

## About Intensive Case Management (ICM)

**Summary:** Intensive Case Management is a case management model intended for higher acuity clients with multiple co-occurring chronic conditions that require a smaller case load size than classic case management. Some states fund ICM as an individual case load approach while others fund ICM as a team-based shared caseload approach. Intensive case management has a moderate evidence base that demonstrates potential for improved health outcomes, housing stability, and reductions in crisis care (Emergency Departments, hospital overnight stays). Systematic reviews of ICM conclude that the closer the ICM staffing model is to Assertive Community Treatment, the more likely positive program outcomes will be achieved. ICM staff are intended to provide a multi-disciplinary approach to case management, yet team structure and specialties can be determined based on the target population and wrap-around service needs of that target population.

- **Evidence Base and Resources for Fidelity in Replication:** [Link to ICM Resources & Research](#)  
As research continues to develop on high quality supportive housing and housing-related service models, CSH will update the References and Resources folder of the Services Budget Tool. Do you have resources, research, or promising practices to share with the Quality Supportive Housing community of providers? Send them to [consulting@csh.org](mailto:consulting@csh.org) with “Staffing Model Resource” in the subject line for review and inclusion.
- **Commonly mentioned strengths of this model:** Can achieve reductions in psychiatric hospitalizations, hospital stays, and involvement in crisis systems. Flexibility in the model allows for tailoring service teams to include specializations unique to the target population (education specialist, child and family specialist, legal specialist, etc.).
- **Common critiques of this model:** Tremendous variety exists in the staffing structures, funding requirements and case management (individual versus team-based) approaches used in ICM throughout the U.S. and globally.

**Quality Supportive Housing Service Approaches** require commitment to and training in:

- Trauma Informed Care
- Diversity in staff providing and leading service organizations
- Intentional inclusion of and influence from people with lived experience in leadership, governance and service provision
- Commitment to anti-racism, cultural humility and cultural competence
- Harm Reduction and Motivational Interviewing
- Housing First



For more information on service models and approaches, visit the [CSH Quality Supportive Housing](#) landing page to learn about the Dimensions of Quality Supportive Housing to ensure that your policies, procedures, practices and outcomes are Tenant-Centered, Accessible, Coordinated, Integrated, and Sustainable.

# Service Staffing Models



At a Glance: References and Resources for ICM	
Systemic Review of ICM	<p><i>Dieterich M, Irving CB, Bergman H, Khokhar MA, Park B, Marshall M. Intensive case management for severe mental illness. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD007906. DOI: 10.1002/14651858.CD007906.pub3.</i></p> <p><a href="https://pubmed.ncbi.nlm.nih.gov/28067944/">https://pubmed.ncbi.nlm.nih.gov/28067944/</a></p>
	<p>In a meta-analysis conducted by the Cochrane Review, ICM was defined as a model in which caseloads were less than 20. The meta-analysis found that, based on this cutoff, ICM appeared to reduce hospital stays and lead to higher client retention in services. That said, the Cochrane Review emphasized that the current randomized, controlled trial evidence for ICM is low to moderate quality at best.</p>
Comparison of ACT and ICM in Rural Settings	<p><i>Meyer, Piper S, Morrissey, Joseph P. A Comparison of Assertive Community Treatment and Intensive Case Management for Patients in Rural Areas PSYCHIATRIC SERVICES Psychiatry Online, January 2007, Vol. 58, No.1.</i></p>
	<p><a href="https://ps.psychiatryonline.org/doi/pdfplus/10.1176/ps.2007.58.1.121">https://ps.psychiatryonline.org/doi/pdfplus/10.1176/ps.2007.58.1.121</a></p>



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