

Foundry, British Columbia:

A Case Study on the Graham Boeckh Foundation's Strategy to Develop Integrated Youth Services

September 2020



Tareq Hardan

Ph.D. candidate, McGill University School of Social Work

This document is a brief case study that accompanies a larger document on the Graham Boeckh Foundation's (GBF) history, methods and lessons learned. The case study focuses on Foundry, a provincial model for delivery of mental health and related services to British Columbia's youth. Foundry is part of GBF's wider efforts to build a pan-Canadian movement for youth mental health services. This pan-Canadian movement is known as integrated youth services (IYS).

About the Initiative

Foundry is British Columbia's provincial model for the delivery of a holistic suite of services to address youth mental health, addiction and related issues. Foundry focuses on integrated service hubs that offer a core suite of services: mental health including psychiatry, addiction counselling, primary care, vocational services, social services such as housing and income support, and peer support for youth and family members.



\cdot F O U N D R Y \cdot

Introduction

Beginning in 2014, GBF helped catalyze this project by partnering with and supporting Dr. Steve Mathias, a Vancouver-based psychiatrist and champion for the improvement of youth services. Dr. Mathias had secured funding for and built an initial site in downtown Vancouver. This site served as a tangible demonstration of the Foundry concept of integrated services for young people. The impact on decision-makers of being able to walk through a prototype site cannot be overstated, and this first step helped drive the willingness to deploy a province-wide system of care based on this model.

In addition, the BC government was open to trying new approaches, in large part due to new information that highlighted the large gap between available mental health and addiction services and the need. The recognition that approximately 450 000 youth were seeking services annually across BC, while the current system could only meet the needs of about 75 000 youth led to prioritization of work in this area. A dramatic increase in visits to emergency rooms by youth in mental health crisis also highlighted the need to develop community services with a focus on early-intervention and prevention.

Context

The timing for the introduction of this concept was perfect due to a convergence of the awareness of the major shortcomings in B.C.'s youth mental health services, the presence of supportive leadership among key community organizations and policy makers, and some appetite for appropriate risk-taking. In addition, a year-long phase of socializing the concept with local health authorities and community service providers already operating in this space helped overcome some of the resistance to a provincial approach. Local service providers, often non-profit community groups, were trying to fill key gaps in the health system. However, they were typically under-funded, unable to provide a full range of requested services, and did not have the administrative capacity to conduct in-depth evaluation, research or integration across different types of care. The in-depth local knowledge of these providers, as well as their hands-on experience working with youth formed a critical foundation to develop a comprehensive system of community care. However, there was also a degree of fear that a government-led approach, or "franchise model" would in fact undermine local capacity and creativity. In addition, the proposal envisioned the funding of a central team to help with project management, youth engagement, development of care pathways, training, policy and evaluation. The decision to allocate a portion of new resources to these "administrative" functions rather than exclusively to shoring up gaps in services was controversial, but to those who wanted to see an innovative approach, this central capacity was a critical element.

In 2015, Dr. Mathias and GBF submitted a joint proposal to the Ministry of Health to co-fund a demonstration project involving multiple sites¹. This proposal included \$3 million each from philanthropy and the province and resulted in a public-philanthropic partnership that launched a five-site initiative. The Province paid for clinical services at the sites while philanthropic funding helped to pay for the central project team, facility renovations in communities, research and evaluation, and some one-time startup costs.

The launch involved an expression of interest process, to engage community service providers². Critically, this process offered a first provincial inventory for community mental health and addiction (MH&A) services in BC, and illunimated the gaps in care. This enabled the central team to develop a clearer picture of how to support these services, and ultimately what level of new funding would be required to build a province wide system. Approximately 50 communities submitted expressions of interest (EOIs) through this process -- a number much larger than anyone anticipated. The top 15 EOI's were selected to participate in a workshop that served as an opportunity to strengthen proposals and build partnerships. Each community was required to identify a 'lead agency' which was funded to develop a business plan for integration of community MH&A services in their jurisdiction, including local fundraising plans, youth and family engagement, etc.

http://docplayer.net/62014810-British-columbia-integrated-youth-services-initiative-bc-iysi-rationale-and-overview.html

Innovations

Ultimately, the five finalists, North Vancouver, Abbotsford, Kelowna, Campbell River and Prince George, were selected by a panel that included youth and family representatives. These communities then began to develop their local Foundry site with support from the central project team. Several key and successful innovations are worth highlighting³.



- A process to brand the sites/network was initiated and led by youth, who were clear that "head"-space, or "mind" was not what they wanted in the brand name. Instead they sought a neutral name that left the interpretation of the purpose of the service open. Initial concerns that the service would not be targeting the appropriate population, and that youth might over-use the services to access primary care or sexual health, rather than the core MH&A services that it was intended to provide, turned out to be unfounded.
- Local lead agencies were empowered to build community partnerships, with support from a well-resourced central project team.
- Both primary care and peer support were offered at each site.

Innovations

- Funding was initially focussed on capable, early adopters. This was an effective but somewhat controversial practice as it effectively diminished need as a selection criteria in order to develop and prove-out a new model. Having developed an implementation framework and a significant pool of experience, Foundry is now able to support less-resourced contexts in building out the service.
- A data collection and evaluation framework was created to track who is using the sites, service satisfation and outcomes such as symptoms and functioning.
- A fundraising framework was built that included local community and provincial fundraising. The project proved to be attractive to a broad range of philanthropic organizations and corporate donors, largely due to its ability to offer innovative services at scale with a comprehensive evaluation framework.
- Close links with policy makers and health authorities were fostered to address funding gaps, integration problems and improve service quality.



Since the initial five sites launched, Foundry has undertaken two expansion rounds, and funding for Foundry is now a recurring item in the Provincial budget. Foundry hubs are soon to be open in 13 communities and six additional sites have been selected that will bring the total number of sites to 19. In addition, <u>Virtual Foundry</u> was launched in 2020 to support youth across BC. Philanthropic interest in Foundry continues to be strong, with over \$40m in donations from dozens of corporations, foundations and invividuals. The ultimate goal of Foundry is to offer in person services in approximately 50 communities across BC and to continue expanding the range of offerings in Virtual Foundry.



