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EVIDENCE SUMMARY
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What are the Impacts of Case Management on Refugees?

While rigorous evidence is limited, the literature suggests that case management is associated with numerous positive outcomes.

- The body of evidence is largely suggestive in rigor and yields generally positive outcomes, although some studies show mixed results. The one available impact study yields positive results.
- The available studies have examined diverse outcomes such as self-sufficiency, social support, employment, education, health, mental health, and service access.

The evidence suggests components of successful case management referrals.

- Components of successful referrals include preparation, scheduling initial appointments directly, and ongoing coordination of care.

Case management is a skill requiring training.

- The body of evidence shows that case management is a complex job requiring multiple abilities. Accordingly, appropriate staff selection and training are needed.

Further research is needed on varying case management approaches.

- More research is needed that builds on the existing studies of successful and unsuccessful case management practices.
- Future research should examine factors influencing the effectiveness of case management, such as case manager skills, varying case management approaches, client factors, and contextual factors.
- Further research is also needed on specific components of strengths-based and trauma-informed case management.

Purpose of this summary

This document summarizes the state of available evidence regarding the impacts of case management in refugee resettlement programs.

What is meant by "case management"?

Case management is a stepwise process of interaction within a service network to ensure that clients receive needed services in a supportive, effective, efficient, and cost-effective manner. The stepwise process of case management includes intake and assessment, goal development, intervention, monitoring and reassessment, and termination.[1] The basic functions of case management are to promote a client's ability to access and use human services and social supports, to create a structure of social networks and service providers, and to promote service effectiveness and efficiency.[2] Case management with refugees aims to achieve a wide range of outcomes including self-sufficiency, social support, employment, education, health, mental health, and service access.

What does the evidence show?

The evidence suggests that case management is associated with numerous positive outcomes.

- Shaw & Funk (2019) conducted a systematic review of studies on refugee social service programs. These programs aided refugees in adjusting to their country of asylum or permanent residence, often centering on case management, providing direct assistance, or community-building services. The authors found that most programs demonstrated success, and programs tended to seek common outcomes including **financial and social well-being** as well as **integration.** However, they found few studies in this body of research and a low level of rigor in the evaluative approaches utilized across the existing studies.

- The only recent impact evaluation of case management with resettled refugees is a study of an intensive psychotherapy and case management program (IPCM) conducted with 214 Karen refugees diagnosed with major depression. Case managers' function was to help patients gain access to medical, social, educational, vocational, and other necessary services connected to their mental health needs. Case management interventions focused on reestablishing safety and stabilization; facilitating communication, problem-solving and understanding between patients and medical providers; and increasing skill in navigating health and community systems. Clients were randomized to receive IPCM or care-as-usual (CAU), which included behavioral health referrals and/or brief onsite interventions. IPCM clients showed significant improvements in **depression, PTSD, anxiety, and pain symptoms and in social functioning** at all time points over a 1-year period, with magnitude of improvement increasing over time. CAU clients did not show significant improvements. The largest mean differences observed between groups were in depression and basic needs/safety (Northwood et al., 2020).

- A suggestive study examined an extended two-year case management program. This program aimed to support refugees in successfully transitioning to life in the U.S. and developing the necessary skills for self-sufficiency by emphasizing wellbeing and independent access to community services. Regular home visits (weekly through month 1, monthly through month 6, and quarterly through month 24), linguistically appropriate services, and weekly individual and

[1] Project SOAR (2006). Introduction to Case Management.
[2] Klimek, B. (2011). Case Management Manual. USCCB/MRS Refugee Resettlement.

group supervision were key components of the program. Case managers were limited to a caseload of 30 families. The study found the most participants in the program reached a basic level of **self-sufficiency** and experienced substantial increases in **wellbeing** and **access to services** over the first two years in the U.S. (Shaw & Poulin, 2014).

- Another suggestive study examined programs for unaccompanied refugee minors (URMs). These programs include staff and foster parents who are trained to work with foreign-born youth, and provide services such as independent living skills training, English language training, assistance with immigration status, cultural activities, and intensive case management. Interviews with 30 former URM youth found that 87% had **graduated from high school**, 50% were **in college**, and 87% were **employed**. Many youth (60%) reported being in optimal **health,** 77% were **happy**, and 97% had a **positive outlook for the future**. Most URMs (83%) had a best friend, and 70% had people to talk to when feeling low, yet 77% worried about being abandoned. However, only 30 of 122 eligible youth responded, rendering these results inconclusive (Evans et al., 2019).

- In a study of **health care access** for Iraqi refugee children in Texas, parents and case managers reported that resettlement agency assistance facilitated access. Case managers helped coordinate transportation and interpretation for appointments and assisted with accessing specialists (Vermette et al., 2015).

- Fang et al. (2018) reported a retrospective study of an intensive case management (ICM) mental health program targeting Afghan, Sri Lankan, and Somali refugees who had been admitted to a hospital with a psychiatric diagnosis. The program had a low client-to-staff ratio and frequent and prolonged contact with clients. Each client was matched with a case manager who spoke the client's preferred language. Case managers addressed client needs to improve their quality of life through case coordination and direct services such as home visits and counseling. The program also trained volunteer case aides from the local communities. After receiving training on mental health literacy and on assisting clients with independent living skills, the case aides, under supervision, were assigned to a client and aimed to increase or maintain the client's independent living skills. The study found mixed results. Compared with a baseline measurement period ranging from six months to one year, by two years post-admission, clients had fewer **psychiatric hospital visits**, improved **treatment adherence**, and better **employment** outcomes. However, at the two-year follow-up, only 22% of clients had met their treatment objectives and left the program, whereas 42% remained in the program and about 25% withdrew.

- "Healing Hearts, Creating Hope" is an integrated behavioral health care (IBHC) approach that integrates interdisciplinary, team-based, and specialized psychotherapy and targeted case management into the primary health care setting. The intervention was targeted for Karen resettled refugee clients with symptoms of major depression. It was implemented in two primary medical care settings by a team of four licensed psychotherapists and targeted case managers. The treatment modality is trauma-informed yet unspecified, meaning providers have the flexibility to tailor an appropriate treatment approach that best suits the needs and background of a patient, rather than following a standardized treatment manual. Providers are highly qualified psychotherapy and social work professionals who are supervised by senior providers with extensive experience working with traumatized refugees. IBHC increased clients' **knowledge about and access to behavioral health care services**; supported the treatment of complex medical, mental health and social conditions; and allowed clients to spend more time with care providers (Esala et al. 2018).

The evidence suggests components of successful case management referrals.

- Two qualitative studies have examined the role of case management in referrals to mental health or substance use services. A survey of 15 refugee service providers found that **initial case management preparation** and **ongoing coordination of care** contributed to referral success. Successful referrals entailed **significant groundwork** to connect refugee clients with care. Case management did not stop with the referral but **continued with ongoing coordination of care** including checking in with clients and providers, reminding clients of additional appointments and working with clients to address ongoing barriers to care. The authors concluded that case management and ongoing coordination of care appear quite important to ensuring successful linkage with and completion of treatment (McCleary et al., 2016).

- A subsequent mixed-methods study found that components of successful care coordination include **ongoing communication between providers, scheduling initial appointments directly, access to emergency mental health services,** and **case management provided by health plan staff.** Components related to unsuccessful care coordination included failure to communicate about care or establish appointments in a timely manner and failure to resolve access barriers. **Trust** in relationships among providers and between refugee patients and providers was an important reason why care coordination was successful (Shannon et al., 2021).

What are the implications for practice and research?

> "The case manager is like my hands. So there is what I have to do with my hands and she will be right there."
>
> (Chi Lah, study participant; 2018)

Despite limited evidence, case management plays a critical role in refugee resettlement.

- The accumulation of suggestive studies, together with one impact study, demonstrate the importance of quality case management in forming successful referrals to services and improving client outcomes in a variety of areas. Refugees, who often bring limited English skills and limited understanding of complex U.S. systems, typically cannot perform the functions of case managers for themselves.

Case management is a skill requiring training.

- The body of evidence shows that case management is a complex job requiring multiple abilities. Accordingly, appropriate staff selection and training are needed.

Further research is needed on varying case management approaches.

- The wide range of outcomes addressed by case management, as well as differences in case management program models and services, introduce challenges in comparing studies and building an evidence base on case management effectiveness. More research is needed within each outcome area.
- More research is needed that builds on the existing studies of successful and unsuccessful case management practices.
- Although impact studies using random assignment are not feasible or ethical in most refugee case management settings, future research should use quasi-experimental methods to examine factors influencing the effectiveness of case management, such as case manager skills, client factors, and contextual factors.
- Further research is also needed on specific components of strengths-based and trauma-informed case management.

How did we identify evidence for this summary?

Included Studies

The Switchboard evidence database includes the following types of studies, categorized by their strength of evidence:

Strong Evidence

Meta-analyses: systematic analyses of sets of existing evaluations of similar programs

Systematic reviews: syntheses of the best available evidence on specific research questions that use narrative synthesis focused on evaluations of the impacts of at least one specific policy, program, or intervention.

Moderate Evidence

Published individual **impact evaluations** using randomized controlled trials (RCTs/C-RCTs), natural experiments, quasi-experimental techniques such as difference-in-difference (DID), instrumental variables (IV), regression discontinuity design (RDD), propensity score matching (PSM) or other forms of synthetic matching, as well as fixed effects techniques with interaction terms.

Suggestive Evidence

Published studies using methods including non-systematic literature review, uncontrolled before and after tests, post-test only, interrupted time series (ITS), cross-sectional regressions, longitudinal panels, cohort and case-controls, as well as purely qualitative techniques.

Excluded Studies

The Switchboard evidence database excludes case studies, unpublished suggestive research, opinion papers, descriptive studies, and unpublished literature reviews.

Search Protocol

Studies included in the database focused on high-income or upper middle-income countries, including but not limited to the United States. Studies included must have been published since 2012. To identify evidence related to case management with refugees, we searched the following websites and databases using the following population, methodology, and target intervention terms:

Websites and Databases	Population Terms	Methodology Terms	Target Intervention Terms
Campbell Collaboration Cochrane Collaboration Mathematica Policy Research Urban Institute Migration Policy Institute CINAHL ASSIA Social Services Abstracts Social Work Abstracts PsycInfo ERIC	refugee OR immigrant OR "unaccompanied minor" OR asylee OR "temporary protected status" OR "victims of traffick*" OR "traffick* victims" OR T-Visa OR U-Visa OR Cuban OR Haitian OR Amerasian	evaluation OR impact OR program OR intervention OR policy OR Project OR train* OR therapy OR treatment OR counseling OR workshop OR review OR meta-analysis OR synthesis	"case manage*"

For databases or websites that permitted only basic searches, free-text terms and limited term combinations were selected out of the lists above, and all resultant studies were reviewed for relevance. Conversely, for databases or websites with advanced search capability, we made use of relevant filters available. All search terms were searched in the title and abstract fields only in order to exclude studies that made only passing mention of the topic under consideration.

After initial screening, Switchboard evidence mapping is prioritized as follows: First priority is given to meta-analyses and systematic reviews, followed by individual impact evaluations when no meta-analyses or systematic reviews are available. Evaluations that are rated as impact evidence are considered before those rated as suggestive, with the latter only being included for outcomes where no evidence is available from the former.

Studies Included

129 studies were identified through database and website searching. After removing duplicates, 111 studies were then screened. Of these, 96 were determined to be irrelevant to this search. 15 full-text articles were assessed for eligibility. 6 full-text articles were excluded due to not meeting one or more of the inclusion criteria pertaining to resettlement country, year of publication, population, methodology, or target problem. 9 studies were eligible for inclusion. A list of studies included may be found below, with hyperlinks to the abstracts or full text (when available).

Meta-Analyses and Systematic Reviews

Shaw, S. A., & Funk, M. (2019). A systematic review of social service programs serving refugees. Research on social work practice, 29(8), 847-862. Full text.

Impact Evaluations

Northwood, A.K., Vukovich, M.M., Beckman, A. et al. (2020). Intensive psychotherapy and case management for Karen refugees with major depression in primary care: a pragmatic randomized control trial. BMC Family Practice, 21(17). Full text.

Suggestive Studies

Esala, J. J., Hudak, L., Eaton, A., & Vukovich, M. (2018). Integrated behavioral health care for Karen refugees: a qualitative exploration of active ingredients. International Journal of Migration, Health and Social Care. Abstract.

Evans, K., Pardue-Kim, M., Crea, T. M., Coleman, L., Diebold, K., & Underwood, D. (2019). Outcomes for Youth Served by the Unaccompanied Refugee Minor Foster Care Program. Child Welfare, 96(6), 87-106. Abstract.

Fang, L., Sirotich, F., & Nikolova, K. (2018). Culturally congruent intensive case management service for three refugee communities. Psychiatric Services, 69(10), 1116-1116. Full text.

McCleary, J. S., Shannon, P. J., & Cook, T. L. (2016). Connecting refugees to substance use treatment: a qualitative study. Social work in public health, 31(1), 1-8. Full text.

Shannon, P. J., Vinson, G. A., Horn, T. L., & Lennon, E. (2021). Defining effective care coordination for mental health referrals of refugee populations in the United States. Ethnicity & health, 26(5), 737-755. Full text.

Shaw, S. A., & Poulin, P. (2015). Findings from an extended case management US refugee resettlement program. Journal of International Migration and Integration, 16(4), 1099-1120. Full text.

Vermette, D., Shetgiri, R., Al Zuheiri, H., & Flores, G. (2015). Healthcare access for Iraqi refugee children in Texas: persistent barriers, potential solutions, and policy implications. Journal of immigrant and minority health, 17(5), 1526-1536. Full text.

Supplemental Resources

The following studies did not meet the criteria to be included in the evidence summary but may provide additional context, guidance, or understanding of the topic.

Baxter, M. (2018). Bringing refugees from crisis to flourishing: The role of resettlement agencies and the

church in facilitating integration and stability. *Social Work & Christianity, 45*(3), 19–34. Abstract.

Pesso, L. (2014). Supporting human trafficking survivor resiliency through comprehensive case management. In L. Simich & L. Andermann (Eds.), *Refuge and Resilience* (1st ed., pp. 195–209). Abstract.

Robinson, S. M. & Gallagher, M. M. (2019). Meeting complex needs through community collaboration: A case study. *Journal of Child & Adolescent Trauma, 12*(2), 279-285. Full Text.

Shannon, P. J., Vinson, G. A., Horn, T. L. & Lennon, E. (2021). Defining effective care coordination for mental health referrals of refugee populations in the United States. *Ethnicity and Health, 26*(5), 737–755. Abstract.