysis: With consent, all of the interviews were audio recorded and transcribed, and analyses were performed using inductive and thematic coding, informed by grounded theory and aided by NVivo (NVivo qualitative data analysis Software; QSR International Pty Ltd. Version 10, 2012). Coding was competed by two independent coders who had not been involved in data collection. Descriptive categories were generated from the data using open coding and a priori interests embedded in the evaluation questions. The coding process was informed by ongoing discussions with the primary evaluator and, given developmental evaluation's primary commitment to be utilization-focused, with key individuals in leadership and evaluation roles at Foundry Central Office. Reflective sessions were conducted in at the conclusion of Cycles 1, 2, and 3

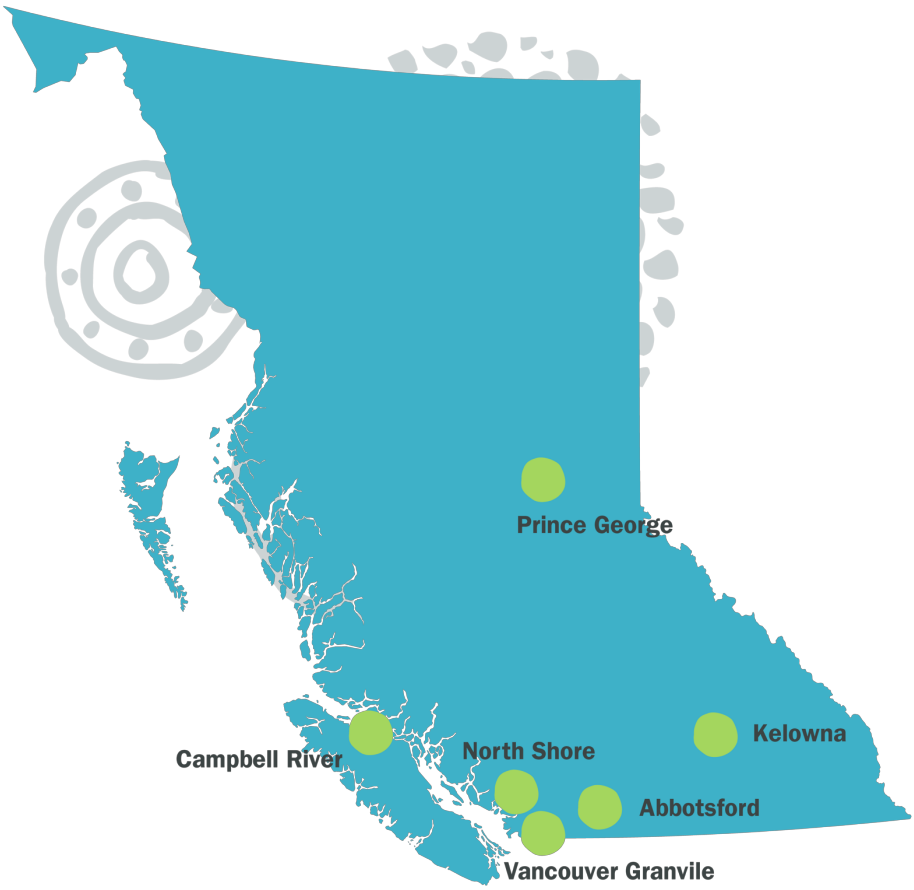
with Foundry Central Office and Foundry Centre Leadership Tables to enrich the data and solicit feedback on the evaluators' interpretations.

***Limitations of the evaluation*:** A chief limitation of this evaluation is that it does not include the perspectives of youth and young adults who were accessing services at centres. Due to the fact that not all Foundry centres were fully operational at the formal end of the proof-of-concept period, the decision was made to delay focus groups that were planned for clients receiving services at Foundry centres to the early Fall of 2018, to ensure that all experiences reported would be reflective of services delivered at centres that had been open for at least six months. To address this limitation, and to capture some facets of client experience during the early operations of a new Foundry Centre, the developmental evaluation team received permission to make secondary use of aggregate analyses of Foundry's Client Experience Survey, and of aggregate data reporting trends in service utilization at operating Foundry centres. These results are reported in the formative and summative evaluations of Foundry's proof-of-concept period reported by Foundry Central Office (Helfrich et al, 2018). In addition, youth and family advisors and youth and family peer support workers at local centres are in positions which require them to regularly solicit and receive feedback from clients and their caregivers at centres, and as such their interviews included questions related to their perceptions of these experiences as reported to them. A follow-up report of the experience of young people and families at centres will be issued in early 2019.

This developmental evaluation is also limited, by definition, to examining processes, experiences, and results of activity that took place prior to March 31, 2018. At this point in time, a number of essential components planned for delivery during the proof-of-concept period had not yet occurred, primarily due to unanticipated events and constraints outside of the immediate control of Foundry Central Office and Foundry centre lead agencies. A variety of challenges that emerged securing an appropriate site meant that one of the six planned proof-of-concept centres (Foundry Abbotsford), did not open with a full complement of core services until June 2018. Therefore, data reflecting experiences with the early operation of this centre were not available at the conclusion of the data collection period. In addition, one of the key interventions to facilitate system transformation in mental health and substance use service delivery- Foundry's Integrated Stepped Care Model (ISCM)- had not been fully implemented at any Foundry site at the conclusion of the proof-of-concept period. As of this time of this writing, the work to implement has commenced, with full implementation planned for winter 2018. To address this gap, and by agreement, a targeted developmental evaluation focused on the early implementation and adaptive development of ISCM is now planned for 2019. Finally, it was originally anticipated that this evaluation would make use of client demographic and service utilization data collected through Foundry's centralized, proprietary data collection platform (Toolbox). However, due to an unanticipated change of vendor, Toolbox was not implemented in centres until April 2018. As an interim measure, Foundry Central Office implemented the collection of limited data via paper forms at each Foundry centre. Formative and summative evaluation findings generated from these data are reported elsewhere (Helfrich et al 2018).

THE FOUNDRY CENTRES

Foundry's proof-of concept period saw the creation of five new centres, and the rebranding of an existing "prototype" centre. Each centre is operated by a Lead Agency, which assumes operational responsibility for both the building and the over-all service delivery model. A list of each Foundry centre, including its lead agency and organizational partners, is included in Appendix A. Below, each of the six centres are described, highlighting the unique geographic, demographic, and service delivery contexts of each community, as well as their specific local challenges and strengths. While this information is provided in this section to promote a grounded understanding of the issues each community sought to address in the creation of their Foundry Centre, for the remainder of this report specific centres, lead agencies, partners agencies, or individuals will not be identified to preserve the confidentiality extended to participants in the developmental evaluation process. Rather, centres will be noted using a consistent, unique, randomly assigned letter (ie: Centre A, Centre B, etc.), along with a generic description of the respondent where indicated (i.e. staff, partner, youth advisor).



Foundry Vancouver Granville

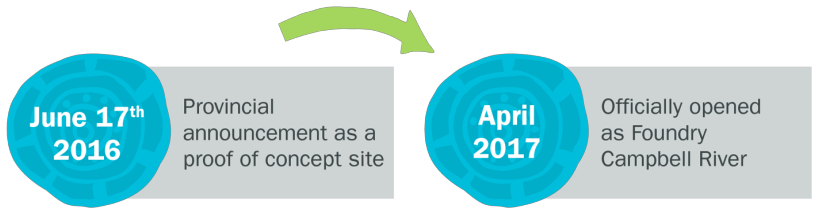
The Granville Youth Health Centre (GYHC) served as the "protoype" site for the Foundry movement and its five new centres. GYHC opened in 2015 in the heart of downtown Vancouver, with a specific emphasis on serving a population of youth with complex health and social needs who experience significant barriers to recovering from mental health and substance use challenges. Challenges related to poverty and homelessness, past and current abuse and trauma, disconnection from their families of origin, repeated hospitalizations for chronic physical and mental health crises, and the impacts of the fentanyl epidemic are just some of the realities that clients at this centre navigate on a daily basis. Within GYHC, the Inner City Youth Program (operating since 2007) offers intensive case management to provide wraparound care for vulnerable youth and young adults with a mental health and/or addiction issue who are facing homelessness or are inadequately housed, as well as psychosocial rehabilitation services that provide therapeutic environments for engaging in recreation, learning life skills, building social connections, and accessing peer support. Most young people who access GYHC are between the ages of 17-24.

GYHC, which later became Foundry Vancouver Granville, offered a model for other communities seeking to create integrated services for young people with an emphasis on mental health, substance use, and primary care in a number of important domains. First, the physical environment at GYHC was the result of a recent and extensive process of consultation with and involvement of young people who were the intended users of the space. Anticipating that GYHC would build on the strengths of the Inner City Youth Program, and primarily serve young people with multiple barriers who they expected would assess the physical space in making a decision about if or how they could seek support there, leaders worked with young people to create an environment that would be perceived as safe, comfortable, inviting, and youth-friendly. Lessons learned during this process provided important input to communities who were undertaking this type of development approach for the first time. Second, GYHC offered a service delivery model that is predicated on partnerships between health, social service, and community-based not-for-profit agencies to deliver a core suite of services, and had established organizational processes for supporting integrated, multidisciplinary, and multi-agency approaches to care for young people. Third, GYHC has established itself firmly in their community as a centre that could meet young people's needs for mental health and substance use supports in a low barrier environment, providing walk-in, same day service for young people without requiring an extensive referral process. Finally, GYHC served as an exemplar of how to include peer support workers- a core feature of Foundry's model of care and new to many Foundry centre lead agencies and communities- as full and effective members of a multidisciplinary team. This includes extensive organizational experience and expertise in recruiting, training, and mentoring new youth peer support workers, as well as optimizing the role that peer support workers can play in facilitating integrated approaches to care and to reducing barriers for young people seeking services.

Nevertheless, there are a number of ways in which GYHC's work differed substantively from the goals and scope of the Foundry movement. To begin, GYHC and the Inner City Youth Program had evolved as specialized

services for young people with significant and complex mental health and substance use concerns, which are a specific population distinct from the broader group of young people with “upstream”, “emerging”, and “mild to moderate” mental health and substance use problems who were also to be served inside Foundry centres. In addition, staff and clients at GYHC expressed considerable initial hesitation at providing supports for parents and caregivers onsite, a requirement of Foundry’s core service model, out of concern that the presence of parents and caregivers could create barriers for the substantial number of GYHC clients who were estranged from their families and/or who had been abused by an adult family member. While it had been the policy of GYHC to support young people in their choice to be accompanied by a parent or caregiver while at the centre, in practice this had only been taken up by a small number of clients. Moreover, given that GYHC’s client group at the beginning of the proof-of-concept period tended to be mostly older youth and young adults, it was unclear at the outset of the transition to Foundry Vancouver Granville if or how younger youth (in the 12-15 year old age range) would access the space, and what changes (if any) might be required to anticipate their needs. Thus, while serving as a model for other Foundry centres, GYHC as a “protoype” also found itself undergoing a substantial, and at times uneasy, shift in its transition to becoming a Foundry centre.

Foundry Campbell River



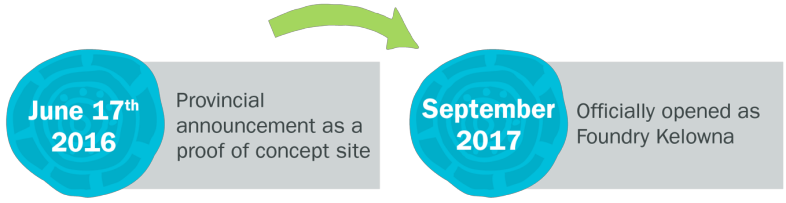
Campbell River is a community on the east coast of Vancouver Island with a population of approximately 32,588 people, which acts as a hub for a vast surrounding region of Northern and Western Vancouver Island. Youth aged 12 to 24 make up 12.25% of the population in Campbell River and 14.6% of the population in the surrounding regions. Individuals identifying as Indigenous make up 9.8% of the total population in Campbell River (compared to 5.4% of BC as a whole), while 31% of individuals identify as Indigenous in surrounding regions. 8% of youth in Campbell River identify as LGBTQ+. Using current census data and a standard estimate that 14% of young people struggle with mental health and substance use problems to the point of requiring services (Waddell et al 2005), Campbell River would require MHSU service capacity for 475 15-25 year olds.

At the beginning of Foundry’s proof-of-concept period, proponents of establishing a Foundry centre is this community identified a number of social and structural factors that prompted a need for additional support to address mental health and substance use concerns. In the years leading to the opening of their Foundry, Campbell River ranked second out of 14 Island Health local health areas for deaths by suicide in the past year. The number of youth reporting that a family member had attempted suicide was 69% higher than the BC average, and those that report a close friend attempting suicide was 43% higher. Campbell River had also seen a substantial increase in the number of youth presenting to emergency departments with substance use-related crises. These are reflective of local trends in the adult population that include an incidence of deaths from illicit drugs that is twice the provincial incidence (15.5 vs. 7.2 per 100,000).

The health service delivery and health planning challenges faced by Campbell River are common to many smaller BC towns servicing rural and remote communities. At the beginning of the proof-of-concept period, community members reported a distinct lack of access to specialist child and adolescent mental health and substance use services, despite trends toward growing needs. Like most communities on Northern Vancouver Island, Campbell River did not have a resident adolescent psychiatrist nor a designated in-patient service with the capacity to provide non-voluntary treatment. As a result, it was typical for young people experiencing a psychiatric crisis requiring hospitalization to be flown to Victoria or Vancouver to receive medical treatment, an arrangement that required young people to be separated from their families and other support systems, and significantly compromised continuity of care upon their return to their community. Those health services that did exist in the community were described as 'difficult to navigate' with limited access and waitlists of up to six months long. With a child poverty rate of 22.5%, community members observed that young people who were living in poverty, who are homeless, and who lack access to transportation experienced many additional barriers to accessing clinical mental health and substance use services.

Despite significant gaps and disconnections in clinical mental health care and primary health care delivery, Campbell River came into the Foundry movement with a long community track record of responsive and effective collaboration in the social service and non-profit sectors. These successes provided a strong foundation of cooperative multi-sectoral collaboration to address pressing needs of young people and families, which was priority from the outset. In addition, stakeholders identified "nimbleness", "flexibility", and creative approaches to problem solving as key characteristics of the local non-profit sector, and of John Howard Society of North Vancouver Island as the lead agency, that would be a source of strength for the development of a Foundry centre. The agency and its partners brought substantial organizational commitments to and experience with working with young people who are often most marginalized within health and social services, including youth who have been in conflict with the law, youth in foster care, homeless and insecurely housed youth, and Indigenous youth. This not only brought experienced in offering trauma-informed and culturally safe care to Foundry Campbell River, but also brought community capacity to involve individuals in the work of creating a Foundry who are often excluded from opportunities to influence and change mental health practice.

Foundry Kelowna



Kelowna is a lakeside community located in the Okanagan region of Central British Columbia, with a population of approximately 129,500 in the city and an additional 70,000 in the surrounding area. Migration, mostly from the lower mainland of BC and the province of Alberta, has fueled a substantial population grown, as the region expects to see an additional 50,000 residents within the next two decades. 4.5% of the population of the city of Kelowna identifies as Aboriginal, while 2.1% are new immigrants to Canada. Using current census data and

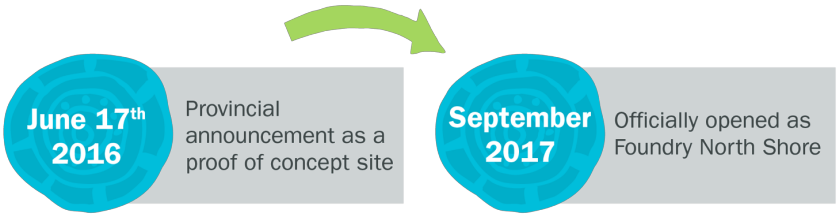
a standard estimate that 14% of young people require mental health and/or substance use services (Waddell et al 2005), Kelowna would require MHSU service capacity for 2242 15-25 year olds.

In Kelowna, respondents spoke to observations that an increasing number of young people have been presenting with high levels of anxiety and depression, with many turning to substance use for self-medication. In addition, suicide was also indicated as growing problem in Kelowna, particularly within universities. Within the last three years, there has a 72% increase in mental health admissions among youth at Kelowna General Hospital. The main barriers identified by respondents regarding access to mental health and substance use services was fragmentation, particularly in transition points between child and adult services, and a lack of early intervention. As one service provider observed:

> "The most significant barriers have to do with - not with the lack of service, but a lack of the system of the services... For a variety of reasons, we don't work well as a system. What is lost, or who gets lost in there, is kids and families. This is an opportunity to work smarter, think differently, and work together."

Foundry Kelowna formed a "natural extension" of ongoing community-level collaborations to promote early intervention for mental health and substance use concerns, and to create safe and supportive spaces for young people who have been marginalized or overlooked in mainstream service. Although this magnitude of collaboration among service-providing organizations had not previously been undertaken in Kelowna, this opportunity leveraged a palpable desire to forge deeper connections between existing services. While accounts emphasized that in some ways "Kelowna is a reasonably 'resource-rich' community", there was a clear acknowledgement that young people and families struggling with mental health and substance use concerns remained underserved, and there was an urgent need for the community to come together to address this as a priority. Foundry partners in Kelowna had strong track records of committed work to promote mental health literacy, and to engaging young people and families. In particular, the ability of CMHA Kelowna, as the lead agency for Foundry Kelowna, the Foundry lead agency in Kelowna, to leverage its organizational capacity, reputation, and experience in facilitating cross-sectoral collaborations was highlighted by numerous respondents as being critical to ensuring that the community had the capacity to undertake the successful development and implementation of their Foundry centre.

Foundry North Shore



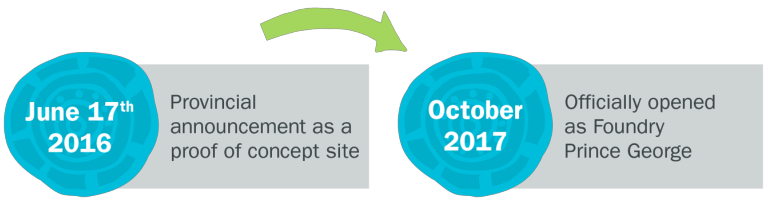
Foundry North Shore serves the communities of North Vancouver and West Vancouver in the lower mainland of the province. North Vancouver has a population of 85, 935 and the population of West Vancouver is 42,473. Young people between ages 12 to 24 make up 16.5% of the total population in the North Shore. Among the Indigenous population of this area, 40% is under the age of 25. 37% North Shore residents come to the area following immigration, with the largest percentage of these being of Iranian, Filipino, or Korean ancestry. Using current census data and a standard estimate that 14% of young people require mental health and substance use services (Waddell et al 2005), North and West Vancouver combined would require MHSU service capacity for 2966 15-24 year olds.

Proponents of establishing Foundry North Shore identified a number local challenges that were driving their need. As with many Foundry communities, the North Shore was seeing significant and increased pressure placed on the local emergency room due to unmet mental health and substance use needs. Depression, binge drinking, marijuana use, non-medical use of prescription drugs, and suicide were identified as among the most pressing concerns. In addition, it was noted that North Shore young people are more likely to be unattached to a primary care physician.

A number of challenges specific to the organization and delivery of mental health and substance use services were also noted at the beginning of the proof-of-concept period. Service providers, young people, and caregivers alike identified significant problems navigating through a confusing matrix of agencies, only to find that those services on offer were oversubscribed and had length waitlists. Due to resource constraints, services were perceived to be mainly available to young people with moderate to severe conditions. Parents and caregivers reported an overwhelming demand placed on their families to advocate for their youth to get timely and appropriate care, and to avoid getting “lost in the system”, which this could be both exhausting and intimidating.

Foundry North Shore partners in education, community-based social service agencies, and the non-profit sector had a well-established track record of collaborative work in support of youth and families. Individuals with established histories of collaborative work on the North Shore leveraged their reputation, skills, and connections in becoming champions for Foundry North Shore, bringing social capital as well as organizational resources that facilitated the planning, development, and implementation of new ways of working to serve young people and families better. Young people and family caregivers perceived Foundry as being a “one-of-a-kind” opportunity to finally bring services together and “[smooth] out all the edges” of fractured and disconnected systems.

Foundry Prince George



Prince George is located in the Cariboo region of Central British Columbia, with a population of approximately 73,000. Prince George has a growing and youthful population, as almost 1/3 of the population are under the age of 24. Including the local health area, 22.1% of the population identify as Indigenous, while 3.5% are visible minorities (compared to 12% and 6%, respectively, in Prince George proper). The city of Prince George serves as the informal 'capital' of the North, as people from across the northern half of the province typically travel over long distances to come into town to access services. Using current census data and a standard estimate that 14% of young people require mental health and/or substance use services (Waddell et al 2005), Prince George would require MHSU service capacity for 1406 15-25 year olds.

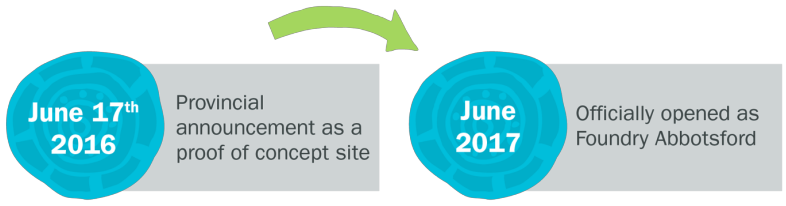
At the outset of the proof-of-concept period, community members and Foundry stakeholders identified the important role of social determinants of health in mediating health, wellbeing, and service access for young people and families in BC's North. Respondents identified geographic and related transportation barriers due to insufficient of public transit, affordable bus transportation to and from smaller communities, and winter weather conditions as resulting in isolation (which can itself impact mental health and substance use problems in the presence of other stressors), as well as significantly impacting young people's ability to travel to access needed services in and around the city. Service providers also noted that many youth in the region experience homelessness, unplanned pregnancies, and are parenting during their teen years, and the need for improved and enhanced supports for these populations of youth had been recognized for some time. Respondents also emphasized a lack of specialist health care and mental health clinicians, common to many northern communities. For example, at the beginning of the proof-of-concept period, there was no child and adolescent psychiatrist practicing full time in any community in Northern BC, leading to high reliance on commuting physicians and consultations via telehealth. Wait lists of up to a year for a specialist psychiatrist consult were identified by respondents.

Additional barriers and challenges reported by Foundry centre stakeholders at the beginning of the proof-of-concept period were linked to the conditions of living in a smaller city. Youth might be personally familiar with the individuals providing services or working in service providing settings. When adults providing services are also family members or closely connected to parents or caregivers, this can exacerbate fears of being judged or having confidentiality compromised, resulting in young people feeling reluctant to ask for help from these agencies. In addition, although the general population of Prince George has a higher than average attachment rates to primary care, Foundry stakeholders emphasized reports from young people that having the same family doctor as their parents or other family members can make youth more reluctant to seek care from those providers for more sensitive and stigmatized health concerns including mental health, substance use, and sexual health issues. Homeless youth were also identified as a population experiencing greater barriers to finding health care providers who were perceived as youth-centred and non-judgmental.

The YMCA of Northern BC, and their partners, leveraged previous experience providing wrap-around supports for young people that supported the successful development and implementation of their Foundry centre. For more than two decades, the YMCA of Northern BC has operated Youth About Prince (YAP), serving marginalized youth who experience numerous barriers to accessing services and navigating transitions to adulthood. YAP offers outreach and drop-in services connecting youth to housing, employment, education, peer support, counselling, recreation, and practical supports (such as laundry, food, showers, and a safe space). YAP brought a wealth of experience in addressing the needs of young people in a holistic way, grounded in social determinants of health, and track record of building trusting relationships with youth people who are often not

well-served in mainstream health and social care systems. In addition, Foundry centre staff, partners, and supporters observed that the realities of working with limited mental health and social service system resources in the North had created conditions that prepared service providers to work well within a stepped care framework. Respondents often remarked that the North had been offering 'de facto stepped care' for a long time out of necessity, as little access to specialist mental health and addictions services for youth required service providers to use creative approaches to mobilizing available resources, to offer least intrusive and resource intensive interventions first, and to refer young people for specialized services only when indicated.

Foundry Abbotsford



Abbotsford is a community in the Fraser Valley, and the largest municipality in BC located outside of Metro Vancouver, with a population of approximately 141,400. Increases in housing prices in Metro Vancouver have resulted in substantial migration further into the Fraser Valley and significant accompanying population growth in this city. Young people under the age of 24 represent 17.5% of the total population of Abbotsford, and this is expected to grow by nearly 5% before 2020. While known as a conservative "Bible Belt" city, Abbotsford is a multicultural, diverse community; for example, 21% of students in Abbotsford identify as South Asian, and 11% identify as Aboriginal. Using current census data and a standard estimate that 14% of young people require mental health and substance use services (Waddell et al 2005), Abbotsford would require MHSU service capacity for 2640 15-24 year olds.

Abbotsford's rapidly growing and youthful population has placed substantial demand on overburdened programs, which have operated at capacity with substantial waiting lists for many services. At the beginning of the proof-of-concept period, proponents of Foundry Abbotsford noted that residents of this city were experiencing a shortage of primary care, including family doctors and nurse practitioners, and a lack of 'youth-friendly' family doctors in particular. Given the overwhelming demands placed on available specialist mental health services, most availability was driven by crisis response, and community service providers often struggled to find the resources to offer "upstream" supports to those with less acute mental health concerns. Consequently, Abbotsford Hospital has the highest emergency admissions per capita for child and youth mental health in in the Fraser Health region, with 220 admissions in 2013/14 alone. The Abbotsford Youth Health Centre, which had been operating for five years, had no core funding, was operating on a largely volunteer-driven basis, and had been required to move an average of once a year.

Respondents underscored that the dominance of conservative community values has created additional challenges in advancing sexual health and substance use (especially harm reduction oriented) service delivery

in this community. The stigma and discrimination directed toward people with mental illnesses, drug users, and young people in general, causes some services to “fly under the radar” to avoid negative community responses. In this environment, LGBTQ+, transgender, Indigenous, and socially isolated youth were identified by respondents as facing numerous barriers to accessing timely and supportive care. Other barriers to accessing services in this community include geographic and transportation barriers due to a lack of transit options for young people in outlying areas of the city, and care fragmentation in the transition between child and adult services. Some respondents also noted that the location of mental health services inside the hospital can act as a barrier in itself. As one service provider commenting on the limitations of mainstream mental health and substance use service provision noted, “there's much more tendency for other people to conceptualize it as trying to fix what's wrong in people, rather than to help them navigate their challenges.”

At the beginning of the proof-of-concept, one of the major priorities voices by proponents of establishing a Foundry centre in Abbotsford was the need to ensure sustainability in funding and, in some instances, location, for existing youth health services that had been chronically underfunded and highly transient. This goal fostered a strong sense of collaboration among partners in the creation of the Foundry. Respondents also described a culture of community-based service provision in the non-profit sector that had a long history of collaborative work, valuing partnerships, and supporting each other’s initiatives. Respondents also emphasized how committed youth-serving organizations in Abbotsford have been in working to improve the conditions of young people’s lives, often in adverse conditions with little funding and public support. This is particularly so for those organizations offering harm reduction and sexual health services, and for those supporting LGBTQ+ youth.

SUMMARY OF FINDINGS

What Makes a Foundry Centre?

From its inception, it was widely affirmed that the work of creating a Foundry centre was the work of building a local space to express the values and priorities of a growing movement to fundamentally shift how young people are responded to when they seek care. Throughout all cycles of data collection, respondents emphatically expressed how crucial this work is, and the understanding that making their centre was a process of making something more than "just" a clinical space. They were creating a new culture of care. In the words of this respondent:

WHAT MAKES A FOUNDRY CENTRE

- Reducing or eliminating wait-times
- One-stop, integrated service
- Relationship-based approaches
- Youth-centered care

"I am thrilled that more so than ever before our youth only have to tell their story once, rather than being bounced to the next place. And we know the challenges that youth already have in terms of feeling that they're recognized and accepted, and the accessibility challenges, and hearing 'no' so many times. That is going to be absolutely powerful in this group of patients... So, to me that's very significant: this group of partners is creating a culture that is about Foundry". (Centre D, Centre staff)

Over the course of the proof-of-concept period, a multitude of Foundry stakeholders worked together at the local and provincial levels to develop a shared understanding of what this new culture of care would look and feel like, and how the work of a Foundry centre would contribute to the Foundry movement goal of transforming access for young people. During this time, three key dimensions of transforming access were consolidated: reducing or eliminating wait times for service; one-stop service; and moving from siloed, system-centred responses to youth-centered, integrated care.

"Before it was absolutely ridiculous. People would go like so many places, they'd be sent to so many different places, it was just heartbreaking to see it, right? And then they'd come to you and you would think oh my gosh! So, where have you been, what have you done? Oh my goodness, what can I do for that person? Who can I hook them up with to make this smoother? Oh and by the way, you've got to tell your story again. (Centre D, Centre staff)

For Granville Youth Health Centre, which already had an organizational culture strongly committed to reducing barriers to care for youth with complex health and social needs through one-stop, youth-centred, integrated care provision, the transition to becoming a Foundry centre required different kinds of changes. In particular, respondents emphasized concerns that new requirements to serve young people with "mild to moderate" mental health needs, without the addition of new space or resources, would risk displacing existing clients who were already quite vulnerable:

"As we see more mild to moderate youth, what do we do with our opioid replacement youth? Do they get bumped in the line? Do they not? What happens when the drop-in is full – which it is – the drop-in is full every day, but then what about our ICM [Intensive Case Management] youth that can't be seen? And those are the hardest-to-serve youth."

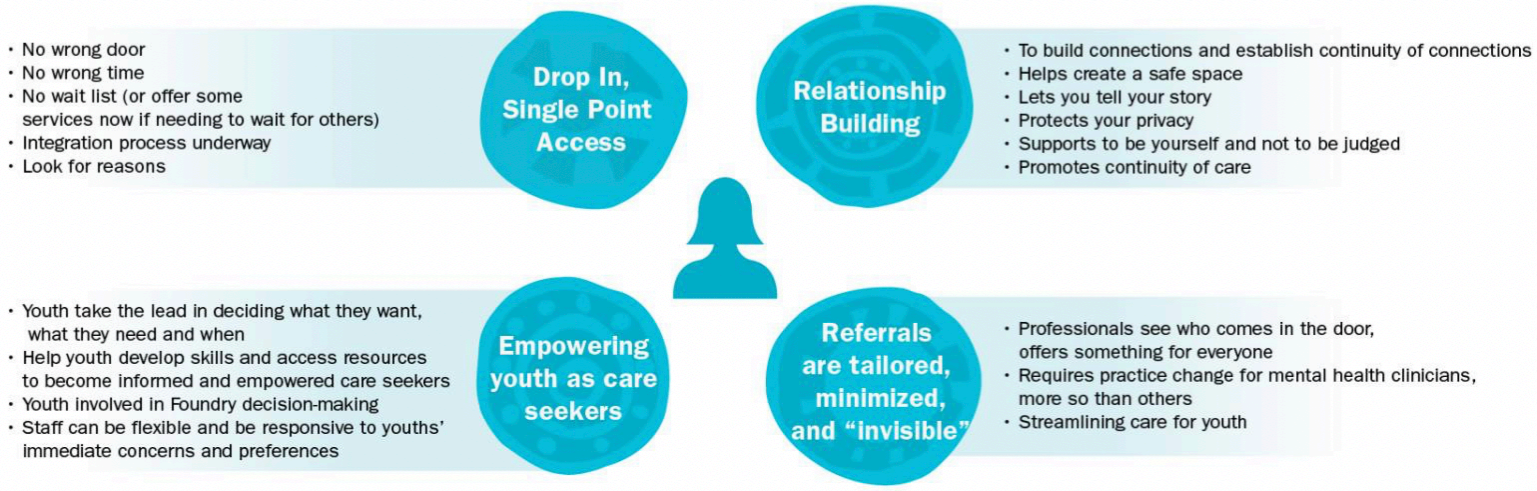
CORE COMPONENTS OF A FOUNDRY CENTRE

In keeping with developmental evaluation approaches, one of the central considerations of the second phase of this evaluation involved the identification of core and peripheral components of the 'Foundry model'. Significant shifts in understanding what these core components are occurred between Cycles 1 and 2, as lead agencies and their partners undertook the work of developing their centre and observing the changes in care that were enabled by these new approaches.

During Cycle 1, respondents' accounts emphasized the five core services mandated by Foundry that were to be delivered at each centre: primary care (including sexual health), mental health, substance use services, peer support, and social services. Here, accounts from those most closely involved in centre development of how Foundry centres contribute to the work of 'system transformation' were understandably focused on the activities required to ensure that all five core services would be delivered at the Foundry centre, and in an integrated fashion.

By Cycle 2, respondents had uniformly moved toward accounts identifying core components that described how those services were delivered, focusing on the work of creating a new culture of care that enables professionals to work with young people and families in different ways. Streamlined care trajectories, single point access to multiple services, relationship-based approaches, and empowering youth as care-seekers and decision-makers emerged are core considerations offering a "Foundry experience" to young people and families. Accounts underscored the importance of minimizing care fragmentation, so than young people would not have to "tell their story" more than once while bouncing between care providers or waiting months or years for mental health service. At the time, accounts show a transition of focus from "service provision" (delivering core services) to "relationship building" between and among youth and service providers, and the importance of creating a safe, welcoming, and accepting space for youth to explore their options for receiving care. These core components are summarized in Figure 1, and described below.

Figure 1. Core components of a Foundry centre



Drop in, Single Point Access

Despite more than a decade of commitments made that "every door is the right door" for accessing mental health and substance use services in BC, it is clear that young people and their families often do not have this experience when they reach out for help. The presence of Foundry centres in communities is a definitive step toward ensuring that their community has a "right door":

"We were the right door. There's nowhere else. Everywhere else...I think...yeah, we were the fourth stop that day for them. So, those are things where I think... It wasn't like, "Who would you like the appointment with? Oh, we don't have that person here. Wrong door." (Centre B, Centre staff)

In addition to ensuring that there is "no wrong door", Foundry centres offer drop in, single point access also help ensure that there is "no wrong time" for a young person to reach out. This was identified as particularly critical for youth who might be reluctant to, or easily discouraged from, accessing services, or whose lives create additional challenges for making and keeping appointments:

"When the youth have like a mental health problem, it's like, 'hey man, we can go next door, you can get in counselling right now'. It's not like, 'oh, you gotta wait 'til Thursday when they show up', or that type of stuff. And then it's being able to help the youth with their injuries, being able to go and give them that help. Yeah, it's worked well... I can see my youth from [my program] hanging out in the waiting area, waiting to get services." (Centre B, Centre staff)

"I think the vision that Foundry has is actually being executed really well. So it's definitely accessible. Like, we're getting so many clients that haven't had service before or haven't been able to access service because

they've been stuck on different waitlists. So we'll just have youth walking in, we have parents walk in with the drop-in times... It works really well and people are surprised at how accessible it is." (Centre E, Centre staff)

Respondents underscored that when specific services that can't be delivered on demand the same day requested, they ensure that young people aren't turned away "empty-handed". For many respondents, this represented a shift in their experience of receiving and providing services, and an important component of the new Foundry culture of care:

"I think [Centre A] is doing well. As low barrier as we can get, with just getting kids what they need, when they need it. I think we're always giving them something. They never leave empty-handed. They always leave with something, so I think that's a thing that we're doing really well. I like watching, sort of, the culture start to develop... When we talked about one our core values here, we call it 'radical hospitality' And I see that starting to become a cultural thing." (Centre A, Centre staff)

Another key feature of Foundry's approach to providing drop-in, single point access that respondents identified as an important indicator of system transformation was found in shifting expectations about what young people could be offered at a centre. Providers who were accustomed to working in resource-strapped settings that had to ration scare resources to clients whose concerns were most urgent or severe frequently remarked that "At Foundry, we can look for reasons to screen people in, not to screen people out".

"I think that once we have space where youth can access, like a centre point, we're able to ask the question, "what brings you here?" " What do you need help with?" They don't need to say, "I need to see a doctor", "I need to see a counsellor", "I'm here for addictions", "I'm here for this..." It's like, we'll help you figure out what you need if we can help you with that here, awesome, if not, let's connect you with a service that can support you, that can help you. I don't know where else they can get that." (Centre C, Centre staff)

For young people and families who had spent years prior to their local centre opening trying to access care in a fragmented system, the availability of drop-in, single point access to services, including information about supports that were available elsewhere in the community, represented an enormous change. As one parent described:

"I lived through the fragmentation of trying to get services. You know, something is here, something is there, and something is there. I didn't even know what was what, I had no clue. I felt really, really, really lost. So, just the fact that there's one place to go, for me, is really exciting." (Centre F, Centre staff)

Relationship-Building

> *"The work that drives system transformation at the system level is very much the same orientation that drives system transformation at the level with clients or patients. It's all about relationships, right?" (Centre D, Centre staff)*

Essential to respondents' analyses of the goal of a Foundry centre was the commitment to building safe, meaningful connections with young people and families that prioritize supportive, long term relationships with care providers. Respondents identified a number of approaches their local centre used to creating environments that foster relationship-building. For some, the use of a drop in centre model or "alternative waiting room", offering practical things like snacks, a comfortable environment that encourages people to make art, play board games, relax and 'chat,' offered an informal environment for young people to build connections, meet people, and ask questions, which in turn could lay a foundation for encouraging access to services:

> "To me it's super appealing, the idea of you go in there for whatever. Maybe you just want to have a snack and a chat with somebody at the front desk. Maybe you go there to look for a job or maybe you see a clinician. Like nobody will know because you just go in there and see whoever, so I think that could make it so much easier for youth to actually get the help they need. Because they can come there for a snack and a coffee and the person they like to talk to and then, you know, you can gradually get used to other people too and make maybe talk to that person too." (Centre D, Centre staff)

> "It's an alternative waiting space. So, if someone doesn't want to wait up at the front where all the can do is really play on their phone, then they can come. It's a group room close to the front, next to the bathrooms. We have a table set up with some paper, so people can draw, colouring sheets, just a whole bunch of art supplies, board games, like, magnetic poetry, magazines. Like, there's just a whole bunch of stuff going on in there. And, we'll usually have music, or like, a nature video playing in the background. And, youth can come in with their parents, or, significant other, friend, support." (Centre F, Centre staff)

Young people, family members, and service providers accounts all reflect the centrality of trusting supportive relationships to the ability to give and receive high quality care. It is in the context of such relationships that youth and caregivers feel able to fully "tell your story". Respondents emphasized that while the use of structured screening and assessment tools introduced by Foundry Central is one way to understand the challenges a young person faces, these do not provide a substitute for taking the time to really listen to a young person, in their own words, describe that they are going through:

> "That was what I was saying about those two youth that one day. Both, highly suicidal. Neither of them indicated it on their engagement paperwork… I was bought into an idea of doing something different. I was bought into the idea of filling gaps. I wasn't bought into just doing the same shit somewhere different and in a shiny new building… those two kids would have got missed that day, if it wasn't our model." (Centre D, Centre staff)

Relationships were also seen to confer trust that privacy and confidentiality would be protected. Most importantly for many youth, relationships with care providers offered "supports to be yourself" and not be "judged": You come in and you are greeted by someone and they know you- for youth that is so important. Many of them have not gone through care because they feel judged. (Centre D, Centre staff)

Although there was wide-spread acknowledgement among service providers that they hoped that young people would form a relationship with the centre itself, many also recognized that it is the people in the centre who young people attach to when they seek support:

"They don't even see the program, they see the person they are talking to, and it's the connection. For them, they come for the person. They'll say 'I go to [name]'s group', not 'I go to Foundry'. Youth feel safe and welcome, and it is up to the service providers. Youth don't have a connection to the organization, they have a connection to the person they connect with. Service providers don't necessarily see this." (Centre D, Centre staff)

Referrals are tailored, minimized, and invisible

In Cycle 1, respondents' accounts of the current state of mental health and substance use service delivery reflected a fragmented, and often impenetrable, patchwork of services that were rendered inaccessible due to overwhelming demand (leading to long wait lists), narrow mandates and inclusion criteria, and requirements for multiple referrals from multiple providers before a client could be accepted. Words like "maze", "labyrinth", "bottle neck", "mess", and "dead end" were often used to characterize people's experiences of trying to navigate toward support. In response, Foundry centres have attempted to "streamline" access to services. By offering a variety of services "all under one roof", Foundry centres attempt to minimize the amount of service and system navigation young people and families had previously endured on their own. In order to prevent young people and families from being "sent from place to place", only to be told they're in the "wrong place", most respondents accounts evidenced a preference for making internal referrals to providers inside the Foundry centre whenever possible, and instituting clearer communication and collaboration channels between professionals on-site that shift the burden of seeking specialist referrals from the client to the providers. As one provider described:

While all young people were seen to benefit from this approach to service delivery, the need for "streamlining" services to ensure they don't "fall through the crack" was seen to be particularly important for some groups, such as youth aging out of foster care and youth transitioning into adult mental health services.

"Many attempts have been made for many years… Mainly because we are dealing with a big proportion of people who are going through transition - moving from one system of care to another system of care, and they're two different worlds in so many ways. Now I think there's something in between that makes a very nice overlap of care. The transitions - the transitions will be far smoother, mainly kids exiting MCFD mental health services, would be lost or go through the cracks. Even when there was some talking or some referral processes, some kids would not feel comfortable with the 'new world' and would fall through the cracks at the time they would need it the most." (Centre A, Centre staff)

Within this model, the greatest shift in the experience of delivering care was among mental health clinicians who had previously worked in services that were entirely referral driven. In the Foundry centre, these clinicians now "see who comes in the door" via the walk-in model, as well as those who are referred from elsewhere. While all agreed that this reduced barrier was of benefit to youth, it also required a substantial reorganization and reconceptualization of how a clinician would structure her or his time and work load. In some instances, this new approach to service delivery meant that clinicians would not have access to information about previous assessments or services the young person had received previously, resulting in some clients having to "repeat their story" in ways that were seen as less productive. In addition, clinicians observed that their workload had "only increased" since moving to the Foundry centre, requiring some to redirect services they had previously offered on an outreach basis elsewhere in the community into the centre.

Empowering Youth as Care Seekers

Throughout the developmental evaluation, respondents accounts consistently and emphatically grounded its work in shifting practices at Foundry centres to empower young people as care seekers. Young people were seen to be empowered through this approach to service delivery in a variety of ways. First, respondents identified a priority of preparing young people with the skills, resources, and information they would need that reflected the enormous period of growth they would experience between the ages of 12 and 24, when they would transition from being a young adolescent whose care decisions were typically made for them by adult caregivers, to being adults prepared to make care decisions autonomously. Here, Foundry centres were seen to be places were providers could "connect them with the right person to get what they need. Connect them with the right information, so that they know how to help themselves in the future". Recognizing the common experience of many young people who "age out" of child and youth services without an appropriate and effective transition plan, Foundry centre staff also spoke to the importance of ensuring that young people access Foundry services would be connected to supports in the community that could follow them further into adulthood:

> "We want to get them connected out into the community as fast as possible so that when they age out it's not like this, well, in the last 6 months here we're going to try and connect you to all these different services". (Centre B, Centre staff)

> "Relationships don't happen in 6 months, they happen over long periods of time. So, being able to build those relationships out in the community for these kids will help it, so it's not such a, like a smack in the face when you age out at 24" (Centre B, Centre staff)

In addition, respondents emphasized how this required substantial change in the way service delivery is conceptualized, particularly in mental health and substance use services, which can be very "provider centric" in setting expectations about what services a client "should" be accessing. At Foundry centres, accounts focused on how providers were focused on delivering services in ways that they hoped supported young people to take the lead in deciding what they want from services, in their own time and in their own way. This required staff to be flexible and responsive to youth's immediate concerns and preferences. Integral to this approach was the culture developed through Foundry centres that supported service providers to work differently than they had in the past, or than they were able to work with youth at other offices. To illustrate, one service

provider who worked at a Foundry centre one day a week spoke of the "freedom" they had to "do things differently at Foundry" than were possible at their home agency: "He would never be eligible for [agency's] services because of who he is, his situation and things. But we can see him here and we do the pre-employment stuff here, which is wonderful."(Centre E, Partner Agency)

Another way Foundry centres foster young empowerment is through finding opportunities to demonstrate power-sharing with young people outside of clinical or service delivery encounters. Accounts described examples of ways that youth had been involved in organizational and operational decision-making at their local Foundry centre, including serving as members of staff hiring committees, organizing and planning groups and peer-led activities, leading outreach to share information about Foundry and its services in the community, providing input on specific centre policies and ideas about the use of space, or doing advocacy on critical issues for young people in the community.

Repeatedly, respondents spoke to the importance of ensuring that empowering and engaging young people and families in co-creating a Foundry centre must extend beyond "token" involvement, and contribute to a culture of care that values and respects the value that young people and families bring to the work of system transformation.

> "Where it's been most impactful for me has been primarily around: how do we integrate the philosophy of parent, youth, family participating and engagement where both the organization and the parent, youth, family feel like they are contributing in a meaningful way, and people on the operational side have a better idea of the purpose of that input and to do so in the spirit of generosity and assuming good intention." (Centre F, Centre staff)

Importance of Peer Support

Youth and family peer support and navigation is a core service required of all Foundry centres, and is seen as key support that assist young people and families to attach to services. However, it was observed that this represents an area of service that had not been fully and evenly implemented at the time of this report. Some lead agencies came to Foundry with strong track records of offering peer support and navigation for youth and families accessing substance use and mental health services. This allowed for an easy transition into Foundry as they were able to continue to offer these services, often with the same experienced staff in place. For other organizations, peer support and peer navigation for youth and families represented a new area of activity requiring additional preparation to implement. Accounts also emphasized the critical need to ensure that peer support workers are actively and appropriately trained and supported to fulfill the different dimensions of their role in Foundry centres and in the community. These included acknowledgements that not only do peer support workers come with lived experience of mental health and/or substance use concerns (and/or of supporting family members with mental health or substance use issues) that might prompt a need for workplace accommodations, but also that many youth peer support workers come into these roles as young workers in their first "professional" roles, and as such can also benefit from additional mentorship and closer connections to supervisors to enable them to integrate well into these new settings and responsibilities. Youth peer support workers also spoke to their experience transitioning from service user to service provider, and the challenge this could present for them in navigating personal and professional relationships in the community.

In addition, some respondents observed that the work during the centre development period strongly emphasized *youth* engagement, but less so *family* engagement. As a result, some respondents felt that youth in their community had a strong sense that the Foundry centre was "for them", but the same impression may not have been given to parents and other family caregivers. In these locations, respondents highlighted that this was an issue of concern to their centre, and work was underway at the community level to connect with parents and caregivers to let them know that the centre "was for them, too".

'It kind of grows on you': emergent understanding of the role of the Foundry brand at a Foundry centre

One of the primary innovations championed by Foundry was the creation of a "Foundry brand". Based on models from Australia and Ireland (Rickwood et al 2014; O'Keefe et al 2015), this was the first time a branded network of youth mental health centres had been implemented in Canada. From the perspective of Foundry Central Office, the goal of the branding was three-fold:

a) to create an easily recognizable entity that would ensure young people and families would know where to go for help;
b) to ensure that Foundry centres had a similar look and feel; and
c) to ensure a common experience for young people and families across the province by promoting a consistent approach to care based on a foundation of shared values.

In Cycle 1, respondents had mixed reactions to both the idea of "branding" a publicly funded not-for-profit service agency, and to the visual identity components of the Foundry brand such as the emphasis on "Foundry colours" and "Foundry furniture". However, by the conclusion of the proof of concept period, most respondents were beginning to see value in the Foundry brand. In the words of one service provider "We really struggled with that, but, you know, it kind of grows on you". Similarly, other respondents commented:

> "Even though I poo-pooed about spending time on chairs and colour and stuff, I will say that when youth enter this building, because it is beautiful and new and, you know, nice. They like it. They like being able to come to a place going wow, this is great! This is really nice!" (Centre F, Partner Agency)

> "The name has really grown on people. Why Foundry? And then you'd get them, you know it's a place where you can build yourself and create and find yourself, and people were like, oh okay, that's kind of cool. And then for me, I'm 40 and so I know what a foundry is, but kids at my drop-in? They don't have a clue what a foundry is and probably never will... So it's like taking ownership of an older word and reinventing it for themselves. So, I think the name has grown on people." (Centre B, Partner Agency)

Across all Foundry communities, respondents underscored and placed a high value on the robust youth and family engagement that occurred during Foundry's "branding phase". Across responses, this emerged as the period in which youth and families were seen to be most engaged in the co-creation of Foundry.

> "The name Foundry. I like it. They go around the world and talk about it and I like that youth picked it. I like the word "found", and all the problems are coming into play, and I think that is cool."(Centre D, Youth Advisor)

> "So we've done a lot of consultation sessions around our build, around what the design would look like, around the graphics and naming all those type of things and I think we've done a good job of reaching out to youth in the drop-in that we have access to" (Centre B, Centre staff)

In discussing the benefits of a branded centre, accounts frequently highlighted the role that they were beginning to see a visible and recognizable brand can play in helping young people know where to go for help. This visibility was also seen as a way to potentially counter the stigma that is attached to mental health and substance use problems.

> "It's going to become interesting to figure out how we get those mild kids in the door because there might be some stigma around it. So the branding I think is good, right?" (Centre B, Partner Agency)

> "Again, so that's where I see this as a positive because it's another way for families and youth just to walk in off the street and get crisis support versus maybe even not knowing that's the right avenue. So I'm hoping that they'll just go, "Oh, let's go to this place. I hear they're great." Versus, "I need to go to the ER because I don't know where else to go." So that's my other really excited part that I'm hoping is – it's going to be the better door to go through than the ER." (Centre D, Partner Agency)

Although initial attention was paid to the influence of the visual identify component of the Foundry brand on the physical environment, by Cycle 2 participants were also describing how the brand could serve as a way to orient providers and reinforce commitments to core values, describing the values and experiences that were identified as important by youth, family members, and service providers at the beginning of the branding process (for further discussion see Helfrich et al 2018). For example:

> "Branding, I think, shows up in the physical space. Like that's sort of a first step. I can imagine that as we roll out services, like our service approach is really informed by the larger Foundry brand of service integration and youth friendly and really inclusive of youth and family advisories feedback, and all those type of things". (Centre B, Partner Agency)

Moreover, respondents stressed the ways in which the Foundry brand, as an articulation of its newly emerging culture of care, would not just help young people where to go for services, but would also reflect how they could expect to be treated by service providers. As stated by one service provider,

> "I love having that brand, the Foundry, because Foundry … actually, the best description I've had so far of it is 'I know it's a building I can walk inside and I know I'm not going to get hurt'." (Centre E, Centre staff)

Importance of having the building and a youth-friendly space

Over the course of the developmental evaluation, respondents often took great pains to highlight that Foundry centres are much more than the buildings that were created to house them. Beyond the influence of the branded elements of the physical space, respondents spoke to the meaning that the space (and the process of developing it) had for service providers, young people, and families in their communities. The funding and opportunity that came attached to the creation of the new physical space for Foundry centres provided a secure "home" for some services that had been relocated into temporary spaces multiple times in recent years, and allowed others to address structural problems that had impacted their ability to deliver care. In addition, the process of developing a centre, guided by the branding, was described by many as bringing communities together in new ways that promoted a shared vision (and eventually shared use) for how the space would be used and the meaning it would have in the community, which offered a strong sense of pride and accomplishment. To illustrate,

> "We're proud of how the space turned out and have done a good job of letting other people into that space, making it feel like a community space. We've invited different groups to use our multipurpose room, things like that. There was a lot of attachments to the space before it was renovated. It had been many, many different things and people had really strong attachments to this space. It had been a club at one point, it had been a bar, a restaurant, all kinds of things. It had a stage, it did all these weird things. People used to have dances there, like youth dances and things like that. So it was a big deal for people to let go of that space and have the idea that it would become something else. I think we did a good job of trying to figure out what the best use of that space was, knowing that it had to be different, but still maintaining the pieces that people wanted. We've gotten a lot of positive feedback around that, so that was an accomplishment" (Centre B, Centre staff)

At the same time, as the experience of this centre shows, many of the key elements and expected outcomes of a Foundry centre in the lives and experiences of young people became quite tangible even prior to having the space:

> "Who they are has just grown tremendously over the time that they've been connected, and their – it is this – their sense of who they are, their abilities, their skills, that empowerment, their being able to speak in public, their ability to support one another, that's what Foundry is about. So, yeah, proof of concept of place where . . . youth can feel like they belong, a place where youth can go and get connected, and dream, feel safe. And then, whatever it's for, whether it's that primary care or to connect with a psychiatrist, or pre-employment . . . these kinds of things are already starting to happen, and we don't even have it all in one place yet." (Centre D, Centre staff)

LEADERSHIP

Creating a Leadership Table

Accounts indicated the central role of local leadership tables, and of key partners at the provincial level, in promoting a broader understanding about the work required to develop Foundry, and a Foundry centre. The formation of a leadership council at each Foundry site was critical for creating the sense of "we" in decision-making and ensuring that diverse perspectives informed the development of Foundry:

> "I think how we do it also is that we have and will continue to attend to the fact that these needs to be a "we." This can't just be a one organization initiative. So trying to have a strong leadership council and building that leadership council and making sure those members understand that this is about Foundry." (Centre A, Centre staff)

Under the guidance and support from a Lead Agency, each leadership council worked towards effectively shaping Foundry processes to address community needs. The value of the leadership council was to ensure forward momentum towards creating Foundry while tackling roadblocks along the way. In terms of efficiency, some accounts indicated that few "high-power" members on a small team were necessary because collaborative decision-making was efficient and productivity was optimized with fewer people on board. Composition of leadership tables varied between sites, and "getting the right people" on-board from the beginning was highlighted as beneficial for directing the work.

A Culture of Leadership

Not only has Foundry formed a new culture of care for young people and families, it has also created a new *culture of leadership*, which has set conditions for leaders in health, social services, non-profit community-based organizations, philanthropic partners, and Foundry Central Office staff to lead differently in order to achieve these outcomes. This culture of care was based on a common value system including *prioritizing youth needs, trust-building, transparency, creative problem solving,* and *reciprocity* between Foundry and the community.

Creating a Culture of Leadership:

- Establishing Youth-Centered Care
- Trust Building
- Transparency
- Reciprocity

Establishing Youth-Centered Care

Prioritizing stakeholder needs and process pieces were necessary for making meaningful progress in developing Foundry. Multiple accounts highlighted the common priority of listening to youth and valuing their input for creating a youth-centered Foundry. The establishment of youth and family advisory committees

propelled leadership tables to center their work on addressing youth concerns. Youth feedback was gathered throughout the proof-of-concept period, particularly surrounding building design.

> "I think it also comes down to having a leadership table that is putting the youth input first. Every step of the way I would give a bit of my effort and step away because I felt like I was there for a token stamp of approval and nothing would get followed through. But here at the leadership table, all of the different partners, they're like "okay this is what the youth want!" If we have problems later on, "let's check in with the youth". For any of the youth that have been involved, they keep coming back and keep giving feedback. It means they can see that what they are putting in is actually being put into fruition." (Centre E, Parent Advisor)

> "It is like the whole rubber stamp thing, like if a vegan was putting together a meat shop. There's real life issues we have and everyone in this room has some experience. It is our actual community coming together to make a difference. I am only 17 and I see a lot of good happening in our community." (Centre C, Youth Advisor)

Trust Building

Attending to relationships through collaborative planning and problem-solving built trust among stakeholders involved in developing Foundry. This was particularly essential for expanding leadership structures through forming community partnerships. Trust-building ensured that leaders across stakeholder groups were moving towards a common goal for Foundry:

> "And so, you know I think we were pretty well established in that way. I think that the magnitude of this and the way people feel the different agencies feel…I think that just opens the door to trust a lot faster. So, we did the hard work and trust takes a long time to build and a nano second to break so, you have to attend to that. But I do think that we established ourselves as credible partners so, when we, when [NAME] or I come running, or want to come in somebody's door and say, 'hey, let's have a conversation', they're already thinking 'oh, what are those guys up to?' But they're not thinking 'how are they going to screw me over?'" (Centre A, Centre Staff)

Transparency

As each Foundry site offered unique learnings, accounts indicated the need for greater sharing and knowledge exchange between sites to inform the development of best practices.

> "Having key senior leadership supportive of the transition to Foundry, and open to that, and open to learning about it, has been really helpful. I think there's been help through knowledge exchange between the different Foundry sites." (Centre C, Centre staff)

> "The development of the leadership council, for me personally cause I am on the leadership council, that's been great because I've had a much broader understanding and also know much more about much of the

lack of information is just because we just don't know that yet. Again, this is where the principles of transparency and building trust and all of those kinds of things get hammered home over and over again." (Centre A, Centre staff)

In particular, in the earlier stages of the proof-of-concept period, there was demand from centres for Foundry Central to provide transparent feedback and have greater presence:

"...I definitely think the Foundry Central office presence could be more present here during that transition so that the whole team is on board, as opposed to just the leadership team. You could argue it is the leadership team responsibility but there could be more transparency there between Foundry Central and Front line staff." (Centre C, Centre staff)

Reciprocity

By recognizing community capacity to provide care for youth, Foundry sites endeavored to harmonize efforts with existing community structures to optimize care pathways for youth. The process of reciprocity allowed for Foundry to develop a symbiotic relationship with its community, depending on local resources while delivering key process pieces required to streamline care for youth.

"I think a community needs to know where it is in relation to this and look at Foundry as a potential resource, but really trying to think ahead about how does this fit in our context of youth services primary care and mental health care in our community and really trying to approach Foundry as a . . . Making sure it's a partnership, making sure it's a resource that can be accessed to build some things, but that it needs to be a resource that can be accessed to meet the goals of your community, not a resource that's here that's going to solve your problems." (Centre B, Centre staff)

"So it's a key part of leadership is to be connected to your community, to be connected to your stakeholders, to be connected to potential funders, so when synergies exist that present with critical needs in your community you're able to respond. I would say that's been a shift organizationally in our community, but that's really been about our shift in leadership. So I think the work with Foundry aligns with how I approach leadership. Not to own all of that, but it wasn't an "ah-ha" moment. If anything, this is how I'd like to work. This is something that I think sits well. It's a need in our community, we can benefit, hugely benefit from." (Centre B, Centre staff)

Barriers to Developing Strong Leadership Structures

During the proof-of-concept period, shifts in leadership structures promoted versatility yet compromised stability due to staff turnover. While leadership structures benefitted from the addition of new skills and competencies, building trust and sustaining relationships were challenging under those circumstances. Staff turnover and shifts in leadership structures hindered planning and extended time spent on training and familiarizing with the work of Foundry. It was common for existing staff to "stretch" to accommodate and

satisfy their mandate which was made possible through sustained commitment to move the work forward in a dynamic environment.

> "Like one of the key leaders can't just leave because there's no opportunity. It needs to be a commitment; it's like okay, I'm here for the next year for sure, to get this thing up and running, you can count on me. So that's important. And then of course, you want a balance, you want someone with really, really strong… obvious things. Strong people skills, sharing, responsive, and, you know, those are general qualities of a good manager anyway, so a good leader that can balance a little bit of all those needs, right. There's financial needs, there's workload, there's staffing, and so there's a lot of balls to juggle." (Centre E, Centre staff)

Qualities of a Foundry Leader

There was substantial evidence on how developing a Foundry site required tremendous collective effort, demanding key leadership qualities to sustain the work within a dynamic environment. Accounts indicated key features leaders as being a *creative problem solver, having a clear vision, adaptable, accountable, knowledgeable, available, and promoting distributed leadership.*

Qualities of a Foundry Leader:

- Creative Problem Solver
- Clear Vision
- Adaptable
- Accountable
- Knowledgeable
- Available
- Promotes Collective Leadership

Creative Problem Solver

Throughout the proof-of-concept period, Foundry sites indicated the demand for creative problem solving and calculated risk-taking in order to tackle a multitude of emerging issues at various planning stages engaging diverse stakeholders. At all levels, it was crucial for leadership structures to have inherent capacity and flexibility to enable creative thinking to overcome challenges during planning stages:

> "But I do think it's an important question, because I think as a leader, you have to be willing to think outside of the box, and to – and that's not just – there's all the different levels of leadership. There's the team lead level in leadership, there's a management level of leadership, and there's, to some degree, your larger organizational, or your board, leadership. I think it's important that at all levels there's capacity to look at how we can do it different. We get very stuck, and married to how we've always done it, and there's great temptation to take what we've done and simply put it – announce Foundry and I think that was one of our biggest challenges was trying to get everybody on the same page at the same time so that we weren't just – we were reinventing as opposed to superimposing the status quo." (Centre F, Centre staff)

Has a Clear Vision

Having a clear vision and endeavoring to focus on that vision was necessary for moving work in a positive direction; achieving this required a fine balance between adhering to established priorities while remaining open to changes along the way:

> "So, you do need a clear vision of what you want, and then you – but, you know, it has to be – it has to fit with best practice, because other people are going to tell you if it doesn't, and then you, at the same time, you have to be flexible enough to really take other people's concerns and priorities seriously." (Centre E, Centre staff)

> "So, you kind of need both of those things functioning at the same time, because you want the boat to keep heading in a positive direction, but you don't want to just pass people by in your boat, right? You want to be saying, "Okay, well, let's make sure the boat is heading in a way that makes sense to you, as well." And I think if you've got both of those things and you don't ever forget, like, you don't get so distracted with other people's priorities that you stop steering the boat and, you know, you don't get so frustrated with your own vision not being exactly how you want it that you start becoming rigid, then I think – because I think then it works out." (Centre E, Centre staff)

Adaptable

The ability to navigate through changing demands and expectations while maintaining shared goals was essential for optimizing processes under Foundry, indicating the need for adaptable yet focused leadership:

> "Adaptability. So, not being fixed, but being willing to shift and be willing to change directions. But, at the same time as we talked about earlier, knowing what we're aiming for, and driving towards that vision and that goal." (Centre D, Centre staff)

Accountable

Several accounts highlighted the need for stakeholders in leadership roles to be able to take accountability for mistakes or missteps. At times, there was need for greater clarity around ownership of the work to ensure accountability of actions.

> "Cause that's leadership, right? And it's just not someone else making mistakes, you really have to take a look in the mirror, right? And I guess that's the other part of this, relationship, but it is leadership. Like someone's got to be courageous enough to take this shit forward and move it forward and it's not a task for – you got to be up for it. You got to be able to take the good with the bad, the success with the frustration that comes along, all the shit that goes along with building one of these things out." (Centre A, Centre staff)

Knowledgeable

Expertise around best practices and operational models were highlighted as integral to the essence of strong leadership, directing processes based on evidence to promote success:

> "So it is a bunch of people there, where we are finalizing what is the leadership structure of our sites. I think we need people who have strong opinions and know how to work with different organizations. They need to know leadership models and communication models. You need big picture people and people who get into the details. The project manager person is someone who can see the big picture and practically apply it, and [NAME] does a good job here." (Centre D, Centre staff)

Available

Several accounts indicated that availability of leaders to provide guidance and insight was important for sustained support throughout the development of Foundry. As illustrated by one account, the absence of a leader during a critical time of centre development led to overburdening with responsibility and feelings of abandonment:

> "Well, the absent leader is not what you need, that's for sure. Our program experienced many consecutive months of absent leadership which was devastating for myself, because there was no one else there. There was just me. And to have this massive project, and it's huge, it's gargantuous [sic], I just felt abandoned. And there was another kind of [condition] that was playing itself out, it had nothing to do with Foundry. So, I think if people are going to take on this commitment, the leader can't leave." (Centre F, Centre staff)

Promotes Distributed Leadership

Successful leadership approaches at local and provincial levels promoted a distributed style of leadership. As noted by Bennet et al (2003) "Distributed leadership is not something 'done' by an individual 'to' others… [it] is a group activity that works through and within individual relationships, rather than individual action" (p.3). Distributed leadership was seen by respondents as effective for creating a sense of ownership and reinforcing relationships between Foundry and community partners. Terms such as "our Foundry" indicated distributed leadership, in which leadership was not seen to be "the monopoly of responsibility of just one person… [but a] more collective and systemic understanding of leadership" (Bolden 2011).

> "It's about relationship at the end of the day, so, a relational kind of leadership being – at all the different kinds of levels. So, leadership doesn't only come from my level, but leadership at all the different levels, and relational at all the different levels, is crucial." (Centre D, Centre staff)

The "Ideal" Lead Agency

The developmental evaluation also examined the question of what type of organization might be best suited to serve as a lead agency for future Foundry centres. Evidence suggested that an "ideal" lead agency would be a medium to large-sized, community-based, non-profit organization with a strong track record of leading cross-sectorial work in the community, with an ability to leverage its legacy, accomplishments, and capacity. Lead agencies also required the organizational resources (human and financial) to take on an initiative of this size, and an ability to be flexible and nimble. In addition, lead agencies were also responsible for prioritizing collaborative approaches and demonstrating a willingness to seek and implement solutions outside their system or sector. Finally, lead agencies required a strong vision supported by a diverse portfolio of programs, a strong governance structure, and an enthusiastic, reflective approach to their work. Conversely, larger government agencies were perceived as less ideal for serving as lead agencies, largely due to perceptions of lack of transparency and inflexible policies that made it difficult to collaborate well with other agencies:

> "And so, part of my other thing that I brought up to [NAME] when I sat down and I sort of identified here's my concern, we've got lots of printed material out there. One of the things [agency] has historically been known for is not informing their clients of how services are going to change and then trying to beg forgiveness, which doesn't build trust. And we really need to change that perception particularly when we are working with other community parents because they're working with us so they said okay, we're going to trust you but really they weren't trusting [NAME]." (Centre F, Centre staff)

> "I think like it really feels like it's like [agency] and then it's like everyone else, and they're like not really a part of it but we're like all partners in it and it is just like hitting a wall" (Centre F, Centre staff)

Conversely, community-based organizations with overall positive histories with staff showed fewer problems throughout the development of Foundry due to shared priorities and a common vision for Foundry's role within the community, placing youth needs first:

> "...I feel really fortunate to work here for [agency], because I feel like this organization to begin with had a real, like, youth-first approach, and was like, comes from that place of like, it's our passion and it's our ethics to do whatever it is we can to help the youth where they're at. And so it's very much the organization's approach, it's not a system's-first approach, but it's a very, like, flexible, what can we do to meet you where you are at, what can we do to help you? And so I think having the sort of foundational organization already having that philosophy and that heart has been amazing." (Centre E, Centre staff)

> "Politics doesn't get in the way hopefully. I think [agency] does things right that way any way, this Foundry is pretty lucky to have things done the [agency] way. A lot of times with projects, politics get in the way, money gets in the way, but I don't see that happening here." (Centre E, Centre staff)

PARTNERSHIPS & RELATIONSHIPS

The four main themes related to partnerships and relationships that persist throughout the three cycles of the developmental evaluation emerge in Cycle 1. These include *the types of partnership*; *factors that promote/build partnerships; factors that maintain partnerships*; and *the benefits of partnerships*. In Cycle 1, Respondents identified the types of partnerships by describing the existing relationships with partners at the provincial, community, service level and their experience of those partnerships. In the context of creating the Foundry centre in their community, respondents spoke to the factors they viewed as important for building and maintaining partnerships as well as the benefits of partnerships.

Factors that build partnerships

Co-location, meaning bringing partners together in one shared physical space, was the most frequently discussed aspect of partnerships in Cycle 1. Respondents described their own and their partner' excitement about moving in to a new space, developing 'community spirit', and building relationships under the 'Foundry roof'. In particular, the social aspect of a shared workspace and having direct access to partners were highlighted as key components of developing partnerships within a Foundry centre. Other factors that respondents identified as promoting partnerships were a history of successful partnerships, and a commitment to togetherness.

You can leverage an organization's legacy and reputation, existing partnerships in the community. I think that organizations, non-profits, have been forced to partner, have figured out a way to do that well and in a meaningful way, we have to do it all the time. (Centre B, Centre staff)

Factors that maintain partnerships

Respondents identified that bringing on invested partners with a shared vision for Foundry was important for solidifying existing partnerships and enabling the sustainability of the initiative. To achieve "effective collaboration", respondents described the importance of allowing partners to have a voice in creating Foundry and sharing ownership of the centre. For example, in Abbotsford, bringing partners alongside and allowing them to feel like they have had a say and voice in the initiative was highlighted in cases were partners had reservations or anxieties about coming on board. Bringing partners together in a community setting was also perceived as an important catalyst for dismantling service and system silos and for forming connections with other community partners. When asked about the challenges people experienced in maintaining partnerships, respondents frequently underscored that as "*collaborative work is hard*." Respondents emphasized the time and commitment that it takes to establish meaningful collaboration, and that partnerships can often feel superficial (e.g., "I am going to put my logo on your thing") without investing the hard work to get to know one another on a deeper level. At the same time, the "tight timelines" required during Foundry's proof-of-concept period made it challenging to set this foundation. As one respondent observed:

I would say that the ideal of having a collaborative and building that sense of

> relationship and networking with other agencies and helping to dispel the assumptions that we might have of each other and recognizing that we're all there in the best interest of raising the next generation and supporting our youth. (Centre A, Partner Agency)

> People [were] working outside of scope and outside of their comfort zone and having to give something up and moving into the unfamiliar and doing something new. And they did that in a fairly tight timeframe too. The evolution was pretty quick. (Centre B, Centre staff)

Benefits of partnerships

Looking to the opening of their local centre, respondents spoke to the benefits of sharing resources and knowledge, including bringing in diverse perspectives, among partners. Sharing knowledge among different the different sectors in ways that demonstrated commitments to transparency and reciprocity began to emerge, as discussions about how best to operationalize 'the Foundry concept' facilitated this process.

I think one of the things … is looking at, what are the things that we're good at? And then, what are the things that other people are good at? So, for example, obviously [FOUNDATION], they're experts at fundraising. We're not. So, you take that knowledge of who can do this really well and then you look at opportunity and you put those things together and building a partnership that is of mutual benefit, that's huge. (Centre A, Centre staff)

Diversifying reach of new and existing services, including both geographical and demographic reach, was also identified as a benefit of partnerships. Respondents felt that they wanted to be part of something inspiring, and identified the "*the opportunities for collaboration and creating innovative and new ways of meeting service needs"* as the reasons for why Foundry had attracted interest from community partners.

"It's All About Relationships"

In Cycle 2, and continuing into Cycle 3, a significant shift was evident in orientation among Foundry leaders, locally and provincially, from emphasizing "partnerships"- which represented formal agreements between organizations to work together in specifically delineated ways (as articulated, for example, in a memorandum of understanding), toward an emphasis on "relationships"- or the deeper but less formal connections established between individuals and organizations. Respondents referred to relationships and relationship building as active processes that required continuous attention and hard work.

I think as far as the learning goes, a specific focus on attending to relationship weaves its way throughout this initiative. I think oftentimes – and this has been the experience- like there's a reason that silos exist because this work is fucking hard. (Centre A, Centre staff)

I think our improved relationship with the [PARTNER ORGANIZATION] has been really significant and pretty hard-fought, to be honest, with the results of a lot of persistent effort to try and make that happen on the parts of many people. (Centre B, Centre staff)

Positive and productive Foundry relationships were characterized by a willingness to find creative approaches to solving problems together, to take shared ownership of identifying and addressing emerging issues and concerns. In the words of one respondent:

It's about fostering relationships, where communication is easy, right, so people feel like they are part of the team and there's not this, kind of, separateness and you're not trying to bash heads and trying to do the same thing. (Centre E, Centre staff)

At this time, centres that were operational were also beginning to see the benefits of these relationships manifest in the day-to-day work of serving youth. Co-location was directly facilitating additional relationship-building. Working together in the same building facilitated small exchanges and consultations between partners, which respondents suggested were key for establishing trust within relationship

As one respondent noted:

> "Having it all together just really makes it a lot easier for everyone to be on the same page. You know, I think, at the end of the day it's going to come out that patients are benefiting as a result because they have a team as opposed to those two separate entities that are trying to do their own thing." (Centre D, Partner Agency)

Some service providers underscored that the emphasis on building collaborative, trusting, relationships was critical not only to their ability to operate an integrated Foundry centre, but also in the approach to care that young people require: "it's all about relationships. You can't get any work done if the youth don't respect you in that way or depend on you or know that you're a safe person." (Centre E). In this respect, the work that was undertaken at the local and provincial levels to build and strengthen partnerships across sectors and systems was identified as being particularly important for transforming care experiences for youth who experience multiple barriers to accessing supports, such as youth in foster care:

"Then they grow up with a spiritual divide, like they don't really know who they are, and sometimes they have experiences with foster care that are just horrible…I know there are ways for the Ministry to help them, but they don't want anything to do with the Ministry. I think it comes back down to building those relationships that support an outlook. Not everywhere has that." (Centre A, Partner Agency)

A salient feature of relationship-building during the proof-of-concept period involved attention to evolving new, dynamic, and reciprocal ways of working together to address larger issues at the community level extending beyond the daily operational needs or a specific client care issue.

One thing that I work really hard to do is, if a partner has an idea, it's never a no. It's never no, we can't do that. It's kind of along the lines of, okay why do you need that? Can we accomplish that through another method? And so for a lot of times they'll say "well, Foundry Central won't let us do that", and I'm, like, "I've never got a no from them, you're never going to get a no from me, let's figure this out if there's something that you need to accomplish". And so I find our partners have been pretty receptive. (Centre D, Centre staff)

Accounts also described how the ecological landscape of the Foundry initiative allowed partnerships to happen in the community (where they might not have happened before) due to relief from stressors such as politics, funding, and competition. The language used when discussing relationships was active, such as attending to, building, and fostering. Respondents began to see the benefits of partnerships and relationships actualized in their centres. For example:

> "It's allowed people that really don't know each other to become more acquainted with each other, and it's provided opportunities for groups to work together before in a way that maybe they wouldn't have had this opportunity not been realized."(Centre A, Centre staff)

Across numerous accounts, Foundry provided the space for existing partners to think outside of their typical service mandate, which has helped the Foundry centre to become more efficient in the provision of services. Relationships with organizations operating within Foundry created opportunities to expand practice in their centre, and relationships with partner organizations created opportunities outside of Foundry and within the broader community landscape, e.g., to acquire more resources or develop other relationships.

> "We now, as well, have so much interest from other community partners and the opportunities for collaboration and creating innovative and new ways of meeting service needs. It's just - I just got goose bumps. This is the stuff, this is why I drank the Kool-Aid, because this has inspired people. And it's inspired people to see Foundry as opposed to [INDIVIDUAL AGENCY]. (Centre F, Centre staff)

Drawing on their previous experiences, respondents identified that strong relationships with partners were built on give-and-take exchanges, mutual respect, ease of communication as well as a willingness to tackle difficult issues together and ability to both give and receive advice. Indeed, some respondents suggested that the relationship building aspect was one of the reasons they were attracted to working with Foundry in the first place.

> "[AGENCY] being a non-profit, we're just very relationship lead... I think they've just always been working on developing these relationships constantly. And so, when it came to Foundry, it was easy to utilize those relationships and kind of get them engaged in the process. (Centre D, Centre staff)

While Foundry centres could not be established without partnerships, over time it became readily apparent that it is attention to relationships that enable Foundry centres, and the Foundry movement, to flourish.

In Cycle 3, respondents began to share indicators of this transition from "partnership" to "relationship" in their work, such as the ability to have open and honest conversations, agreeing on shared ownership of issues and processes. In addition, the role of the Foundry movement in facilitating partnerships at Foundry centres was solidified. Overall, having a shared vision, allowing for flexibility, and bringing system transformation into the

community setting were identified as key ingredients that were provided by Foundry to facilitate successful partnerships. In particular, respondents identified the pivotal role of leaders' authenticity as integral to building and maintaining strong partnerships and relationships:

> "I guess you've got to really look at the senior leadership and how they roll, and you know if there's an authenticity there then you're probably in a better position than if it's like 'oh yeah, we partnered on this and we partnered on that and we partnered on", you know… Maybe it's more gut than brains. (Centre A, Centre staff)

Feeling confident in their local partnerships, respondents begin to look at attending to their relationships at the broader community level.

I think that having a lot of the same key players and that doing these small tests of change helped us to have the trust to work together and the capacity to do the bigger system things that still need to happen. We're not there yet with the bigger things that need to happen, like hospital discharge. (Centre D, Partner Agency)

Foundry supported leaders and executive directors of community organizations to see beyond competition (i.e., for funding) and focus on the process of providing the best care. In addition, some respondents noted that the Foundry movement provided the environment to break free from expectations inherent to working in some organizations and to think outside of the box to do the work for system transformation. In this respect, Foundry can be understood as a movement that brought the system transformation work desperately needed in the area of youth mental health into the community. Respondents in the non-profit sector in particular comments that the Foundry movement allowed partners to feel like they could have more ownership over system transformation work than they would have experienced if a government body was leading. To illustrate:

> "Whereas a community organization, and certainly for us, any initiative we undertake is usually going to involve some level of partnership… So, to me there's a real difference between it being delivered within that sort of government mandate, and being something that's attached into community. Because what I've seen is that is there's an ownership that people have taken on, and certainly people when they talk about Foundry…is that, sort of how you knew it was a community project, is people were saying "well, it's ours". And everybody was claiming it, you know, as "ours". And I've never heard anyone say, "well, child and youth mental health is ours". (Centre A, Centre staff)

Respondents identified that partners and partner organizations had a range of feelings towards their experiences and perspectives on shared "ownership" of a Foundry centre. Respondents suggested that the level of "flexibility" within different partner organizations was key to determining their attitude and feelings about ownership and integration. Respondents described feeling excited when partner organizations took ownership of Foundry, and used language such as "we" and "us" instead of "you guys" when discussing Foundry related matters.

> "These partner organizations feels like they own Foundry. It really is this very integrated Foundry where all of the different organizations take full ownership of this beast that we have got, which is amazing. It blows us away that the language….When any of these organizations come to this thing the language is 'we' and

'us' for this thing and not 'you guys'. We love that about this. It just blows us away how much integration and ownership there is!" (Centre D, Centre Staff)

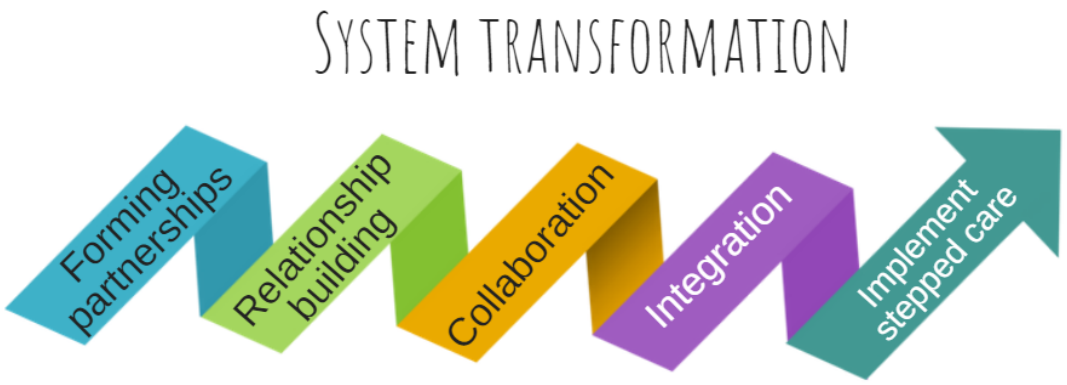
Accounts also suggested that a competitive funding atmosphere (particularly in the non-profit sector), were observed to occasionally inspire feelings of "jealousy" and a need for special acknowledgement of work that had been done for Foundry.

So, we have a conversation tomorrow about how do we recognize all the other partners because everyone is kind of hurting. Their egos are – well, we're doing so much for Foundry, but we're doing so much we don't get a piece of this accolade, so-called accolade. Where's our 10%? (Centre A, Centre staff)

COLLABORATION & INTEGRATION

At Foundry centres, efforts to integrate services and operations were a primary focus to enable success in providing youth with streamlined access to care and positive experiences with Foundry care providers. This process involved continuous collaboration between diverse stakeholder groups to enable the development of a platform for integration, and demanded establishing reasonable expectations, mechanisms, and informal working cultures to foster *effective collaboration*, a primary prerequisite for integration. A key learning during the proof-of-concept period was that achieving the system transformation necessary to implement its Integrated Stepped Care Model (ISCM) required stakeholders to engage in a process of sequential steps beginning with forming partnerships, to building relationships, which enabled collaboration and integration without which implementing ISCM would have been impossible. (See Figure 2).

Figure 2. Process required for system transformation at Foundry



What is required to enable collaboration?

Throughout all cycles, stakeholders indicated the important and often necessary aspects fostering effective collaboration between stakeholders, and were identified as the following:

Commitment to do the Work of Foundry

In Cycle 2, evidence shows lead agency staff and front-line service partners committing to Foundry, stemming from an overall sense of ownership in being a part of a larger movement to better serve youth. As a result, an informal work culture based on harmonizing efforts towards a shared vision was created and reinforced between stakeholders within Foundry and across agencies:

Factors Enabling Effective Collaboration:

- Commitment to the work
- Focused leadership
- Trust and Relationship Building
- Meaningful Use of Resources and Time
- Solidifying Partnerships

> "Part of the work that it takes and – I'm not surprised about the collaboration, you know, I'm pleasantly affirmed when you see that in evidence. The people are really committed. Government, non-government, they've invested a lot of time and energy into trying to transform services to youth. Many of the partner agencies with no funding attached to them just a willingness to want to do it differently, and their commitment. It's not a surprise to me, but it's an affirmation, that people and community cares." (Centre B, Centre staff)

> "I do see that there is more of this collaborative service that is happening. And so that's exciting. Like I think there's that willingness, like you said, like this feels like a no-brainer. People are wanting to do it. And even along the lines of looking at different partnership in terms of offering the groups…and so, there's a real willingness of wanting to work, you know, cross-agency, co-facilitating and things like that." (Centre A, Centre staff)

Further evidence of stakeholder willingness to do the work of Foundry was visible through multiple accounts, indicating considerable extension of responsibilities to complete tasks outside of their professional roles:

> "I think there's going to be more stretching. And more when we are there and together and have to see how it works and who is doing what. We have been talking about what that will look like. MCFD has now hired a liaison specifically for Foundry. That is stretching out and to identify the liaison and that we will do that piece, and how we are going to use interns that we'll need some stretching from all sides." (Centre D, Centre staff)

Focused Leadership

As highlighted in numerous accounts, focused leadership shaped how stakeholders responded to demands and organized efforts for developing Foundry. Focused leadership involved promoting a shared vision,

establishing clear leadership roles, recognizing the expertise necessary for decision-making, and valuing effective collaboration to promote shared decision-making:

> "I think the source of our power so to speak is - one aspect that is a real key aspect of power, goes back to the early conversations where [NAME] in particular as the lead person of the lead agency but [NAME] as well they were really clear that well they had a vision, their top priority was effective collaboration. At every turn there were invitations to be part of the conversations, I don't think they ever took for granted that people recognized their clear leadership role, but at every turn it just felt like this was a group decision and we have been thinking this but we're not attached to that because we know that we're part of a larger system here." (Centre E, Centre staff)

Trust and Relationship Building:

Good working relationships were essential for effective collaboration. Trust between stakeholders was built upon authentic efforts made towards a shared Foundry vision, allowing for greater comfort between stakeholders, and ultimately dissolving hierarchies to promote collaboration:

> "So it's having that collaboration, I think it's key to have it more … almost like a personal level with a person. It's not Mr. and Mrs. and it's not formal titles. It's more just, like … I don't know, this person you know down the hallway that's … you know, just it's [NAME]." (Centre E, Centre staff)

> "Right? And that is collaboration. So I know I have to put effort into collaboration. And it as soon as it seems inauthentic then it will fall apart, right? That's that trust thing because then the other parties don't see what's in it for them." (Centre A, Centre staff)

> "I like [NAME] and [NAME] … we know each other. Having that I think is really helpful because you're more likely to actually share and collaborate with each other if you're comfortable and trust that person, of course." (Centre E, Centre staff)

Meaningful Use of Resources and Time

As highlighted by stakeholder accounts, establishing effective communication mechanisms, such as planned and regular collaborative meetings, promoted transparency and mutual learning among and between stakeholders. Effective communication involved ensuring stakeholders had a shared understanding of the plans moving forward, and recognized resources necessary to optimize processes. A team-based communication approach among stakeholders fostered the development of a platform for effective collaboration across multiple stakeholder levels, ultimately promoting integration within Foundry:

> "Communication and sharing of information amongst the partners and team-based approach. Making sure everyone is on the same page. And knowing the hopes and dreams of the individuals. The right resources are called on. That the right people are called on and are at the table. That the individual is driving the plan as much as possible. That they have buy in and motivation and engagement and readiness to that plan. To

keep communication in the team and have people in their designated roles. Really getting people to focus on their role and maybe get someone in to (share work)." (Centre C, Centre staff)

"One thing that helps- The very regular meetings, we are still meeting every week unless in the summer when there was nobody around. Other than that we catch people up on things that are happening. I think having people invested in it and with new people coming on that they immediately catch onto." (Centre D, Centre staff)

Solidifying Partnerships

Finally, existing partnerships with community agencies helped foster effective collaboration when relationships were already established:

"I think it really solidifies some of the existing partnerships that we have and we can make them more concrete and successful..." (Centre A, Centre staff)

"So we really benefited that when all the partners came to the table it wasn't the first time we were meeting each other, we'd worked with each other for years and so that really kind of helped to establish how they manage partnerships." (Centre D, Centre staff)

Challenges with Collaborative Work

Work and Time Demands

There were some notable and logistical hindrances to collaborative planning, largely due to a large volume of work required to complete within restrictive timelines:

"It was a lot of work. Tight timelines. So sometimes it was hard to do full collaboration when you've got so many timelines but it also motivates you to keep momentum going and get people onboard." (Centre E, Centre staff)

Specifically, scheduling times to meet, attending relevant meetings, and responding to emails and requests were identified barriers to effective collaboration:

"It has been a huge time commitment and a lot of emails and meetings at times never worked so they're missing key pieces because you could never attend. A lot of meetings that seemed irrelevant on the calls, at times the clinical pathway meeting would be at the other meetings." (Centre C, Centre staff)

Working in Siloes

A significant barrier to effective collaboration was siloed work efforts among Foundry staff and community partners. This was impacted by rigidity across sectors surrounding information sharing, and uncertainty around boundaries, roles, and responsibilities under Foundry:

> "I think one of the biggest barriers has been that there seems to be some agencies that work in siloes from one another. Some agencies that have lots of services and kind of work within their own programs and refer within their own programs, not necessarily intentionally overlooking other services that are available but just in practice that hasn't happened where they're making really good connections across services." (Centre A, Centre staff)

> "I think there is different levels of flexibility within different agencies and that is what makes it challenging. [Health Authority]- it is so confined. And other government agencies have a different level of flexibility. That will make some of the system integration difficult- IT, forms, etc. It is so confined in terms of what can happen or not." (Centre D, Centre staff)

Managing Expectations

Throughout all cycles, expectations varied across sectors despite having a shared vision towards promoting better access to care for youth. Managing expectations was challenging, particularly due to Foundry sites with many community partners with competing interests:

> "...If you take a step back, there's the funders, the backbone, the twenty some-odd organisations around the table, parents, kids, the board of [lead agency], the evaluation, that's a lot of stakeholders to have to keep happy. Even if you just were to say, okay, we're going to do a collaboration with 25 partners, forget about a backbone, forget about anything else, we're going to bring 25 organisations in and we're going to figure out a way to make this work." (Centre A, Centre staff)

Despite challenges encountered through collaborative work, it became evident that Foundry centres were well on their way towards achieving unified vision, or a "sense of "we"", that they saw as a chief requirement for optimal service and system integration:

> "Yes. For example, we would expect some level of competitiveness or differences, you know, in the way, in the philosophies of care of these organizations. And people who sat at the table were very, very open-minded and very ready to agree with the collective approach." (Centre A, Centre staff)

> "It was really a good example of how that collaboration and integration can be transformative because any one of those on their own would've struggled and I think if anything we're seeing that a great deal. The working together pieces there is a great deal of collaboration going on. From formal collaboration like their weekly triage meetings and so on to the fact that they walk around --everybody here we're not huge. People don't have any problem talking to anyone else in the building that they know is here and just going and consulting in the minute about something that's going on." (Centre E, Centre staff)

Pathways to Integration, a Precursor for System Transformation

Levels of Integration at Foundry

Using Fulop et al's (2005) Typology of Integration, evidence from Cycle 1 demonstrated establishment of Organizational Integration (where organizations are brought together formally by mergers or structural change or through contracts between separate organizations) and Normative Integration (where an ethos of shared values and commitment to coordinating work enables trust and collaboration in delivering health care). By Cycle 2 and 3, Foundry reached varying levels of Service Integration (where different clinical services provided are integrated at an organizational level, such as through teams of multi-disciplinary professionals), Clinical Integration (where 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), Functional Integration (where non-clinical support and back-office functions are integrated, such as electronic patient records), and Normative Integration (where an ethos of shared values and commitment to coordinating work enables trust and collaboration in delivering healthcare).

Figure 3. Fulop's Typology of Integration Model (2005) evidenced in Foundry.

Organizational Integration

- Cycle 1: Formalizing community partnerships

Normative Integration

- Cycles 1,2, & 3: Collaborating to work towards a shared vision for Foundry

Service Integration

- Cycles 2 & 3: Integrating and coordinating services to serve youth accessing Foundry

Clinical Integration

- Cycles 2 & 3: Internal processes occur to streamline clinical care pathways for youth accessing Foundry

Functional Integration

- Cycles 2 & 3: Unifying IT systems

What are the pathways to integration?

As identified by numerous accounts, continued collaboration between stakeholders paved the way for integration. Though all sites during the proof-of-concept period demonstrated incomplete integration on a service, clinical, and functional level, all sites showed progress on the pathway towards implementing the Stepped Care Model. Aspects identified by stakeholders enabling integration were meaningful resource allocation, having one physical space for Foundry services, relaxing boundaries to create a unified system, and having sufficient time for planning.

Factors Enabling Integration:

- Meaningful resource allocation
- Shared physical space
- Unifying systems
- Sufficient time for planning

Meaningful Resource Allocation

A necessary process for integration at Foundry sites is pooling resources in a meaningful way within a community, allowing for Foundry to operate harmoniously within a larger system of care. Maximizing resources through expanding partnerships enabled a growth in connections and expertise available to support youth. A primary challenge in this process was recognizing which aspects required integration and the level of integrated resources varied between sites based on community needs.

> "You know, not, like I said it's not one that hasn't been identified or looked at but I think that's going to be an ongoing sort of challenge moving forward. Challenges from a community partnership perspective, primarily I would say, you know, it's really that resource allocation sort of thing. So, you know, looking at how much can we - how much will we get out of integrating versus remaining independent and are we over allocating resources to Foundry or as a subcontractor of Foundry essentially that would compromise their current service delivery model and everything else like that." (Centre F, Centre staff)

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

One Physical Space

Having Foundry services "under-one-roof" helped streamline care pathways for youth accessing Foundry, showing clear indications of processes towards system transformation. Coordinated efforts and relationship building were enhanced when staff worked within proximal vicinity:

> "And I think that is so important. Um, then I think -- I mean, one of the things that I think has been working really well is just building relationships between people who work in different specialties, people who work

for different agencies, and like, just actually being in the same building and being able to see each other and having little conversations, being able to consult with each other, even with just like for a quick moment to like, "Hey, what do you think?" you know, um, there's a lot of learning that can happen, and I also feel like the trust, um, between each other really means -- like that is just so important." (Centre E, Centre staff)

In visioning how this would transform access to services, having one physical space for Foundry would ultimately allow youth to be placed on a personalized trajectory of care through Foundry:

"I have a vague notion of how we will do this. They walk through the door with an issue. We grab them and say "this is the issue", look at chart notes, get them right in. To me, I am seeing a mini model of how things will happen. I think it will be communication between people, which will be lovely. We use the site nurse to work on the issue. This isn't going to always work, but at a certain level it works. I think that will be good, and what will be amazing will be to learn what each other does, and to learn about psychiatry of the issue. We used to get a few scattered referrals and now we are all together. I think it will be great as long as everyone remains open." (Centre D, Centre staff)

Sharing Information through a Unified System

As indicated by multiple accounts, co-locating services did not alone translate into integration. The process of streamlining care for youth involved relaxing boundaries for information sharing between Foundry staff, which was not always possible due to concerns surrounding patient privacy and confidentiality. Therefore, sharing information within several Foundry sites was challenging, particularly when there was perceived sensitivity around who was privy to private patient information:

"Yeah, and I think, still, some of the big barriers are around the integration of digital systems because none of us can access the same digital platform at all so that's still a real serious, significant, please-take-that-all-the-way-up response. And then as far as, sort of, case conferencing, I'm really noticing, again, and that ties back to some of your [theming] but the relational people are doing that really, really well and the people who are either more intimidated by others or they're used to practising in a certain way and they're afraid of information sharing, continue to be less forthcoming, doing that work not as well." (Centre A, Centre staff)

"Yeah. And introducing new people to this space, into the space of this. So for example, when they're trying to integrate and have people – like full partners, full engagement in the process, but they're saying social service. And then you're like, "Oh, no. You can't be involved in this conversation. Or you can't look at that file because they don't have the, you know." The health care people get it. You don't look at a file that's not yours. You don't listen in on – we're introducing into this system." (Centre A, Centre staff)

Another predominant concern was different electronic medical record systems (EMR) in place. By the time centres were operational, those whose staff coordinated work within their site were able to make shared used of a multidisciplinary EMR. Sharing of information, once privacy and confidentiality protocols were in place, were described as critical for efficiently integrating care:

> "So that's one thing, specifically about the speed like for transformation of access, that's one thing that makes me happy because we do have access to psychiatry and we do have GPs directly in the building every single week. So it's easy to keep - You know, we have a secure vault storage downstairs so it's easy to keep things like notes and then immediately put that onto the person's medical file, which all of those things, before, there was always a problem with release and sharing of information from the separate branches." (Centre E, Centre staff)

> "What is helpful is having most of the team on the same medical records to help with integration and continuity of care. You can see notes and communicate electronically. There is a bit of a gap when outside providers don't share the same record." (Centre C, Centre staff)

Conversely, those centres that did not have the benefit of a shared EMR accessible by all members of their team reported these technological and organizational policy barriers frustrated efforts to realize goals for a care environment in which "young people would only have to tell their story once". Through active collaboration, accounts indicated that flexibility among partners assisted in navigating these changing needs and expectations among care providers:

> "It is all about communication, and I think it will be very difficult to do. The one stop shop will not be difficult. Telling the story once will be difficult -we all have different ITs and EMRs, and it will all be done by person to person communication." (Centre D, Centre staff)

> "I think the biggest things that it takes everyone being committed to it. We don't want to just cohabitate we want to integrate, and sometimes those things can get confused. People think it's being all together, but that isn't integration. I think actual integration is things… the databases are really hard. Different agencies have their own databases that they need, so how are they going to report or integrate? There's a lot more logistical challenges and people need to be on board to see how to manage those- because it is just really hard." (Centre D, Centre staff)

Sufficient Time for Planning

Having sufficient time allocated for significant work and planning was also identified as necessary for integration, which was not always available when meeting aggressive deadlines required during the proof-of-concept period:

> "So anyway, a small group of us got together and everybody was, sort of, okay, this is the , this is the idea, what does everybody think? This is going to be a ridiculous amount of work in a very short period of time, you know, and we would need all your guys' commitments and supports to make this happen." (Centre E, Centre staff)

Moving towards System Transformation

By the end of the proof-of-concept period there is unanimous recognition that the work of Foundry takes significant time for planning and decision-making, resources in place for accommodating plans and protocols, and sustained efforts towards a shared goal to provide access to care for youth. Early signs of system transformation included the availability of drop-in-counselling at all centres, and "warm-handovers" occurring within Foundry centres to expedite care pathways. Such establishments provide foundational pieces necessary for implementing the Integrated Stepped Care Model.

YOUTH AND FAMILY ENGAGEMENT

A significant area of work for the Foundry movement has involved the delineation of "peer support", "peer navigation", and "peer engagement" as distinct areas of activity, and the preparation and resourcing of these activities at the local and provincial levels. At the beginning of the proof-of-concept period, there was often lack of coherence evidenced in accounts describing the role and function of each of these areas of work.

PEER SUPPORT focusses on connecting young people to peers with lived experience to access emotional support, help with systems navigation, and connection to resources and services.

PEER NAVIGATION is a type of peer support work that typically involves helping individuals to understand how to access specific services, what kinds of supports a specific service delivers, and what to expect when accessing care.

PEER ENGAGEMENT are activities that promote the active involvement of peers in planning, operational, and outreach activities at a centre.

Both peer support and navigation are required to be offered as core services in each Foundry centre, and staff in these roles participate actively as full members of the clinical team. These are activities that have a primary objective of liaising between Foundry centres and peers in the community for the purpose of encouraging engagement with one another and with centre staff outside of clinical contexts. Youth and family engagement has been highly valued and extensively promoted by leaders and stakeholders in within and beyond the Foundry movement. However, the results of these activities to date have been mixed.

Foundry promoted youth and family engagement as a critical area of focus during the proof-of-concept period. In each Foundry community, leaders engaged young people, parents, and caregivers to promote collaborative and respectful involvement in a variety of areas, including the development of centre facilities, the creation of the Foundry brand, and the elaboration of Foundry's integrated stepped care model. Foundry Central Office hosted provincial knowledge exchange events, virtually and face-to-face, that brought young people and families together to share their aspirations for system transformation, and to promote responses within the Foundry movement that recognize the urgency of need and profound desire for change in mental health and substance use service delivery. Youth and Family Engagement leads inside Foundry Central Office have also challenged their colleague to ensure their practices consistently reflect commitments to meaningful dialogue, transparency, capacity-building, power-sharing, and collaborative action with youth and families. Similarly, Foundry centre lead agencies, staff, and their partner organizations have responded enthusiastically to opportunities to create effective and reflective mechanisms for amplifying the voices of youth and families.

Two primary impediments were identified to advancing a robust youth and family engagement agenda at the provincial level. First, an early partnership between Foundry and the Institute of Families proved to be less synergistic than was originally hoped. The Institute's FamilySmart framework was intended to serve as a

vehicle for driving the youth and family engagement work, and supported the placement of Youth and Parents in Residence in some Foundry centres. However, over time it became clear that the priorities and concerns of the Institute (to advance FamilySmart practice) and Foundry (to advance broad-level engagement in the co-creation of the Foundry movement and model of care) were not fully convergent. By the second year of the developmental evaluation, this disconnection was recognized as Foundry determined a need to pursue a different approach to youth and family engagement activities beyond those articulated by FamilySmart. In addition to this, it was observed that the exceptionally tight timelines required for decision-making during the proof-of-concept period, could not accommodate the depth or breadth of engagement with young people and families that was anticipated for all aspects of the co-creation of the Foundry movement. As one respondent noted when reflecting on the impact of the aggressive implementation timeline on the ability to have meaningful engagement beyond "just consultation": "There's a welcome mat and a closed door, and I have to open it all the time." (Centre D, partner agency)

Across accounts, the branding process was consistently identified as the period when youth and family engagement was most clearly evident (for a discussion of youth and family engagement in branding, see page 26-27). Accounts spoke to the consultations facilitated both by Foundry Central Office and by centre lead agencies that involved youth and families providing input into the design elements of the brand as well as the physical space planning for centres, options for the Foundry name, and similar topics. Respondents emphasized the critical need to ensure that this engagement went beyond "token" involvement, to create a space for substantial dialogue and power-sharing such that "when we commit to working with youth and families, to try and make it meaningful":

> "We don't want them to be this, 'yeah, we've got a youth action team, this token thing', right? We want them to be actually be a part of this. And they don't want to be a token either, they want to be a part of this." (Centre B, centre staff)

In Cycles 2 and 3, respondents in some communities observed that the engagement of youth and families decreased significantly at their centres after opening. In these accounts, it was noted that the specificity of the type of input being selected during the branding and centre development phases of activity may have felt more tangible and immediate, and offered and clear set of expectations about what was being asked of young people and families. Once this was concluded, it was less clear how youth and family advisories could be engaged in operational or programming work at centres:

"We have also ebbed and flowed with our youth advisory in particular, where they've been really, really part [of the work] in certain areas and then less so in others, especially in some of the clinical pieces. But what we've tried to do is put it back to them and say, what do they want to do, and what do they want to be part of?" (Centre C, centre staff)

"I think we all know that we have work to do, but there's lots of really great stuff there. I think we're just starting to do the work now." (Centre B, centre staff)

In addition to acknowledging the work of young people as members of formal youth advisory committees, respondents spoke to a wide range of activities in which youth had been engaged at the local level to promote the Foundry movement and encourage involvement in centre-based groups and services. For example, young people lead outreach activities speaking to school groups and community groups, and by participating in community events to inform them of their local centre's opening and the services available. They created and participated in recreational and cultural outings, and in events to promote youth wellness. Young people also created and contributed to short films, digital storytelling, and knowledge translation initiatives on various aspects of youth mental health, substance use, and harm reduction, and engaged in a wide range of fundraising activities connected to their local centres.

Respondents also offered examples of the various ways parents and grandparents were expressing interest in being involved in programming at centres. These included offers to facilitate culturally-responsive programming for Indigenous youth and families, to share information with other groups of parents and families about the services available at their local Foundry centre, and to volunteer in learning kitchens during drop-in hours, and to generate ideas for information and support groups that would be of value to parents in the community. Foundry centre staff acknowledged that, as valued as this input from their family advisors was, resource constraints (particularly in terms of staff time to facilitate communication and follow up) sometimes made it challenging to mobilize these ideas. At the conclusion of the proof-of-concept period, these centres reported work in progress to create more effective communication and feedback loops, as well as operational policy and program planning that would allow for supported implementation of volunteer activities supported by youth and family advisors at some sites.

CHALLENGES FOR THE ONGOING ADAPTIVE DEVELOPMENT OF THE FOUNDRY MODEL

An urban model?

Over the course of the developmental evaluation, it was frequently observed that the "one-stop-shop" model for service delivery is primarily an urban model of care. One-stop-shops that integrate health and social services are themselves not new; this model had been widely and successfully applied elsewhere to address the needs of a variety of populations, including youth (Lee & Murphy, 2013; Helrick et al. 2017), older adults (Brown et al. 2003), people living with HIV/AIDS (Ojikutu et al. 2014), and substance-using pregnant women and mothers (Hall & Teijlingen, 2006), and to provide specific health services, such as sexual and reproductive health (French et al. 2010) and cancer care (Kedia et al. 2015). One-stop-shops have been demonstrated to be effective among diverse populations who share in common: the presence of complex support needs requiring integrated or coordinated services; the experience of multiple and intersecting barriers to accessing "stand alone" service; and/or the requirement for tailored approaches delivered by providers familiar with the unique needs of a specific population.

However, it is less clear whether one-stop-shop models are effective methods for delivering services to individuals or populations whose primary barrier to service access is geographic. Throughout the proof-of-concept period, respondents acknowledged that rural and on-reserve communities whose members have to travel great distances to access services are unlikely to find barriers reduced when those services are concentrated in a city or town with a population large enough to support a "one-stop". At the time of this writing, two centres (Kelowna and Campbell River) are planning ways to add outreach capacity that would enable their centres to provide services to young people outside their cities who face geographic and transportation barriers. It is also anticipated that the addition of virtual clinical services through Foundry's online presence may address barriers to some accessing some services for youth in smaller rural and remote communities. In moving beyond the proof-of-concept phase, Foundry will need to expansion to serve youth who live outside of urban centres, which will require adaptation of Foundry's one-stop-shop model, for example, through the implementation of hub-and-spoke and mobile models.

Integrating existing services or creating new services?

At the beginning of the proof-of-concept period, Foundry Central Office was faced with a quandary in realizing its initial vision to transform access for young people and families. Applications to create youth wellness centres (later named Foundry centres) came from communities whose principle access challenges revolved around high levels of fragmentation and siloing of existing mental health, substance use, and related services, and from communities whose challenge was located in a stark landscape in which services where non-existent.

As a fledgling movement, Foundry was constrained in two key dimensions. First, there was a critical need to demonstrate whether or not Foundry's concept of improving access through integrated, one-stop-shops could improve outcomes for young people, and the efficiency of the systems serving them through Foundry. The

timeline for the proof-of-concept funding prescribed that this needed to be accomplished within two years of centre lead agencies being selected. Second, the funding available through Foundry for creating services was limited to $600,000 in Year 1 for capital projects (creating the physical space for the centre), $200,000 in "soft capital" in Year 1 (to hire project managers or related personnel to facilitate the build and consolidate a service plan), and $500,000 in Year 2 (and beyond) for centre operations. Because these funds that could be used for operations and direct service delivery were relatively limited compared to the task at hand, Foundry very strongly encouraged centre staffing models that relied on redeployments and secondments of clinicians and social service providers already present and funded in the community through existing resources. Together these constraints specific to the proof-of-concept period encouraged the adaptive development of a Foundry centre model that was based on a priority of transforming access through integration of existing services in locations that could be constructed relatively quickly and cost-effectively. The results of this work included the creation of new specific services by redeploying existing community resources, as well as reconfigurations of existing services by identifying new, more efficient ways to use what resources were available.

It remains to be seen how the Foundry model can be applied to communities and regions in which trained and experienced clinicians are few, and health and social services scarce. In the communities chosen to create proof-of-concept centres, it was found that the presence of these centres served as a catalyst, bringing new and much needed resources to fill gaps in services that had long been community priorities to address. This included attracting clinicians such as child and adolescent psychiatrists and nurse practitioners to work in Foundry communities, as well as new funding for initiatives such as the availability of Indigenous Elders-in-Residence. Without the additional burden of restricted timelines that were present during the proof-of-concept period, and as the Foundry movement expands into communities without large networks of existing services in place, it will be necessary to consider if or how its model will need to be further adapted or refined to respond to the needs and priorities of these communities and their members.

An empowering model?

The Foundry movement's public facing and internal communications activities highlight the centrality of empowerment as an organizing concept for all of its work. Respondents occupying a wide variety of positions within Foundry provided numerous examples of how they saw the Foundry movement and local Foundry centres empowering young people and families to engage alongside service providers and decision-makers in the work of system transformation. At the same time, some respondents observed that empowering young people in the arena of mental health and substance use should prompt a need to think deeply about how the framing of young people's mental health and substance use from a perspective of deficit-based approaches can reify existing service provision practices that are at their core pathologizing and disempowering. These respondents spoke to these practices and perspectives showing up in two key ways.

First, some respondents observed that the organizing discourses that have mobilized a sense of urgency around Foundry are those which locate the "problem" of mental health and substance use within the realm of an individual's disordered behaviour that requires identification and treatment using medically-driven clinical models in order to resolve. In the view of these respondents, such understandings of the "problem" of substance use and mental ill health eclipse competing understandings that locate the etiology of such "problems" within structural and systemic factors and contexts that young people face, (including structural

and systemic racism and xenophobia, economic insecurity and classism, neocolonialism, misogyny and sexism, heterosexism, and transphobia). From this perspective, symptoms of mental ill health can be seen as "normal", predictable responses to living in and navigating through difficult conditions (Durà-Vilà et al. 2013), and substance use as an adaptive means by which people cope (Shahram 2016; Leonard et al. 2015; Baba et al. 2014; DeBrul 2014; Plaistow et al. 2014). Accordingly, promoting the wellbeing of young people and their families requires responses that de-emphasize individual young people's behaviour as "illness" or "problem" and which work to disrupt and transform the oppressive conditions that are the root causes of their dis-ease, in the direction of conditions that enable all young people and families to thrive (Allen et al. 2014). Such responses would also normalize young people's reactions to distressing life circumstances, and challenge attempts to "label" and pathologize them using medicalized discourses and practices (Skerrett & Mars 2014; Montcrieff 2014; Jacob et al. 2014). For these respondents, a focus on "service delivery" and "early intervention" for young people and families that does not account for these root causes of young people's distress and ill health was seen to have limited utility as an "empowering" approach to care.

Some respondents also expressed concern that some aspects of the implementation of Foundry's integrated stepped care model could contradict the empowerment-related focus. These respondents were wary of what they saw to be a driving assumption within the ISCM that "young people use too many services", and that the goal of a centre was to "ration" services to prevent young people from using them "inappropriately'. As one respondent noted:

> "I don't know about you, but I don't think the problem is that young people are too keen to get services and use too many of them. Usually, we have to drag young people to services kicking and screaming! The bigger problem right now is young people not being served enough, or being served well, and being driven away before they can be helped at all". (Centre D, Partner Agency)

Respondents voicing this concern expressed a wariness that ISCM, by propagating a perception that only the "most in need" should receive specific services could result in a type of "service shaming" of young people, if there are contradictory assumptions embedded in the ISCM that young people are both underserved and at the same time need to be discouraged from seeking too many or too intensive services. For these respondents, efforts to empower young people as care seekers should be grounded in an assumption that young people are in the best position to make informed, wise decisions to identify what supports they want and need, and when. These respondents also voiced concern that an over-reliance on structured assessment could result in privileging clinical impressions and interpretations over the priorities and interpretations offered by a youth, thereby disempowering young people as decision-makers and disrupting efforts to provide services predicated on meaningful relationships:

> "I don't really understand some of the stuff, right. What they want. And, then the amount of time I sat there doing all these freaking assessments. When you're building relationships and talking with people, you want us to use an assessment tool every single time someone comes in. Are you kidding me?" (Centre B, Centre staff)

With these concerns in mind, it will be critical to ensure that subsequent evaluations of the implementation of Foundry's ISCM include an explicit focus on assessing the extent to which this model facilitates power-sharing between young people, families, and clinicians. Such evaluations should also consider if and how ISCM's assessment processes encourage youth to give voice to their interpretation of their lived experiences and support needs in ways that do not pathologize their responses. Given the Foundry movement's broader commitments to system transformation outside the realm of clinical services, subsequent formative and summative evaluations should also consider the extent to which Foundry's activities identify and respond to larger structural factors, including social determinants of health, that profoundly mediate mental health and substance use for young people and families.

A system of care or the system of care?

At the conclusion of the proof-of-concept period, some respondents expressed uncertainty or ambivalence about the readiness of the Foundry model to be brought to scale, and about where they thought Foundry would best fit in policy and service ecosystems in the immediate future. All described their local efforts as highly successful, and ascribed a tremendous amount of promise to the Foundry movement at the provincial level to transforming existing systems in ways that made it easier to serve young people and families. Some described this foundation laid as offering Foundry as a viable option for an emerging system of care. However, some accounts evidenced reticence about the possibility of Foundry being positioned as the new and preferred system of care: "I know in our meeting in Vancouver a couple of weeks ago, I feel like [name] was really replacing systems language with Foundry. Foundry would be the system that youth would go to, and kind of making that leap. I'm not quite there… I don't know that it's there yet. We're a handful of communities and just honestly figuring out what we're doing. I don't know that we're a system yet." (Centre B, Centre staff)

In the view of some respondents, there is a willingness among stakeholders to consider how the evolving network of proof-of-concept and Phase 2 centres would work together to function as a system of care that would go beyond complementing and extending parallel services and systems in place locally and provincially. However, to do this, they described a need for additional resources that would permit them to extend their organizational energies beyond that were already becoming overwhelming demands for front line service. One clinician spoke of this tension in this way:

> "It [already isn't] sustainable for our counsellors trying to see that many people. So I think it's that volume piece, and then there is a lot of case management that goes along with the mental health counsellors. It's hard to fit that in with the workload of what's required with the counselling piece, because it takes so much time to connect with our community partners, or even with in-house to get a plan forward. "(Centre F, Centre staff)

Going forward, there is a need for Foundry to clearly articulate a sustainable vision for itself within the broader policy and service environment in which its located, based on an understanding of its current strengths and limitations at all levels, and a realistic assessment of the resources available to advance its work. An aspiration to become a system of care for a specified population of young people has much different resource requirements than fulfilling an aspiration to become the system of care for all young people and families.

CONCLUSIONS: TRANSFORMING ACCESS FOR YOUNG PEOPLE AND FAMILIES

During the proof-of-concept period, Foundry transformed access to services for young people and their families primarily through the intentional integration of services, programs, and policies across sectors and systems. The creation of Foundry centres as "one stop shops" did not simply add a program or service to the city in which it was located, or create mechanisms for optimizing utilization of limited resources. Rather, Foundry centres fundamentally reconfigured the service and policy landscapes in the regions in which they were located. The work of making a Foundry centre required communities to create new services and networks, and expand existing networks, to move toward clinical, administrative, and community-level integration that had previously been desired but not achieved. In so doing, each community responded to urgent local needs and priorities that shaped specific "access" and "integration" challenges, while also co-creating a foundation for a rapidly growing movement to enhance the well-being of young people and families across BC. In this sense, creating Foundry is best understood to be a task that was about "not just everything under one roof" but "everyone working together".

The time and resources invested by Foundry leaders to nurture and maintain relationships, while integral to achieving these successes in service integration and system transformation, are rarely available in health care, social service, or community-based not-for-profit agencies. Ultimately, Foundry and its many successes can be attributed to the recognition by all stakeholders that the work of systems transformation is about creating, sustaining, and growing relationships. It is through relationships that Foundry Central Office, Foundry centre Lead Agencies, and Foundry partners ensured barriers and service gaps are identified and filled, needed resources were leveraged, and problems were solved creatively and collaboratively.

REFERENCES

ARECCI Ethics Guideline and Screening Tools (2018). Alberta Innovates. Retrieved from https://albertainnovates.ca/our-health-innovation-focus/a-project-ethics-community-consensus-initiative/arecci-ethics-guideline-and-screening-tools/

Allen, J., Balfour, R., Bell, R., Marmot, M. (2014). Social Determinants of Mental Health. International Review of Psychiatry. 26(4). 392-407. doi: 10.3109/09540261.2014.928270

Baba, J.T., Brolan, C.E., Hill, P.S. (2014). Aboriginal Medical Services Cure more than Illness: A Qualitative Study of how Indigenous Services Address the Health Impacts of Discrimination in Brisbane Communities. Frontiers in Psychology. International Journal for Equity in Health. 13:56. doi: 10.1186/1475-9276-13-56

Bennett, N., Wise, C., Woods, P.A. and Harvey, J.A. (2003). Distributed Leadership. Nottingham: National College of School Leadership.

Bolden, R (2011). Distributed Leadership in Organizations: A Review of Theory and Research. International Journal of Management Reviews 13. 215-69. doi: 10.1111/j.1468-2370.2011.00306.x

Brown, L., Tucker, C., Domokos, T. (2003). Evaluating the Impact of Integrated and Social Care Teams on Older People Living in the Community. Health and Social Care in the Community. 11(2). 85-94

Davidson S, Kutcher S, Manion I, McGrath P, Reynolds N, Orbinne E. Access and wait times in child

and youth mental health: A background paper. The Canadian Association of Paediatric Health Centres,

The National Infant Child and Youth Mental Health Consortium Advisory, and The Provincial Centre of

Excellence for Child and Youth Mental Health at CHEO; 2010.

DeBrul, S.A. (2014). The Icaurus Project: A Counter Narrative for Psychic Diversity. Journal of Medical Humanities. 35(3). 257-71. doi: 10.1007/s10912-014-9293-5

Durà-Vilà, G., Littlewood, R., Leavey, G. (2013). Depression and the Medicalization of Sadness: Conceptualization and Recommended Help-seeking. The International Journal of Social Psychiatry. 59(2). 165-175. doi: 10.1177/0020764011430037

Eoyang and Berkas (1998). Evaluation in a Complex Adaptive System. Retrieved from https://www.researchgate.net/publication/237571019_Evaluation_in_a_Complex_Adaptive_System

French, R.S., Mercer, C.H., Robinson, A.J., Gerressu, M., Rogstad, K.E. (2010). Addressing Sexual Health Needs: A comparison of a one-stop shop with Separate Genitourinary Medicine and Family Planning Services.

Journal of Family Planning and Reproductive Health Care. 26(4).202-209. doi: 10.1783/147118910793048502

Fulop N, Mowlem A and Edwards N (2005) Building Integrated Care: Lessons from the UK and elsewhere. London: The NHS Confederation.

Geertz, C. (1973). Thick description: Toward an Interpretive Theory of Culture. The Cultural Geography Reader. Retrieved from https://www.taylorfrancis.com/books/e/9781134113163/chapters/10.4324%2F9780203931950-11

Hall, J.L. & van Teijlingen, E.R. (2006). A Qualitative Study of an Integrated Maternity, Drugs and Social Care Service for Drug-Using Women. BMC Pregnancy and Childbirth. 6:19. doi:10.1186/1471-2393-6-19

Helfrich, W., Oyedele, S., Banjo, J., Salmon, A., Tee, K (2018). Foundry Early Learnings: Proof of Concept Evaluation Report. Vancouver: Foundry. Will be available online sometime in Sept

Helrick, S.E., Bailey, A.P., Smith, K.E., Malla, A., Mathias, S., Singh, S.P., O'Reilly, A., Verma, S.K., Benoit, L., Fleming, T.M., Moro, M.R., Rickwood, D.J., Duffy, J., Eriksen, T., Illback, R., Fisher, C.A., McGorry, P.D. (2017). Integrated (One-stop-shop) Youth Health Care: Best Available Evidence and Future Directions. The Medical Journal of Australia. 207(10). S5-S18

Hermens MLM, Muntingh A, Franx G, van Splunteren PT, Nuyen J. (2014). Stepped care for depression is easy to recommend, but harder to implement: results of an explorative study within primary care in the Netherlands. BMC Family Practice. 9;15:5.

Hodges, S., K. Ferreira, N. Israel, & J. Mazza (2010). Systems of care, featherless bipeds, and the measure of all things. Evaluation and Program Planning 33. 4-10.

Jacob, J.D. Gagnon, M., McCabe, J. (2014). From Distress to Illness: A Critical Analysis of a Medicalization and its Effects in Clinical Practice. Journal of Psychiatric and Mental Health Nursing. 21(3). doi: 10.1111/jpm.12078

Kania, J. & Kramer, M. (2011). Collective Impact: Large-scale social changes requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations. Standford Social Innovation Review. Retrieved from https://ssir.org/articles/entry/collective_impact

Kedia, S.K., Ward, K.D, Digney, S.A., Jackson, B.M, Nellum, A.L., McHugh, L., Roark, K.S., Osborne, O.T., Crossley, F.J., Faris, N., Osarogiagbon, R.U. (2015). 'One-stop Shop': Lung Cancer Patients' and Caregiver's Peceptions of Multidisciplinary Care in a Community Healthcare Setting. Translational Lung Cancer Research. 4(4). 456-464. doi: 10.3978/j.issn.2218-6751.2015.07.10.

Lee, V.W. & Murphy, B.P. (2013). Broadening the Early Intervention Paradigm: A One Stop Shop for Youth. Early Intervention Psychiatry. 7(4), 437-441. doi: 10.1111/eip.12055

Leonard, N.R., Gwadz, M.V., Ritchie, A., Linick, J.L., Cleland, C.M., Elliot, L., Grethel, M. (2015). A Multi-method Exploratory Study of Stress, Coping, and Substance Use among High School Youth in Private Schools. Frontiers in Psychiatry. 23:6. doi: 10.3389/fpsyg.2015.01028

Long-Sutehall, T., Sque, M., & Addington-Hall, J. (2011). Secondary Analysis of Qualitative Data: A Valuable Method for Exploring Sensitive Issues with an Elusive Population? Journal of Research in Nursing, 16(4), 335-344. doi: 10.1177/1744987110381553

Mathias S, Tee K, Anderson K, Barbic S, Hood J, Liversidge P, et al. (2015). British Columbia Integrated Youth Services Initiative (BC-IYSI) Proposed Implementation Plan for the Prototype: Phase October 2015-March 2018.

Moncrieff, J. (2014). The Medicalisation of "Ups and Downs": The Marketing of the New Bipolar Disorder. Transcultural Psychiatry. 51(4). 581-98. doi: 10.1177/1363461514530024

Ojikutu, B., Holman, J., Kunches, L., Landers, S., Perlmutter, D., Ward, M., Fant, G., Hirschhorn L. (2014). Interdisciplinary HIV Care in a Changing Healthcare Environment in the USA. AIDS Care. 26(6). 731-5. doi: 10.1080/09540121.2013.855299

Patton (2010). Developmental evaluation: Applying complexity concepts to enhance innovation and use. New York: Guilford Press.

Patton MQ, McKegg K, Wehipeihana N (2015). Developmental Evaluation Exemplars: Principles in Practice.New York: Guilford Press

Patton MQ (2018). Principles-Focused Evaluation: The Guide. New York: Guilford Press

Plaistow, J., Masson, K., Koch, D., Wilson, J., Stark, R.M., Jones, P.B., Lennox, B.R. (2014). Young People's Views of the UK Mental Health Services. Early Intervention in Psychiatry. 8(1). 12-23. doi: 10.1111/eip.12060

Rey, L., Tremblay, M.-C., & Brousselle, A. (2014). Managing Tensions Between Evaluation and Research: Illustrative Cases of Developmental Evaluation in the Context of Research. American Journal of Evaluation, 35(1), 45–60. doi: 10.1177/1098214013503698

Richards DA, Bower P, Pagel C, Weaver A, Utley M, Cape J, et al. Delivering stepped care: an analysis of implementation in routine practice. Implement Science. 2012 Jan 16;7:3. McCreary Centre 2011

Rouse, W.B. 2000. Managing complexity: disease control as a complex adaptive system. Information • Knowledge • Systems Management 2(2). 143–165

Salmon, A, Barbic, S, Richardson, C, Puyat, J, Sutherland, J, Mathias, S, Tee, K, and Liversidge, P (2016). Measuring accessibility, quality of care, and outcomes for mental health service delivery: Key considerations for children, youth, and young adults. Vancouver: CHEOS.

Shahram, S. (2016). The Social Determinants of Substance Use of Aboriginal Women: A Systematic Review. Women Health. 56(2). 157-176. doi: 10.1080/03630242.2015.1086466

Sibthorpe B, Glasgow N, & Longstaff D (2004). Complex Adaptive Systems: A Different Way of Thinking About Health Care Systems. The Australian National University.

Skerrett, D.M., Mars, M. (2014). Addressing the Social Determinants of Suicidal Behaviours and Poor Mental Health in the LGBTI Populations in Australia. LGBT Health. 1(3). 212-217. doi: 10.1089/lgbt.2013.0051

Stroul, BA, & RM Friedman (1986). A system of care for severely emotionally disturbed children and youth. Washington, DC: Georgetown University Child Development Center. CASSP Technical Assistance Centre, Centre for Child Health and Mental Health Policy.

Waddell C, McEwan K, Shepherd CA, Offord DR, & Hua JM (2005). A public health strategy to improve the mental health of Canadian children. Can J Psychiatry, 50:226-333.

APPENDICES

Appendix A: List of Foundry Partner Organizations

Appendix B: Recommendations to Foundry Central Office

APPENDIX A: LIST OF FOUNDRY LEAD AGENCIES & PARTNERS

FOUNDRY CENTRAL OFFICE

Host Agency: Providence Health Care
Provincial and National Partners:
Ministry of Health
Ministry of Mental Health and Addictions
Ministry of Children and Family Development
Ministry of Social Development and Social Innovation
Provincial Health Services Authority (BC Children's Hospital and Health Centre)
Graham Boeckh Foundation
Michael Smith Foundation for Health Research
St Paul's Hospital Foundation
Centre for Health Evaluation and Outcome Sciences
Frayme
First Nations Health Authority
Royal Bank of Canada

FOUNDRY VANCOUVER- GRANVILLE

Lead Agency: Providence Health Care – Inner City Youth Program
Health Authority: Providence Health Care
Local Partners:
Ministry of Social Development and Poverty Reduction
St. Paul's Hospital
Provincial Health Services Authority
BC Housing
Covenant House Vancouver
Coast Mental Health
YMCA (YBEAT Youth Employment Program)
Family Services of Greater Vancouver- Directions Youth Services
Urban Native Youth Association

FOUNDRY ABBOTSFORD

Lead Agency: Abbotsford Community Services, www.abbotsfordcommunityservices.com, www.ayhc.ca
Health Authority: Fraser Health
Local Partners:
Ministry of Children and Family Development
Impact Youth Substance Use Services
Ministry of Social Development and Poverty Reduction
Fraser Valley Youth Society

Abbotsford School District (School District 34)
Fraser Valley Aboriginal Children and Family Services Society
UBC Family Practice Residency Program
Provincial Health Services Authority – Trans Care BC
Abbotsford Division of Family Practice
Urban Health Research Initiative
Fraser Health Authority

FOUNDRY CAMPBELL RIVER

Lead Agency: John Howard Society of North Island, www.jhsni.bc.ca
Health Authority: Vancouver Island
Local Partners:
Ministry of Health
Ministry of Children and Family Development
Island Health
School District 72
North Island Employment Foundation
Kwakiutl District Council
Sasamans Society
Campbell River Family Services
Campbell River Community Literacy Association
Campbell River and District Division of Family Practice

FOUNDRY KELOWNA

Lead Agency: CMHA Kelowna, www.cmhakelowna.com
Health Authority: Interior
Local Partners:
Interior Health
Ministry of Children and Family Development
ARC (Adult Residential Care) Programs
The Bridge Youth and Family Services
Okanagan Boys and Girls Club
School District 23
Reach Out Youth Counselling
YMCA of Okanagan
Kelowna Community Resources
Kelowna General Hospital Foundation
BC Housing
Aboriginal Education Council
Maximus Canada (Operating as Work BC)
Stepping Stones Counselling Group
Options for Sexual Health

Central Okanagan Food Bank
Ministry of Social Development and Poverty Reduction
Central Okanagan Divisions of Family Practice
Institute of Families/The FORCE Society
Child and Youth Mental Health and Substance Use Collaborative Central Okanagan Local Action Team
UBC Okanagan

FOUNDRY NORTH SHORE
Lead Agency: Vancouver Coastal Health, www.vch.ca
Health Authority: Vancouver Coastal
Local Partners:
Ministry of Children and Family Development
Canadian Mental Health Association North and West Vancouver Branch
Hollyburn Family Services
WorkBC
West Vancouver School District
North Vancouver School District
District of North Vancouver
City of North Vancouver

FOUNDRY PRINCE GEORGE

Lead Agency: YMCA of Northern BC, www.nbcy.org
Health Authority: Northern
Local Partners:
School District 57
Prince George and District Elizabeth Fry Society
Justice Education Society
Prince George Division of Family Practice
Ministry of Children and Family Development
Northern Health
The Intersect Youth and Family Services Society
Ministry of Social Development and Poverty Reduction

APPENDIX B: LIST OF RECOMMENDATIONS TO FOUNDRY CENTRAL OFFICE

Recommendation	Implementation Progress
Ensure that dedicated resources and substantial people power are deployed in the development phase of a new Foundry centre.	COMPLETE FCO has implemented resourcing expectations for new centres that include demonstration of sufficient human resources to support the capital project and the clinical planning and operations.
Information sharing agreements, mechanisms, and practices are critical to achieving optimal integration. These agreements can be both formal and informal, and creating them should begin early in the partnership creation stage as agencies decide how they will work together to support shared approaches to client care.	COMPLETE FCO encourages new centres to engage in this work early in on-boarding. Formal information sharing agreements are in place between Foundry and lead agencies as part of the MOU, prior to implementation of Toolbox at each site. Lead agencies develop inter-agency information sharing agreements and processes with local partners to support integrated care.
Youth and family engagement must extend, and be tangible and meaningful, beyond consulting on the physical space and into the provincial level. Effective feedback continuous feedback loops are required to make this possible.	IN PROGRESS FCO has drafted a youth and family engagement framework, currently being finalized. Knowledge exchange and networking events for youth and family engagement have been held. Youth and families played a major role in the "Foundry Birthday Un-Conference".
Identify a "point person" within FCO who acts as a liaison and information exchange lead for new centres during the early development phase	COMPLETE Foundry has implemented new processes for on-boarding new centres that include a designated staff member to serve in this role. In addition to on-boarding, a designated point person is identified to support centres for implementation and quality improvement.
Consider the impact of requests on the time and resources of lead agencies, both in facilitating collaboration and in implementing new requirements. Identify ways to share information with and between sites that don't involve meetings or email.	IN PROGRESS Information and requests from FCO to centres are coordinated through regularly scheduled project management meetings. Impending implementation of an electronic and internal communications knowledge exchange platform, "Igloo", is intended to support information sharing between FCO and centres outside of meetings.
Clarify the expectations for Foundry centres, and what partners can and should expect one each other. Foundry lead agencies and their partners need to know which requests from Foundry related to physical site and clinical service planning are the "must haves", which are the "nice to haves", and which are provided for information only.	IN PROGRESS Expectations are now articulated in standardized onboarding processes for new centres that address these in relation to site development, staffing models, fund development, youth peer support, youth and family engagement, walk-in-counselling, and integrated service delivery. Practice profiles to support implementation of core service components within Foundry's integrated stepped care model have been drafted and are in the process of being finalized.

Support centres in building and maintaining relationships with community partners. Changes in personnel, and in the policy and service landscape, require ongoing work by lead agencies and FCO to maintain relationships with organizational partners and to cultivate new relationships over time.	IN PROGRESS FCO supports this work as a core activity of the Director: Policy and Partnerships. FCO has also established expectations that each centre has an active leadership table, and supports information sharing between Foundry partners. FCO is supporting partnership planning/ convening work for Phase 2 sites that require this.
Create and promote concrete collaborations with Indigenous communities and partners. While there are notable examples of established and emerging partnerships between Foundry centres, local First Nations, and on-reserve and urban Aboriginal agencies (including partnerships that support direct service provision to young people and families at centres), it is widely recognized that this represents a significant need for growth for Foundry as a movement.	IN PROGRESS FCO has been working with First Nations Health Authority since its inception, and is now developing partnerships with the provincial Metis Association. Together with FNH and provincial Indigenous partners, FCO is developing an Indigenous Strategy to advance this work. FCO has recently received a substantial donation to: 1) fund dedicated training in communities/ for centres, 2) train FCO staff so they have the competencies/ knowledge to effectively work with Indigenous communities, and 3) hire a youth engagement coordinator to support, in partnership with FNHA, engagement of Indigenous youth provincially, and a youth peer support coordinator to support the development of peer support as a practice in rural/ remote communities.
Support Foundry centres and staff to develop relationships directly with one another. This is critical for building an effective network of service providers, and provide a foundation for improving care to young people and families who may require meaningful connections to facilitate their move between centres. More opportunities are needed for unstructured time during face-to-face meetings for this purpose.	IN PROGRESS FCO is adopting more participatory approaches to meeting planning, and actively engaging with centres to collaboratively develop agendas and priorities for face-to-face meetings.
Collect the right data to ensure targets are being met and commitments to reducing barriers and achieving integrated service delivery can be tracked.	COMPLETE Foundry's data platform, "Toolbox", is now implemented at all proof-of-concept centres. Foundry is a key partner in a national initiative to establish a minimum data set for youth mental health service delivery, launching in 2018. Foundry has also created a coordinated Research and Evaluation strategy with an assigned lead to promote and enhance applied research and extended evaluation.