

Stepped Care 2.0 - A New Way to Organize Mental Health Care

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Stepped Care Models

Progressive Models

People start with lowest level of intervention and progress to higher levels of intensity as required.

(National Institute for Health and Clinical Excellence, 2011).

Stratified / Precision Models

People are assigned to a level of care based on symptom severity and functioning (e.g., low symptom severity = low intensity intervention).

(National Institute for Health and Clinical Excellence, 2011).

Stepped Care 2.0 Model

Decision making about service is based on the person's readiness, preferred level of autonomy and preference.

(Cornish, P., 2020)

Progressive Models

People start with lowest level of intervention and progress to higher levels of intensity as required.

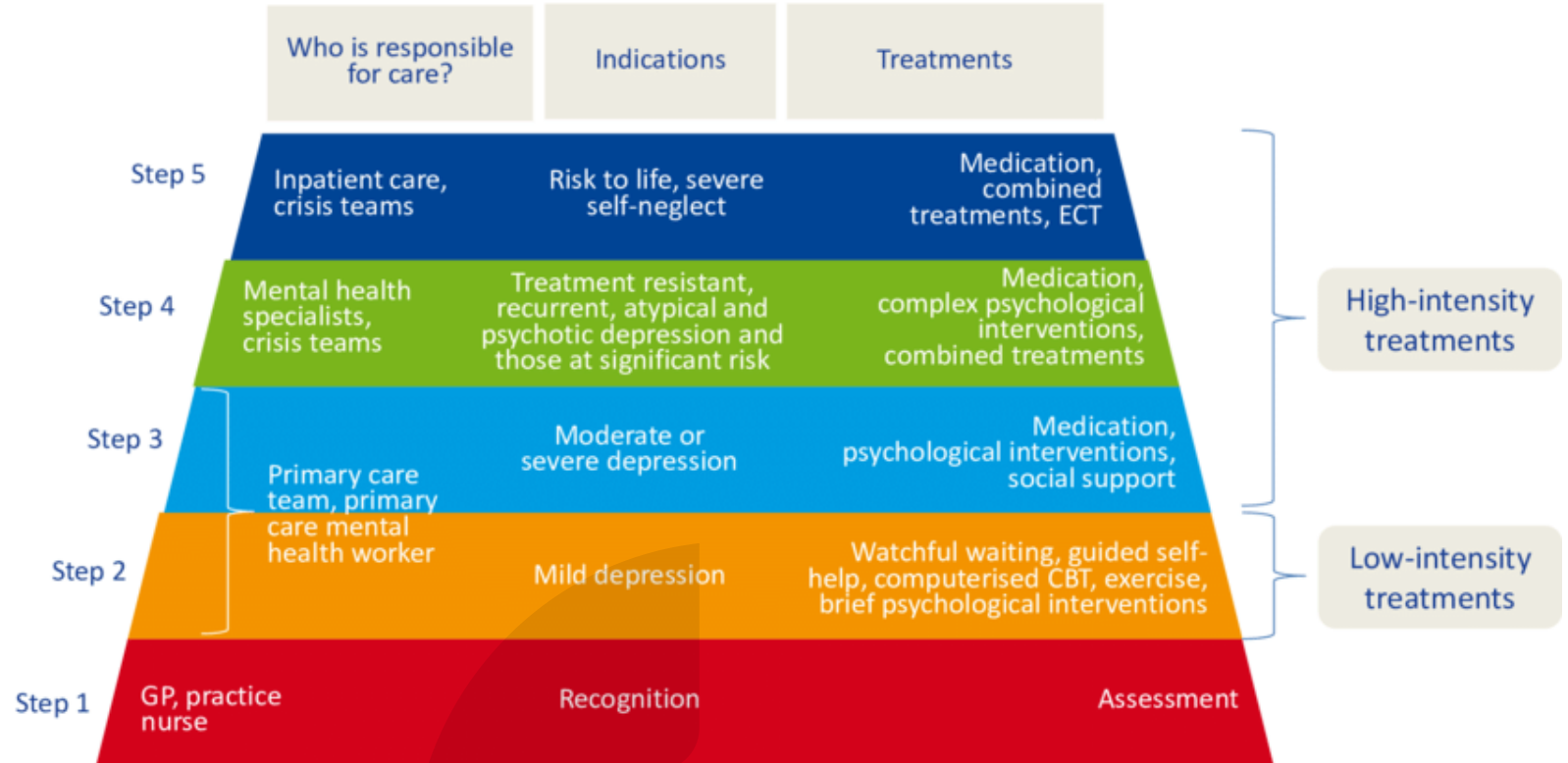
(National Institute for Health and Clinical Excellence, 2011).

From IAPT to NHS Talking Therapies: new name, same service



Talking Therapies

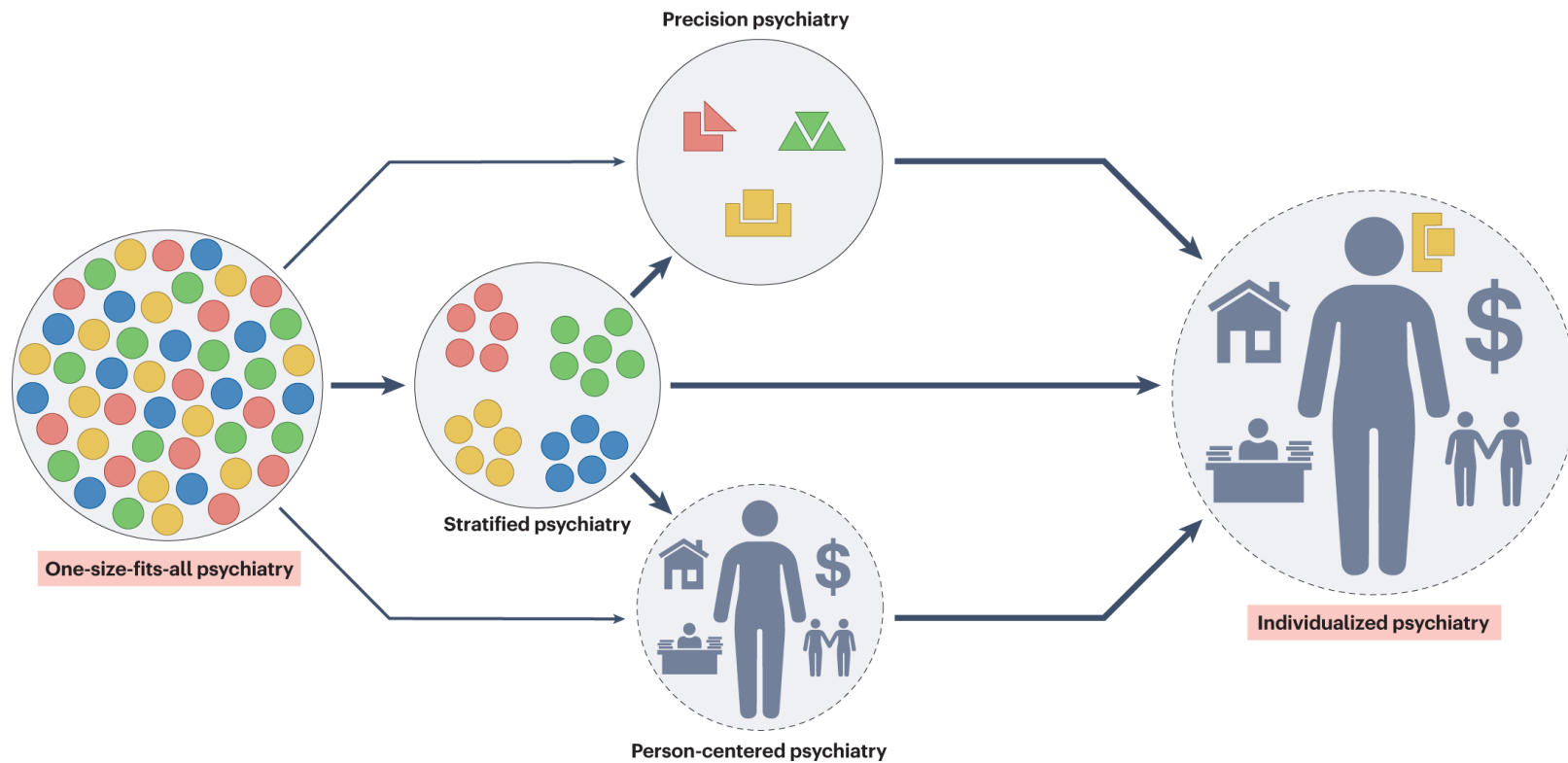
for anxiety and depression



Stratified / Precision Models

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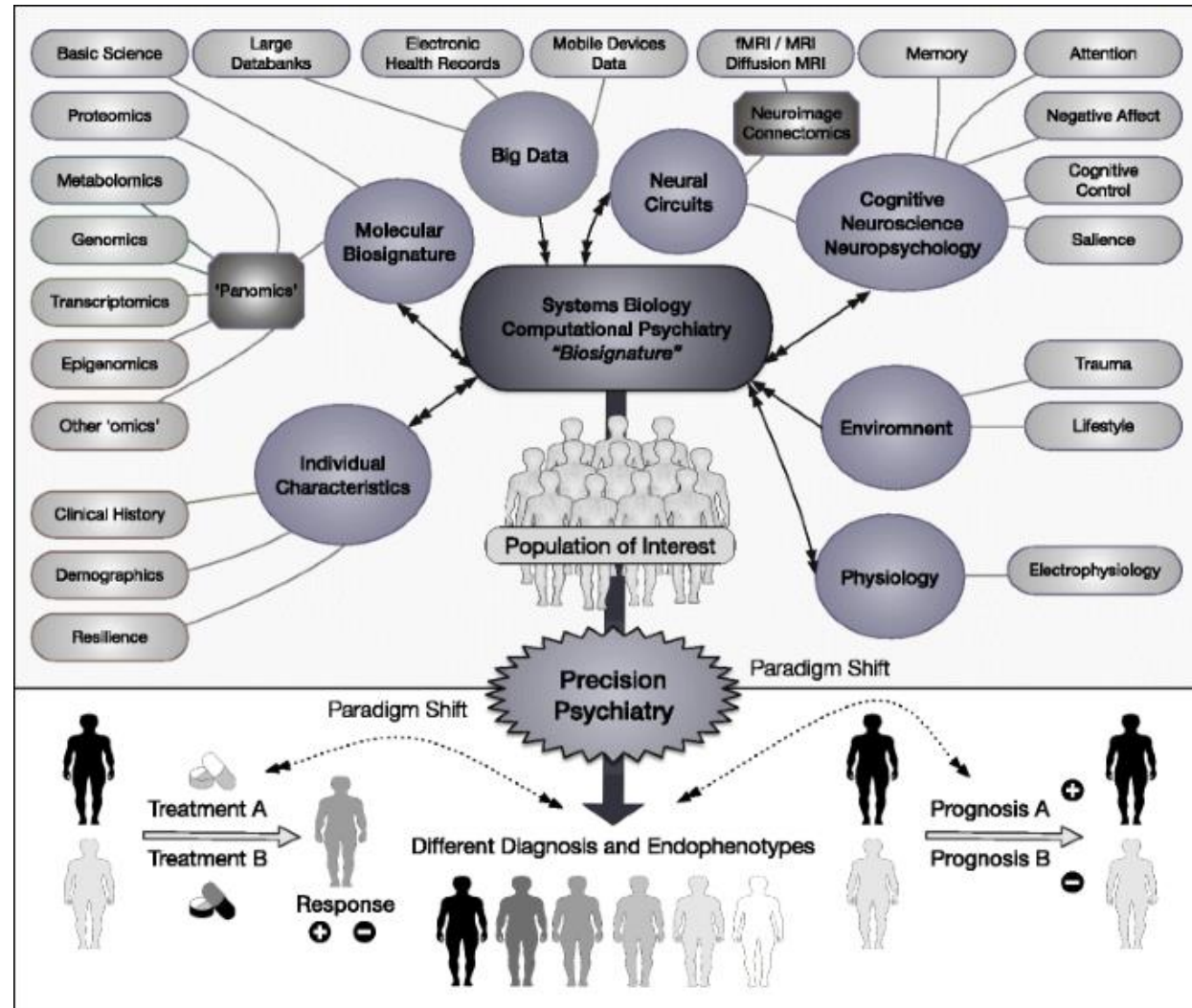


Keshavan, M.S., Clementz, B.A. (2023)
<https://doi.org/10.1038/s41582-023-00788-0>

Stratified / Precision Models

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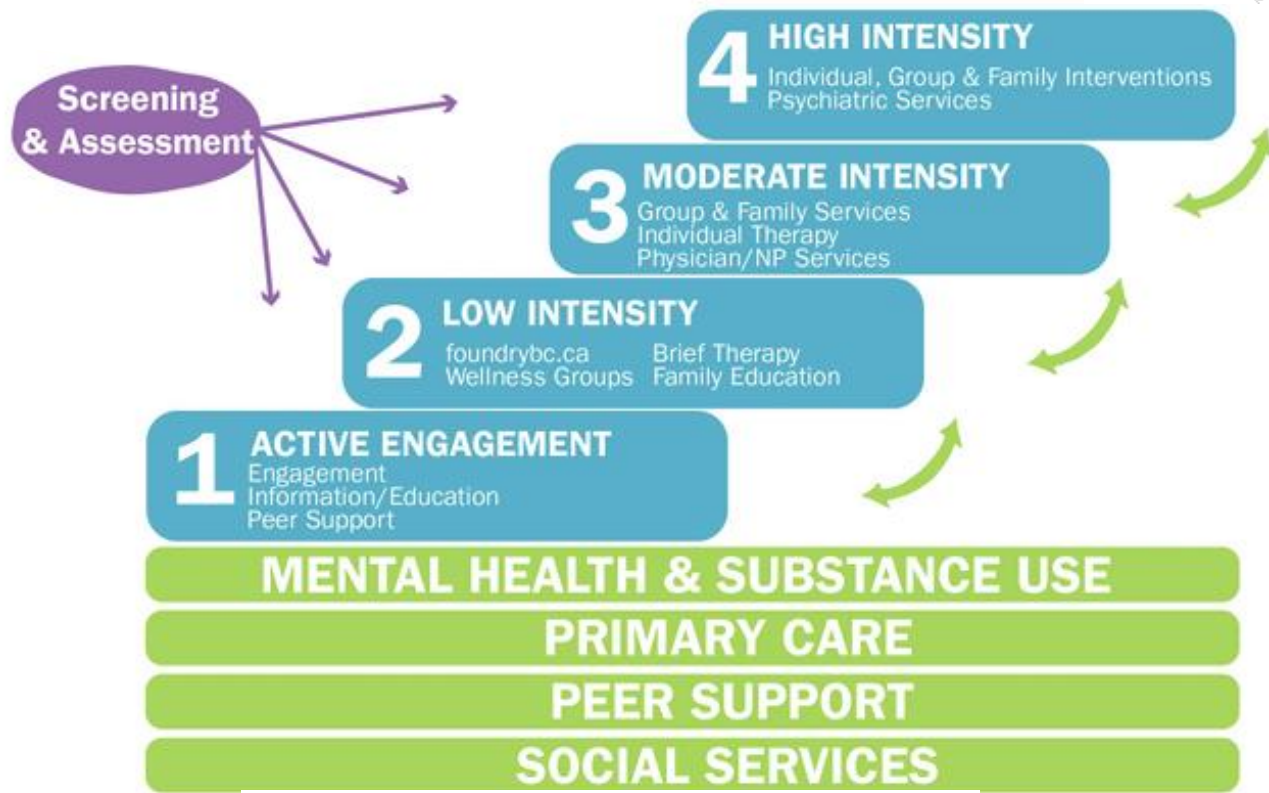
Fernandes, et al, 2017

<https://doi.org/10.1186/s12916-017-0849-x>



British Columbia

Figure 1. Foundry's Integrated Stepped Care Model



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Stratified / Precision Models

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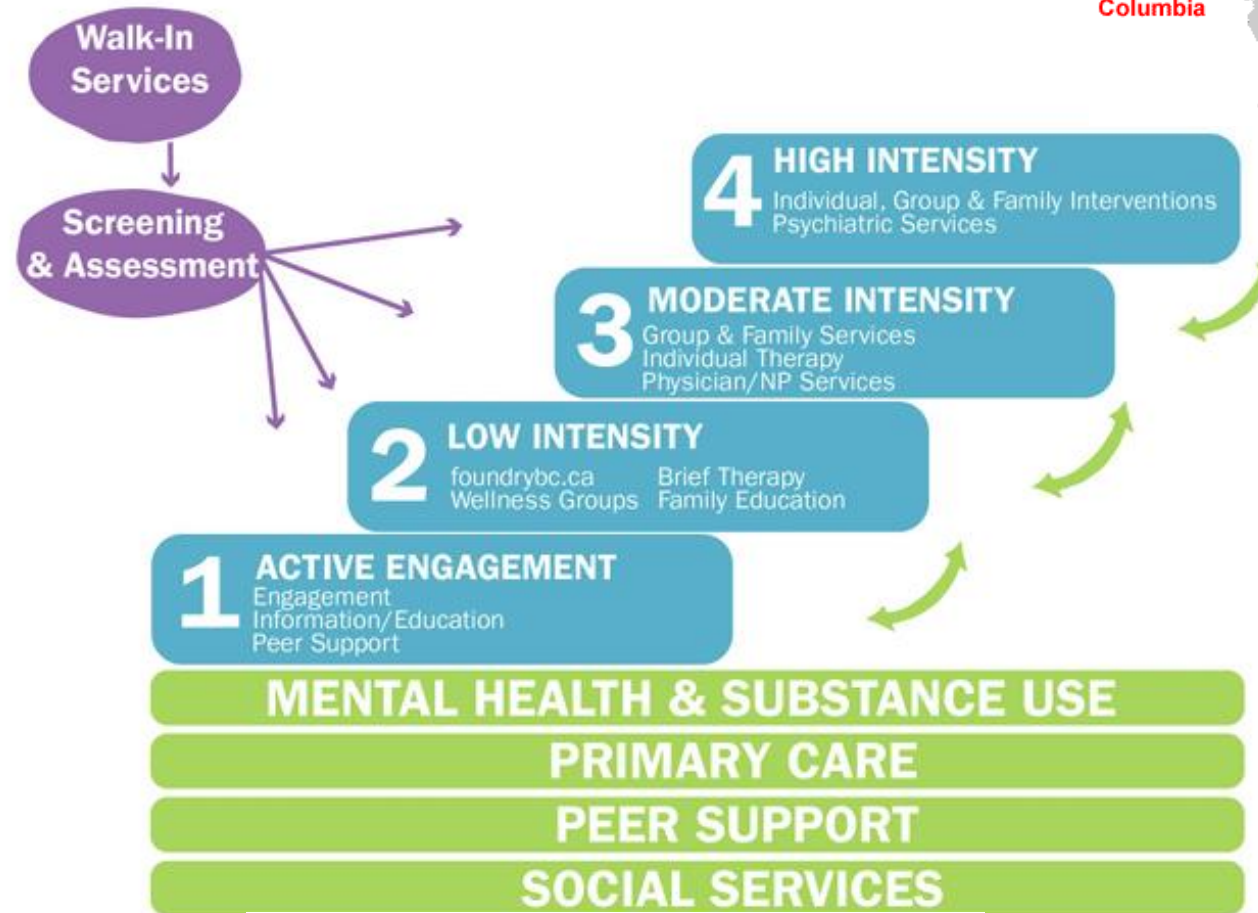
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Stepped Care 2.0 Model

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Figure 1. Foundry's Integrated Stepped Care Model



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Stepped Care 2.0 Model

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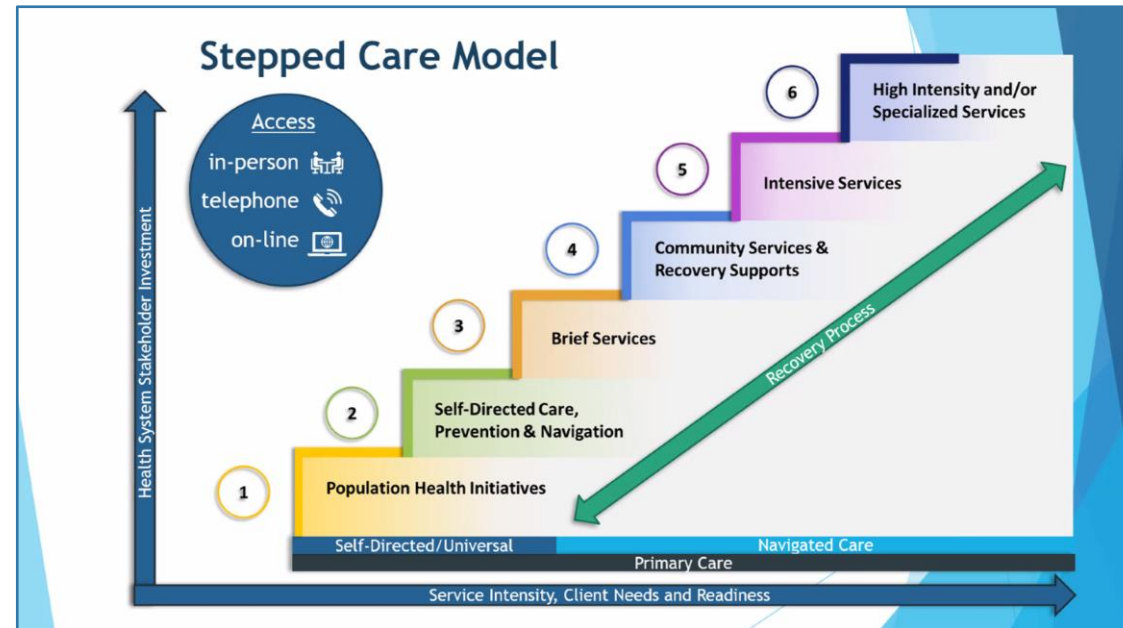
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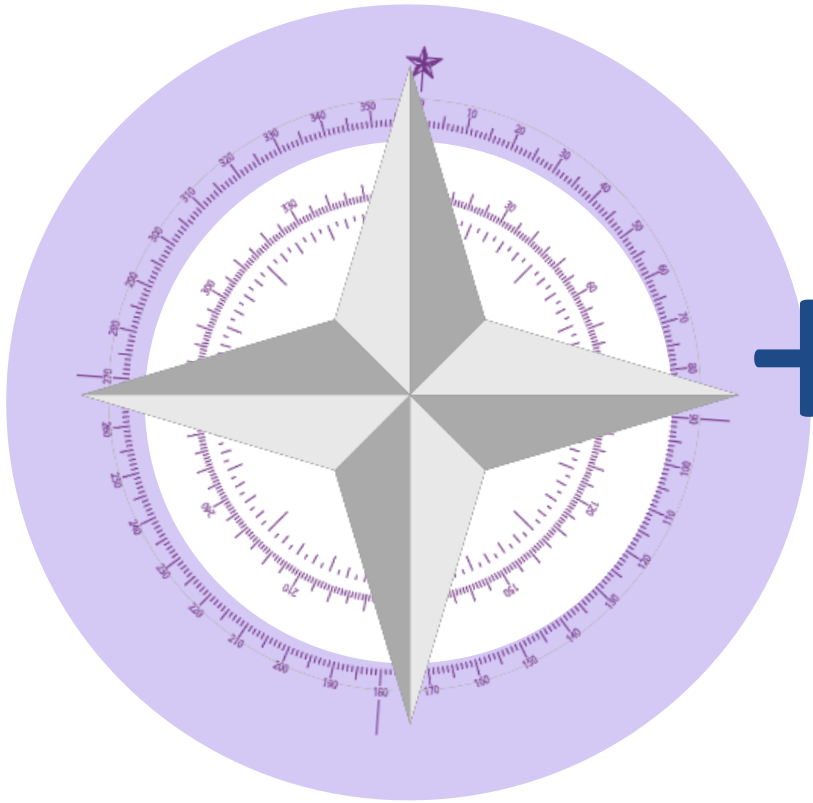
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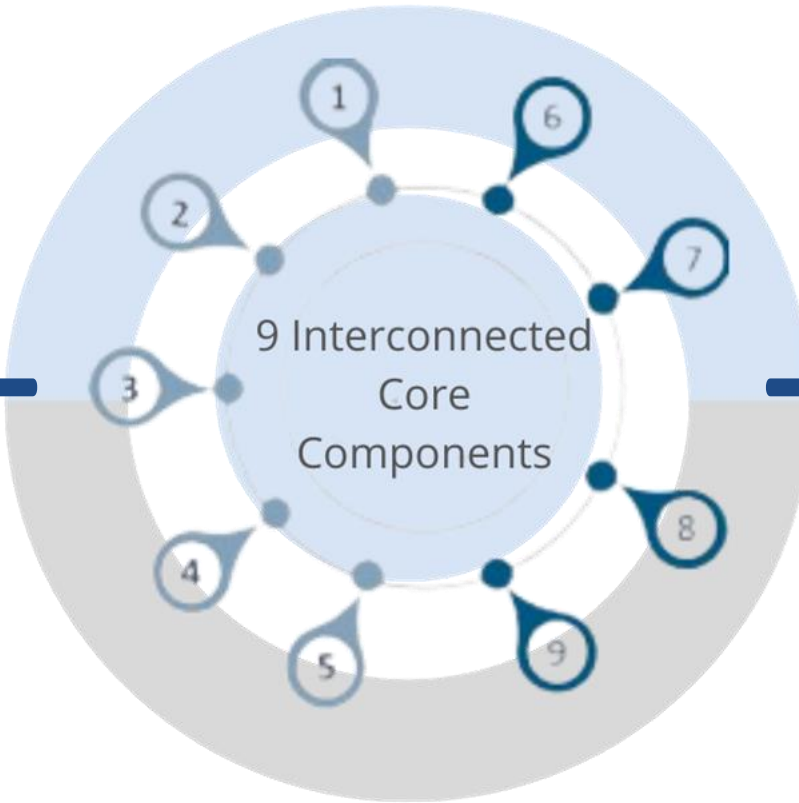




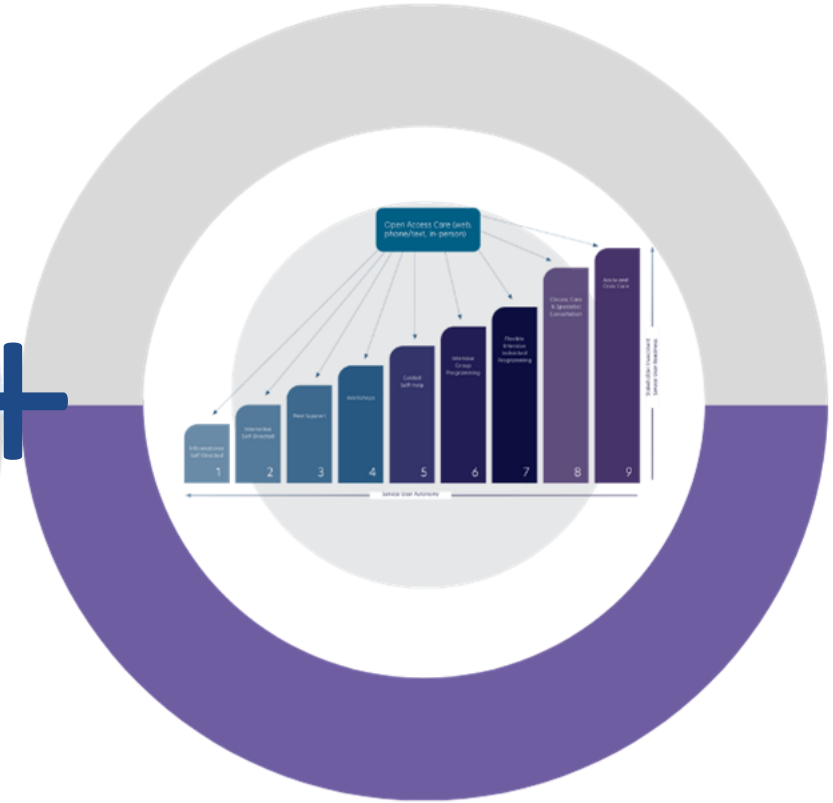
What is Stepped Care 2.0?



Guiding Principles



Core components



Planning Framework



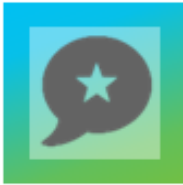
1 Social justice drives effective care systems transformation and is an intervention in itself



2 Multiple and diverse care options are required as one approach will not work for everyone



3 All individuals and communities have strength and capacity



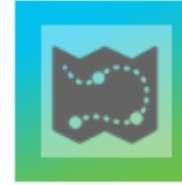
4 People engage with what they are ready to do; gold standard intervention is that which best fits the service user at any given time



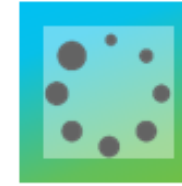
5 Professionals do not carry all the wisdom; people often know what is best for them



6 Mental health literacy is required for people to make informed decisions



7 An effective care system ensures people have access to care when and where it is needed



8 The whole is greater than the sum of its parts; the strength of the system relies on multilevel collaboration



9 Minimal interventions can produce powerful results

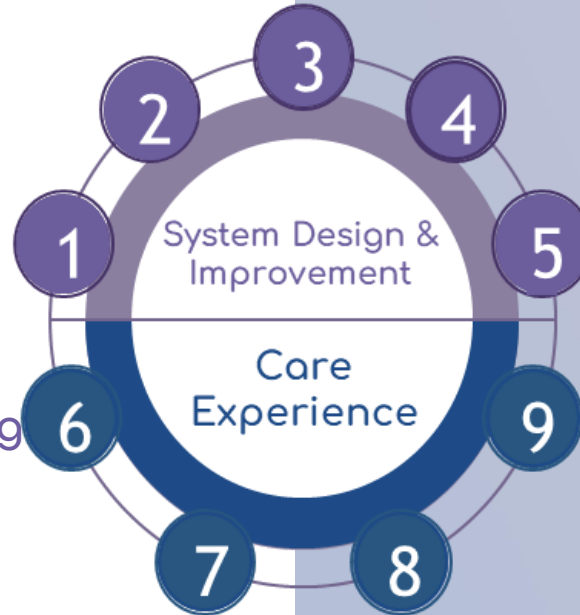


10 There is no ideal solution; trial-and-error leads to growth and change

Components that support system design and improvement process



- Co-designed with people holding diverse perspectives
- A range of diverse of services are included
- Distributed management of risk
- Recovery-oriented
- Continuous improvement



Components that support the care experience

- Care is person-centric
- Services are flexible, data-informed and collaborative
- Access to same-day support
- A one-at-a-time approach



Collaboration

Access to more resources along the continuum

- Counsellor serves as MH PCP
- Involvement of peers
- eMH tools

Distributed Risk

- Reduced burden for high acuity risk
- Risk shared by broader team including family, peers, other providers

Holistic Engagement

- More opportunities for becoming involved in holistic, continuum of care

Flexibility

Mix of:

- Assessment
- Med Management
- Consulting and supporting PCPs



Berkeley
UNIVERSITY OF CALIFORNIA

Collaborative

- ❖ Weekly case meeting

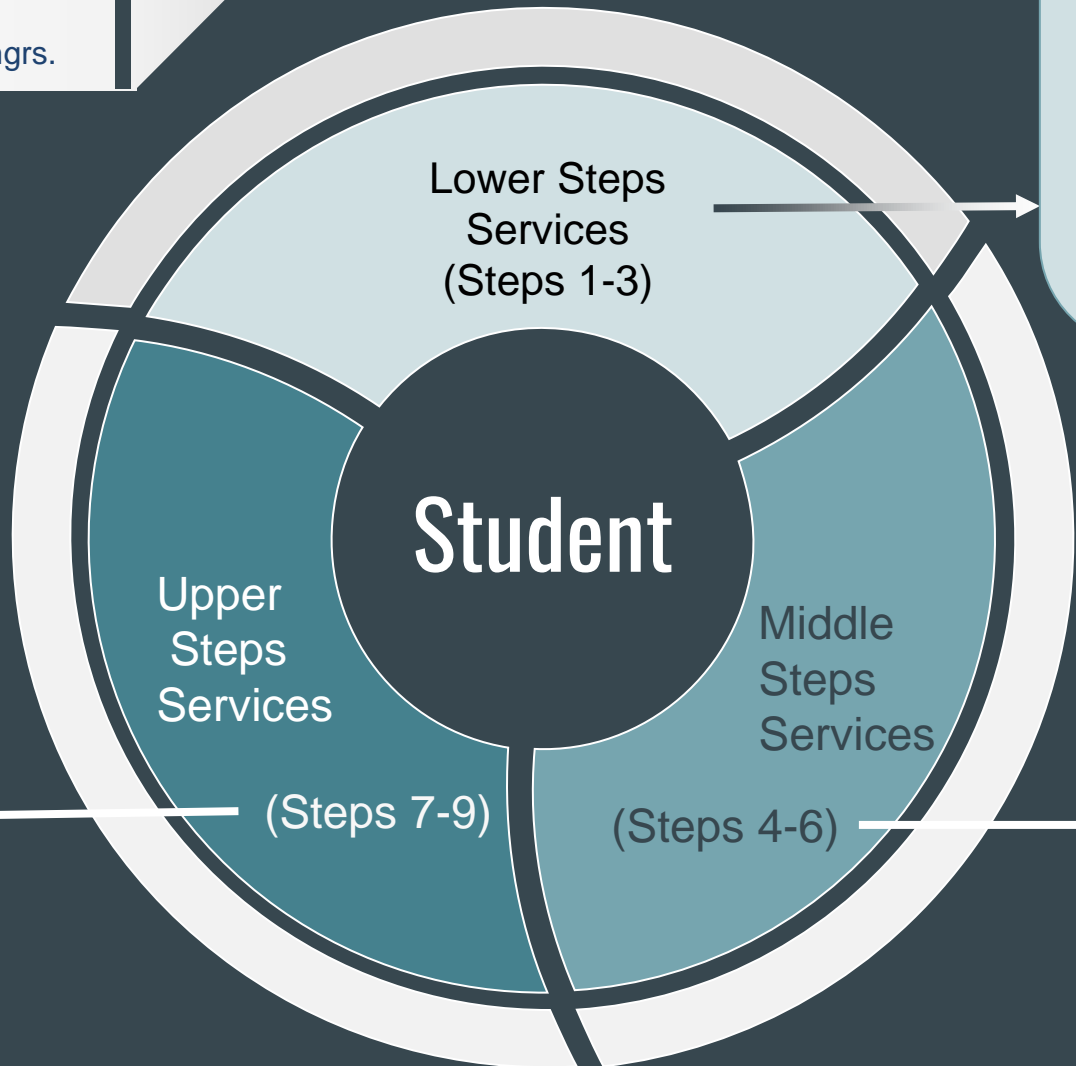
Community Services

- ❖ CM connected to campus and community partners

Interdisciplinary

- ❖ Counselors, psychiatry staff, care mgrs.

mIOP pilot



(Step 1) Informational Self-Directed

- ❖ Handouts & Online resources
- ❖ For students & families
- ❖ Diagnosis & Symptom focused materials
- ❖ Hospitalization information
- ❖ Care Manager provides access

(Step 2) Interactive Self Directed

- ❖ Online screening tools
- ❖ Online skills trainings

(Step 3) Peer Support

(Step 4) Workshops

- ❖ Diagnoses focused
- ❖ Symptom focused
- ❖ Care Management services info

(Step 5) Guided Self Help

(Step 6) Groups

- ❖ DBT
- ❖ Bipolar
- ❖ Trauma
- ❖ Psychosis

(Step 7) Flexible, Intensive, Individual Programming

- ❖ Individual therapy
- ❖ EMDR

(Step 8) Specialist Consultation*

- ❖ CICT Consultation Group
- ❖ Consult with HHRT & Psychosis Team

(Step 8) Care Management

- ❖ Academics/Disability svcs
- ❖ Medical w/d & re-entry
- ❖ Campus svcs
- ❖ Community svcs
- ❖ Health navigation

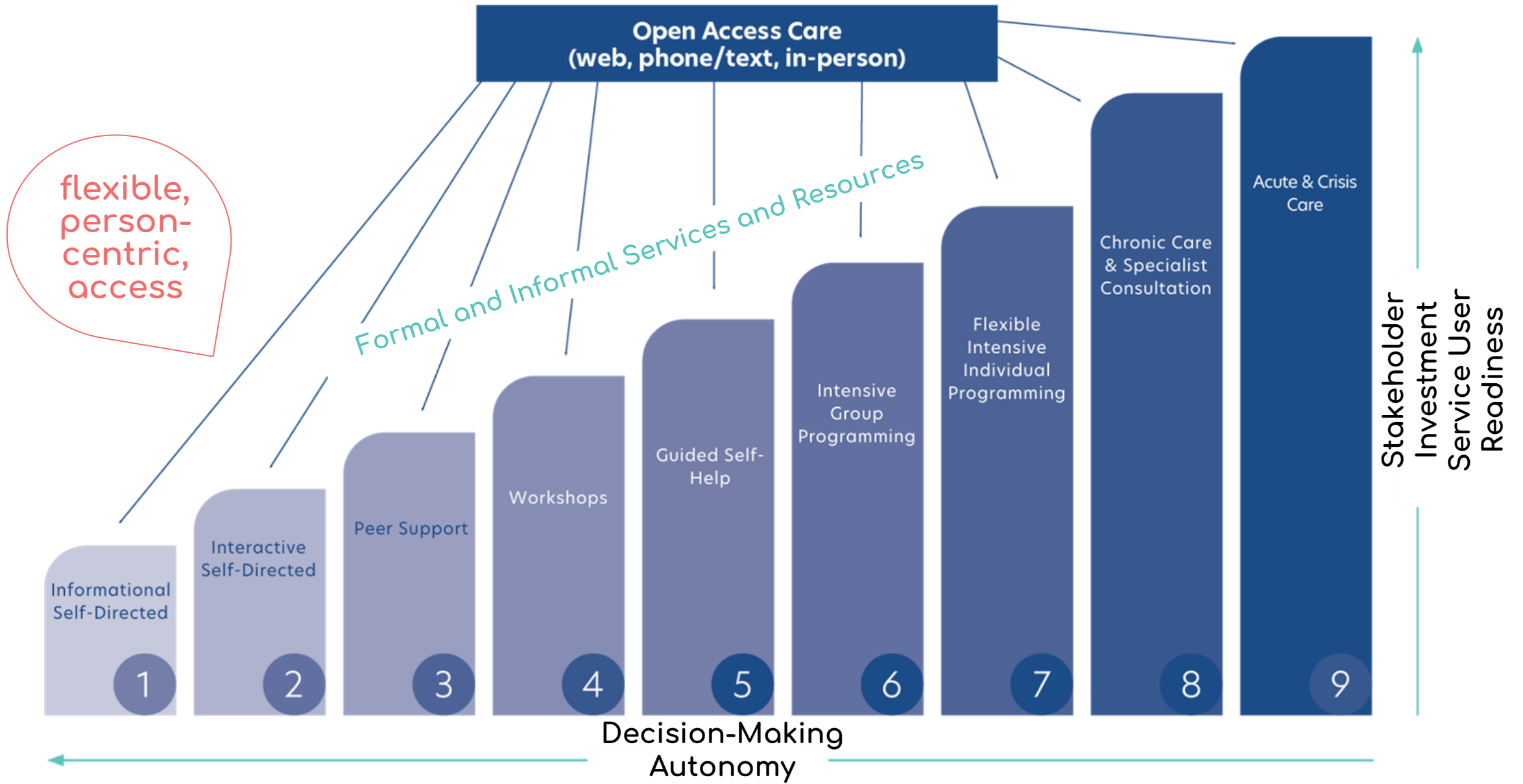
(Step 9) Acute and Crisis Care

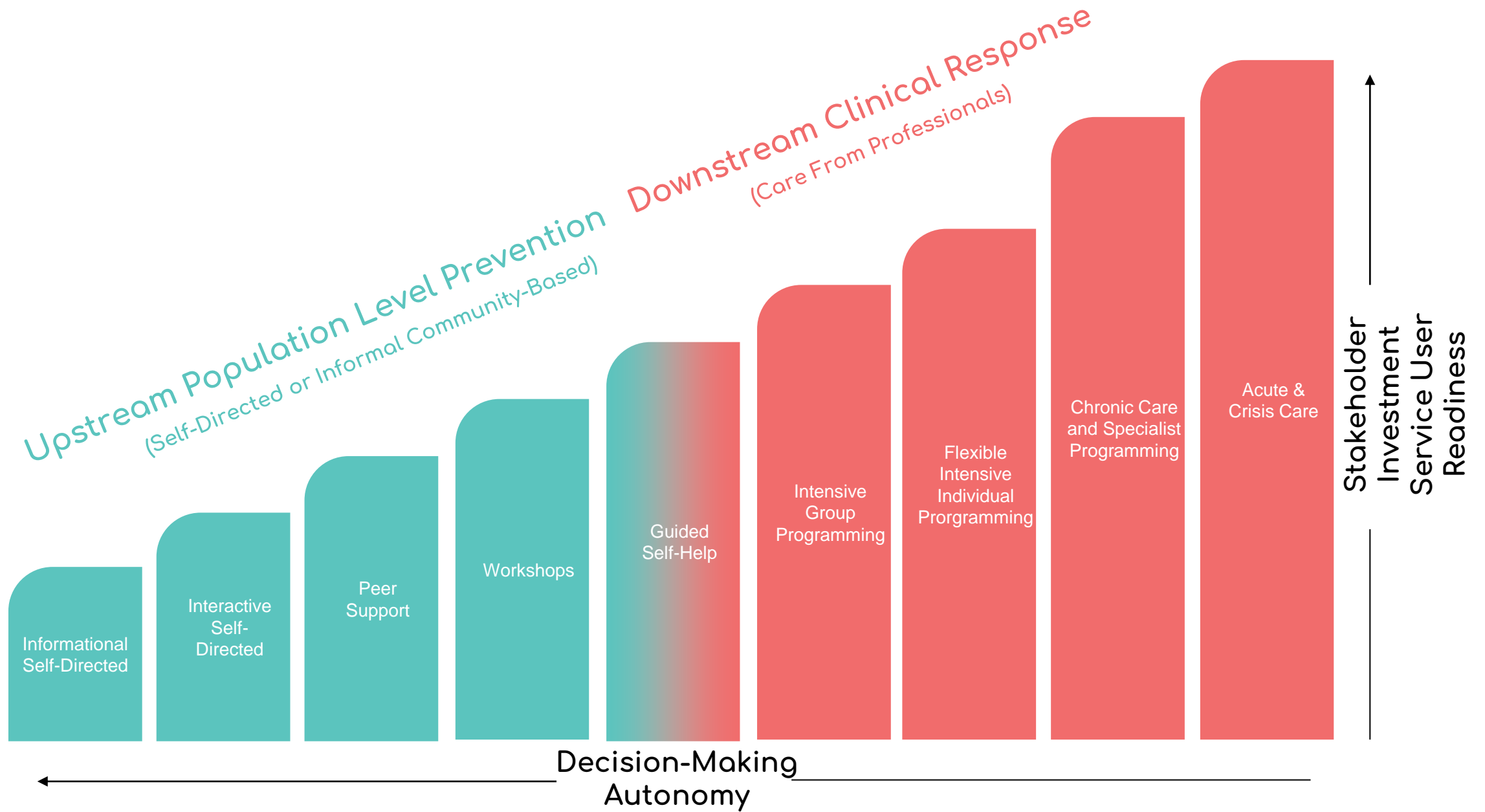
- ❖ Crisis Line
- ❖ Mobile Crisis Response

*Services included in Pilot

A dark blue background with concentric ripples from water droplets. A blue rounded rectangle in the upper right contains the text 'How?'. On the right side, there is a splash of water with many small droplets.

How?



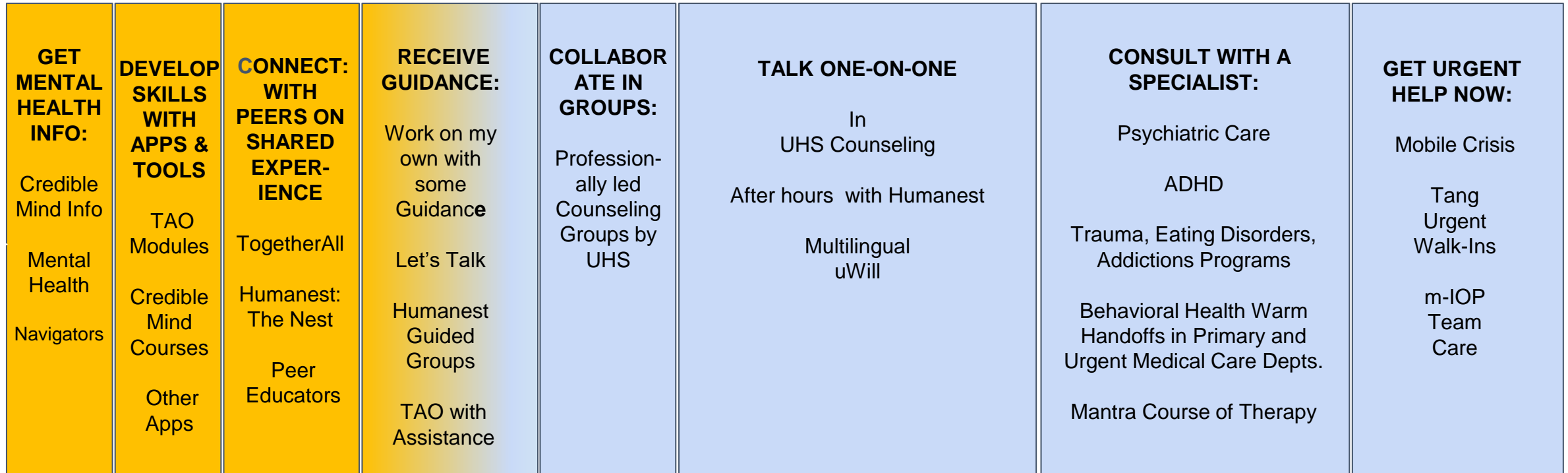


UPSTREAM PREVENTION

\$2.6M
(Self-Care)

DOWNSTREAM RESPONSE

\$14M
(Help from Professionals)



\$360K
2.5 FTE

\$360K
2.5 FTE

\$646K
4.5 FTE

\$1M
7.0 FTE

\$488K
3.4 FTE

\$6.1M
39.9 FTE

\$5.1M
34.9 FTE

\$2.2M
15.3 FTE

STUDENT MENTAL HEALTH CONTINUUM OF CARE RESOURCE MANAGEMENT

(Wellness Innovation, Operations, Clinical Support, Navigators, Data Platform & Portal)

\$3.6M, 17 FTE

Implementation Phases

To support practical starting points and ongoing improvement



HOW? Implementation Science

Where?



In many places!

International Level

Pontificia Universidad Católica de Chile;
Tecnológico de Monterrey, Mexico

National Level

Wellness Together Canada

Provincial Level

6 Provinces & Territories: NS, NB, NL, PEI, NWT,
BC

Integrated Youth Hubs

Framework for Provincial Implementation

Post-Secondary Institutions

50+ Organizations across North America

WTC – Canada's Pandemic MH Response

– Intuitive portal

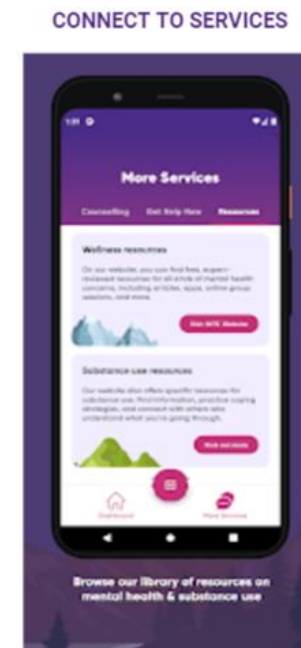
The screenshot shows the homepage of the Wellness Together Canada portal. At the top, a purple banner contains the text "In need of immediate crisis support?" and a red button labeled "I Need Help Now!". Below this is the header with the "WELLNESS TOGETHER Canada" logo, the text "Mental Health and Substance Use Support", and navigation links for "About", "Access resources", "Sign In", and "Create an Account". Language options "FR | EN" and a star icon are also present.

Get the right support. Always free.

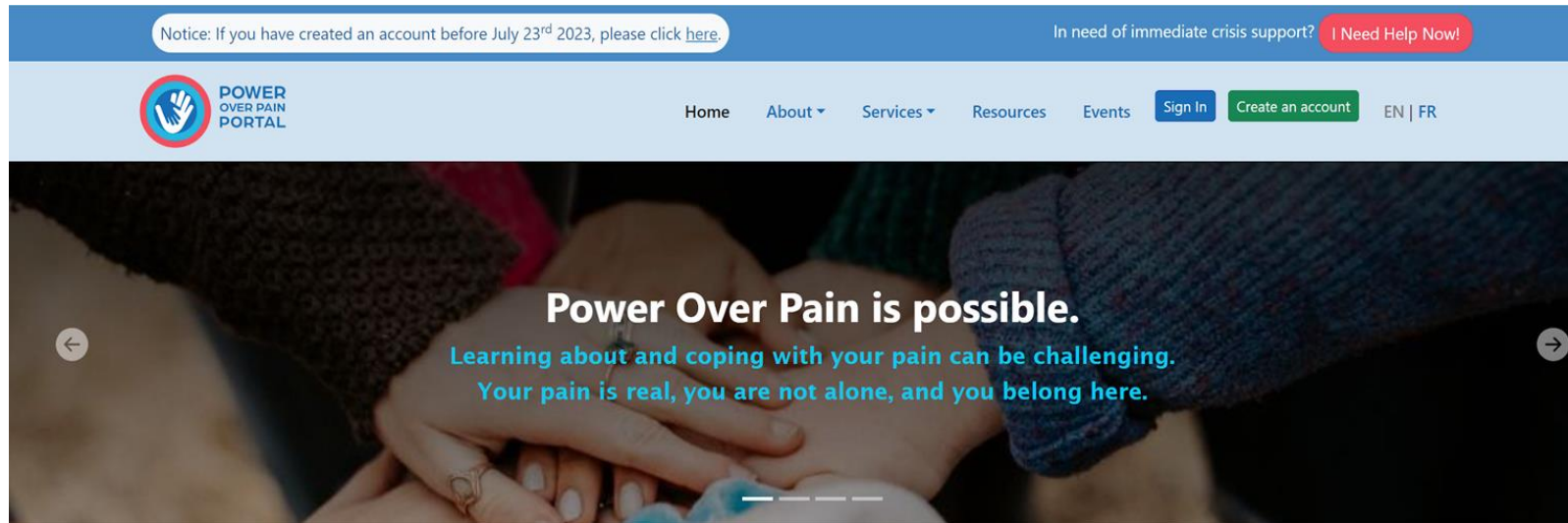
- Learn**: Browse free articles, videos, and more. [Access resources](#)
- Practice**: Build your skills with comprehensive courses & apps. [Discover programs](#)
- Connect**: Come together with others who understand your experiences. [Get Peer Support](#)
- Track**: Check in with regular wellness assessments. [Take the assessment](#)
- Talk**: Get in touch with a counsellor. [Call now](#)

A vertical sidebar on the right contains the text "sure where to start?" with a close button.

WTC – Canada’s Pandemic MH Response – “Pocketwell” app



“Power Over Pain” portal adapted from WTC



*Your Portal
Your Way
Always Free*

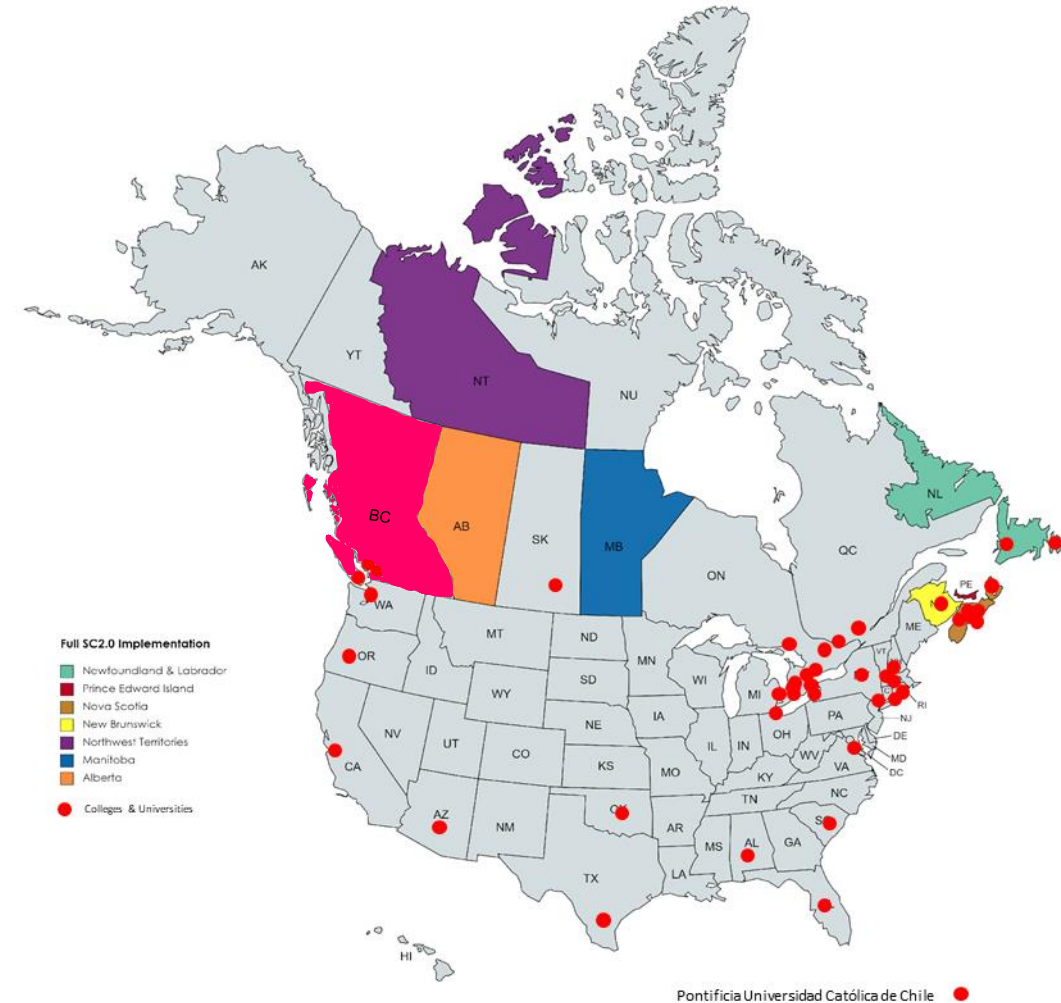
To get the most out of the Portal you can create an account to:

- ✓ Track your progress over time
- ✓ Access pain education courses

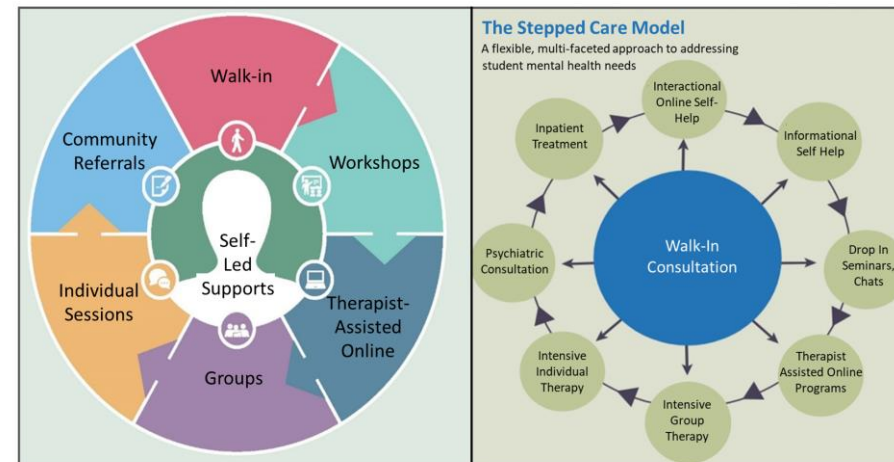
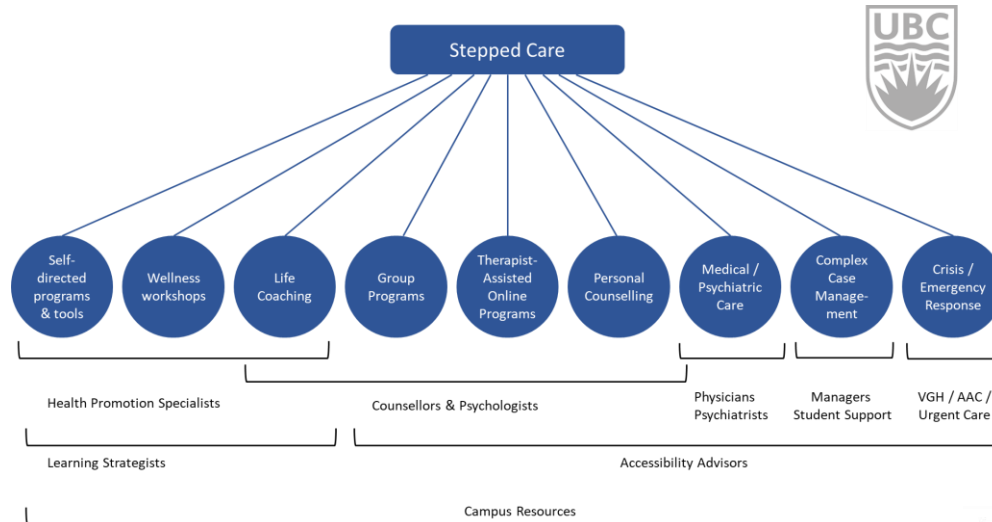
Colleges, universities, Canadian provinces

SC2.0 is being adapted & implemented in:

- Counseling Centers
- Outpatient Centers
- Child & youth wellness hubs



Examples of colleges and universities



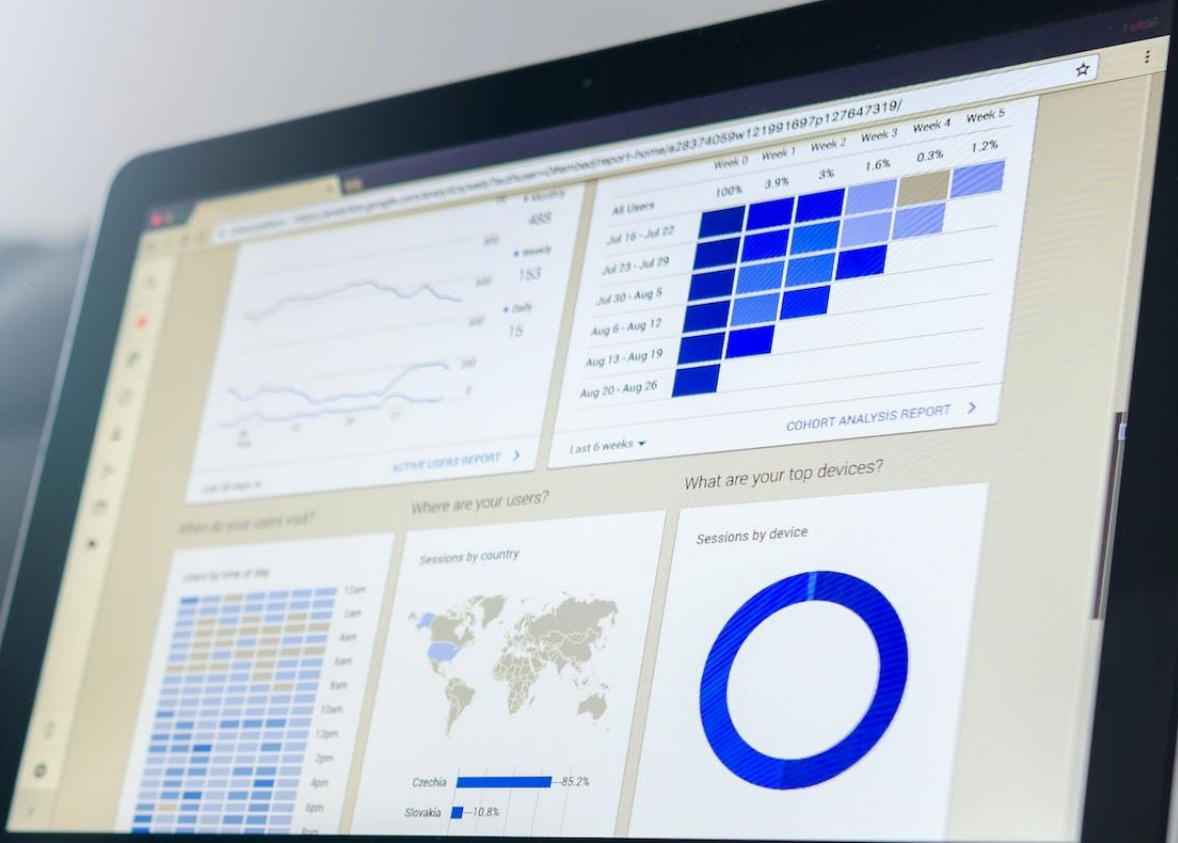


Levels of support available at post-secondary institutions after the implementation of SC2.0

Percentage of respondents (n=13) who agreed that their institution offers:

Informational self-directed	84.6%
Interactive self-directed	92.3%
Peer support	69.2%
Workshops	92.3%
Guided self-help	69.2%
Group programming	84.6%
Individual counselling	100%
Chronic care and specialist consultation	84.6%
Acute care, system navigation and advocacy	53.9%

Impact



Impact on providers and clients

“Much more satisfaction and feel like I am making a difference today”

- OAAAT Provider, Province of NB

“They are coming in, we’re helping them, they’re leaving feeling better. That’s the whole point of what we’re doing”

-OAAAT Provider, Province of NB



Reduced wait lists in two provinces (62 – 68 per cent reductions)

(Harris-Lane et al, 2022; MHCC, 2019)



Close to 80% of clients reported that low-intensity options (e.g., e-mental health tools) met at least some of their needs

(MHCC, 2019)



92% of clients were satisfied with a One-at-a-time session to address their problems (Harris-Lane et al, 2022)

Impact on systems

“Most impactful change to organization in more than a decade”

- UC Berkeley Manager

“SC2.0 is much more than you think it is!”

- Former President of International Initiative for Mental Health Leadership (IIMHL)

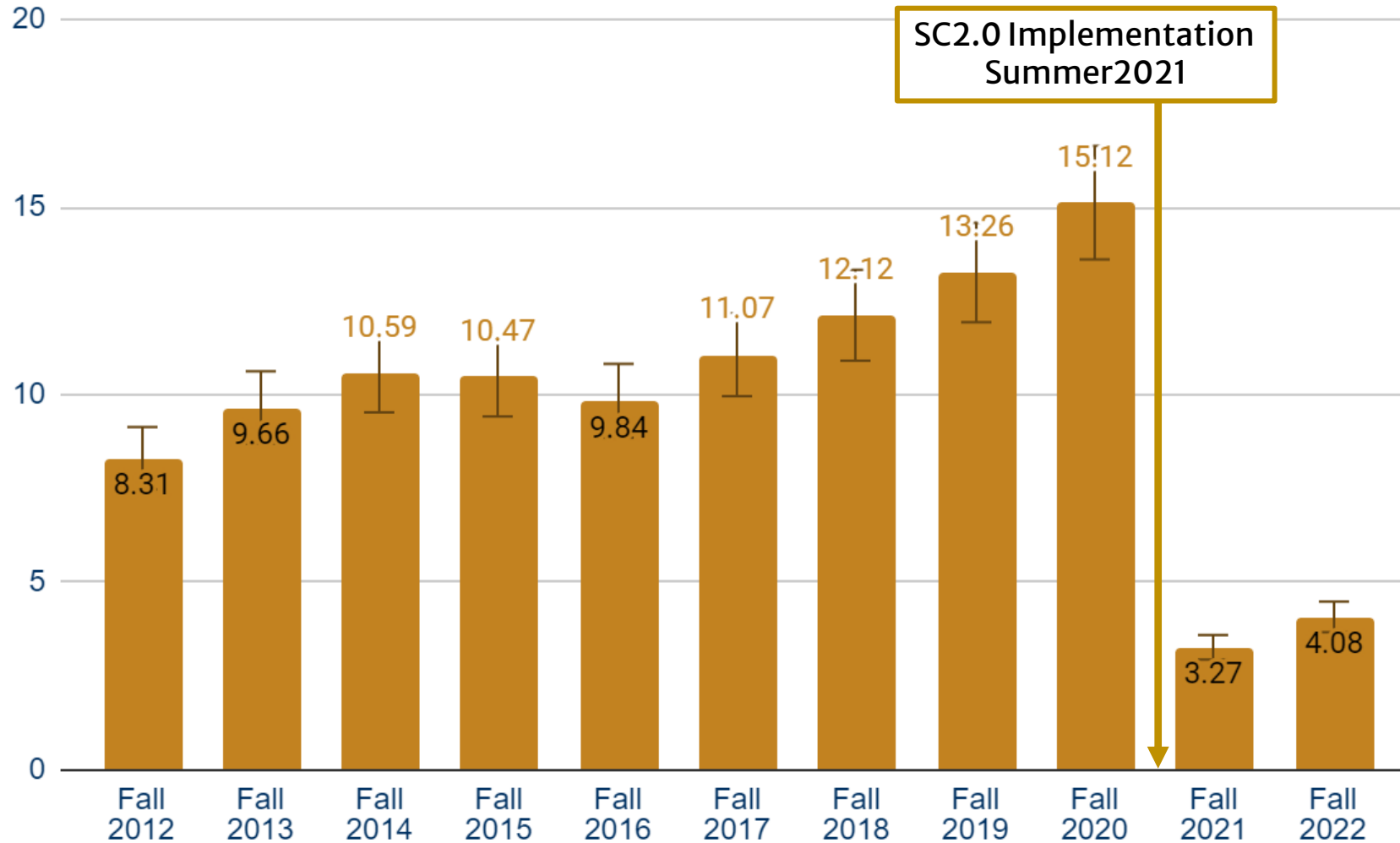
“SC2.0 is a bold, big plan for personalized population health”

- John Norcross, Distinguished Professor of Psychology

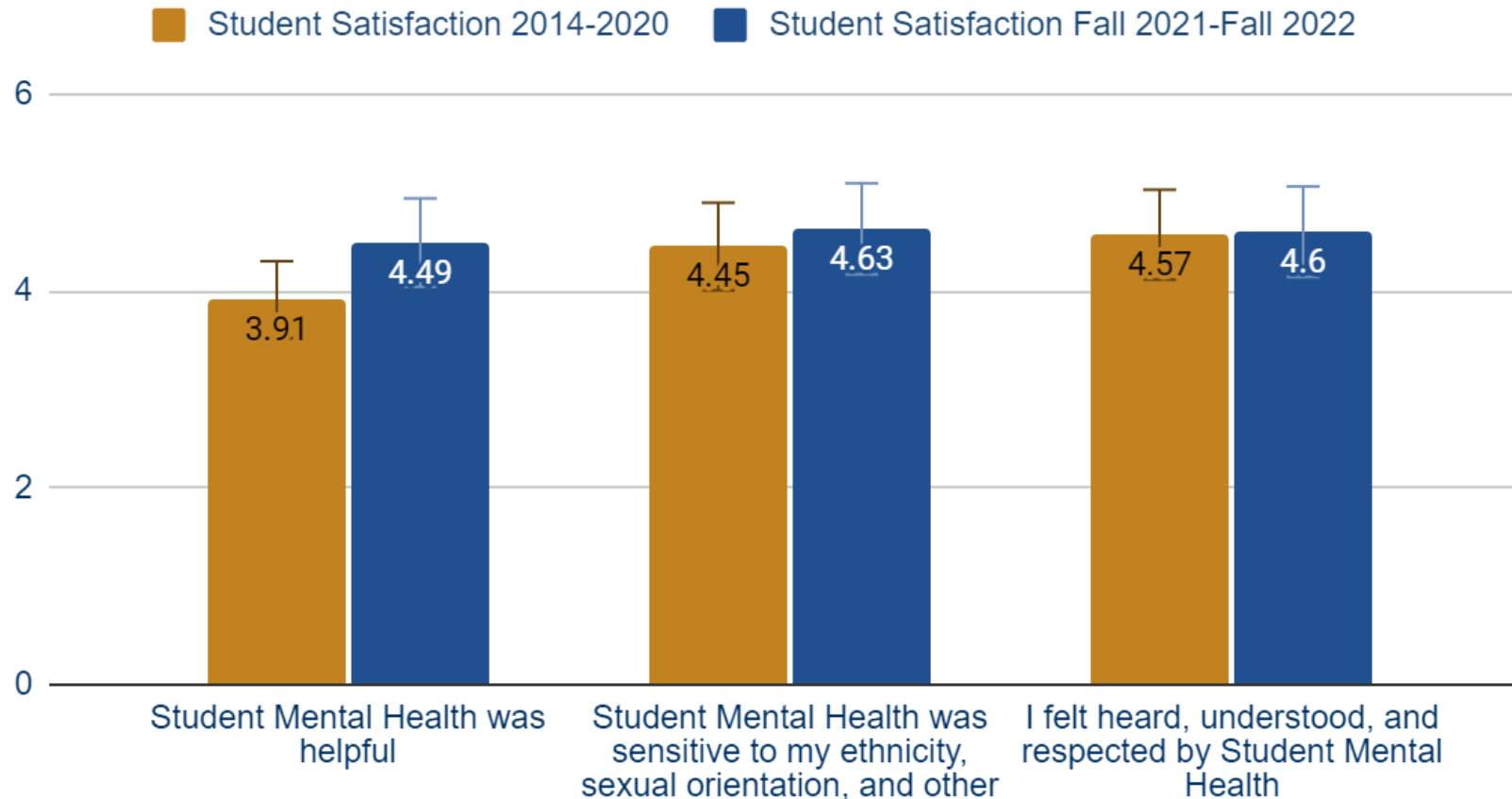
Implementation science matters:

- Jurisdiction-based project management
- Internal and external comms/promotion
- Continuous evaluation
- Workflow design and analysis
- Management coaching
- Leadership restructuring
- Supervision training
- Clinical Training

UC Berkeley wait times in days



UC Berkeley – Student Satisfaction





Lessons Learned

Data Collection & Evaluation

- Develop shared goals
- Collect data from the start
- Share data to inform continuous improvement
- Build technology infrastructure

Communication & Engagement

- Developing and sharing key messages with different groups involved in or impacted by the implementation
- Using a variety of communication methods and continuously engaging

Organizational Buy-in

- Leadership support and involvement
- Dedicated staff to support implementation
- Provider readiness

Codesign

- Early involvement of diverse perspectives
- Shared decision-making

Thank you!

Questions and Discussion

