

**Research Informing Policy**

Connecticut is focusing attention on recovery for persons with mental illness or substance use disorders. Case management is a vital service that helps people to live successfully in the community. Two DMHAS studies examined the effectiveness of different forms of case management, **standard case management (SCM)** and **assertive community treatment (ACT)**.



**SCM:** Clinicians serve as case manager for 20 or more people, usually in an office setting, but may also spend time in the community with or on behalf of the client. The case manager both provides services and helps the client to obtain services (e.g., medication management, crisis intervention), as needed.

**ACT:** A multi-disciplinary team (e.g., nurse, psychiatrist, social worker, mental health worker, substance abuse specialist) meets all of the service needs for clients assigned to the team. An ACT team has a much lower client-to-staff ratio (e.g., 1:10), and delivers most services in the community.

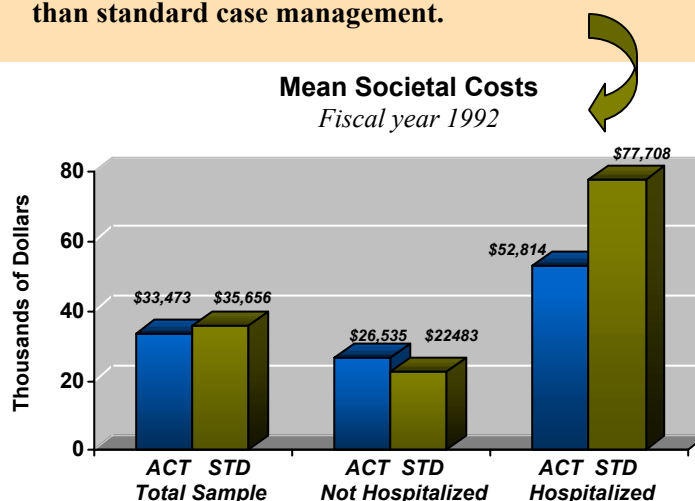
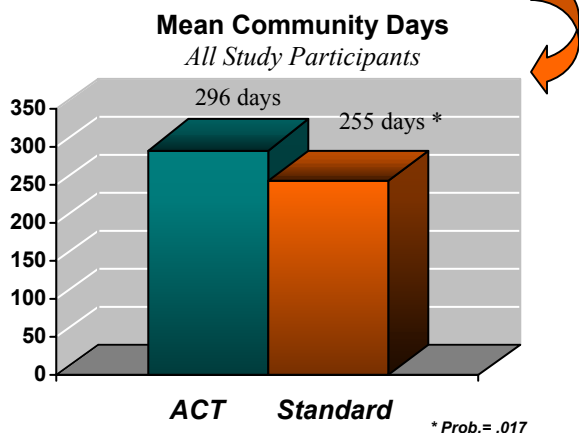
*The Assertive Community Treatment for Dually Diagnosed Clients Study* compared integrated mental health and substance abuse treatment (New Hampshire model) within ACT and SCM for 198 persons with co-occurring mental illness and substance use disorders who were homeless or unstably housed. While participants in both groups, who were randomly assigned to teams within 2 urban sites and followed for 3 years, improved in multiple outcome domains with few differences, decreases in substance use were greater than would be expected. Hence:

✘ **Integrated treatment for persons with co-occurring disorders can be successfully delivered either via ACT or standard case management.** (Funded by NIMH, NIAAA and SAMHSA.)

*The Assertive Community Treatment Study* compared 18-month outcomes of persons with mental illness who were randomly assigned to SCM or ACT. (Funded by NIMH and SAMHSA.)

✘ **Persons in the ACT group spent more time in the community than SCM clients at no additional cost.**

✘ **For persons who were hospitalized at study entry, assertive community treatment was more cost-effective than standard case management.**



*An evaluation of a Consumer-Operated Service Program (COSAP)* examined the effect of COSAP programs as an adjunct to traditional mental health services (TMHS). 1,827 people across 8 states, including Connecticut, received COSAP programs (Advocacy Unlimited in CT) as an adjunct to TMHS. Results of this study are still being analyzed, but preliminary evidence suggests that COSAP services increase the well being of people receiving DMHAS services. (Funded by SAMHSA.)