



## Editor's Note On

# TIP 27, *Comprehensive Case Management for Substance Abuse Treatment*

**2017**

Published in 2000, Treatment Improvement Protocol (TIP) 27 contains much information that remains useful to today's reader. Noted below are topical areas where more current information and resources supplant or add to content found in the TIP.

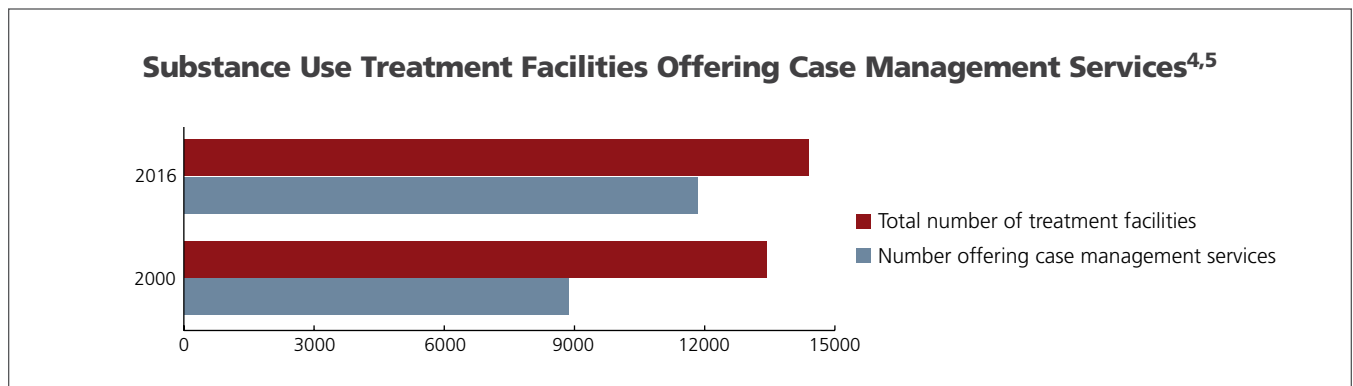
## Clinical Updates

The Consensus Panel was not reconvened to review and update the clinical information in TIP 27. However, a literature search covering 2000 to mid-2017 found little information that would affect the recommendations in the TIP.

There have, however, been significant changes in the field of health care that are relevant to TIP 27. These include strong moves toward integrated care,<sup>1</sup> recovery-oriented systems of care,<sup>2</sup> and the evolving role of peer providers.<sup>3</sup> These will undoubtedly have effects on case management in the years ahead.

## Statistical Updates

When TIP 27 was published, 66.0 percent of substance use treatment facilities offered case management services.<sup>4</sup> By 2016, the number of substance use treatment facilities offering case management services had increased to 82.2 percent.<sup>5</sup>



## Research Updates

Many studies on the use of case management for individuals with substance use disorders have been published since 2000. Drawing overall conclusions based on these studies is challenging, however, because of methodological difficulties (e.g., small sample sizes in many of the studies, inconsistent study design or outcome measurements across studies, variation in the definition of *case management*, variation in interventions used for comparison). Two systematic reviews published since 2000 that explicitly addressed these methodological challenges are described below:

- A review of seven randomized controlled studies compared community-based case management (in which a professional in the community connected patients to the health and human services they needed) with clinical (hospital-based) case management and usual care. The review found the following for the community-based case management group: overall, a significant improvement in participants' satisfaction and ability to remain abstinent, fewer social problems, and fewer unmet client needs.<sup>6</sup>
- A review of 14 randomized controlled studies (including the 7 studies in the review described above) assessed the effectiveness of case management for patients with substance use disorders. The review found that treatment adherence, changes in drug or alcohol use, and linkage to other healthcare providers were the most common outcome measures in the 14 studies. Most of the studies showed improvements in some or all of the measured outcomes. Treatment adherence generally improved, overall functioning improved in more than half of the studies, and substance use decreased in one-third of the studies.<sup>7</sup>

Also of note is a 2013 study with a large sample size (165,305 participants).<sup>8</sup> This study examined a targeted case and care management program for individuals with substance use disorders using high levels of acute services in Connecticut. The authors analyzed administrative and cost data from 5 consecutive years (2004–2008) and found that case and care management can improve outcomes while reducing costs. Acute care episodes decreased by 56 percent the first year after program enrollment, and engagement in nonacute services increased by 19 percent. Costs for all levels of care decreased by approximately 46 percent the first year.

## Professional Updates

TIP 27 focuses on case management interventions rather than on the profession of the individuals providing the interventions. However, since the TIP's publication, the profession of case management has evolved considerably. Two case management professional organizations (both founded before 2000) continue to promote quality standards of care and advocate for case management professionals:

### **American Case Management Association (ACMA)**

[www.acmaweb.org](http://www.acmaweb.org)

Established in 1999, ACMA is a national nonprofit organization for case management professionals. It provides professional development services, such as educational opportunities and mentoring, professional resources, opportunities for networking, and advocacy on behalf of case management professionals. In 2005, ACMA created *ACM Certification*, which was developed specifically for case management professionals in the health delivery system.

## Case Management Society of America (CMSA)

[www.cmsa.org](http://www.cmsa.org)

Established in 1990, CMSA is an international nonprofit organization for case management professionals such as nurses, social workers, and counselors. CMSA introduced *Standards of Practice for Case Management* in 1995 and revised the document in 2002, 2010, and 2016 in response to changes in the healthcare field.<sup>9</sup> The *Standards of Practice for Case Management* institutes formal standards of practice, developed from a variety of disciplines, for case management. The CMSA website includes information on various types of certification and certification exam resources.

## Notes

- 1 Substance Abuse and Mental Health Services Administration. (n.d). SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) [Website]. Retrieved July 11, 2017, from [www.integration.samhsa.gov](http://www.integration.samhsa.gov)
- 2 Sheedy C. K., & Whitter, M. (2009). *Guiding principles and elements of recovery-oriented systems of care: What do we know from the research?* HHS Publication No. (SMA) 09-4439. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 3 California Association of Social Rehabilitation Agencies. (2014). *Meaningful roles for peer providers in integrated healthcare: A guide*. Retrieved August 15, 2017, from [www.casra.org/docs/peer\\_provider\\_toolkit.pdf](http://www.casra.org/docs/peer_provider_toolkit.pdf)
- 4 Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2002). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2000. Data on substance abuse treatment facilities*. DASIS Series: S-16, HHS Publication No. (SMA) 02-3668. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 5 Substance Abuse and Mental Health Services Administration. (2017). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2016. Data on substance abuse treatment facilities*. BHSIS Series S-93, HHS Publication No. (SMA) 17-5039. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 6 Joo, J. Y., & Huber, D. L. (2015). Community-based case management effectiveness in populations that abuse substances. *International Nursing Review*, 62(4), 536–546.
- 7 Penzenstadler, L., Machado, A., Thorens, G., Zullino, D., & Khazaal, Y. (2017). Effect of case management interventions for patients with substance use disorders: A systematic review. *Frontiers in Psychiatry*, 8, 1–9.
- 8 Kirk, T. A., Di Leo, P., Rehmer, P., Moy, S., & Davidson, L. (2013). A case and care management program to reduce use of acute care by clients with substance use disorders. *Psychiatric Services*, 64(5), 491–493.
- 9 Case Management Society of America. (2016). *Standards of practice for case management* (2016 Revision). Little Rock, AR: Author.

This publication lists nonfederal resources to provide additional information to consumers. The content and views in these resources have not been formally approved by the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS). Listing of these resources does not constitute an endorsement by SAMHSA or HHS.