

Working towards a Learning Health System for Integrated Youth Services: a Foundry case study

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Introduction

Learning health systems (LHS) models are gaining traction as a framework for informing clinical and policy decision-making within the field of mental health. An LHS represents a way to ensure system-wide collaboration to collect and use data to guide how health care can be improved. This innovative approach is meant to ensure that emerging evidence and best practices are implemented at point of care and continuously studied. Foundry provides integrated youth services (IYS) across the province of British Columbia (BC) in Canada, using an LHS model to continuously improve mental health, and other health and social services.

Objectives

The overall goal is to describe Foundry's progress towards developing, implementing and evaluating an LHS for IYS. The objectives are as follows:

- To describe how Foundry has implemented an LHS for IYS and where additional gaps exist;
- To explain the benefits of an LHS in the context of IYS;
- To share key lessons learned; and
- To discuss next steps for implementing a national IYS LHS across Canada.

Approach/Methods

Foundry is widely viewed as a leading model of IYS in Canada and abroad. The "Foundry network" (11 centres open, 12 in development + virtual services) brings together over 200 partners including government, community organizations and youth and families to provide mental health, physical and sexual health, substance use, youth and family peer support, and social services together under one umbrella.

In order to ensure that youth and families/caregivers in BC receive the best possible services, Foundry has adopted an LHS approach focusing on rapid improvement and decision-making that is timely; centred on youth, caregiver and community needs; informed by science; data-driven; and sustainable. Foundry central office (FCO) oversees the administration and management of all aspects of the network including service innovation; capacity building; research; evaluation; and knowledge translation, exchange and mobilization. A key commitment to the people we serve involves the inclusion of those with lived or living experience in all planning, development and decision-making activities.

Results

Grounded in an LHS framework, FCO is scaling up the Foundry IYS model to ensure there are mechanisms for all Foundry locations to provide high quality, evidence-based care, bring new knowledge into practice, share a

common brand and meaningfully engage youth and families/caregivers. This includes the implementation of an FCO learning centre offering training, tools and resources on a range of topics to support implementation, integration of services and model fidelity. Foundry also leverages a robust data collection platform throughout the network to measure impact provincially, action feedback in response to local needs, measure the outcomes of services, inform policy, and, over time, analyze the overall health and economic outcomes of early intervention.

Conclusion

Foundry is an emerging example of how an LHS can be successfully developed and implemented for continuous improvement and innovation in IYS best practices and model implementation. Next steps include capacity building and implementation support for IYS networks for the acceleration of evidence into practice and policy at a national scale across Canada.

