

Intensive Case Management for Women and Families At-Risk: Outcomes, Challenges, and Opportunities

Lucy Rabbaa, U.S. Committee for Refugees and Immigrants

Julie Petrie, Episcopal Migration Ministries



episcopal
MIGRATION MINISTRIES

Agenda

- ▶ The *Preferred Communities* program
- ▶ Single mother headed households demographics
- ▶ Case management and assessment tools
- ▶ Challenges facing female-headed households, agencies, and communities
- ▶ Program outcomes and best practices
- ▶ Recommendations and program future directions



The Preferred Communities (PC) Intensive Case Management (ICM) Program

- ▶ Episcopal Migration Ministries (EMM) & U.S. Committee for Refugees and Immigrants (USCRI)
- ▶ History and funding from the Office of Refugee Resettlement (ORR)
- ▶ Individualized and strengths-based
- ▶ Client eligibility (less than 1 year in the U.S. for study period; now expanding to 5)
- ▶ Program eligibility (up to one year; expanding to two year option)
- ▶ Twin Goals of the Program



Single Mother Headed Household Demographics

- ▶ Individuals enrolled in PC from October 2013 to December 2015
- ▶ Total number of households: 62 (USCRI) + 46 (EMM) = 108

By Nationality		By State	
Dem. Rep. of the Congo	38 (35%)	Missouri (Kansas City, St. Louis)	18
Bhutan	14 (13%)	New Hampshire (Concord, Manchester)	15
Burma	14 (13%)	Connecticut (Bridgeport, New Haven)	15
Somalia	11 (10%)	Arizona (Tucson)	12
Iraq	8	New York (Albany, Buffalo)	10
Afghanistan	6	Minnesota (Minneapolis, St. Paul)	7
Colombia	4	Pennsylvania (Philadelphia)	7
Eritrea	4	Texas (Houston)	6
Cuba	3	Georgia (Atlanta)	5
Burundi	2	Rhode Island (Providence)	5
CAR	1	Ohio (Akron)	4
Ethiopia	1	Kansas (Wichita)	2
Rwanda	1	Illinois (Chicago)	2
Syria	1		

Demographics (Cont.)

- ▶ Age for mothers: between 24 and 61
- ▶ Age for children: between 2 and 35 (All households have at least one child under 21)
- ▶ Family size: between 2 and 8
- ▶ Length of service: average of 224 days (approx. 7.5 months)
- ▶ Vulnerability categories for which cases were enrolled
 - Single mothers
 - Health
 - Mental health (including suicide factors)
 - HIV-positive
 - Secondary migrants



ICM Case Study

Somali pregnant single mother, with one small child, served from October 2014 to July 2015

► Mother

- Mental health “red flags”, possible cognitive impairment requiring testing, history of suicide factors
- Chronic housing instability
- Insurance issues in a state with extended ACA roll out challenges

► Children

- Mother unable to care for both children after birth; elder child at risk from unsafe conditions and unattended.
- Court intervention on behalf of children - requiring MH evaluation, mental illness provider visits, MH testing, parenting courses, stable housing.

EMM Program Development

- ▶ Currently operating at 11 locations
- ▶ Case management tools developed by sites & through sharing of “best practices” tools among sites
- ▶ Developed data system for enrollment, ongoing assessment, tracking of client referrals, local resource gaps, case closure, staff time, and reporting for funder/case files
- ▶ Client outcome measurement - Case Stability Assessment

	Unstable	Minimally stable	Moderately stable	Stable	Unknown this period	Not applicable
Housing <i>i</i> add comment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic Needs <i>i</i> <i>Food and Clothing</i> add comment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health <i>i</i> add comment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health <i>i</i> add comment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupation <i>i</i> <i>Employment and Education</i> add comment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Management <i>i</i> add comment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare <i>i</i> add comment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation <i>i</i> add comment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Functioning <i>i</i> add comment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interaction <i>i</i> add comment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>i</i> Housing	
Unstable	Homeless/residing in temporary shelter or a friend's home.
Minimally stable	Has basic housing; maintaining rent problematic without routine assistance.
Moderately stable	Has adequate housing; pays rent with occasional need for assistance.
Stable	Has stable housing; pays rent without assistance.

<i>i</i> Physical Health	
Unstable	Severe health problems and/or no access to healthcare.
Minimally stable	Insufficient treatment of health problems, due to limited access and/or expense.
Moderately stable	Health and medication issues being adequately treated, with external assistance to access healthcare.
Stable	No significant health problems or manages health issues on own/with family help.

USCRI Program Development

- ▶ Currently operating at 16 locations
- ▶ Case management tools developed including referral, intake, confidentiality, self-sufficiency plan, case closure, and case exceptions
- ▶ Outcome measurement and evaluation tool called “Quality of Life Scale”

Basic Needs	Addressing basic needs					
	1 – Vulnerable	2	3- Stable	4	5 – Thriving	Unknown
1. Housing	Homeless or eviction pending		Lives in housing that meets some of housing needs (e.g. safety, cleanliness, affordability, size)		Housing that meets all of housing needs	
2. Food Access	Unstable and insufficient food access		Stable food access and knowledge about how to access food		Has stable food access and total confidence about food access	
3. Income and Employment	No job; no household income		Client or household has a job or income that covers basic needs		Client or household has a job or income that exceeds expenses	
4. Budgeting and Finances	Does not know how to budget or manage bills		Knows how to budget or manage bills usually		Can manage bills confidently	
5. Crisis Intervention	Is in a crisis; has no knowledge of emergency procedures		Crisis resolved; understands emergency procedures		No crisis; feels confident about emergency procedures and safety protocols	



Health	Addressing medical and mental health needs					
	1 – Vulnerable	2	3- Stable	4	5 – Thriving	Unknown
6. Medical Condition	Has medical condition(s) unaddressed or untreated		Medical condition(s) with proper treatment received		No conditions reported or conditions well managed independently	

Program Challenges and Outcomes (78 self-sufficient households)

Low Scoring Criteria	Low Counts at Intake	Low Counts at Closure	Improvement
Transportation	40	5	87%
Social Support and Interaction	26	3	88%
Employment/Occupation	24	6	75%
Housing	22	3	86%
Language Access	20	3	85%
Physical Health	20	5	75%
Financial Management	18	2	89%
Income	16	3	81%

Outmigration/Refusal

- ▶ Out of 108 households enrolled in PC, 20 households out-migrated in year 1. (19%)
 - EMM national outmigration rate (first 30 days): 5%
 - USCRI national outmigration rate (first 30 days): 6.68%
- ▶ 75% of the out-migrated cases were non U.S. tie cases.
- ▶ Reason for out-migration:
 - Joining friends and family: 13 out of 20 (65%)
 - Unknown (25%)
 - Others (10%) - dissatisfaction with city, service providers, personal safety, etc.
- ▶ 10 refusal cases - majority refused due to personal choice not to continue participation in the program.

Best Practices

Transportation	Social Support and Interaction	Employment, Income, & Financial Management
<ul style="list-style-type: none">• Assistance with appropriate school transportation• Retraining on public transportation• Arrangement and education of Medical transportation through Medicaid• Health advocates accompany for early medical appointments	<ul style="list-style-type: none">• Women’s empowerment group support for social support, arts, mental health/trauma work• Mentor/volunteer linkage and support, including whole family outings to “fun” / cultural activities.• Facilitate parents’ involvement in their children’s education and guide through IEP process	<ul style="list-style-type: none">• Women’s group support for completion of job applications and mock interviews• Setting up accompaniment interpretation through volunteer during first week of job• Follow up on SSI application and appeal process (e.g. connecting to attorneys specializing in SSI)



Best Practices (Cont.)

Physical and Mental Health	Housing	General Case Management Best Practices
<ul style="list-style-type: none">• Connect with home care assistance esp. for those with disabilities• Provide orientation for mother on medical resources in community specifically for children• Provide counseling services especially for the eldest child• Follow up to secure/ensure insurance coverage	<ul style="list-style-type: none">• Locate or transfer to more affordable housing• Public housing application assistance• Apply and educate about energy assistance and discount program• Provide education on utility bills and payment process	<ul style="list-style-type: none">• Wide array of referrals in local community to not be reliant solely on ICM case manager; clearly explain provider roles• Set up regular client check-in process• Set up wraparound meeting with all service providers involved to review case plans and services

Recommendations

- ▶ Medical/mental health transportation direct assistance
- ▶ Build women's groups at all sites; secure resources to support ongoing programming including resources for materials, incentives, and holistic programming
- ▶ Mapping national PC network for cross-network referrals and transfers; local community collaboration through working group/task force to develop resources and referral network
- ▶ Engage ORR for funding study for all resettlement agencies, including focus groups and client surveys for deeper understanding of challenges and community issues
- ▶ Ongoing and supplemental training for ICM staff on innovative support strategies



THANK YOU

Contact information:

Julie Petrie: jpetrie@episcopalchurch.org

Lucy Rabbaa: lrabbaa@uscridc.org



episcopal
MIGRATION MINISTRIES

