

Implementing Integrated Youth Services Virtually in British Columbia During the COVID-19 Pandemic.

Mr. Suhail Nanji (Canada), Mx. Al Raimundo (Canada), Mrs. Julia Hayos (Canada), Mrs. Sandra Teves (Canada), Ms. Alayna Ewert (Canada), Mr. Godwin Chan (Canada), Mrs. Neha Uday (Canada), Dr. Karen Tee (Canada), Dr. Steve Mathias (Canada), Dr. Skye Barbic (Canada)

Introduction

Foundry is an integrated youth services organization in British Columbia (BC), Canada, that provides services to young people ages 12-24 years. In March 2020, the BC government declared COVID-19 a public health emergency, resulting in limited in-person access at the physical Foundry centres across the province. In response to this service gap, Foundry pivoted to the development of a virtual platform and service to enable young people and families to access support online.

Objectives

The objectives of the initiative were to 1) launch a virtual platform and 2) stand up a provincial service delivery team to provide integrated services to youth and families/caregivers.

Approach/Methods

Foundry consulted with youth and their families/caregivers to implement the Foundry Virtual platform and develop an integrated service delivery team. Using the Foundry data collection platform, Toolbox, we analyzed both quantitative and qualitative data for service utilization trends, the demographic profile of young people accessing virtual services, and how young people rated the quality of services accessed. Experiences of families/caregivers and service providers were also assessed. These data were used for continuous quality improvement of Foundry Virtual. Data was analyzed from April 2020 to Feb 2022.

Results/Policy Implications

In April 2020, Foundry launched Foundry Virtual, providing young people and their families/caregivers from across BC with drop-in counselling and youth peer support services via chat, voice, or video calls. Additional Foundry services were added to Foundry Virtual throughout 2020-2021 including primary care, family services and employment support. Since launching, 3255 unique youth accessed Foundry Virtual services over 7268 visits, totaling 8565 services accessed. The predominant services accessed were walk-in counselling (35.7%), mental health and substance use services (28.2%), youth peer support (18.6%), group services (7.8%). When asked if they would use the service again if they needed support, 61.7% selected strongly agree and 32.7% agree. Over 95% of youth reported they would recommend Foundry Virtual to a friend. Approximately one-third of respondents (30.2%) indicated that without virtual services they would not have received help or would have gone nowhere else.

Conclusion

Foundry Virtual has provided a new access point for young people and their families/caregivers to receive services in BC, with highly positive feedback from end-users. In response to our early findings and learnings, we provide four recommendations for other implementers of virtual services. First, engage the intended audience at every phase of the project. Second, invest in the needs and wellness of staff (e.g., confirming technology readiness to provide services via a custom built platform) to ensure they are prepared and supported to deliver services. Third, develop strong partnerships, including with schools and regional health systems, to create a non-fragmented and high-quality experience for youth. Last, support a culture of psychological safety and continuous learning improvement that allows for rapid course adjustments (agility) among the ever-changing technology and health system landscape.

