Summary of Evidence-Based Practices and Promising Program Models: Intensive Case Management Core Services Category

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Definition of intensive case management services core services category as defined in the Needs-based Planning Project

- Case management is generally described as a coordinated and integrated approach to service delivery, intended to provide ongoing supportive care and to help people access the resources they need for living and functioning in the community.[1]
- Mental Health (MH) specific, Substance Use (SU) specific, or Concurrent Disorders (CD) specific Intensive Case Management (ICM) is a formalized case management/outreach service delivery model for either urban or rural practice that provides comprehensive services to individuals with severe mental health and/or and/or severe substance use issues with or without mild to moderate mental health issues.
- While this case management model is similar to the ACT case management model, ICM clinicians have larger caseloads than ACT clinicians (typically 20-1 client to staff ratio); frequency of visits is less than for ACT clients; ICM typically sees clients 1-3 times per week; and the range of services withing ICM are more frequently provided through a collaborative approach with other community providers rather than through the one team. As such, services are wrap-around in nature with clients engaged via multi-disciplinary teams who provide direct services and/or linkages/navigation to other services and systems within the community.
- While access to medical and psychiatric supports varies, staffing generally includes case managers, peer support workers, nurses, an addiction clinical counsellor or therapist, an addiction medicine specialist or nurse practitioner, housing specialist and access to a psychiatrist.
- Like other case management Services, ICM teams strive for a strengths-based approach, focusing on clients' strengths, self-direction, and the use of informal help networks (as opposed to agency resources). It further stresses the primacy of the client-case manager relationship and applies an active form of outreach.[2]
- Some ICM teams will be more rehabilitative in nature than others (e.g., they might include psychotherapy for clients and their families or teaching of specific skills).
- Overall, the different models of case management can be divided into three broad categories based on the levels of service provision, client participation, and case worker management:
    - Non-Intensive Case Management
    - Intensive Case Management
    - ACT/FACT

Methods

- The following search terms were used to search relevant articles between 2012-2022: mental health / substance use/addiction “Intensive” case management. The databases searched included: Medline and PubMed. The searches were limited to English language articles. The literature search was supplemented with Google searches to identify relevant grey literature.
- Scope of this search was not intended to be exhaustive, rather a snapshot of innovative models to provide guidance for implementation.

- Key stakeholders, including selected NBP advisory committee members, were also consulted to get their input on resources and supports needed for implementation, including potential barriers and practical information to consider for implementation.

Provincial standards/guidelines documents

- British Columbia Ministry of Health, Intensive Case Management Team Model of Care Standards and Guidelines. 2014, British Columbia Ministry of Health: Victoria.

Examples

- ***Positive Steps, Health Sciences North, in Ontario***
  - Individuals are assigned both a case manager and a psychiatrist and have the support of the larger team if needed. Individuals are seen 2-3 times per week.
  - Services offered include: 1) Medication Support Clinic: Nursing staff provide help with monitoring medication compliance, monitoring symptoms of illness and medication side effects, provide information and education to maintain and enhance wellness; 2) Case Management Services: Community outreach visits to client's home, as well as skills development through group activities. Team members work with clients to support personal goals, manage symptoms, monitor risks, carry out treatment plan and promote wellness and recovery in the community; 3) Rehabilitation and Recovery Program: This service is designed to help improve client's daily functioning through individual and group sessions to develop life skills, promote healthy living and education. Particular attention is paid to employment goals helping client's develop job skills for paid employment.

- ***The Women's Intensive Case Management Team and Heatley Intensive Case Management Team, offered by Vancouver Coastal Health in British Columbia***
  - Both teams support people who live in the Downtown Eastside (DTES) in Vancouver who experience severe substance use health problems and unmet chronic health issues.
  - The Women's Intensive Case Management Team's mandate is to work with marginalized women (Trans inclusive). The team accepts referrals from DTES-partnered women's organizations and housing organizations that work with marginalized women not connected to health services.
  - Heatley Intensive Case Management Team accepts referrals from Vancouver Coastal Health partners and St. Pauls' Hospital.
- ***Youth Tier 5 (YT5) – Mobile Intensive Case Management Team, offered by Island Health in British Columbia***
  - YT5 (Youth Tier 5) provides integrated service to youth primarily 13-18 years of age who have multiple and complex needs related to persistent and significant substance use and mental health challenges.
  - The YT5 Team utilizes a wraparound team case management approach to provide personalized care unique to each youth. The goals of the team are to improve health, social functioning, and access to care by offering a predominately intensive outreach approach.

    - The YT5 Team is staffed by a team that includes specialists in substance use, mental health, nursing, social work, family counselling, psychiatry and peer support.
- ***Intensive Case Management Teams, offered by Fraser Health in Chilliwack, British Columbia***
    - Eligibility criteria include: adults 19 years of age or older with problematic substance use or chronic dependence with or without a mental disorder, experiencing concurrent disorders (substance use and mental disorder(s) or co-existing functional impairment. These individuals face complex challenges related to health, housing (e.g., being homeless or unstably housed), and poverty.
    - ICM team services are available in Langley, Maple Ridge, Surrey and Chilliwack. Residents of these communities can be referred for ICM team services through a community or hospital-based health care provider.
- ***Intensive Case Management Teams, offered by Northern Health, in British Columbia***
    - The target population are adults 19 years of age or older with problematic substance use, or with chronic use, with or without mental illness, concurrent disorders (substance use and mental illness) or co-existing functional impairment. Individuals will also be facing complex challenges related to health, housing (ex., being homeless or unstably housed), poverty, and face barriers in accessing existing health or social services.
    - Programs include a multi-disciplinary team comprising of Registered Nurses, Social Workers, Life Skills Supports and a Psychiatrist.
    - Teams in Prince George, Terrace, Fort St. John

Resources and supports needed for implementation and sustainability (as identified by stakeholders)

- Key supports that can complement intensive case management are peer support, caregiver and housekeeping resources, connections with primary care, pharmacy supports, consultation with a psychologist and psychiatrist, Cognitive Behavioral Therapy (CBT) or Dialectical Behavioural Therapy (DBT), and access to other community supports (housing/rent subsidies, vocational supports, education, recreation, etc.)
- Evidence-based assessment and reassessment tools like Level of Care Utilization System (LOCUS) and Ontario Common Assessment of Need (OCAN) should be leveraged, and service providers should be funded and trained on how to use them in case management contexts.
- The intensive case management process should enable system navigation, contain self-help components, should be flexible to meet individual needs where they are at, and contain well developed transition plans.

Potential barriers for implementation (as identified by stakeholders)

- Generally, the client population that accesses intensive case management can be a challenging population to serve, because of factors like poverty, food insecurity, housing insecurity, and systemic stigma and complexity of their condition. Intensive case management clients are high needs, meaning they not only require a mental health or addictions case management supports, but also often require case managers to liaise with many other care providers and supports, such as personal care, housekeeping, rent supplements/subsidies, assistance with food, and more.

- More standardized processes to admit individuals into intensive case management programs would help with wait list management, triage and ensuring the most acute clients are seen first. While assessments like LOCUS and OCAN are helpful tools to assess eligibility and help determine scope of practice, the use of these tools and the results can create barriers if not applied in a standardized manner. Further, there is a cost to purchase these tools and train staff to use them, which can be a barrier to access for community MHA service providers with tight budgets.
- Intensive case management services would be best suited within or very well-connected to coordinated access systems, that enable step-ups and step-downs in care, where appropriate. This way, even if a service provider organization does not offer a level of care suited to the client, they could be easily referred elsewhere. However, the current set-up in most jurisdictions does not enable these transitions and warm hand-offs.
- Intensive case management programs are often generally offered in urban settings, so for individuals living in more rural settings, access can be even more challenging. While solutions like video conferencing with care providers or virtual medication management are options, they may not be accessible to all clients, due to internet connectivity issues, the cost of computers/cell phones/internet, and lack of technological expertise.
- In rural setting, clinicians may be wearing several hats including facilitating scheduled counseling sessions, walk-in counseling services, and case management, and can be the sole service provider for the area. Competing priorities may prevent them from providing the type of intensive follow up required.
- Intensive case management services may require enhancement to be more culturally safe and adaptable on a per-client basis, especially for Indigenous communities and other equity-seeking populations. However, resource constraints can limit the ability to hire and train staff to provide accessible service to these communities.
- Intensive case management programs are not routinely evaluated, so best practices are not consistently applied across the system, nor are positive outcomes clearly documented across providers. Important point

Recommendations/practical information to consider for implementation (as identified by stakeholders)

- Intensive case management programs need to be funded in a manner that they can serve the client population adequately. For example, more intensive levels of support for clients who may need ACT, be on a Community Treatment Order, or involved in the forensic system.
- Creating networks of providers can improve transitions based on the client's level of need.
- There is a shift towards using digital technology and virtual care, but clients do not always have the access to technology to use same.

[1] Ziguras, S. J., & Stuart, G. W. (2000). A meta-analysis of the effectiveness of mental health case management over 20 years. Psychiatric services, 51(11), 1410-1421.

[2] Vanderplasschen, W., Wolf, J., Rapp, R. C., & Broekaert, E. (2007). Effectiveness of different models of case management for substance-abusing populations. *Journal of psychoactive drugs*, *39*(1), 81-9