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ABSTRACT

This report presents findings of a study of case management in the United States refugee program. "Case management" is defined as a coordinated activity designed to improve use of services and assistance programs by providing for formal linkages between multiple service providers and by designating a single individual or agency to be responsible for each client. The report is divided into four chapters. Chapter 1 presents background information and describes the purpose and methodology of the study. Chapter 2 outlines a generic model of case management. Chapter 3 describes variations in case management design and implementation, divided into sections dealing with the goals of and impetus for case management, client service delivery issues, institutional relationships, state administration of case management programs, and financing and cost issues. Chapter 4 presents a summary of findings and conclusions. For the most part case management can have beneficial effects on refugee prospects for self-sufficiency. However, current programs are often marked by confusion about the roles to be played by providers, duplication of effort, and a lack of linkages between the case manager and service providers. Thus, refugee case management appears to be an approach with unrealized potential. Appendices contain an explanation of refugee case management practices in selected states and a short bibliography. (KH)



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## AUTHORSHIP

This report was prepared for the Office of Refugee Resettlement in response to Task Order Number One under general contract number 600-84-0231, entitled Assessment of Refugee Program Alternatives. Principal authors of the report are Susan Forbes of Refugee Policy Group, Deborah Kogan and Mary Vencill of Berkeley Planning Associates, and Timothy Eckels of Lewin and Associates. The project team for this work also included Lawrence S. Lewin of Lewin and Associates, Dennis Gallagher and Maria Boza of Refugee Policy Group, and Steven Jung of American Institutes for Research.

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## EXECUTIVE SUMMARY

This report presents the findings of a study of case management in the U.S. refugee program. Making use of extensive fieldwork, the study was designed to document existing case management policies and practices; identify major variations in design and implementation of case management systems; analyze program effectiveness; and provide policy recommendations and options.

For the most part, the findings of this study argue for implementation of case management systems where systemic improvements are needed. Case management can and does lead to improvements in the delivery of both cash assistance and social services to refugees, and, consequently, can have beneficial effects on refugee prospects for self-sufficiency. The operative word here, however, is can. The current "state-of-the-art" of case management -- in both its design and implementation -- leaves room for substantial improvement. Programs are often marked by confusion about the roles to be played by providers, duplication of effort, and a lack of adequate linkages between the case manager and service providers. At present, we must conclude, case management in the refugee program is an approach with unrealized potential.

This Executive Summary begins with a generic definition of case management and its functions. It then presents recommendations, with justifications drawn from the research.

### A. DEFINITION OF CASE MANAGEMENT

Case management is a coordinative activity designed to improve use of services and assistance programs by providing for formal linkages between multiple service providers and by designating a single individual or agency to be responsible for each client using these services. Within the field of human services, case management has evolved as a response to service delivery systems that are characterized by fragmentation of services, service gaps, service duplications, lack of clear program authority, tendency for providers to work at cross purposes, and lack of accountability among service providers.

In fulfilling case management responsibilities, case managers perform certain basic activities:

- **Intake:** Clients are registered with the case management agency.
- **Assessment:** The case manager, alone or in combination with other service providers, assesses the capacity of the client to become self-sufficient, noting the client's current abilities and barriers that must be overcome.
- **Service Planning:** The case manager, alone or in combination with other service providers, develops a plan -- where possible, with the client -- specifying objectives for the client, timelines for accomplishing the objectives and services that will aid the client in achieving his or her goals.
- **Referral:** The case manager refers the client to services that have been designated in the service plan.
- **Monitoring:** The case manager monitors the client's progress and the service agency's provision of services, documenting, if they appear, problems of and abuses by the client, as well as duplication and gaps in the service system.
- **Follow-Up:** Based on information collected during client monitoring, the case manager works with the client to reassess needs; change the service plan, if necessary; issue sanctions for client non-compliance with the service plan; or determine if the case should be closed because the objectives have been met.
- **Termination:** If the client has achieved the stated objectives or, conversely, has been found to be non-cooperative, the case will be closed.

These functions are performed within an overall resettlement context that is defined by formal policies that govern the array of services available to clients; interagency agreements that govern the capacity of the case manager to fulfill his or her responsibilities; monitoring and evaluation plans that govern the capacity of the system to assess and correct problems; and training and technical assistance programs that underly the capacity of the system to improve the skills and performance of staff working with refugees.

Ideally, to be defined as a case management system, there should be at minimum:

- A single case manager or case management agency that takes responsibility for each refugee client;
- Some face-to-face contact between a case manager and a client;
- An intent to provide core management services (intake, assessment, service planning, referral, monitoring, follow-up, and termination);
- Mechanisms to ensure that clients and other service providers adhere to the service plan developed for a given client, including the capacity to impose sanctions, when appropriate; and
- Mechanisms to ensure that information about service gaps, duplications and abuses -- collected through case management -- lead to systemic improvements in the refugee program.

## B. SUMMARY OF FINDINGS AND RECOMMENDATIONS

The major recommendations of this study, and the justification for their inclusion, are as follows:

### 1. ORR Should Encourage Case Management Functions Where Systemic Improvements Are Needed.

The findings of this study argue for implementation of case management systems where systemic improvements are needed. Not all resettlement systems need such improvements, but case management can and does lead to improvements in the delivery of both cash assistance and social services to refugees, and, consequently, can have beneficial effects on refugee prospects for self-sufficiency.

In particular, we found the following strengths of case management:

- Case management functions in most sites have resulted in more coordination of services and policies than would otherwise occur in what are typically multi-agency service systems.

- Case management has helped to ensure that refugees on cash assistance, at least those on RCA, do not "fall through the cracks" and fail to receive appropriate services.
- Case management in many sites has also served the function of quality control and assurance of compliance requirements in public assistance programs.
- Where funding restrictions have necessitated the rationing of limited refugee social services, case management has facilitated the targeting of services to specific client groups.
- In those programs which have established clear timetables and mileposts as part of a service plan, refugees are being given unambiguous messages about what they are expected to achieve. In addition, they are given a clear statement of their day-to-day responsibilities in furthering the achievement of their service plan goals.
- Some case management programs have provided for feedback and improvement in their overall resettlement systems, although this is a potential function of case management that has generally not been well developed.

## 2. ORR Should Not Require a Single Case Management Model; Specific Policies and Practices Should Be Tailored to Fit the Characteristics and Needs of the Localities in Which They are Implemented.

Case management derives its meaning from the service systems in which it operates. This research uncovered substantial variation in:

- The locus of responsibility for case management, including private voluntary agencies, social service agencies, Mutual Assistance Associations, state refugee program offices, WIN offices, and public assistance agencies.
- The linkages established among parts of the overall resettlement system, including integration of case management and employment services; a team approach in which staff from various agencies jointly staff meetings with clients; and a gatekeeper approach, in which case managers control access to services.
- State administration of case management, including direct delivery of services, contractual arrangements, cooperative agreements between the state refugee program and other public agencies, and use of intermediaries and service consortia.

- Allocation of costs, with case management drawing upon a wide array of funds, including ORR Cash and Medical Assistance Administration (CMA), Social Services, Critical Unmet Needs, Targeted Assistance, Matching Grants, Reception and Placement grants, and WIN funds

No one model or variation was found to be *a priori* more effective than any other. Case management, however, has often been imposed on existing resettlement systems with insufficient regard for the programs and institutional relationships already in place, and with inadequate planning among the participating providers. As a result, the programs are often marked by conflicting goals, confusion about the roles to be played by providers, and duplication of effort. When this occurs, the unfortunate net effect of case management is to magnify existing weaknesses in the resettlement system already in place rather than improve institutional relationships and the flow of clients toward the goal of self-sufficiency.

3. **In Order to Promote Effective Case Management, States Should Use a Planning Process That Encourages that: (a) goals and objectives be clearly defined and made explicit; (b) formal linkages be established among case managers, service providers, and public assistance workers; (c) an explanation be provided of how duplication with other case management systems will be avoided and coordination will be effected; (d) a monitoring and evaluation plan be provided; and (e) expected cost-savings to result from case management be specified.**

The absence of adequate planning is reflected in the following specific findings:

- In several sites, there is a lack of shared understanding of case management goals and the program mechanisms designed to achieve those goals. This results in confusion and an absence of communication regarding the purposes and design of case management, and disagreement about the goals and functions of case management.

- ɔviders sometimes lack a comprehensive view of the case management system and their own role within it.
- Some sites have parallel or sequential case management systems with little or no means of coordination between them, resulting in service duplication and an inadequate exchange of client information.
- Linkages between agencies are frequently absent or insufficiently developed for purposes of making referrals, tracking client progress, and making appropriate adjustments in the refugee's service plan.
- Linkages between agencies frequently lack mechanisms for ensuring refugee utilization of services and systematic application of sanctions for non-compliance with cash assistance and job search requirements.
- Case management systems often lack a forum or process for systematically reviewing and improving the local resettlement system.

## 4. States Should Draw Upon Both CMA and Social Services Funds in Order to Implement a Comprehensive and Integrated System.

Reliance on one or the other funding mechanism often leads to narrowly defined case management policies that fail to meet the needs of clients and/or the service delivery system.

Several of the state systems are designed for cash assistance recipients because of the state's desire to supplement limited social services funds with uncapped Cash and Medical Administration (CMA) funds. The results are case management systems in which clients must apply for or receive cash assistance in order to qualify for case management services. These systems have little potential to deal with the needs of households that need skills upgrading or additional wage earners in order to maintain their independence from public assistance.

On the other hand, systems funded with Social Services dollars only do not always encourage effective working relationships between case managers and public assistance workers, thereby reducing the likelihood that case management will lead to quality control over welfare utilization.



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5. <u>ORR and the Bureau for Refugee Programs Should Establish Policies Clarifying the Relationship Between ORR and BRP Funding and Requirements for Case Management.</u>

Lack of clarity regarding the role of voluntary agencies as case managers has led to confusion, duplication of efforts, and discontinuities in service delivery. Many voluntary agencies define themselves as case managers, stating that their Reception and Placement grants require them to function as such. Yet, they often perform these tasks in isolation from the ORR-funded case management systems. In some sites, the voluntary agencies have been excluded from the case management loop with few provisions for coordination, and, in one site, the case management and R&P functions are both performed by a voluntary agency, but by completely separate staffs with no formal communication links between them. In only a few sites is there adequate coordination resulting in continuity of services.

6. <u>Training and Technical Assistance Should be Provided to Improve the Capacity of Case Managers to assess clients and develop appropriate service plans; counsel clients about expectations and timelines; identify appropriate services; and monitor service delivery.</u>

The quality of case management services calls for improvements in the training and technical assistance provided to case managers and their supervisors. Overall, a number of frequent problems were identified in services provided through case management:

- Case management assessments and service plans tend to be standardized and repetitive.
- Few case managers provide timelines for client progress toward self-sufficiency.
- Case managers do not always understand the objectives of the resettlement system, particularly regarding early employment.

- Case managers often are not aware of the variety of services -- particularly non-ORR-funded services -- available in their communities, or their appropriateness to the needs of individual clients.

7. Incentives That Reward Case Managers for Furthering Employment Objectives Should be Developed.

In many sites, performance standards are geared towards "process" rather than client "outcomes." Case managers are rewarded for the number of referrals they make rather than the number of refugees who no longer need referrals because they are employed.

8. Technical Assistance Should be Provided to State Program Administrators to Assist Them in Monitoring and Evaluating Case Management Systems.

The "unrealized potential" of case management often stems from inadequacies in state-level monitoring and evaluation. Generally, states have not effectively used information from case management for policy planning or programmatic improvements. Several states have invested in MIS (Management Information Systems), but even here the data have not been analyzed to determine what interventions affect refugee self-sufficiency.

In general, we have seen that the pieces are in place and the will is evident at the state and local level for successful case management practices. With appropriate guidance from ORR, the potential for this promising approach for resettlement can be more fully realized.

# CHAPTER ONE

## INTRODUCTION

Within the U.S. refugee program, case management has been viewed as an important, even necessary, component of effective resettlement. The refugee program offers many services to its clients through a network of public and private organizations that operate at the federal, state, and local levels. Because of the constant potential for fragmentation that such a program holds, the resettlement system requires mechanisms for planning and coordination so that available resources can be tailored into a coherent strategy for aiding refugee clients. Many believe that case management is such a mechanism and that the refugee program would benefit from a more widespread application of this approach.

For the most part, the findings of this study argue for implementation of case management systems where systemic improvements are needed. Case management can and does lead to improvements in the delivery of both cash assistance and social services to refugees, and, consequently, can have beneficial effects on refugee prospects for self-sufficiency. The operative word here, however, is _can_. The current "state-of-the-art" of case management -- in both its design and implementation -- leaves room for substantial improvement. At present, we must conclude, case management in the refugee program is an approach with unrealized potential.

This introduction to the report has four sections:

- Background on Case Management in Refugee Resettlement
- Purpose and Scope of the Study
- Study Methodology
- Organization of the Report



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## A. BACKGROUND ON CASE MANAGEMENT IN REFUGEE RESETTLEMENT

The Refugee Act of 1980 marked a new era in U.S. refugee resettlement, and set the stage for substantial interest in case management. Prior to passage of this legislation, the refugee program operated under a series of temporary, ad hoc legislative and administrative actions. The Refugee Act established permanent processes through which refugees would be admitted to this country and then assisted in their adjustment. Aiming at more consistent and orderly resettlement efforts, the Refugee Act stimulated examination of existing practices, experimentation with new programs and implementation of still more improvements.

The refugee program is a complicated system that has international and domestic components. (See Exhibit 1.1 for a summary of assistance and services available to refugees.) Refugees are screened overseas to determine if they are eligible for admission to the United States, with priority given to those with close ties -- through former employment or relatives -- to this country. Having been found admissible, refugees are generally sent to English language training and cultural orientation classes offered in overseas camps. While they are receiving this training, U.S. voluntary agencies identify sponsors for them, thereby determining where the new arrivals will be placed. Most refugees join family members who are already living in U.S. communities.

Upon arrival, refugees receive assistance from local voluntary agencies to find housing and obtain food, clothing, and other necessities. These voluntary agencies receive "Reception and Placement" (R&P) grants from the Bureau for Refugee Programs in the U.S. Department of State. During the first 90 days, these voluntary agencies are also responsible for ensuring that the refugees receive needed services, such as English language training (ELT), job counseling and placement, health assessments, and income support, if needed. Social services are generally provided by state and local agencies, in a program funded by the Office of Refugee Resettlement and administered by state refugee programs. The refugee community itself is also involved in the



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Exhibit 1.1

ASSISTANCE AND SERVICES AVAILABLE FOR REFUGEES

- Reception and Placement (R&P) Grants. Grants are provided by the Bureau for Refugee Programs to voluntary resettlement agencies, on the basis of a cooperative agreement, to support pre-arrival activities (identification of sponsors, orientation of sponsors, travel arrangements to bring refugees to their final destination); reception (assistance in obtaining initial housing, furnishings, food and clothing); and orientation and referral services in the areas of health, employment and training.

- Cash Assistance. Refugees who are categorically eligible for Aid to Families with Dependent Children (AFDC) or Supplementary Security Income (SSI) may receive such assistance, with full federal reimbursement of all state costs during the refugee's first 36 months in the United States. Refugees who meet income eligibility requirements but not family composition requirements for AFDC may receive Refugee Cash Assistance (RCA) during their first 18 months in the United States, with full federal reimbursement of all state costs.

- Medical Assistance. Refugees who are categorically eligible for Medicaid may receive such assistance, with full federal reimbursement of all state costs during the refugee's first 36 months in the United States. Refugees who meet income eligibility requirements but not family composition requirements for Medicaid may receive Refugee Medical Assistance during their first 18 months in the United States, with full federal reimbursement of all state costs.

- General Assistance. Refugees who meet state or county eligibility criteria for general assistance program for other needy residents may be assisted under these programs, with full federal reimbursement during the refugee's 19th to 36th month in the United States.

- Social Services. States receive funds, based on the number of refugees resident in the state who have been in the United States for 36 months or less, to support a range of services, including employment services, language training programs, health accessing services, translatnr and interpreter services, and social adjustment services. Priority is given to employment and language services that promote economic self-sufficiency.

- Matching Grants. Voluntary agencies are provided funds on a dollar-for-dollar basis (up to $1,000 match) to provide cash and medical assistance and social services to eligible refugees, as an alternative to the state-administered programs.

- Targeted Assistance (TA). Designated areas (localities with high concentrations of welfare-dependent refugees) receive funds to support supplemental services to promote economic self-sufficiency.

- Transitional Assistance to Refugee Children. Administered by the Department of Education, this program provides funds to states for educational services for refugee children.

- Health Program for Refugees. Administered through the Center for Disease Control, this program awards grants to states and localities to identify health programs that might impede effective resettlement of refugees and refer refugees for appropriate diagnosis and treatment.

- English as a Second Language and Cultural Orientation Program. Administered by the Bureau for Refugee Programs, this program provides training to U.S.-bound refugees in the Refugee Processing Centers in Thailand, the Philippines and Indonesia (for Southeast Asians) and the Sudan (for Ethiopians).



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delivery of services, either informally through the help given to family and friends, or formally through the activities of refugee Mutual Assistance Associations (MAAs).

Long-term income support, as well as medical assistance, for unemployed refugees is administered by public welfare agencies, using existing programs for Aid to Families with Dependent Children (AFDC) and Medicaid. Refugees who would not otherwise qualify for AFDC because of family composition are eligible for special Refugee Cash Assistance (RCA) for the first 18 months after entry. The federal government assumes full responsibility for financing cash and medical assistance for the first 36 months.

Given the complexity of the resettlement program -- administered by public and private agencies that operate at the international, federal, state, and local levels -- it is not surprising that attention has turned to mechanisms to rationalize and make more effective the service delivery systems. Each of the major actors in the refugee field showed interest in case management during the early 1980s. For example:

- The Office of Refugee Resettlement established a work group in 1982 to assess case management as a program alternative. Meeting in Chicago, the work group included state officials and voluntary agency representatives, as well as central office and regional staff of ORR. The work group focused on defining case management and discussed minimal components, developing draft guidelines that were shared with states and voluntary agencies.

- Several state governments, as early as 1980, implemented case management systems within their own jurisdictions. In 1982, state refugee coordinators from three regions requested the National Governors' Association to hold a conference on case management in order to share information about "best practices" and to refine the draft guidelines developed by the ORR work group.

- Many national voluntary agencies interpreted their responsibilities under the Reception and Placement grants to be a form of case management, and they urged their affiliates to define themselves as case managers. Several agencies initiated demonstration projects to determine the most effective way to

fulfill these responsibilities. For example, the U.S. Catholic Conference tried two demonstrations, one in St. Paul and the other in Chicago, that tested an integrated case management/job service/cash assistance model. The American Council for Nationalities Service, under a grant from ORR, undertook a demonstration effort that involved three local affiliates (Chicago; Lawrence, Massachusetts; and St. Louis) and tested mechanisms for improving client service delivery.

- The U.S. Congress passed legislation, in the 1982 Amendments to the Refugee Act, that specified case management as a discrete service to be provided refugees.

Despite these various initiatives and the growth in case management systems, national policy on case management -- in the form of regulations or guidelines -- has not been forthcoming. Instead, case management programs have evolved out of the specific circumstances and perceived needs of individual states and voluntary agencies. As a result, case management has generally not followed any one overarching model. Rather, there is a great deal of variation in both design and implementation of current systems.

While variation is not, in and of itself, a problem, the manner in which case management developed within the refugee field has led to confusion about its basic nature and value. Among the concerns that have been expressed about current policy are:

- The essential components of case management have not been well defined;
- There is uncertainty regarding the cost-effectiveness of case management and, thus, of the tradeoffs entailed in financing it as a discrete activity;
- The variations in and relationships among the various case management systems in operation are not fully understood;
- A common set of evaluation criteria or standardized data collection procedures do not exist to monitor the effectiveness of case management; and
- Clarification is needed of the role ORR plays or should play in encouraging/regulating case management.

## B. PURPOSE AND SCOPE OF THE STUDY

This study has been undertaken to assess case management as a refugee program alternative. Its objectives are fourfold:

- To document existing case management policies and practices in the refugee program and related fields.
- To develop models showing major variations in existing programs.
- To analyze potential outcomes and cost-effectiveness of alternate case management models.
- To give policy recommendations and options regarding:
  - -- the objectives that can be achieved through case management;
  - -- the minimal components of case management;
  - -- design and implementation considerations;
  - -- factors contributing to effectiveness;
  - -- the source and method of financing case management;
  - -- monitoring and evaluation of case management systems; and
  - -- the role of ORR in encouraging/regulating case management.

The major focus of the study has been ORR-funded case management systems. During the course of the study, however, information was collected on other systems in operation in the refugee field, particularly those implemented by voluntary agencies under R&P grants. The recommendations included in this report, although applicable in some cases to these other programs, are primarily aimed at the Office of Refugee Resettlement and its role in formulating policy and financing case management activities.

## C. STUDY METHODOLOGY

The basic findings of this report derive from a three-phased research effort.



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Phase I involved a "broad brush" approach. First, the substantial literature on case management in human services was reviewed in order to derive a generic definition and to develop hypotheses about program effectiveness. Second, telephone and in-person interviews were conducted with federal officials in Washington and the Regional ORR offices, state officials, voluntary agency staff, and researchers and evaluators of case management practices. The aim of these interviews was to identify issues of concern, determine which states have implemented case management systems, and collect basic information from as many of these states as possible on the organizational locus for case management, the clients being served, linkages with other service providers, and funding sources and levels. Third, the information collected during these interviews was synthesized into a matrix showing variations in case management design, included as the Appendix to this report. Finally, hypotheses were developed, based on the literature review and interviews. The variations and hypotheses were presented to the Office of Refugee Resettlement at a briefing that marked the end of Phase I.

Phase II involved in-depth examination of case management in seven states, focusing on one or two sites within each state. The states were selected because they represented variations in the institutions responsible for case management, funding auspices, size of the refugee population, and refugee use of public assistance. The sites are as follows:

- Orange County, California, in which case management is performed by a Central Intake Unit (CIU), located in a private social service agency, and a special Refugee Employment Assistance Program (REAP)of the local WIN office. Orange County has a large refugee population, estimated at 81,000, and significant utilization of public assistance, particularly by those who are categorically eligible for AFDC. Funding for the CIU comes from ORR Social Services; funding for REAP comes from the WIN program and ORR Social Services.
- Denver, Colorado, in which case management is performed by the Colorado Refugee Services Program (CRSP), a state agency. Colorado's current refugee population is approximately 11,400, with 770 new arrivals in 1984. It has a low welfare utilization rate, 22 percent of refugees who are time-eligible (i.e., in the United States for less than 36 months) for federally reimbursed



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cash assistance. Case management is funded through both ORR Social Services and Cash and Medical Assistance Administration (CMA) dollars.

- Chicago, Illinois, in which voluntary resettlement agencies serve as case managers. Illinois' refugee population, the majority of whom are in Chicago, makes it one of the larger recipients of refugee arrivals, about 3,300 in FY 1985. Current welfare utilization rates are 37 percent of time-eligible refugees. Chicago is the site of a demonstration project, in which the voluntary agencies have additional funds to provide case management to clients during the first six months after their arrival, with funding provided by the State Department's Bureau for Refugee Programs. Clients not served under the demonstration project receive case management services under ORR funding.

- Minneapolis/St. Paul and Anoka, Minnesota, in which voluntary agencies and a Jobs Training Partnership Act (JTPA) program provide case management, respectively. Minnesota's estimated Asian refugee population is 23,000. Minneapolis/St. Paul is the largest refugee center in the state, with about 21,500. Welfare utilization rates are high, averaging 68 percent of time-eligible refugees, statewide. In addition, there are significant numbers of time-expired refugees receiving AFDC. Case management is funded through ORR CMA funds.

- Portland, Oregon, in which voluntary agencies serve as case managers. Oregon's refugee population, the majority being in Portland, numbers about 19,500, with 1,169 arrivals in FY 1984. Welfare dependency rates are about 50 percent. The state is planning to implement a demonstration project in the summer of 1985, in which responsibility for cash assistance will be given to the case managers. Case management is funded by R&P grants, ORR Social Services funds, and CMA funds.

- Seattle and Olympia, Washington, in which case management is located in Community Service Offices of the state public assistance agency. Washington's refugee population is 37,517, with new arrivals numbering 3,002 in FY 1984. Most refugees live in the Seattle area. Welfare utilization rates are 55 percent. Case management is funded through a combination of ORR Social Services and CMA dollars.

- Sheboygan, Wisconsin, in which a Mutual Assistance Association is serving as case management agency. Wisconsin's refugee population is about 10,500, with about 1,000 refugees living in Sheboygan. Arrivals to the state in 1984 numbered 586, with 36 going to Sheboygan. The state's refugee welfare utilization rate is 35.7 percent. A substantial proportion of the refugee caseload receiving assistance, here as elsewhere, does not appear in these figures because they are not time-eligible for ORR-funded cash

assistance. Case management in Sheboygan, which was just being implemented at the time of this study, is funded through CMA and Social Services funds.

During Phase II site visits, interviews were conducted with state refugee program officials, case managers, public assistance officials at the state and local level, employment services staff, language training program staff, refugee leaders, and others. The aim of the interviews was to understand the design of the case management system; how it interrelates with other parts of the resettlement program; what services are provided to refugees under its auspice; how it has been monitored and evaluated; and what its impact has been on refugee outcomes, such as employment and welfare utilization.

Phase III began with synthesis and analysis of the findings of the site visits. Initial conclusions were presented to ORR staff, at a briefing that covered the variations in case management objectives, design and implementation, and client service delivery, as well as factors influencing effectiveness. This report represents the final activity of Phase III.

## D. ORGANIZATION OF THE REPORT

The remainder of this report is organized as follows:

- Chapter Two provides a Generic Definition of Case Management, drawing upon the literature on this issue.
- Chapter Three describes Variations in Case Management Design and Implementation, and is divided into sections dealing with the goals of and impetus for case management, client service delivery issues, institutional relationships, state administration of case management programs, and financing and cost issues.
- Chapter Four presents a Summary of Findings and Conclusions. It opens with a discussion of a causal model of case management effectiveness and summarizes the useful functions of case management as well as its unrealized potential. The chapter then presents the factors that contribute to more effective case management and concludes with recommendations.



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# CHAPTER TWO

## DEFINITION OF CASE MANAGEMENT

**Case management is a coordinative activity designed to improve use of services and assistance programs by providing for formal linkages between multiple service providers and by designating a single individual or agency to be responsible for each client using these services.**

This chapter provides a discussion of this definition in three sections:

- Alternative Views of Case Management
- A Generic Model of Case Management
- Minimum Components of Case Management in the Refugee Field

## A. ALTERNATIVE VIEWS OF CASE MANAGEMENT

At present, what is termed case management within the refugee program varies considerably. At one extreme are client tracking systems, generally operated through computerized Management Information Systems (MISs), that aim to reduce service duplications, ascertain expenditures, and collect information that will be useful for planning and program management. Case management, by this definition, can occur mechanically and there need not be any staff-client contact, or, indeed, any staff member designated as a case manager.

At the other extreme are centralized service delivery systems, in which all pertinent services are located within one provider agency, under the rubric of case management. In such a system, all client needs are addressed within a single multi-service agency, which may or may not designate a single staff member to manage a particular case within the agency.

Although both ends of the continuum described above can be effective resettlement strategies, they do not meet generally accepted definitions of "case management" contained in the substantial literature on this issue. This literature differentiates between "case management," "traditional casework" (that is, service delivery by one provider) and "information management" (that is, the collection and use of client data).

Most of what are defined as case management systems in the refugee program are at neither extreme. A single agency is given responsibility for managing each case, but must refer the client to other service providers for needed services. The case manager has face-to-face contact with the client and also creates a "paper trail" of referral forms, monitoring forms and other documentation that are used to facilitate coordination.

Within the broader field of human services, case management has evolved as a response to service delivery systems that are characterized by fragmentation of services, service gaps, service duplications, lack of clear program authority, tendency for providers to work at cross purposes, and lack of accountability among service providers. Case management thus pertains to activities undertaken for a client within a system that contains multiple service providers. Case management is also commonly found where the clients to be served are unable themselves to negotiate a complex service system because of developmental disabilities, health or mental health problems, age or language problems.

The definition of case management, in large part, derives from the nature and characteristics of service delivery systems. As one study noted, case management is neither inherently nor definitively defined; instead it is defined both by the needs of the client and by the needs of the various organizations serving the client (Beatrice, 1979).



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## B. A GENERIC MODEL OF CASE MANAGEMENT

As the definition of case management implies, there are both client-level and administrative functions that take place. Exhibit 2.1 "Case Management Functions and System -- A Generic Model," illustrates the relationship between these two aspects. On the left side are functions performed by case managers with, or on behalf of, the client. In fulfilling case management responsibilities, all case managers perform certain basic activities:

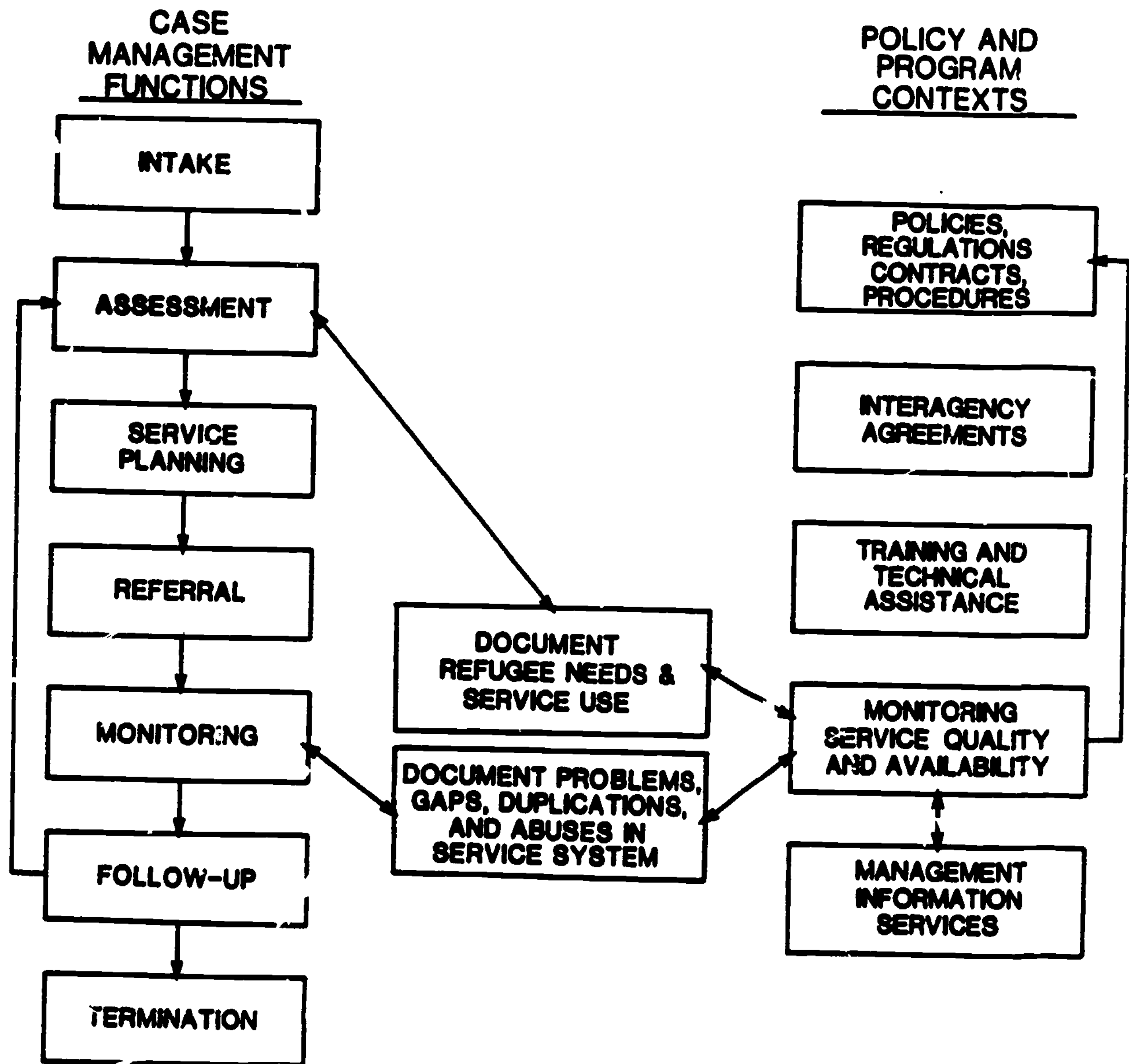
- **Intake:** Clients are registered with the case management agency.
- **Assessment:** The case manager, alone or in combination with other service providers, assesses the capacity of the client to achieve self-sufficiency, noting the client's current abilities and barriers that must be overcome.
- **Service Planning:** The case manager, alone or in combination with other service providers, develops a plan -- where possible, with the client -- specifying objectives for the client, timelines for accomplishing the objectives, and services that will aid the client in achieving his or her goals.
- **Referral:** The case manager refers the client to services that have been designated in the service plan.
- **Monitoring:** The case manager monitors the client's progress and the service agency's provision of services, documenting, if they appear, problems of and abuses by the client, as well as gaps and duplications in the service system.
- **Follow-up:** Based on information collected during client monitoring, the case manager works with the client to reassess needs; change the service plan, if necessary; issue sanctions for client noncompliance with the service plan; or determine if the case should be closed because the objectives have been met.
- **Termination:** If the client has achieved the stated objectives or, conversely, has been found to be noncooperative, the case will be closed.

On the right side of Exhibit 2.1 are the general contexts in which case management takes place:

EXHIBIT 2.1

CASE MANAGEMENT FUNCTIONS AND SYSTEM

A GENERIC MODEL



- **Policy and Programmatic Contexts:** These are the various formal policies, including regulations, contracts, guidelines, and procedural frameworks that govern who is eligible for services; what services will be funded; how much funding will be available; who will pay for the services; for how long clients can utilize services; what are acceptable objectives; and other factors that influence the service system.

- **Interagency Agreements:** These are the formal and informal agreements between service providers that govern the capacity of the case manager to refer clients for services, monitor service use, and effect changes in the type, quality and/or quantity of available services.

- **Monitoring and Evaluation:** These pertain to the capacity of the overall service system to monitor service quality and availability and to recommend changes in policies and interagency agreements, when these are found to be needed.

- **Management Information Services:** Related to the capacity to monitor and evaluate is the capacity to collect and organize data produced about clients and service utilization.

- **Training and Technical Assistance:** These underly the capacity of the service system to improve the skills and performance of staff who deliver services and develop policy.

The relationship between the left and right sides of Exhibit 2.1 is reciprocal. In one direction, the policy and program contexts can facilitate or impede the capacity of case managers to ensure that clients receive needed services in a timely and appropriate fashion, and that neither clients nor service providers abuse the system. In the other direction, the case managers -- by documenting client needs, problems, gaps and/or duplications in services, and abuses by clients or providers -- can provide important information that can be used in making policy and program improvements.

## C. MINIMUM COMPONENTS OF CASE MANAGEMENT IN THE REFUGEE FIELD

In the complex service system through which refugees pass, case management can be defined as the nexus between clients and the overall delivery system in which resettlement takes place. Ideally, then, to be defined as a case management system, there should be at minimum:

- A single case manager or case management agency that takes responsibility for each refugee client;
- Some face-to-face contact between a case manager and a client;
- An intent to provide core case management services (intake assessment, service planning, referral, monitoring, follow-up and termination);
- Mechanisms to ensure that clients and other service providers adhere to the service plan developed for a given client, including the capacity to impose sanctions, when appropriate; and
- Mechanisms through which information about service problems, documented through case management, can be used to make systemic improvements.



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# CHAPTER THREE
## VARIATIONS IN CASE MANAGEMENT

The generic model of case management outlined in the previous chapter stands in sharp contrast to most systems now in place. Few refugee case management programs have all of the components outlined, and there is considerable variation in the particular aspects of the model that are emphasized. This chapter highlights these variations in five sections:

- Impetus and Goals of Case Management, which describes the wide range of factors that have influenced case management planning and design.
- Client service issues, illustrating the diversity of practices among systems as the refugee goes through the various steps from intake to termination.
- Institutional Relationships, with a particular emphasis on the character and quality of formal linkages between the case manager and service providers.
- State Administration, showing the degree to which state refugee offices can influence system design and operation.
- Financing and Costs, including variations in the sources of funds for case management, the allocation of costs, and the comparability of costs across states.

### A. IMPETUS AND GOALS OF CASE MANAGEMENT

As described earlier, case management practices have emerged in response to state and voluntary agency interest in improving individual resettlement programs, combined with a desire on the part of ORR and Congress to see more professional and better organized resettlement practices nationally. Specifically, at least four interrelated factors have contributed to the impetus for case management in most or all sites. First, high welfare dependency rates in many jurisdictions, and the perceived ineffectiveness of existing efforts to promote refugee self-sufficiency, have led to efforts for more effective resettlement policies and programs. Second, many resettlement



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systems were or are characterized by fragmentation and duplication among the various services available to refugees. Case management was often seen as a way to reduce these shortcomings. Third, states were often concerned about the lack of accountability inherent in multi-agency service systems, and sought a way to make a single, designated agency responsible for the refugee after the official 90 day period covered by the voluntary agencies. Finally, states were in search of ways to make their resettlement systems more rational and cost-effective in the face of projected cutbacks in social service funds, particularly for those services that are not directly employment-related.

Beyond these factors, however, states and voluntary agencies pursued case management for other reasons unique to their own particular circumstances. Thus, one or more of the following often played a strong role in the design and implementation of systems:

- A desire to respond to anticipated refugee crisis needs associated with implementation of the eighteen-month limitation on cash assistance eligibility. Some states, especially those without GA or AFDC-UP programs, were concerned about loss of eligibility for large numbers of refugees, and looked to case management as a means of dealing with the anticipated impact.

- A desire to strengthen and extend the organizational capacity of local voluntary agency affiliates. As refugee flows began to diminish in 1981 and 1982, some states wanted to ensure the continued participation of voluntary agencies in the resettlement process, and saw case management as a logical way to do so. Several national voluntary agencies also encouraged or helped finance case management for their affiliates.

- A desire to ensure refugee compliance with job search and other cash assistance rules. Some jurisdictions saw case management as an effective management and quality control tool for these compliance functions.

- A desire to curb fraudulent use of the welfare system. At least one site we visited specifically sought, through case management, a means of systematically identifying refugees who were on cash assistance illegally.

- A desire to take advantage of the availability of CMA funding for case management. Several jurisdictions saw the availability of CMA funding as a way to replace diminishing social services funds by using CMA for employment-related activities.



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- A perceived need to reach refugee populations that would not otherwise be served. In at least one locality, the case management system was implemented to serve AFDC refugees who were "falling through the cracks" in the WIN program. Other jurisdictions sought to serve time-expired refugees still in need of support services.

- A desire to sensitize local voluntary agencies to resettlement issues. In at least one site, state officials were concerned that too many refugees were being resettled locally, with inadequate concern for the long-term implications of employment or self-sufficiency. The voluntary agencies were drawn into a key role in the case management system, partly to make them aware of and responsible for the long-term needs of their clients.

Because of the diversity in factors encouraging case management from one jurisdiction to the next, different goals and objectives are emphasized. Generally, we found that most case management systems had at least the following four goals, whether expressed in writing or more informally:

- To facilitate refugee economic and social self-sufficiency.
- To minimize the level, cost, and/or duration of refugee cash and medical assistance usage.
- To improve the delivery of social services through a coordinated approach.
- To improve the flow of information regarding the progress of refugees toward self-sufficiency.

There is considerable variation, however, in which of these goals are emphasized and what additional objectives are pursued by the states. Some jurisdictions, for instance, have a strong interest in quality control and compliance within their welfare systems and have designed case management to identify the improper use of cash and medical assistance. Others emphasize the coordination of services among providers, and seek primarily to facilitate the refugee's job search and adjustment to the U.S.

At least one goal was apparent in only a few sites, and as will be discussed later, represents an unfulfilled potential of the case management

concept. This goal, as discussed in Chapter Two, is for case management to help improve an overall system by providing monitoring and evaluation of resettlement practices. Where a consortium of providers is part of a case management system, for instance, regular meetings among all the major actors can lead to systemic improvements.

As the following sections demonstrate, the diversity in the ways in which particular goals and objectives are emphasized by the states has contributed to a wide range of institutional relationships and service practices among case management systems.

## B. CLIENT SERVICE ISSUES

The generic services provided to refugees under the rubric of case management are surprisingly consistent from site to site and provider to provider. They include:

- intake and/or orientation;
- needs assessment;
- preparation of an "Employment Plan" (EP) or "Employability Development Plan" (EDP);
- referral to services (e.g., ELT, targeted assistance, vocational training, employment services, other supportive services);
- periodic monitoring of client progress;
- reassessment of the appropriateness of the service plan;
- investigation of instances of client noncompliance; and
- recommendations for sanctioning in response to noncompliance, where appropriate.

Upon closer examination, however, this apparent consistency conceals considerable variation in such features as pathways through which clients enter the system (i.e., intake); the frequency and duration of client contacts

with the case manager; the extent of standardization versus individual variation in the content of the needs assessments and service plans; the expectations case managers have of individual clients; the responsibilities of the clients themselves for implementing their service plans; sanctions for noncompliance; and events that cause a refugee to exit from the system.

### 1. Client Eligibility and Intake

For most case management systems, the application for or receipt of cash assistance is the primary event that triggers entry into case management. The most common pattern is for RCA applicants or recipients to become mandatory refugee case management clients.

Most systems cover only a small proportion of refugees receiving AFDC, since these clients are required to register with WIN rather than with refugee-specific services to meet the mandatory job search requirement. WIN, in turn, only occasionally refers refugee clients back to the refugee case management system in the sites visited. In one site, a separate case management/job search project for refugees on AFDC has been set up as part of the WIN system in order to overcome this referral gap. In other sites, some WIN-exempt refugees (e.g., single parents with children under six), or even WIN registrants, voluntarily enter the case management system, and in some sites a trickle of WIN registrants are being given mandatory referrals to the refugee case management system by their WIN workers.

Although the focus of most case management systems is on cash assistance recipients, eligibility for several programs is triggered by social service utilization. In one site, the case managers were themselves the major source of job counseling and job placement services. In other sites, receipt of one or more social services is contingent on a referral from a case manager, whether or not the client is receiving cash assistance as well.

In only a few state systems do refugees enter case management automatically, upon arrival in their resettlement site. All of these systems use voluntary agencies as case managers. In these sites, refugees are

enrolled in case management as part of the core services provided under Reception and Placement grants. Until they sign up for cash assistance, case management activities are funded through the R&P grants. After they have been referred to public assistance, however, they receive case management services under ORR funding.

The variations in eligibility and intake provisions raise two major issues. First, the primary focus on cash assistance recipients, particularly RCA clients, makes it difficult for case management to respond adequately to the service needs of several important groups of refugees: (1) those who could bypass the public assistance system entirely, (2) those who are no longer receiving public assistance because they are employed but who need assistance in order to retain their independence from welfare; (3) those who are no longer time-eligible for public assistance, but who are not yet employed and/or self-supporting; and (4) where AFDC clients are not covered, those who are categorically eligible for cash assistance.

Second, case management, as it is operating in many locations, does not ensure continuity of services from the time of arrival until self-sufficiency takes place. Although at least one recognized objective of case management is to make sure that someone is responsible for what happens to refugee households throughout the initial period of resettlement, in actuality there are gaps or overlaps between the time a voluntary agency considers itself responsible and the time the ORR-funded case manager takes over the case. In most cases, the two systems are serving the clients simultaneously (particularly if a refugee applies for cash assistance prior to the first 90 days after arrival). Rarely do the two case managers, whether it is simultaneous or sequential, exchange information about clients or their perceived needs.

2. Frequency of Client/Case Manager Contacts

Among the case management systems we observed, the required frequency of client contact with the case manager varies from once every six months to once a week. In those sites with more frequent contacts, the case managers



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often serve a dual function of case manager/job developer, and the more frequent contacts occur when the client enters an "intensive job search" phase of services. In some sites, the case managers wait for the client to initiate contact when a problem arises with which the clie t wants assistance; in other sites, the case managers take more active responsibility for monitoring the caseload by means of a "tickler" system which reminds the case managers when to recontact each client. In at least one site, the state has mandated extensive contacts with clients by requiring case managers to amass a certain number of points given for mail, telephone, and in-person contacts. Unfortunately, the mechanical nature of this type of requirement does not regulate the quality, just the quantity of interactions with clients.

### 3. Client Assessments

Client assessments vary greatly in their level of detail. In some sites, basic biographical data are collected and quick assessment is made of language capabilities. Generally, it is assumed in these sites that a more detailed employability assessment will be done by jobs services staff when refugees are referred there. In other sites, the case manager uses an assessment instrument that provides more detailed information about language ability, previous occupation and transferable skills, health and mental health status, and other conditions related to employment.

Assessments also vary in their approach to refugee employability. In many sites, a common service philosopny is apparent, for all assessments arrive at the same conclusions about refugee clients. In some sites, assessments are usually negative, stating that all refugees have "language barriers" and "cultural barriers" to employment. In some sites, case managers assume employability, but only at entry-level jobs or after training. These often ignore existing skills that are described in the biographical data. For example, one refugee woman who had owned a hair styling business in Saigon was characterized as "unskilled."

On the other hand, evaluations are highly optimistic about the prospects of some refugees, while recognizing the significant barriers

reducing the employment prospects of other refugees. In a few case management agencies, all refugees are described as having some transferable skill. Rice farmers, for example, are characterized as "merchandise handlers" who have had experience lifting produce.

### 4. Variation Versus Standardization of Service Plans

Given that the intent of an individualized assessment for each client is to develop a service plan designed to meet individual client circumstances (responding to individual client strengths as well as weaknesses), the lack of detail of many of the needs assessments and the extent of standardization of the service plans in many sites were startling and disappointing. A wide array of refugee-funded services and assistance programs are available to refugees (see Exhibit 1.1). In addition, in many sites there are pertinent mainstream programs, some of which are designed for minorities and those with limited language skills.

Within many case management systems, however, the referral resources actually utilized by case managers in developing service plans are limited to a small number of providers and have become ritualized as part of the service plan. It is not unusual to read plans in which referral to ELT classes funded by refugee social service funds and mandatory referral to a refugee employment service constitute the sole content of the service plan. Other supportive services -- such as health or mental health services -- are often considered as being outside the responsibility of case managers, even when the client records indicate the need for such services.

Four major explanations were offered about the narrow range of service referrals. First, many providers noted that refugee program funds are targeted on employment and language training services. Additional services may, in fact, not be readily available in many sites.

Second, case managers may not be aware of the variety of non-ORR funded services available in their communities, or their appropriateness to the needs of individual clients. For example, many case managers were not



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aware of programs offered by community health centers or community mental health centers.

Third, case managers are reluctant to refer clients to service providers over whom they have no control. Vocational training is one such service. In one site, as soon as a refugee enters vocational training, he or she automatically leaves the purview of the case management agency for a period of up to two years. In most sites, Adult Basic Education classes do not report on refugee attendance to the case managers, thereby making it difficult for the case manager to determine if refugees enrolled in those classes are complying with their service plans.

Fourth, refugees can and do make self-referrals to many social services. Also, informal referrals are often made by case managers. In these cases, the client records or service plans may not indicate the full range of services to which clients go under the direction of their case managers.

5. Case Manager Expectations

The perceptions of case managers about their appropriate role range from client advocacy ("I am here to help the individual refugee get access to as many services as he or she needs, as well as to help solve family problems that present barriers to self-sufficiency") to client management ("I am here to make sure that refugees receiving cash assistance satisfy the procedural requirements for job search and cooperate with any requirements for mandatory participation in services and, when necessary, to apply sanctions if these requirements are not met"). Another important dimension of variation in case managers' attitudes is whether early employment is perceived as a realistic opportunity for refugees, or whether longer term welfare dependency is perceived as the most realistic outcome (particularly for large families and particularly in states with generous welfare benefits). Taken together, these two dimensions create four possible case manager stances towards the refugee client:

Type 1: Client advocacy with a belief that early employment is possible.

Type 2: Client advocacy with a belief that early employment is not possible.

Type 3: Client management with a belief that early employment is possible.

Type 4: Client management with a belief that early employment is not possible.

Together with variations in the frequency of the case manager client contacts, the differences between these models help determine the quality of the relationship between client and case manager, as well as the extent to which service plans are seen as meaningful documents. Types 1 and 3 tend to view service plan development as a procedure for setting realistic goals and milestones for clients. In several sites that emphasize early employment, case managers have devised timetables and mileposts for the progression of different types of clients through the refugee service system. Common to these sites are: (1) an assessment which distinguishes less job-ready from more job-ready clients; (2) a procedure to monitor progress in ELT and other pre-employment services in order to determine when a refugee is ready to enter an intensive job search phase; and (3) an effort to mobilize other employment-related and supportive services to overcome barriers to employment.

On the other hand, Types 2 and 4 tend to see service planning and goal setting as pro forma exercises. Type 4 case managers may still achieve system cost savings by monitoring to prevent abuse and fraud and imposing sanctions when clients do not meet procedural requirements. However, Type 2 case managers appear to lack both the positive incentives and the negative sanctions necessary to effect any change in either refugee behavior or outcomes.



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## 6. Client Responsibilities and Sanctioning

Within each case management system, clients are assigned specific responsibilities for carrying out activities to fulfill their service plans. Failure to comply with these responsibilities can result in a recommendation to the financial worker that a sanction be applied to the cash grant.

Different case management systems have devised widely varying sets of activities for case management clients to carry out, some of which appear to be "hoops" all clients can jump through fairly easily; some of which appear to be more formidable requirements to discourage individuals holding jobs or capable of holding jobs from remaining on welfare unnecessarily; and a number of which are activities designed to assist refugees in obtaining jobs. The range of required activities include the following examples:

- regular attendance at ELT classes to which case managers have referred clients;
- monthly contact with a designated employment service provider;
- participation in a three-week pre-employment class;
- attendance at a job workshop, followed by participation in an eight-week supervised intensive job search; and
- reporting regularly to an employment service provider and being able to document contacts with ten local employers every two weeks.

In most systems, the case management agency is not the provider of these mandatory services, but it is part of an information exchange and reporting linkage which results in the notification of the case manager when client noncooperation occurs. Where the case manager is also the direct provider of these services, the feedback loop is immediate, but the procedure is usually the same: a counseling session with the client to determine whether there was valid reason for the failure to comply, followed by a report of noncompliance to the financial broker if there was no valid reason.

Although most of the case management systems observed during the field research had a workable procedure in place for implementing financial sanctions, the number of sanctions actually applied was usually very limited. Several case management systems did make extensive use of sanctioning, and appear to have created substantial cost savings by cutting welfare grants to those who failed to meet their client responsibilities. In other sites, the case conference -- backed up by the threat of sanctions occasionally applied -- appeared to be sufficient to resolve most noncompliance cases by convincing the client to participate in the mandatory activities. In still other sites, sanctions were believed to be needed but public assistance agencies appeared to be unwilling or unable to impose them.

## C. INSTITUTIONAL RELATIONSHIPS

Because case management is, by definition, a coordinative function, it is essential that the institutional relationships between case managers and other actors within the resettlement program be fully understood. This section focuses on the agencies that are the actual loci of responsibility for case management and the formal and informal linkages that exist between case managers and other service providers.

### 1. Locus of Responsibility

There is substantial variation within the refugee field in the type of organizations within which ORR-funded case management functions are lodged. These institutions include both private and public agencies. Among states surveyed in this study that use private agencies, three have contracted exclusively with voluntary resettlement agencies (Oregon, Utah and Rhode Island); two with voluntary agencies in their major cities and other social service agencies in outlying areas (Illinois and Minnesota); and two with social service agencies (California and Hawaii). Among states in which case management is lodged in public agencies, authority rests in the state refugee program in four states (Colorado, District of Columbia, Idaho and Iowa -- the



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latter two serving as resettlement agencies also) and in public welfare offices in two states (Kansas and Washington).

The locus of responsibility varies, depending on a variety of factors. First, the original impetus for case management often affected where case management would be lodged. In some cases, the impetus for case management came from private agencies that sought funding to perform case management functions and submitted proposals that were then accepted by the state. In other cases the impetus came from the state itself which then sought an appropriate locus of responsibility, sometimes within its own structures and other times through contracts with private groups. Where a state chose to place case management was often a function of its assessment of the problems to be solved through case management. For example, states that determined that resettlement efforts would be strengthened by increasing staffing within resettlement agencies often encouraged these agencies to take on responsibility for ongoing case management.

Also affecting the locus of responsibility are the traditional roles and relationships of public and private agencies within the state. In some states -- for example, Washington, Iowa and Idaho -- public agencies have played an active role in resettlement since 1975. They have had grants from the State Department, Bureau for Refugee Programs, to provide reception and placement services to refugees, and they have also provided social services through their own education and employment departments. Not surprisingly, they looked within their own structures for an organizational home for case management. On the other hand, other states have traditionally relied on private agencies, delegating responsibility for many services through contracts. Again, not surprisingly, many of these states turned to the same agencies to perform case management activities.

Third, the locus of responsibility for case management is influenced by the mechanisms used to award contracts or otherwise fund this activity. Some states use a competitive process, requesting agencies that want to do case management to submit proposals to the state. Depending on the



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specifications put into the Request for Proposal (RFP), a range of organizations, from resettlement agencies to mainstream employment and training programs, may be candidates for case management contracts. Other states do "sole-source" contracts, arguing that continuity of services require that a specific type of organization, usually voluntary resettlement agencies, should receive the contract.

Regardless of the locus of responsibility, case managers tend to perform the same basic functions, i.e., assessment, service planning, referral, monitoring, etc., with approximately the same success. It is not apparent that any one type of organization is a a priori better suited to carrying out these activities. Rather, as will be discussed below, the capacity of case managers to work effectively with clients is related to a variety of other factors, such as the formal and informal relationships with other organizations, training and technical assistance provided to the case managers and the policies and stated objectives of the overall resettlement system.

What locus of responsibility for case management influences, more than quality of services, is continuity of service. Also, it may determine whether ORR-funded case management services will be pre-eminent in a given location. In many places, ORR-funded case management is not the only case management system in operation, because other organizations also believe it is part of their own mandates to perform case management activities. At times, several case management systems are parallel, serving different clients at the same time or the same clients at different times. For example, ORR may fund case management for recipients of Refugee Cash Assistance (RCA), while the WIN program manages services to refugees receiving Aid to Families with Dependent Children (AFDC). Or voluntary resettlement agencies may perform case management functions under reception and placement grants, during the first 90 days a refugee is in the country, while ORR-funded case management provided by a public agency serves the same client after the 90th day.

These parallel systems may not necessarily be problematic, particularly when they lead to greater client coverage. They do raise issues of concern, however. First, ensuring continuity of services can be problematic when the locus of responsibility for a specific client shifts over time. Second, there may be a duplication of effort. For example, several successive case management agencies may do comprehensive assessments of the same client and develop a comprehensive service plan, even when the needs of the client have not really changed. Or, several case management agencies may be monitoring the services provided to a single client by the same language training and employment program. Third, the various organizations providing case management services may not always be giving refugees the same message. Nor, for that matter, do they necessarily give the service providers the same message in detailing their expectations about refugee self-sufficiency. For example, some case management agencies are committed to early employment whereas others believe that more extensive training is desirable.

Perhaps most troubling are situations in which the various case management systems serve the same clients at the same time, leading not only to parallel, but duplicative, sometimes competitive, and even contradictory case management systems. This situation most often arises when both voluntary resettlement agencies and state-administered case management programs claim the same clients during the first 90 days. It also occurs, though, when the county welfare office, either through WIN or county social services, provides case management under its own auspices, in accordance with its general regulations pertaining to cash assistance recipients, while the refugee program provides case management through its contracts with refugee-specific service providers.

The problems of parallel case management systems are solvable, but they do complicate overall resettlement efforts. As described above, case management is, by definition, a coordinative function undertaken where there are multiple service providers aiding the same refugees. Where case managers must coordinate themselves, in addition to the other organizations involved in resettlement, the inherent difficulty of the task is magnified. Under such

circumstances, some one must be vested with final authority to "manage" the case managers. It is by no means clear, in the current resettlement system, where that locus of responsibility is, or even should, be lodged.

## 2. Linkages Within the Case Management System

As defined in this study, case management is a coordinative mechanism aimed at improving assistance provided to refugee clients. Coordination of the various service agencies operating in a given location can be accomplished through a variety of formal and informal linkages. Some of these linkages work at the client level, with the case manager having greater or less control over the services provided to a given client. Among the client-level linkages are:

- Informal discussions between case managers and service providers about the needs of individual clients;
- Centralized clearance of eligibility for services, generally through a requirement that the case manager authorize that a given client is eligible to receive services for which he or she applied.
- Referral requirements, in which service providers cannot assist a case management client unless the case manager has referred that client for services;
- Reporting requirements, in which service providers regularly report to the case manager on client progress and compliance with the service plan; and
- Joint staffings, in which the case manager and a service provider (generally, a job counselor) meet together with the client to conduct an assessment and/or develop a service plan.

Other linkages operate at the administrative level. These can also involve greater or less control by the case management agency over the environment in which resettlement takes place. At one end of the continuum are refugee forums, in which case managers and other service providers discuss issues of mutual concern and try to effect agreements about policies and procedures. Involving greater control are service consortia, where the case



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management agency participates, with other providers, in making decisions about what services are to be provided in a given location; which clients are to be eligible for these services, and how much funding will be available. Perhaps the greatest degree of control comes when the case management agency has the authority to purchase needed services, thereby exercising fiscal and administrative control over those services, or itself to provide services, thereby circumventing perceived limitations in the service system.

There are four major models of institutional linkages within ORR-funded case management systems listed below -- from those affording the most control of major services, by filling gaps with the case management agency's own resources or being involved in decisions about allocating resources, to those accomplishing coordination through persuasion and voluntary cooperation:

- integrated case management/employment services;
- a team approach;
- a gatekeeper approach; and
- decentralization of case management functions.

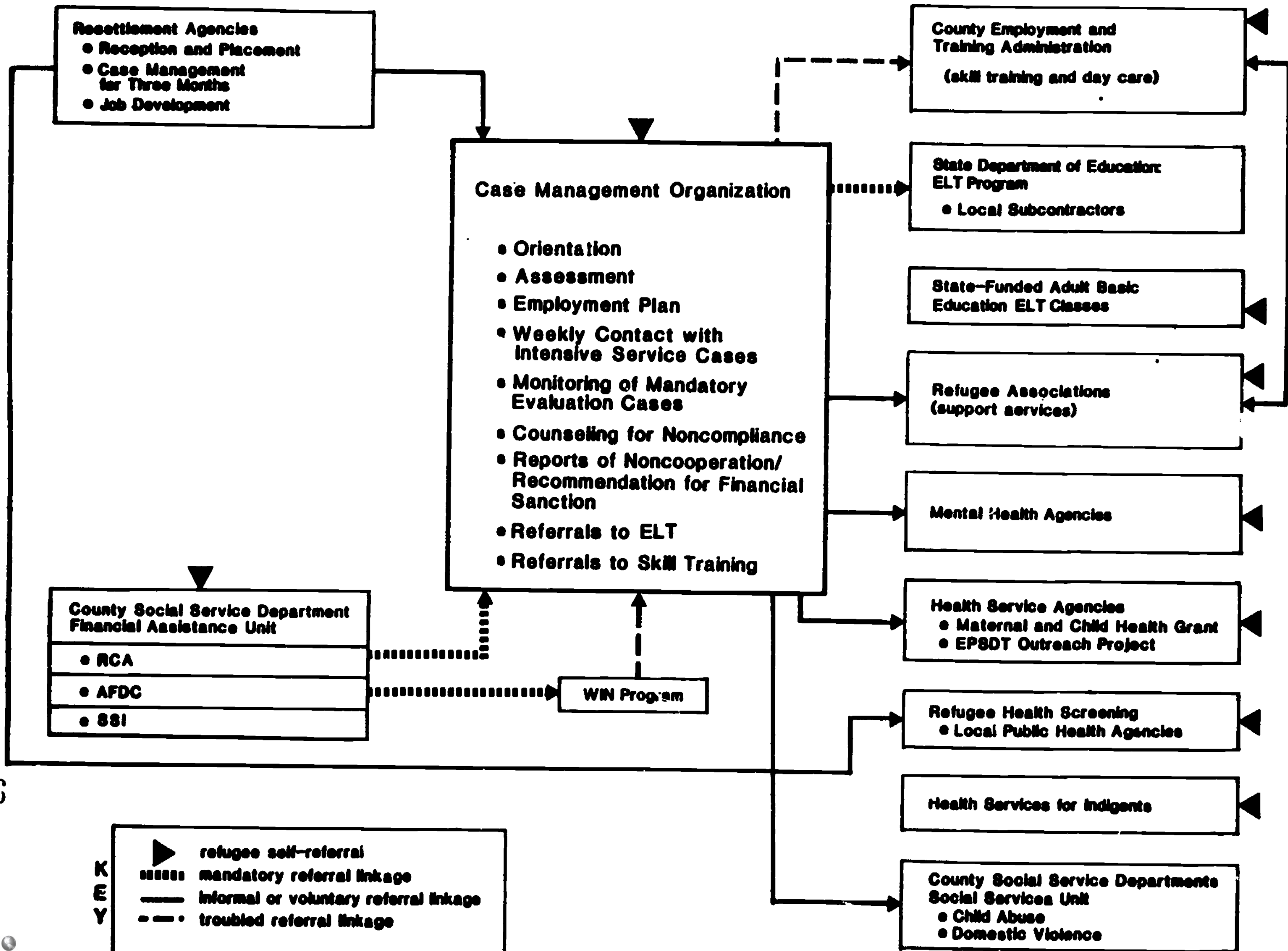
Among the sites visited in this project are examples of each of these approaches. While the specific institutional linkages described in these sites will not necessarily be repeated in all other sites using the same approach, the sites do represent distinct models of case management.

### a. Integrated Case Management/Employment Services

Model 1, integrated case management/employment services, is represented in one site. (See Exhibit 3.1.) Here, the case management agency, defining employment as the principal objective of the resettlement system, has taken responsibility for developing an employment plan for clients and operating a job placement service. The system fulfills the criteria of case management because clients are referred for other services, when these are needed to gain employment, with clients being unable to gain access to

EXHIBIT 3.1

# MODEL 1: INTEGRATED CASE MANAGEMENT/EMPLOYMENT SERVICES



certain services without a formal referral from their case managers.* Most notably, ORR-funded language training is open only to refugees who enter through case management. Thus, access to a program that could serve as a substitute for job search is controlled, although access to other services can be gained by self-referral.

The case management system's actual control over clients is determined by the client's cash assistance status. All applicants for Refugee Cash Assistance are required, as a condition of eligibility, to register with the case management agency. Noncompliance with the service plan may result in sanctions, including loss of cash assistance eligibility. Other case management clients are voluntary and they enter through a variety of doors. Some AFDC clients are referred to case management from WIN; other case management clients are self-referrals, seeking assistance in finding or upgrading loyment and/or enrolling in language training programs. Still others are sent to case management by their resettlement agencies, usually in order to enroll in language training.

The system shown in Exhibit 3.1 has tight control over many parts of the overall resettlement program. The integrated case management/employment

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* Exhibits 3.1-3.6 show four kinds of linkages:

- Mandatory referral -- cash assistance clients referred to these services must comply; case managers monitor utilization; service providers report non-cooperation to case managers.
- Informal or voluntary referral -- clients are not required to enroll in these services to maintain eligibility for cash assistance; access to these services is not controlled by case managers, although they may serve as central intake to avoid duplication.
- Clearance of eligibility -- case manager serves as central intake unit, checking client eligibility for service and controlling duplication of services.
- Refugee self-referral -- clients may enroll in service without referral from case managers or other providers, although the provider may need to clear the client's eligibility with central intake.



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services effectively serve the needs of refugees who are seeking employment. The high proportion of voluntary clients attests to the success of the system.

A weakness of the integrated approach is that it will not in itself solve problems of coordination and cooperation among multiple service providers. While case managers have direct control over employment services, they still need to refer clients to auxiliary services. Nor does the integrated model necessarily lead to continuity of services, particularly where refugees are first served by a parallel case management system. In Site 1, there are two, sometimes sequential and sometimes overlapping case management programs, one operated by the voluntary resettlement agencies (for 90 days) and the other operated by the state. The state has recently agreed that the state system will not serve clients under voluntary agency case management, unless the refugees have applied for cash assistance or have been referred by voluntary agency staff for a discrete service, such as ELT classes. Most refugees access one of these services during the first 90 days, however, so tensions between the two case management systems, over turf and approach to resettlement, may continue to complicate resettlement.

Also troubled are linkages between the case managers and skills training programs operated under Targeted Assistance. Decisions about services to be provided under Targeted Assistance were made at the county level and led to priority for classroom training, on-the-job training and vocational ELT. Yet, the case management philosophy -- developed at the state level -- emphasizes early employment rather than skills training. Case managers have generally found that few clients need services provided by Targeted Assistance programs and so refer few of their clients. The Targeted Assistance programs have, in turn, blamed case management for the small number of clients in their programs.

Finally, clients must have a case manager referral to gain access to ORR-funded language training, but they may self-refer to state-funded, Adult Basic Education classes. Case managers will not necessarily know if clients are enrolled in these classes. The system shown in Figure 3.1 is not alone in



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the lack of control over ABE classes. In most states, agreements between refugee services funded by ORR and other services used by refugees have not been successfully negotiated. Therefore, these mainstream programs are often outside of the purview of case management.

### b. Team Approach

Model 2, the team approach, is represented in one site. This approach is characterized by formal linkages among refugee serving agencies under a consortium that facilitates a team approach to resettlement. (See Exhibit 3.2.) At the administrative level, service providers are contracting (e.g., case management, employment services, ELT) or cooperating (e.g., public assistance, health services, public education) members of the service consortium. The consortium develops policies and procedures agreed to by all members and determines that services will be funded.

At the client level, there are formal referral and reporting requirements, particularly regarding cash assistance eligibility. A refugee cannot apply for public assistance without a referral from a case manager. Should a refugee go directly to the public assistance office, he or she is referred back to the case manager.

Consortium members are linked together within a Case Management Information System which provides information, on demand, on client characteristics, previous service utilization, and current service employment and cash assistance status. Each service provider has a computer terminal and is able to enter and retrieve some information.

The team approach is further exemplified by joint staffings of case managers and jobs service workers, to conduct client assessment and develop employment service plans. Finally, investigations of noncompliance involve meetings of case managers, job service workers, and public assistance eligibility workers, with a recommendation of sanctions requiring the consensus of all three.



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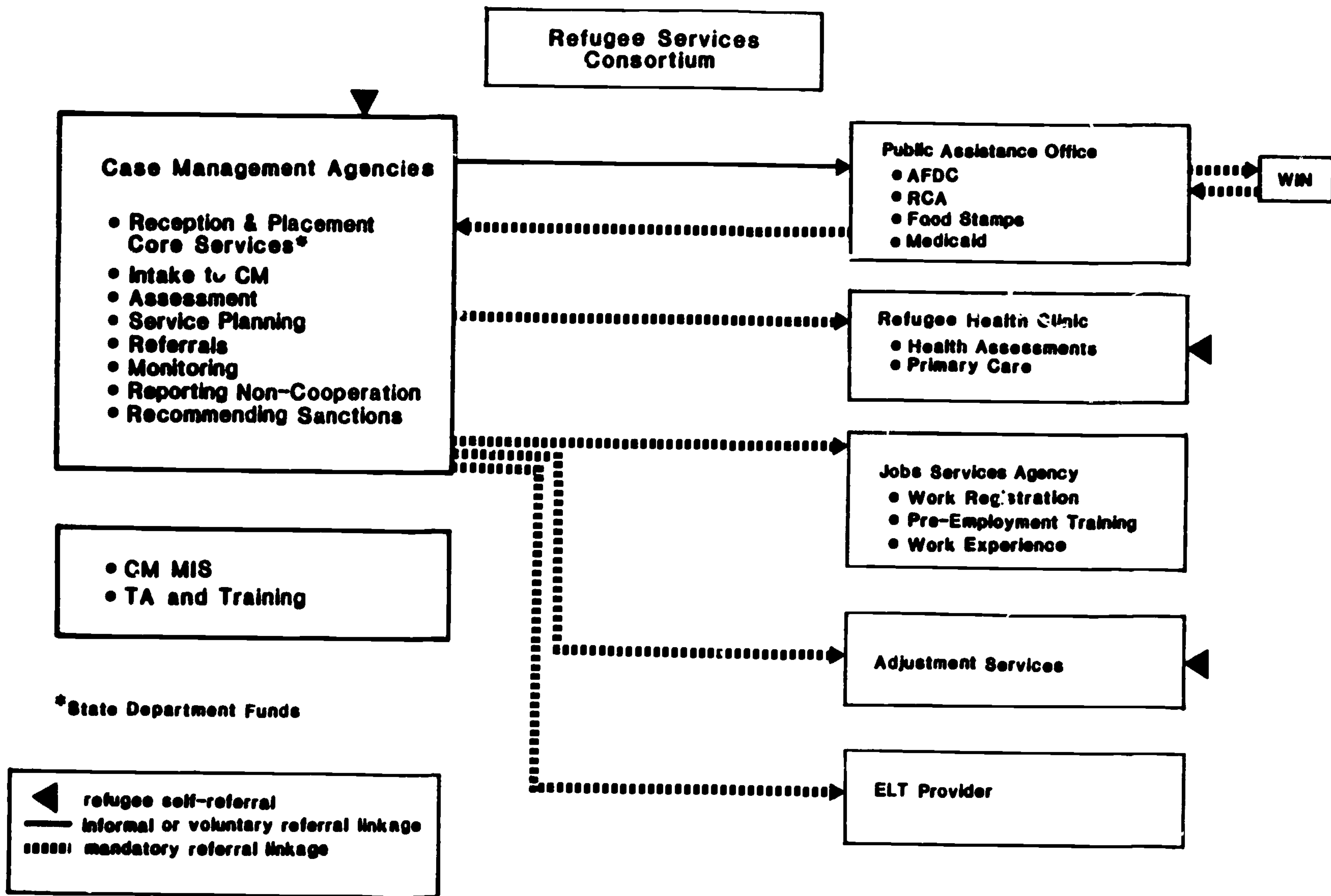
EXHIBIT 3.2

# MODEL 2: TEAM APPROACH




3.22

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Case management is performed in a single system in the team approach represented in Exhibit 3.2. Refugees enter case management at the time they enter the state. For new arrivals, clients actually are enrolled prior to entry because case management responsibilities are lodged within the voluntary resettlement agencies, whose funding comes from both the Bureau for Refugee Program's R&P grants and the ORR-funded case management contract. Secondary migrants are referred to the voluntary agencies when they apply for services or public assistance.

The strength of this system lies in the tight coordination that exists at both the client and administrative level and the continuity of services that results from locating case management within the resettlement agencies. This is particularly true for recipients of Refugee Cash Assistance. It is less true of AFDC recipients because WIN -- rather then the case managers, in combination with job services -- has responsibility for registering those clients for job search activities. The case managers continue to serve AFDC clients, referring them to services, but they do not have as much control over their activities. The major drawback of the team approach rests in its reliance on a staff intensive strategy. Each assessment requires at least two staff, one from the case management agency and one from employment services. The cost of implementing such a program could be considerable, particularly if there are a large number of newly arriving refugees coming into the system.

c. <u>**Gatekeeper Approach**</u>

Model 3, the gatekeeper approach to resettlement, is represented in three sites. The gatekeeper approach is perhaps the most commonly implemented model. (See Exhibits 3.3, 3.4, and 3.5.) The case managers, operating in a multi-service system in which they have no direct control over service delivery, nevertheless influence other providers by controlling access to services and clearing client eligibility. In Exhibit 3.3, case management is



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EXHIBIT 3.3

# MODEL 3: GATEKEEPER APPROACH A

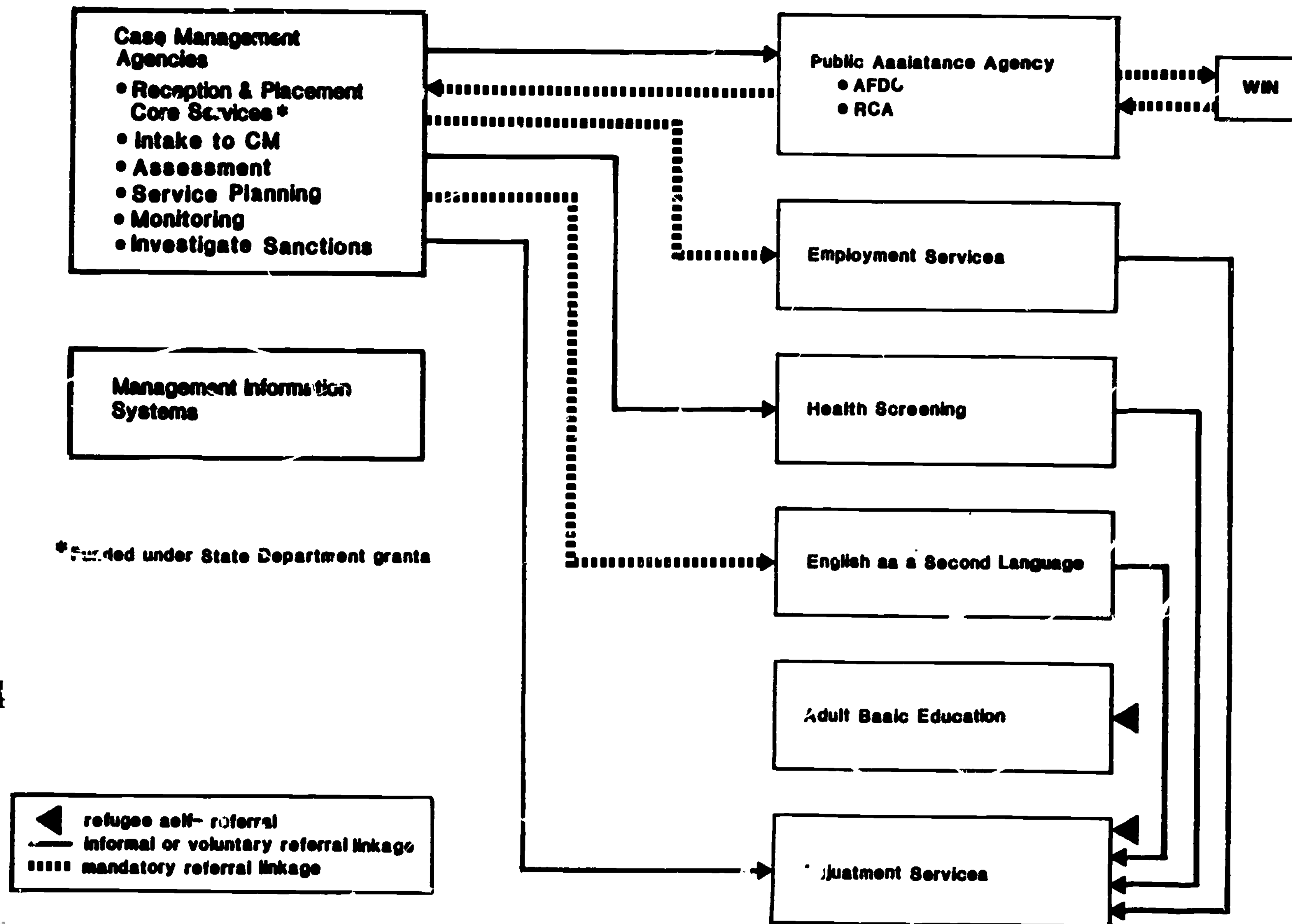

EXHIBIT 3.4

# MODEL 3: GATEKEEPER APPROACH B

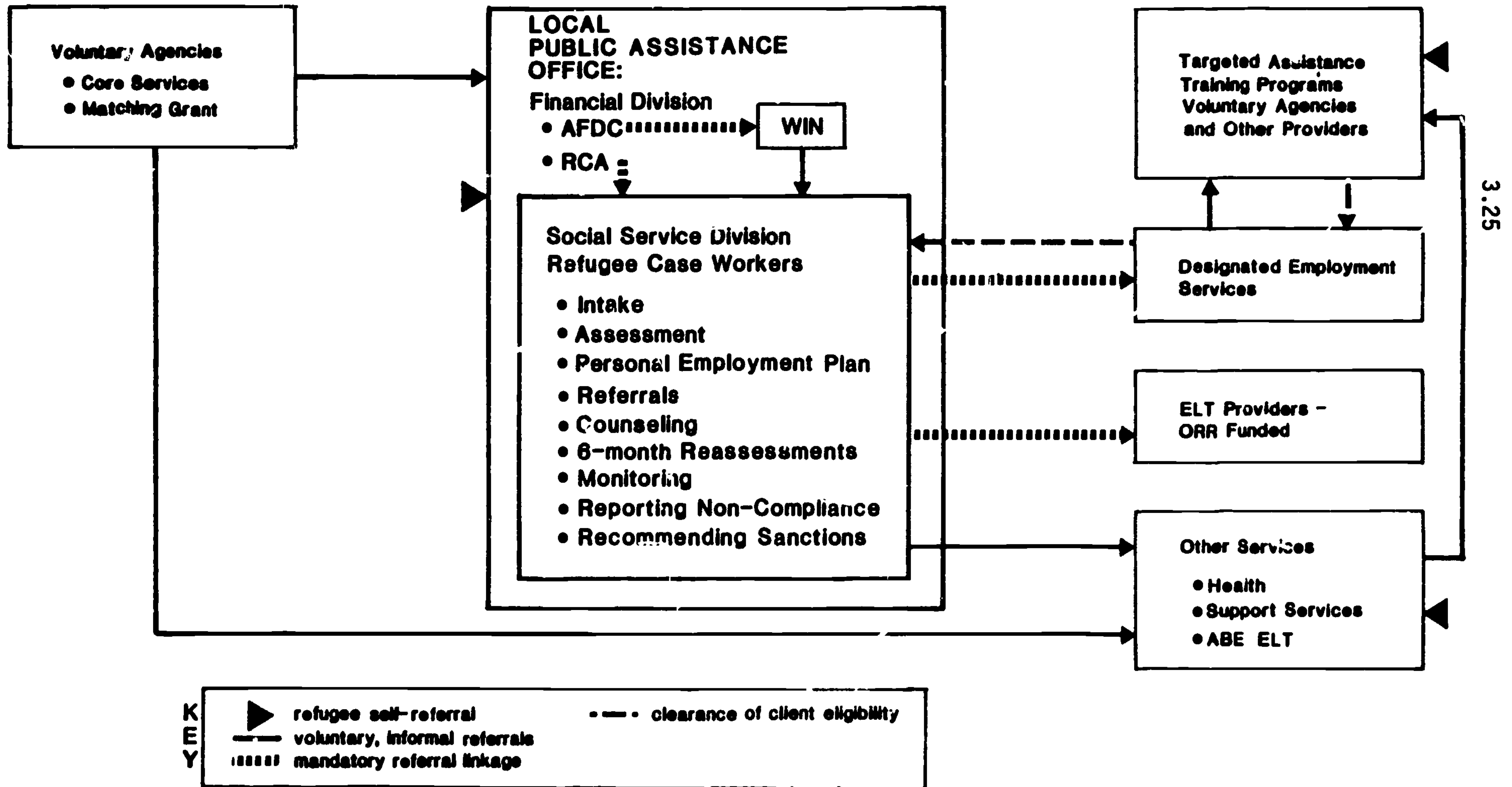




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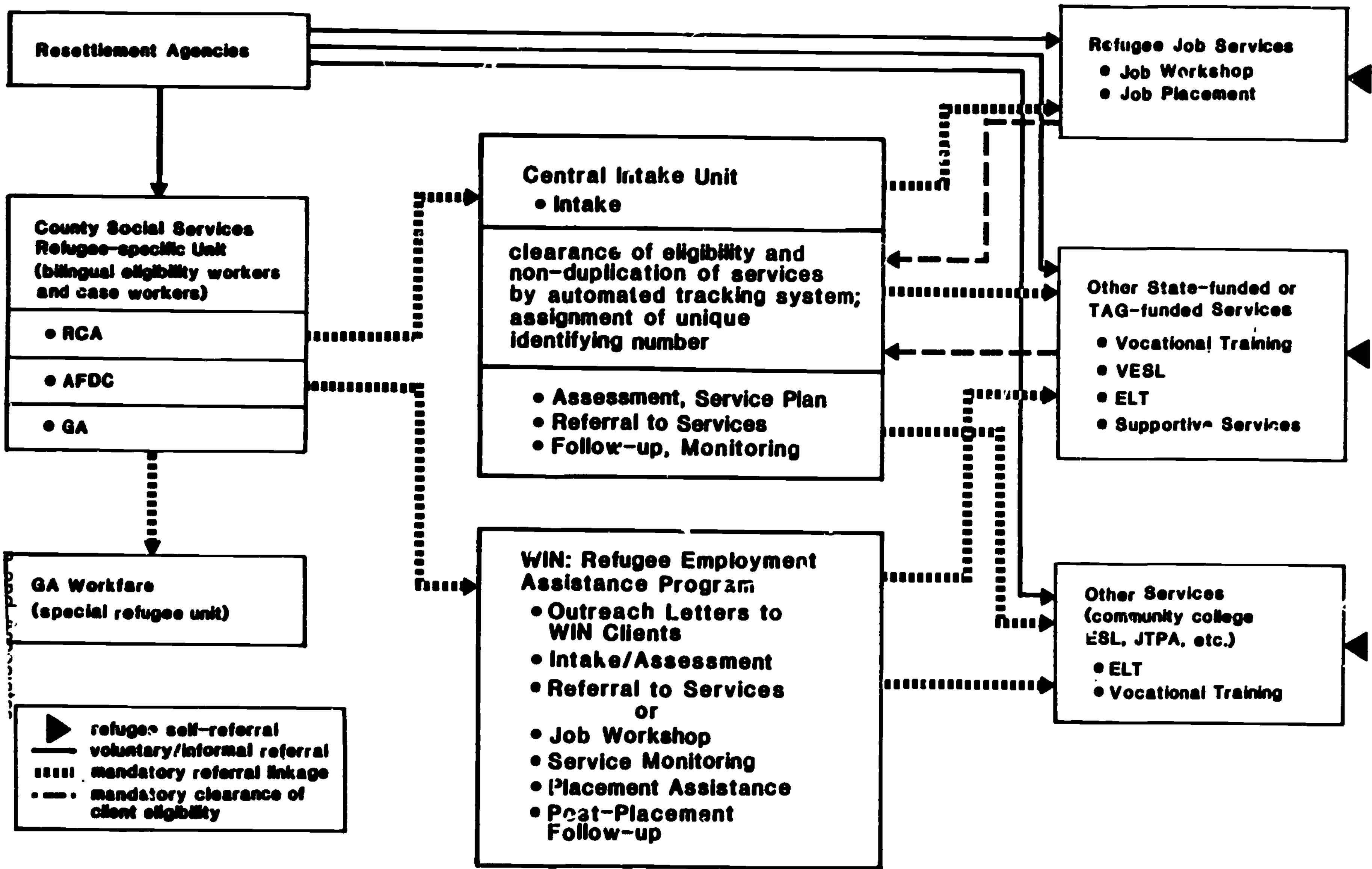
EXHIBIT 3.5

# MODEL 3: GATEKEEPER APPROACH C



performed by private voluntary agencies, within the same units that provide reception and placement services. In Exhibit 3.4, it is housed in a public agency, in this case the social service unit of the state public assistance agency. In Exhibit 3.5, case management for RCA clients rests in a private agency, whose referrals come from the public assistance agency, and for AFDC clients in a special Refugee Unit of WIN (the latter operating as an integrated case management/employment service since it does not refer clients to other job placement services).

The case managers in these sites have the tightest control over service utilization by cash assistance recipients. Public Assistance sends new applicants to a case manager prior to enrolling them in cash assistance programs. Formal referrals are required before clients can enter most services. Clients cannot gain access to employment services or instructional services (e.g., ELT) unless it is part of their approved service plan. ORR-funded service providers are required to report client progress to the case managers.

The case managers also act as gatekeepers for non-public aid clients (and, where AFDC clients are not mandatory case management clients, for these individuals as well) through central intake for services. Generally, the case management agency, in this case, is checking for duplication of services rather than the appropriateness of the service, given the need of the refugee. The case manager does not have the authority to deny access to services by the voluntary clients, as they would for mandatory clients receiving RCA, unless the refugees have received the maximum number of hours for which they are eligible (e.g., for ELT) or are already receiving the service from another provider. Central intake thus reduces duplications and abuse in service utilization. It also helps coordinate the activities of parallel case management systems. In the site shown in Exhibit 3.5, for example, one case management agency, operating in its capacity as a central intake unit, determines that clients referred by the other case management agencies to certain services are eligible and not receiving duplicative services.



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The central intake concept has also been used in linking services that are administered outside of the usual social service system, such as Targeted Assistance, to the rest of the resettlement program. In Exhibits 3.4 and 3.5, refugees can self-refer to Targeted Assistance, which operates under rules established at the county level, but clearance of eligibility is made by the case management agency in its central intake role. (In Exhibit 3.3, Targeted Assistance is an integral part of the service system.)

The strength of the gatekeeper approach is its capacity to control duplication of services. However, when the gatekeeper does not have authority to control access for programmatic reasons (e.g., because the service would not contribute to an employment outcome), there are serious limits on the case management system's control over clients and its capacity to influence overall service options.

d. <u>Decentralized Case Management</u>

Model 4 is represented in one site, with decentralized case management in which parallel systems operate with no one case management agency having final authority. (See Exhibit 3.6). In the site shown in Exhibit 3.6, the state has a contract with private agencies that perform case management activities on behalf of clients referred by the county public assistance system. Not all of the county welfare clients are referred to these contractors, however. Some clients remain within the county's own employment and training unit, which has designated staff to provide case management to its clients. Other clients, because of a change in their employment or training status, will no longer be eligible for contracted case management and will return to direct county authority. In addition, the voluntary resettlement agencies perform case management activities for refugees who have not been referred for public assistance, and refugees may self-refer to most services, particularly after they have become economically independent of public assistance.



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EXHIBIT 3.6

# MODEL 4: DECENTRALIZED CASE MANAGEMENT

Voluntary Agencies
- Core Services

County Welfare Office
- AFDC
- RCA
- GA

County WIN or Employment & Training or Career Counseling Unit

Case Management (voluntary agency or other designated agency)
- Intake
- Orientation
- Assessment
- Service Planning
- Monitoring
- Compliance Reporting
- Recommending Sanctions

Health Screening

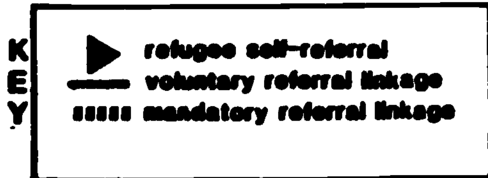
ELT Provider

Employment Services

Mutual Assistance Associations

Vocational-Technical Schools

Adult Basic Education ELT Classes







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Within the decentralized system, clients within any of these case management systems may receive well-coordinated services at the client level. Decentralization, however, leads to duplication of efforts at the administrative level. All of the case managers refer clients to service providers and all monitor service utilization by their own clients. A single client may be assessed, in turn, by the staff of the voluntary resettlement agency, which provides core services under its reception and placement grant; the employment and training unit of the county welfare office, which determines which refugees will be referred to the case management contractors and which will be served by the county office; and the case management contractor, if the refugee is referred. Similarly, there may be three agencies monitoring a given refugee's attendance in ELT classes or registration with job services.

Even at the client level, decentralization can be problematic if it impedes continuity of services and thereby permits service abuse. For example, a client may be referred by the case management contractor for vocational training, with certain stipulations (e.g., the requirement that the refugee take a part-time job while in training). The case management contractor is not responsible for monitoring long-term training programs, however. Once in vocational training, the case reverts to the employment and training unit, which may not be aware of or in agreement with the plan. In this circumstance, case management does not lead to quality control of services or management of clients because the lines of authority are broken.

## D. STATE ADMINISTRATION

The office of the state refugee coordinator can play a critical role in designing and implementing case management systems, particularly in developing necessary linkages among case managers, voluntary resettlement agencies, public assistance agencies and other service providers. As this section describes, the extent to which the state refugee office has the ability to negotiate and enforce agreements about case management operations is determined by:



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- **Contractual or cooperative arrangements** between the state and the case management agency and other service providers, particularly in: (1) requiring compliance with case management procedures, including referral, monitoring and follow-up provisions, (2) framing performance standards, and (3) monitoring and evaluation.

- **Funding and administrative responsibility**, including the extent to which case management and other services are being administered directly by the state with ORR funds or by other sources, such as WIN, Reception and Placement Grants or Targeted Assistance.

- **Influence of the refugee program over public assistance**, including the capacity of the state coordinator to gain access, when needed, to decision-makers within the state and county structures.

### 1. Contractual and Cooperative Arrangements

The role played by the office of the state refugee coordinator varies substantially from location to location. In a few states, these offices are directly and actively involved because the state refugee office is the case management agency for the refugees resettled in the state. Most state refugee programs have less direct control over case management, relying instead on contractual arrangements with private agencies. In still other states, the state coordinators must rely on formal or informal cooperative agreements between themselves and other state or county public agencies. In the former case, the state refugee program generally prepares the contract, thereby enabling them to specify that certain activities are performed or relationships developed. In the latter case, the state coordinator's influence over the actual performance of case management may be limited to persuasion, with that office having no direct authority to require compliance.

Few state offices have developed contracts or cooperative agreements that clearly specify the outcomes expected of case managers, although most specify the actual functions that case managers will perform. Case managers tend to be judged by the number of service plans they prepare or the number of referrals they make. Less often are they evaluated by the number or type of contacts they have with clients, and still less often by the interventions



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they make on behalf of a client with other service providers. And almost never are they judged by the number of their clients who enter employment or leave public assistance. As will be discussed below, it is difficult to measure the direct relationship between a case manager's activity and a client's self-sufficiency outcome. Nevertheless, the lack of clear guidelines about expected outcomes of case management activities makes monitoring of case management contractors all the more difficult.

The level and type of monitoring conducted by states varies. Most often monitored is contract compliance. States generally review reports received from case management contractors on number of intakes, assessments, service plans and referrals. Most states have appointed a program officer who conducts site reviews of the case management agencies. A few states have given administrative responsibility to an intermediary, such as a service consortium or private agency, that develops standards, collects data and monitors compliance.

No state has conducted a full-scale evaluation of case management, documenting its outcomes. Nor do most states have a data collection system that would permit such an evaluation without substantial new data collection, particularly on cash assistance and employment outcomes. For example, many of the states visited could not give us a complete accounting of the number of case management clients who left public assistance because of employment, sanctions, voluntary withdrawal or time-expiration.

### 2. Funding and Administrative Responsibility

Not surprisingly, state refugee programs have had the greatest control over and do the most consistent monitoring of the activities of their own social service contractors -- that is, the agencies whose funds they administer. They have significantly less direct authority over agencies that they do not fund or fund in a less direct way: voluntary resettlement agencies, Targeted Assistance programs, Adult Basic Education programs, Job Training Partnership Act programs, and vocational training institutes. As a

result, the state refugee office has limited capacity to negotiate effective agreements -- that is, ones that specify their relationship to the overall case management system -- with these organizations. Yet, as described above, the linkages between the case managers and these other providers are often limited, with refugees able to access services over which the case manager has no gatekeeper function, thus weakening the meaningfulness of the service plan developed for the client.

### 3. Influence of the Refugee Program Over Public Assistance

One of the most difficult linkages to establish are formal connections between case managers and public assistance agencies. The direct influence of the refugee program over decisions affecting cash assistance may be limited by organizational relationships, state regulations, and federal or state statutory constraints. In some states, cash assistance is provided through a state-administered program, whereas in others it is administered by counties. Even where cash assistance is state-administered, it may not be located in the same agency as the refugee program, or the state refugee coordinator may not have access to decision-makers developing public assistance policies and procedures.

In a number of sites visited during this project, the autonomy of public welfare agencies, particularly in county-run programs, created special demands on the case management system. This is particularly true regarding sanctions. In all sites, the public welfare office retains final authority to determine if a client will be sanctioned for noncompliance. In some states, the public welfare agency has delegated much of the responsibility for investigating and recommending sanctions to the case managers, but in other places case managers are a source of information but are not directly involved in the decision.

The autonomy of public welfare also affects client flow into case management, with state refugee programs usually having little influence over AFDC clients, as distinct from those receiving RCA. In most sites, the public



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assistance office, in effect, determines whether and which refugee clients will be registered with the state-administered case management program. In no states are AFDC clients automatically required to go to ORR-funded case management agencies as part of their work registration requirement, even though, in a number of states, the bulk of the public assistance caseload is categorically eligible for AFDC. Instead, WIN determines whether a refugee will be re[illegible]ed to case management.

In some sites, especially those with county-administered public assistance, states have not had the authority to require that even RCA clients be referred to case management. At the county level, job services (either WIN or other employment counseling units) have discretion regarding RCA, AFDC and General Assistance clients. Within these states, some counties cooperate with the state program, generally because they do not have the resources to serve the refugees themselves, while other counties are reluctant to delegate responsibility to the case managers.

## E. VARIATIONS IN FINANCING AND COSTS

Four major financing issues arose during the course of our research:

- Financing mechanisms and their impact on program design;
- Methods of determining costs;
- Methods of allocating costs; and
- Comparability of costs.

### 1. Financing Mechanisms and Their Impact on Program Design

The resources for case management come from a variety of sources. Within a given site, case management may be supported by funds from four separate ORR budget categories -- Cash and Medical Assistance Administration (CMA), Social Services, including the supplement for Critical Unmet Needs,

Targeted Assistance, and Matching Grants -- as well as the Bureau for Refugee Program's Reception and Placement Grants and the Department of Labor's WIN program.

The major sources of funding for state-administered case management programs are ORR CMA and Social Services, which are used either separately or in combination. The decision about which source to use usually reflects the cash assistance status of the refugees being served. Generally, CMA funds are used when case management clients are currently receiving cash assistance; Social Services fund functions performed on behalf of any refugee, even those that are not time-eligible for ORR-funded cash assistance.

Financing mechanisms have often driven program design. As discussed in an earlier section, some states initiated case management systems in order to enhance financing of services for refugees. States that foresaw reductions in Social Service funds saw in CMA-funded case management an opportunity to replace lost resources. The cost of assessments, service planning and referrals for cash assistance recipients -- activities that often occurred in providing social services, although not necessarily under the rubric of case management-- was charged to the uncapped cash assistance administrative line. In some cases, states have reduced the scope of existing case management systems in order to conform to perceived limitations on the use of CMA funds. One site, for example, changed its eligibility requirements for case management when it shifted the source of its funding from CMA to Social Services, making eligibility totally contingent on cash assistance status.

## 2. Methods of Determining Costs

The costs of case management as a discrete function are difficult to calculate because of the coordinative function played by case managers. Case management activities tend to overlap with direct services, on the one hand, and the administrative costs of providing public assistance, on the other. A case manager with bilingual skills may serve as an interpreter when a public assistance worker interviews a refugee to determine eligibility or a social

service agency provides services. Moreover, it is not just the case manager, in some cases, that performs case management functions in a given system. For example, assessments and service plans may be developed jointly by designated case managers and job service workers. Depending on how the boundaries are set, these functions could be considered to be case management, service delivery or eligibility determination and the cost of the case manager and other staff members can be attributed to case management or these other activities.

### 3. Methods of Allocating Costs

States follow a variety of practices in allocating costs. Some states require that their case managers do random-moment samples or ongoing time studies of agency staff to determine how to allocate costs. Case managers keep track of time spent by the cash assistance status of their clients (to help differentiate between CMA and social service case management), the type of service being provided (to help differentiate between direct service delivery and case management) and/or the length of time the client has been in the United States (to help differentiate between CMA and Social Services, the latter used for time-expired refugees).

In other locations, costs are allocated on a formula basis, generally using overall client characteristics. One state, for example, determined that 23 percent of the case management caseload were cash assistance recipients and therefore charged that percentage of overall costs to CMA and the rest to Social Services.

States that fund voluntary agencies as case managers generally require that these agencies report separately on their ORR-funded activities. Most recognize, however, that continuity of services is an important benefit that results from use of voluntary agencies and do not require separate staffing under their contracts. Instead, the agencies either do the type of time study described above to show time spent on Reception and Placement core services versus time spent on ongoing case management, or the state and

agencies estimate the proportion of overall staff that should be funded through the reception and placement grants versus ORR. One state, concerned about the overlap in functions between core service and ongoing case management has, somewhat ironically, requested that different staff be assigned to these activities, thereby foregoing the advantages of continuity between R&P funded and ORR funded case management activities. When a refugee served by the voluntary agency signs up for cash assistance, the case is transferred from the core service staff to the case management staff.

4. Comparability of Costs

Just as it is difficult to determine costs, it is difficult to compare them across sites. States report annual case management costs ranging from $15,000 to $1.5 million. Reported per capita costs vary, also, ranging from $25 per person to $400 per person.

Comparability is affected by a number of factors. First, the scope of case management varies from one site to another. Comparing costs is often akin to comparing apples and oranges, with some case management systems requiring that case managers perform a variety of direct services, such as job placement, whereas others involve no intensive staff-client contact after an initial assessment and service plan is prepared. Also, the needs of the average case management client can differ greatly, depending on eligibility criteria. Some systems, for example, serve RCA cases only. Presumably since these are single persons and intact families they may be easier to place in jobs than AFDC clients, who will include single heads of households with young children.

Second, there are no consistent procedures for determining or allocating costs. For example, one state may be allowing its case management agencies to charge certain activities to ORR while others consider them to be Reception and Placement activities. Depending on the formula chosen, in one state, ORR ongoing case management funding may be supplementing core service activities whereas in another the reverse may be happening.

Third, the costs of the Management Information System (MIS) can affect overall case management costs. These MIS costs are attributed to case management in some states whereas in other states they are considered a separate cost. In several states, private agencies have been given contracts to maintain information collected by case managers; in others, the state refugee office collects data; in still others, no one maintains a Management Information System.

Fourth, there are variations in the contexts in which case management occurs. For example, states with large numbers of refugees may have economies of scale that permit them to operate at lower per capita cost than other states with smaller populations. Further, some case management systems are newer than others, and they may have start-up administrative costs that older systems do not incur.



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## CHAPTER FOUR

## SUMMARY OF FINDINGS AND RECOMMENDATIONS

### A. INTRODUCTION

Case management is a worthwhile investment for ORR. Not all resettlement systems need case management, and the systems reviewed here have not always lived up to their full potential, but it is our conclusion that many case management systems have made a difference in the way services are provided, and possibly in ultimate outcomes for refugees. Moreover, we have identified a number of functions and institutional relationships that are essential to a successful case management system. These should be encouraged by ORR to allow more of the existing systems to reach their full potential.

This chapter summarizes our findings and recommendations in six sections:

- A Causal Model of Case Management Effectiveness demonstrates that case management can potentially make a difference in outcomes for refugees, but only within limitations imposed by a series of "intervening variables."
- The Useful Functions of Case Management summarizes the system successes we observed in the field, stressing the importance of functions and institutional relationships rather than the general concept of "case management."
- The Unfulfilled Potential of Case Management addresses several weaknesses in existing systems, most of which can and should be remedied.
- Constraints on the Effectiveness of Case Management shows how some of the shortcomings discussed earlier result as much from systemic constraints in the resettlement system as from programmatic weaknesses.

- Summary: Factors Contributing to Effectiveness of Case Management outlines briefly the components of case management that can make a difference in the success of refugee resettlement, based on the above findings.

- Recommendations outlines a series of actions that would help case management reach its full potential.

## B. A CAUSAL MODEL OF CASE MANAGEMENT EFFECTIVENESS

Case management has made discernible differences in the effectiveness with which available services are provided to refugees and in the desired outcomes of economic and social self-sufficiency. The differences, however, result not so much from the implementation of a discrete project labeled "case management," as from the existence of client-oriented and administrative functions subsumed under the case management label, e.g., the designation of a single agency, individual or team to assess needs, develop service goals, monitor progress towards achieving those goals, and impose sanctions, if needed. Thus, our findings regarding the effectiveness of case management are focused on these individual functions and the skill and thoroughness with which they have been implemented.

It should be noted, in this regard, that evidence of positive client outcomes is not usually clear-cut. Because of the nature of case management as a coordinative activity, it is difficult to observe directly the effects of case management practices on client-level outcomes. There are two reasons for this. First, case management is not itself a direct client service. Rather, it is a set of procedures to be followed in the provision of direct services. Observation of any beneficial effects resulting from the existence of good case management practices is likely to be confounded in practice by variations in the quality of the services provided to refugees, for which the case management system cannot be held directly accountable. This situation is



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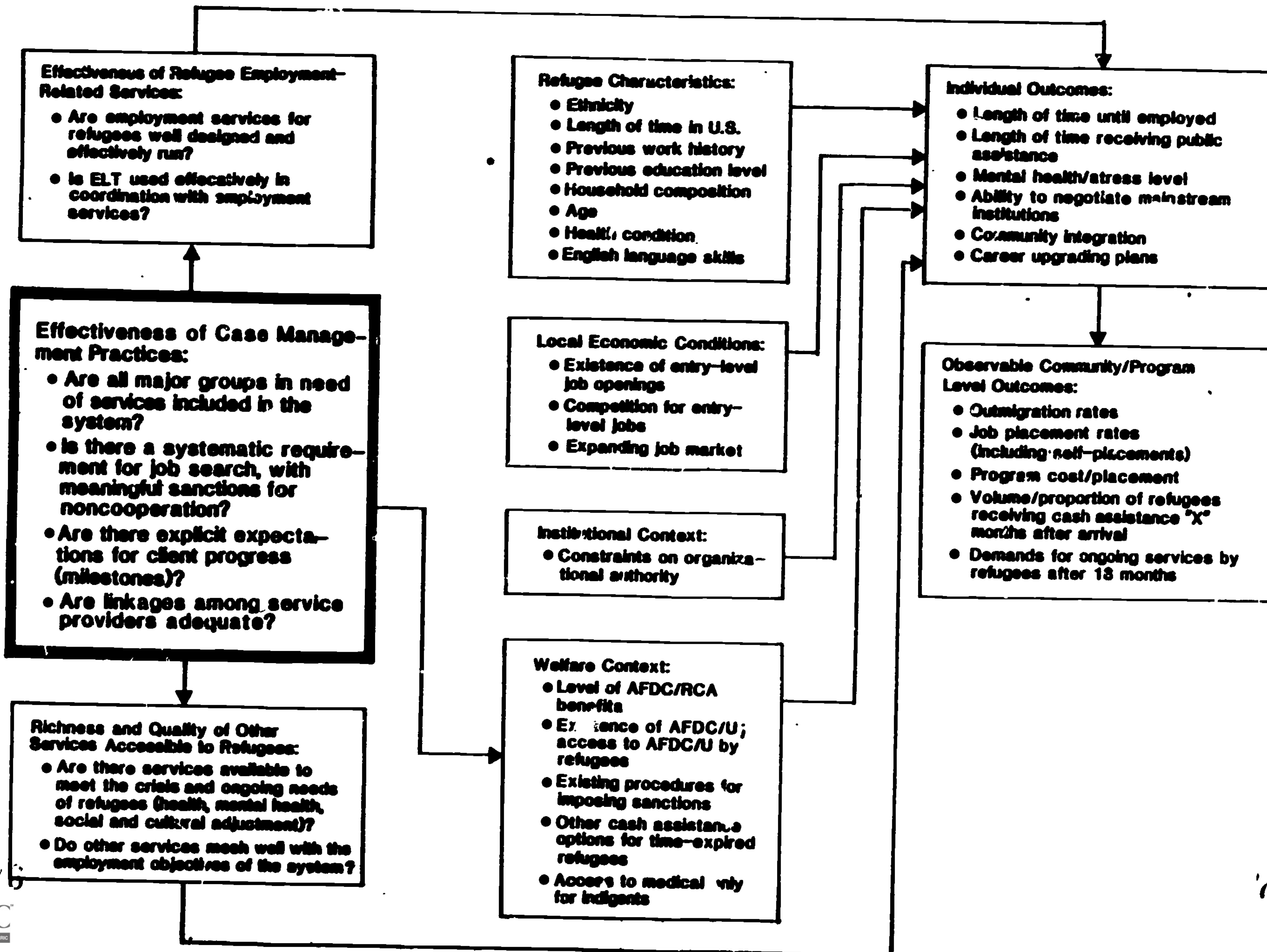
illustrated in Figure 4.1, which hypothesizes that there are direct causal linkages between case management practices and the quality of refugee employment services and other services available to refugees. These direct client services, in turn, are hypothesized to have an effect on the individual outcomes experienced by refugee clients included within the case management system.

Second, as Figure 4.1 also shows, the direct effects of refugee services are strongly influenced by a number of intervening variables which are not subject to manipulation by the refugee program design. These intervening variables include the characteristics of the refugees resettled in the local area; the availability of entry-level jobs in the local economy and the extent of competition for these jobs; the larger institutional context which may facilitate or constrain the ability of the case management agency to exercise its authority or to negotiate agreements with other actors; and finally (and perhaps most important as an intervening variable), the features of the welfare context within which individual refugees make decisions about how seriously to pursue employment goals.

Given that it is so difficult to observe directly the effects of case management practices, what can we conclude about self-sufficiency outcomes? There is at least anecdotal evidence from some of the sites contacted during this study that case management has been successfully used, on occasion, to "turn around" a system with widespread welfare dependency. Beyond this anecdotal evidence, however, we have observed sites where refugees, who are long-term recipients of public welfare, are obtaining employment because of a system-wide understanding that sanctions would otherwise result. We have also observed sites in which fraudulent use of public assistance has been controlled by closer monitoring by case managers of the cash assistance caseload. And, finally, we observed places in which case management has led to systemic improvements in the resettlement program and reorientation of efforts toward early employment. When assessed in the context of unemployment

## EXHIBIT 4.1
# CAUSAL MODEL OF CASE MANAGEMENT EFFECTIVENESS

REFUGEE PROGRAM DESIGN | INTERVENING VARIABLES | OUTCOMES







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rates, welfare rules, and other environmental factors, these functions, we have concluded, are making a difference in some sites.

The remainder of this chapter outlines the several ways in which case management functions have or have not been implemented to yield effective services to refugees, and, in turn, better self-sufficiency outcomes.

## C. THE USEFUL FUNCTIONS OF CASE MANAGEMENT

Case management can and does make a difference in the effectiveness of services available to refugees. While only some of the current programs resemble the generic model of case management described at the beginning of this report, all of the systems we visited nonetheless have useful characteristics.

In particular, we found the following strengths of case management:

### 1. Case Management Functions in Most Sites Have Resulted in More Coordination of Services and Policies Than Would Otherwise Occur in What are Typically Multi-Agency Service Systems.

Better coordination and planning for individual refugee services is evident in the case management systems examined in this study. Case management agencies serve as gatekeepers for all services, each of the major providers is involved directly in case-by-case planning, and the status of any given refugee can be continually assessed. These systems help avoid service duplication and allow the case manager considerable leverage over refugee use of cash assistance and other services. While some of the systems are more diffused than others, even these provide for an explicit path of refugee service and for systematic referral to appropriate services in what would otherwise be disjointed, uncoordinated service systems.



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2. <u>Case Management Has Helped to Ensure that Refugees on Cash Assistance, At Least Those on RCA, Do Not "Fall Through the Cracks" and Fail to Receive Appropriate Services.</u>

Most of the systems examined systematically channel RCA refugees, at least, through an intake and referral process for needed services. Some of the case management models described earlier are especially well equipped for this function because the case manager is able to assure the receipt of services through a mandatory referral process and some form of reporting from many of the providers. Even in those sites or for those services where these linkages do not exist, however, the system insures that the refugee seeking cash assistance is at least assessed for needs, informed of available services, and counseled on the use of those services. This is a significant improvement over an isolated welfare application process with no mechanism for referring and tracking the applicant through other services.

3. <u>Case Management in Many Sites Has Also Served the Function of Quality Control and Assurance of Compliance Requirements in Public Assistance Programs.</u>

Programs in high welfare utilization states, especia y, have been used to reduce inappropriate use of cash and medical assistance, and to assure refugee compliance with job search requirements of the AFDC and RCA programs. This is accomplished both through required use of employment services and through the case managers' acquired knowledge of the client's family composition and other eligibility factors. Job search requirements, in particular, are used t identify refugees who are employed inappropriately or enrolled in unapproved training programs. One site is so rigorous about terminating cash assistance for non-compliant clients that the case management agency is referred to as the "guillotine" by the refugee community.



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4. <u>Where Funding Restrictions have Necessitated Rationing of Limited Refugee Social Services, Case Management Has Facilitated the Targeting of Services to Specific Client Groups.</u>

Several systems have focused on groups perceived to be most in need, such as new arrivals, cash assistance recipients, and refugees about to exhaust their time allowed for cash assistance. Case management has also enabled some local programs to reserve more intensive services, such as vocational training, for refugees with more severe employment barriers, while requiring job search activities of more employment-ready clients. In one site, actual rationing of services has occurred as part of the case management system, with each refugee entitled to up to 720 hours of ORR-funded ELT instruction.

5. <u>Case Management, by Designating a Single Agency/Individual Who is Responsible for Each Refugee, Increases the Likelihood that Refugees Will be Given Clear Messages About the Objectives of Resettlement.</u>

In all of the sites visited, a primary function of the case manager is to explain the structure and expectations of the resettlement system, thereby providing uniform messages about the use of cash assistance, language training, and other services. This benefit is more likely to accrue in systems which provide clear timetables and mileposts as part of a service plan. Refugees are given unambiguous messages about what they are expected to achieve, together with a clear statement of their day-to-day responsibilities in furthering the achievement of their service plan goals.

6. <u>Some Case Management Programs Have Provided for Feedback and Improvement in Their Overall Resettlement Systems, Although This is a Potential Function of Case Management That Has Generally Not Been Well Developed.</u>

Two types of mechanisms have been used by some resettlement systems to guide improvements in resettlement. First, some systems encourage

interaction among case managers and providers. An inherent part of the "team approach" model described earlier is a governing consortium of agencies that makes improvements in the resettlement system based on lessons learned from the case managers and other providers. Other sites have used monthly provider meetings and other mechanisms to encourage communication within the case management system, but these forums have only occasionally been used to encourage systemic improvements or service changes. Second, aggregate data on the needs and progress of refugees are used in some sites to guide system improvements, often in conjunction with the provider consortia described above. Other sites have implemented systems for the collection of such data, but have yet to analyze and use the results regularly for changes in the structure and process of resettlement.

## D. THE UNFULFILLED POTENTIAL OF CASE MANAGEMENT

Despite these very positive impacts of case management, the concept is frequently failing to reach its full potential in practice. In general, we found that case management has often been imposed on existing resettlement systems with insufficient regard for the programs and institutional relationships already in place, and with inadequate planning among the participating providers. As a result, the programs are often marked by conflicting goals, confusion about the roles to be played by providers, and duplication of effort. When this occurs, the unfortunate net effect of case management is to magnify existing weaknesses in the resettlement system already in place rather than improve institutional relationships and the flow of clients toward the goal of self-sufficiency.

Specific weaknesses of current case management systems include the following:



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## 1. In Several Sites, There is a Lack of Shared Understanding of Case Management Goals and the Program Mechanisms Designed to Achieve Those Goals.

Case managers, providers, and the refugees themselves often have conflicting or ambiguous conceptions of the case management function. The problem is not that goals have never been formulated; indeed, there is always at least one person in each site (usually the Refugee Coordinator) who can clearly articulate a logical set of objectives for case management, and these goals are frequently recorded in writing. However, it became clear in some sites that these official goals and the means to achieve them have not always been successfully conveyed to the range of participating agencies or to the refugees themselves. This lack of shared understanding generally takes one of two forms:

- **Confusion and an absence of communication regarding the purposes and design of case management.** The public financial assistance worker, for instance, may have only a vague understanding of the purpose and role of the refugee case manager, and is consequently ill-equipped to provide useful information to the manager or to convey to the refugee an understanding that the various parts of the resettlement system are working together in a coordinated fashion.

- **Disagreement about the goals and functions of case management.** The case manager, the public welfare office, the voluntary agencies and other actors in the system sometimes disagree about what should be done for the refugee by whom, and when. Consequently, providers are often working at cross-purposes and are unable to convey a consistent understanding of the case management system to the refugee. The voluntary agencies, for instance, may see total avoidance of the public assistance system as a top priority while the public assistance workers view it as their duty to make public assistance as readily available as possible. Similarly, the case managers in a system might place a premium on rapid employment for the refugee client, while social services providers stress the importance of preparation and adjustment before employment.

2. Providers Sometimes Lack a Comprehensive View of the Case Management System and Their Own Role Within It.

Related to the problem of confusion regarding goals are misunderstandings of the case management process among providers and the refugees. While the Refugee Coordinator and other senior officials within some systems can clearly describe a logical system of centralized referral, monitoring, and follow-up, individual actors in the system often have no such universal view. Thus, an ELT provider may know little about the referral and service mechanisms of the employment provider, and consequently is ill-equipped to tailor the length and type of English instruction to the refugee's employment plan. This problem is much less evident in systems with joint planning and information sharing among providers, such as the "team approach" model that includes a consortium of providers.

3. Program and Service Design Has Sometimes Been Driven by Financial Concerns to the Detriment of the Potential Effectiveness of Case Management.

States' need to maximize refugee service dollars has often played a strong role in program design. Several of the state systems, for instance, are designed for refugees receiving cash assistance because of the state's desire to supplement limited social services funds with uncapped Cash and Medical Administration (CMA) funds. The result is a narrowly conceived case management system with no potential to divert refugees from cash assistance, or to deal with the needs of families with already employed members who need skills upgrading or additional wage earners in order to maintain their independence from public assistance. Similarly, in some sites, case management is viewed as a way to provide funding to voluntary agencies or other private providers, such as MAAs, thereby preserving their role in resettlement. Yet, in some of these states, there was disagreement as to whether these agencies were necessarily the best choice for the role, resulting in some confusion and questions about their functions.

4. <u>Case Management Systems Are Often Oriented to Users of Certain Types of Cash Assistance and Fail to Reach the Full Range of Refugees in Need.</u>

Most frequently excluded from case management eligibility (except, in some sites, on a voluntary basis) are AFDC eligible clients. As noted earlier, these persons are often placed in an "unassigned pool" within the local WIN program and consequently receive no employment-related services. Omission of this population represents a significant "lost opportunity" to save state and federal dollars; the AFDC population is a growing one in many states while the RCA population is shrinking. General Assistance clients are also sometimes excluded from mandatory case management, possibly resulting in unnecessary costs to the state and federal government.

Moreover, the fact that many case management systems are so completely oriented to the receipt of public assistance means that they are not very well equipped to respond to the following important groups:

- Those who want to avoid receiving public assistance altogether.
- Individuals in need of career upgrading, or households with one family member employed, but in need of secondary wage earners.
- Those who have suffered job [illegible] after becoming time-expired, or who have not yet obtained [illegible]ment at the time of expiration of welfare eligibility.

In many systems, these refugees are either excluded altogether from case management servi[illegible]s or must make contact with the welfare system in order to register for the services.

5. Some Sites Have Parallel or Sequential Case Management Systems With Little or No Means of Coordination Between Them, Resulting in Service Duplication and an Inadequate Exchange of Client Information.

We found at least three forms of duplication among systems. First, the problem was most commonly observed with regard to the voluntary agencies, which often perform what they define as a case management role for Reception and Placement functions in isolation from the main case management system. In some sites the voluntary agencies have been excluded from the case management loop with few provisions for coordination, and in one site the case management and R&P functions are both performed by a voluntary agency, but by completely separate staffs with no formal communication links between them.

Second, local Targeted Assistance programs have often developed in isolation from state case management systems. In one site, for instance, the state case management system is designed to serve cash assistance recipients, while the TA-funded skills training programs has been restricted to time-expired refugees only. There is no mechanism, however, for information exchange, joint refugee tracking, or systematic transition of the refugee client from one system into the next.

Finally, some sites have duplicative case management functions within what has been defined as the overall case management system. For example, as described earlier in one site, divisions of the local public welfare office assess client needs, make referrals, and track refugee clients, but similar functions are also performed by the agencies designated as case managers by the state.

## 6. Linkages Between Agencies are Frequently Absent or Insufficiently Developed for Purposes of Making Referrals, Tracking Client Progress, and Making Appropriate Adjustments in the Refugee's Service Plan.

Troubled linkages take several forms. In some cases, certain providers were simply excluded from the case management System, so that the refugee could access services without the case manager's knowledge. More importantly, the refugee may not be aware of these services or receive guidance about their appropriate use. As discussed earlier, this problem was particularly evident for:

- targeted Assistance programs that function in isolation from the main case management systems;
- vocational train' ) programs and ELT classes that receive non-ORR dollars and are consequently outside the purview and control of the refugee coordinator's office; and
- voluntary agencies that perform the R&P functions but have been excluded from the case management system.

Even where formal channels for referral and feedback have been established, communication is sometimes sporadic and reactive. The case manager in one public system, for instance, only receives feedback from the employment provider when a client fails to appear for a regularly scheduled, monthly meeting. This reactive stance discourages proactive monitoring and guidance for the refugee. Similarly, little communication in this system takes place between the main employment and ELT provider for purposes of tailoring English language training to the employment needs of the refugee.

As was evident from the case management models described earlier, referrals to providers are not always mandatory for clients, and refugees can sometimes enter ORR-funded services without a formal referral from the case manager. In some systems and for some refugee cases, this may be appropriate, but these loosely structured, vol[illegible]y linkages can also carry two distinct



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disadvantages. First, the case manager is unable to regulate the use of services, even by refugees who are mandatory clients. Thus one of the primary function of case management -- to guide and monitor the use of appropriate services -- is lost.

Second, without a required referral from the case manager, services may be duplicated and the refugees may make use of services for much longer than is necessary or appropriate. The most frequent problem in this regard is the long-term use of vocational courses that are often outside the direct authority of the refugee resettlement and case management systems.

These weak communication links stand in stark contrast to the "team approach" model described earlier, in which joint assessments and monitoring are performed by the case manager and representatives of the major service providers for each of the refugee clients. Action decisions are made periodically on a client-by-client basis, and comprehensive information on the status of each client is available to each major provider on a computer terminal. This approach not only encourages frequent attention to the individual needs of clients, but also assures that each major provider has "bought into" the service plan for purposes of enforcing job search requirements, ELT attendance, and other program requirements.

7. **Linkages Between Agencies Frequently Lack Clear Procedures for Systematic Application of Sanctions for Noncompliance With Cash Assistance and Job Search Requirements.**

Some sites have poorly defined and infrequently used mechanisms for the sanctioning of refugees who fail to adhere to case management and cash assistance requirements. Although most sites rely on the threat of sanctions and seek voluntary compliance, where sanctions are never a reality these threats do not hold much force.



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8. <u>In Some Systems, the Activities Required of the Case Management Client are Oriented More Toward the Pro Forma Fulfillment of Public Assistance Requirements Than the Achievement of Self-Sufficiency.</u>

In the absence of countervailing incentives, the Case Manager's primary concern is often with the fulfillment of technical cash assistance rules or easily quantifiable standards. As a result, case managers frequently lack any meaningful performance incentive to further employment outcomes for their refugees. They tend to be held responsible for maintaining procedural standards (e.g., making the required number of client contacts) rather than for helping refugees achieve planned milestones on a case-by-case basis.

9. <u>Case Managers Tend to Produce Standardized Case Management Assessments and Service Plans, with Little Regard for the Individual Needs and Capabilites of the Client.</u>

Many of the service plans we reviewed contained standardized descriptions of need and proposed action, with little tailoring to the unique circumstances of individual clients. Timelines for client progress toward self-sufficiency, for instance, are often assumed to be identical for all clients, and the same mix of services is usually prescribed for everyone. Part of this problem stems from a lack of awareness on the part of case managers of the variety of services -- particularly non-ORR funded services -- available in their communities. The problem may also reflect a need for training among case managers in how to develop individualized plans for their clients.

10. <u>Case Management Systems Often Lack a Forum or Process For Systematically Reviewing and Improving the Local Resettlement System.</u>

A potentially powerful function of case management, as described earlier, is to provide feedback to the various components of a resettlement



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system so that services and institutional relationships can be continually improved. The means for developing and using this feedback has only been developed in a few sites, however. Several systems do have monthly or quarterly provider meetings to discuss problems, but system changes are apparently rarely discussed. Some systems have also made strides toward information systems that will allow compilation and analysis of service and outcome date, but little effort has thus far been devoted to the analysis of the data for systemic improvements.

## E. CONSTRAINTS ON THE EFFECTIVENESS OF CASE MANAGEMENT

Many of the above shortcomings in case management result as much from systemic constraints in the resettlement system as from inadequate planning or weaknesses in implementation. These constraints deserve considerable attention, for it may be that case management will frequently fall short of its full potential until more basic changes are made in the overall design of refugee resettlement, existing institutional relationships, and the countervailing financial incentives of state welfare programs. Described in more detail in earlier chapters of this report, these constraints include the following:

- Lack of state refugee program authority over components of the case management system. Especially in states where the counties and localities enjoy considerable administrative autonomy, the state refugee coordinator's office has little leverage over the design and process of case management. Thus, the coordinator is in the awkward position of financing a diverse array of systems that are often bureaucratically rigid and unresponsive to the need for uniformity or change. The problem is exacerbated in states where the coordinator's office also has little authority within the state bureaucracy.

- The longstanding bifurcation of resettlement efforts between the voluntary agencies and ORR-funded services. Voluntary agencies have traditionally received R&P funding from the U.S. State Department to provide initial resettlement services to refugees

for at least the first 90 days after arrival. These agencies often perceive these services to be a form of case management. Frequently, although not always, there is little coordination between these services and ORR-funded cash/medical assistance and social services. When this lack of coordination is not explicitly addressed by the case management system itself, discontinuities in the resettlement process tend to persists despite new management mechanisms.

- Basic disagreements among major actors in the resettlement system regarding the degree of control to be vested in the case manager. Some case managers have had much less leverage over client behavior and service providers than otherwise possible because of concerns that the refugee resettlement system should not become "paternalistic" or "coercive."

- Other service systems outside the financing and authority of the Case Management System. The case management agency is often powerless, for instance, to influence or coordinate with county Targeted Assistance programs, Vocational Training schools that receive non-ORR funding, WIN programs, and ABE-funded ELT classes. Without control over refugee utilization of these services, the Case Manager can only partially regulate services on behalf of his or her client.

- Financial incentives of cash and medical assistance programs, combined with local economic conditions. As discussed earlier, many state AFDC financial standards and work restrictions inhibit refugee employment in entry-level jobs. Especially in areas where the general unemployment rate is high, these financial counter-incentives comprise a significant barrier to the success of case management.

- The current federal government emphasis on reduction in welfare dependency and the availability of CMA funds only for cash assistance recipients. While these factors have encouraged many states to implement more coordinated services for cash assistance recipients, most states have been reluctant to use ORR social service dollars to the same end.

## F. SUMMARY: FACTORS CONTRIBUTING TO THE EFFECTIVENESS OF CASE MANAGEMENT

From the above review of the successes of case management as well as the areas where its potential has remained unfulfilled, it is clear that several factors can make a difference in the ability of the system to

(a) foster refugee self-sufficiency; (b) ensure compliance and quality control among the several components of the resettlement system; and (c) provide feedback for systemic improvements.

First, case management is much more likely to perform effectively if systematic planning is used to ensure:

- A clear statement and shared understanding of the goals, objectives, and practices of the resettlement system.
- Explicit definitions and shared understanding of individual and agency roles so as to avoid unnecessary duplication and competition.
- Clear and appropriate definition of client eligibility and priority, so that none of the major refugee groups in need are automatically excluded from case management services.
- A tailoring of case management mechanisms to build on existing strengths in the resettlement system and to avoid service duplications.
- Ongoing planning and monitoring of the service system by case managers and other service providers. This feedback process is most effective when it includes mechanisms to reduce service duplications and shortcomings.

Second, the effectiveness of case management will be influenced by the appropriateness and strength of linkages between the case manager and other providers. The exact nature of these linkages will vary appropriately by the size, complexity, and special characteristics of the case management system, but they should include some or all of the following:

- A formal process for mandatory referrals that allows for confirmation of refugee service utilization and that precludes inappropriate or excessive use of services.
- Other formal reporting requirements that provide for frequent, thorough monitoring of refugee progress and allow for proactive intervention on the part of the case manager.

- Joint assessment of individual refugee clients by case managers, employment providers, ELT providers, and cash assistance workers.
- Formal procedures and institutional authority for initiating sanctions.
- Coordinating councils or consortia with the mandate and authority to monitor effectiveness of the system and make necessary changes.

Finally, the case management services themselves should be designed with the following attributes:

- Mechanisms for the case manager to develop with the refugee clear timeliness for achieving self-sufficiency, including explicit milestones.
- Well trained case managers and effective supervision to ensure: (a) a consistent understanding of responsibilities among case managers; (b) the necessary support and authority needed by case managers to implement sanctions where necessary; and (c) a broad understanding among case managers of the referral resources available in the community.
- An expectation and capacity for the case manager to play a proactive role in implementing employment plans; i.e., frequent contact with and assistance to the refugee.
- Built-in incentives that reward case managers for furthering client employment objectives.

As noted earlier, these factors alone will not automatically lead to more rapid adjustment and self-sufficiency of the refugee. At least as influential in many sites will be the intervening variables and constraints that influence the likelihood of early employment.

Given these constraints, however, it is our conclusion that case management with the above characteristics can make a difference and that the strength of its outcomes will be directly related to the strength of system planning and design, institutional linkages, and client services.

## G. RECOMMENDATIONS

ORR should do whatever it can to encourage more effective case management practices where systemic improvements are needed in the overall resettlement program -- for example, in states with fragmented, duplicative service systems and/or inappropriate use of public assistance. In such sites, case management may be a more tenable and realistic approach to change than either restructuring the entire public assistance and service delivery systems or doing nothing. Case management should not be required, however, in all places. There are many sites (especially small communities with few providers and refugees) where it simply is not needed, and there are other sites where a standardized, required form of case management would undoubtedly do more harm that good. Nonetheless, it is important that ORR use whatever influence it can to help existing and possible future systems reach the full potential of what is so clearly possible through effective case management.

Specifically, with regard to case management design and implementation, we recommend the following:

- ORR should encourage case management functions where systemic improvements are needed.
- ORR should not require a single case management model; specific policies and practices should be tailored to fit the characteristic and needs of the localities in which they are implemented.
- In order to promote effective case management, states should use a planning process that encourages that:
  - -- goals and objectives be clearly defined and made explicit;
  - -- the minimal functions of case management be performed;
  - -- ormal linkages be established among case managers, service providers and public assistance workers;



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-- a plan be provided for allocating cost among Cash and Medical Assistance Administration, Social Services and other available funding services;

-- an explanation be provided of how duplication with other case management systems will be avoided and coordination will be effected;

-- a system be in place for the collection of uniform data on refugee demographic characteristics, service utilization, and refugee progress.

-- a monitoring and evaluation plan be provided; and

-- expected cost-savings to result from case management be specified.

- States should draw upon both CMA and Social Services in order to implement a comprehensive and integrated system.
- ORR and the Bureau for Refugee Programs should establish policies clarifying the relationship between ORR and BRP funding and requirements for case management.

The actual client services within case management systems should also be improved. In this regard, we recommend the following:

- Training and technical assistance should be provided to improve the capacity of case managers to:

  -- assess clients and develop appropriate service plans;

  -- counsel clients about expectations and timelines;

  -- identify appropriate services; and

  -- monitor service delivery.

- Incentives that reward case managers for furthering employment objectives should be developed.
- Technical assistance should be provided to state program administrators to assist them in monitoring and evaluating case management systems.

We have seen that the pieces are in place and the will is evident at the state and local level for successful case management practices. With appropriate guidance from ORR, the potential for this promising approach for resettlement can be more fully realized.



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# APPENDIX



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**APPENDIX**

**Refugee Case Management Practices in Selected States**

**January, 1985**

Note: The information in this Appendix was collected by telephone between October 1 and December 31 of 1984. Changes in state systems that may have occurred since that time are not reflected in the matrix.

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REFUGEE CASE MANAGEMENT PRACTICES IN SELECTED STATES:

East Coast Regions (I, II, and III)

| State | Organizational Context | Eligibility/ Number Served | Priority Clients | Services Provided | Link to Social Services Delivery | Link to Cash Assistance Delivery | Funding Source & Level | Linkage to MIS | Issues or Comments |
|---|---|---|---|---|---|---|---|---|---|
| District of Columbia | DC Refugee Office (public agency). | All CA recipients. 150-200 persons. | --- | Tracking, referral | Refer only | Tracking | CMA plus one-time grant for design: Cannot specify amount. | Free-standing automated system (new in September 1984). | System also tracks provider expenditures. |
| New York | Planned: volags (NYC) or providers and MAAs (upstate). | CA recipients. | --- | Assessment, service plan, service referrals, follow-up of referrals, tracking every 3 months. | Will make mandatory referrals for CA recipients (other non-CA clients can enter services on their own). | CMS communicate with caseworkers about cooperation. | CMA: $1.3 million. | CMS will make entries into an automated system that will record services received. | In planning stage. |
| Pennsylvania (Philadelphia area) | Nationalities Service Center (used to be all volags; now by RFP). | All refugees after 90 days. 2,891 households. | Used to be heads of household. | Assess social service needs (not employment). Supportive counseling toward "coping" skills. | ELT & employment are offered by separate providers. City-wide task force coordinates. | Virtually none | ORR Social Services: $418,000 (down from $440,000). | Manual reports. | --- |



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## REFUGEE CASE MANAGEMENT PRACTICES IN SELECTED STATES:
### East Coast Regions (I, II, and III) (Cont.)

| State | Organizational Context | Eligibility/ Number Served | Priority Clients | Services Provided | Link to Social Services Delivery | Link to Cash Assistance Delivery | Funding Source & Level | Linkage to MIS | Issues or Comments |
|---|---|---|---|---|---|---|---|---|---|
| Rhode Island | Volags: ACNS, CSS, Tolstoy | All refugees not yet self-sufficient. About 350 cases per year. | Used to be time-expired dependent now no need to. Focus on new arrivals to bypass welfare. | "A guide through the wilderness." Service planning and follow-up. | "First access" to all services. | Close -- case manager must approve application for CA. | CMA: $135,000 (used to be higher) by formula. | Manual reporting to state. | Seen as cause of dramatic welfare reduction. |
| Virginia | All SS providers (implicit in their contracts) also designated CM within DSS local office. | All refugees. Unduplicated count not available. | CA recipients. | Assess service plan; monitor job search. | CM seen as an integral part of SS -- "a way of funding them for the administrative part of their work." | Some referrals to CM by DSS (welfare). | ORR Social Services: Cannot specify amount. | CM services are not reported separately, but services are tracked. | --- |

Abbreviations:
CA: Cash Assistance
CM: Case Management
CMS: Case Managers
CIU: Central Intake Unit
DSS: Department of Social Services
ELT: English Language Training
SS: Social Services

REFUGEE CASE MANAGEMENT PRACTICES IN SELECTED STATES:
Midwest Regions (V and VII)

| State | Organizational Context | Eligibility/ Number Served | Priority Clients | Services Provided | Link to Social Services Delivery | Link to Cash Assistance Delivery | Funding Source & Level | Linkage to MIS | Issues or Comments |
|---|---|---|---|---|---|---|---|---|---|
| Illinois | 6 volags in Chicago. 6 other not-for-profit agencies outside Chicago | All refugees; enter through CA system (Dept. of Public Aid) | Cash assistance recipients (mandatory referrals). | Assessment; development of employment plan; referral; tracking; follow-up | Mandatoray referral; monthly progress report from providers | Mandatory referral by CMs for CA; refugee signs agreement to enter employability services. CM monitors compliance, reports violators to Dept. of Public Aid | CMA | Implementing automated system, currently manual | System recently altered by volag capitated grants from DOS to handle cash and medical for refugees' first 6 months ("Chicago project") |
| Iowa | CMs are staff of Iowa Refugee Services, plus outstationed volunteers | All IRS R&P clients plus other volags clients in need of services. Cannot specify | CA recipients and time-expired refugees | Assessment, ongoing support, job development, frequent contact | CMs are major job developers, also broker mainstream services | Report noncooperation to CA unit | ORR Social Services & a little CMA. Cannot specify amount | Automated aggregate of service contacts | Integration of agency relationships is critical |
| Kansas (Sedgewick County) | Refugee unit within county welfare office | All CA recipients. 1,608 (640 cases) | 1) AFDC-U 2) GA 3) Transitional GA 4) RCA | Assessment, referral, follow-up, GA eligibility determination (for CA) | Mandatory referral, monitoring, problem-solving | Monitoring of compliance, eligibility assessment | CMA: $145,068 | Reports to automated system | System resulted in 40% decrease in CA caseload in one year |

## REFUGEE CASE MANAGEMENT PRACTICES IN SELECTED STATES:

### Midwest Regions (V and VII) (Cont.)

| State | Organizational Context | Eligibility/ Number Served | Priority Clients | Services Provided | Link to Social Services Delivery | Link to Cash Assistance Delivery | Funding Source & Level | Linkage to MIS | Issues or Comments |
|---|---|---|---|---|---|---|---|---|---|
| Minnesota | Varies by region: USCC in St. Paul/ Minneapolis; volags, MAA, and one county agency in other regions of state. Refugees referred through Public Assistance (PA) Agency. | Employable CA recipients not time-expired; county PA workers determine need for CM or direct referral; not all CA recipients enter case management | Employable PA recipients who are not job ready | Assessment; testing; development of employment plan; referrals; placement; work orientation and preparation | Referral; monitoring | PA worker refers time-eligible clients on discretionary basis; CM develops employment plan for sign-off by PA and reports progress to PA on quarterly basis. Receipt of CA depends on cooperation | CMA (was ORR grant and Social Services) | --- | Current system only 3 months old; formerly, volags received funding to extend R&P CM functions without formal linkage and referral from Public Assistance |

Abbreviations:
- CA: Cash Assistance
- CM: Case Management
- CMS: Case Managers
- CIU: Central Intake Unit
- DSS: Department of Social Services
- ELT: English Language Training
- SS: Social Services





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**REFUGEE CASE MANAGEMENT PRACTICES IN SELECTED STATES:**

**Western Regions (VI and VIII)**

| State | Organizational Context | Eligibility/ Number Served | Priority Clients | Services Provided | Link to Social Services Delivery | Link to Cash Assistance Delivery | Funding Source & Level | Linkage to MIS | Issues or Comments |
|---|---|---|---|---|---|---|---|---|---|
| Colorado | CM is provided directly by State Refugee Program. | All refugees. Entry to CM is 90 days after arrival or when secondary migrants arrive or when apply for CA. 1,000 persons. | "Active" CM cases are ready for employment services or with social services problems. | Group and individual orientation, assessment/development of service plan, monitor receipt of services, assist and monitor job search, crisis intevention, 90 day follow-up. | CM referral is necessary for access to refugee-funded ESL. CMs are the employment service providers. CMs refer to OJT, job training. | CA (RCA) recipients are mandatory CM clients. CMs monitor job search, report job refusals, do 30-day counseling. | ORR Social Services: $400,000 to $450,000. | Sophisticated MIS can be used to track social service delivery and welfare utilization. | "Gentlemen's agreement" that first 90 days are volag responsibility. |
| Oklahoma | In each city a primary site, with satellites -- providers vary. | All. In Oklahoma City, 1 600 persons. | One site targets CA recipients. | Assessment, reassessment, referral and monitor services. | Refer and provide and coordinate. | Report progress to IM. | SS-plus regional TA grant for computer programming: Estimate $16,000 per site. | 3 forms, a lot of information about refugees, problems, services and outcomes. | --- |
| Utah | 3 volags: USCC, AFCR, Tolstoy | All refugees. Open CM case immediately after entry. 800 on cash assistance + new arrivals. | (Services must focus on achievement of self-sufficiency). | Must have contact with client at least once a quarter. | Make referrals, but don't control access to social services. | New policy: CA workers must contact CMs when a case opens. | CMA: $106,000. | Not mentioned. | --- |

Abbreviations:
CA: Cash Assistance
CM: Case Management
CMS: Case Managers
CIU: Central Intake Unit
DSS: Department of Social Services
ELT: English Language Training
SS: Social Services



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REFUGEE CASE MANAGEMENT PRACTICES IN SELECTED STATES:
Far West Regions (IX and X)

| State | Organizational Context | Eligibility/ Number Served | Priority Clients | Services Provided | Link to Social Services Delivery | Link to Cash Assistance Delivery | Funding Source & Level | Linkage to MIS | Issues or Comments |
|---|---|---|---|---|---|---|---|---|---|
| California CIU System (Los Angeles) | 6 agencies contracted to be CIUs; based on geographically divided areas. | RCA recipients and other refugees. Will increase when POP is implemented. | --- | Assessment, service plan, document referrals, get progress reports from providers. | Only way to access ORR-funded social services (not true for targeted assistance funded services). | Report noncooperation to CA unit. | ORR Social Services. $1.5 million in 15 or 16 counties. | --- | --- |
| California CIU WIN System (Orange) | Private agency serves as CIU for [illegible] clients. WIN Refugee Employment Assistance Program (REAP) for AFDC clients. | At present RCA clients are mandatory CIU clients; AFDC recipients are voluntary CIU clients, mandatory REAP. | REAP prioritizes clients by employability. | Intake, assessment, service plan, referrals, monitoring, recommendation of sanctions. | Receipt of [illegible] services prescribed by CM is mandatory. | Report noncooperation to CA unit. | ORR Social Services; WIN. | System for noting referral. Centralized ID number to authorize services. | --- |
| California SF Case Management Demonstration | [illegible] volags | Those refugees who arrive in Cal after 12/1/84 and who apply for CA or need social services. Anticipates 1,500. | Prioritize clients by employability. | Assessment, service goals, and services; must have 2 contacts per month if active; quarterly face-to-face reassessment. | Receipt of services prescribed by CM is mandatory for CA recipients. | Communicate noncompliance to ES-WIN (for AFDC) to DSS (for RCA). | ORR Critical Needs Money. $408,000 for 15 months. | Yes | Starts December 1, 1984 |





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REFUGEE CASE MANAGEMENT PRACTICES IN SELECTED STATES:

Far West Regions (IX and X) (Cont.)

| State | Organizational Context | Eligibility/ Number Served | Priority Clients | Services Provided | Link to Social Services Delivery | Link to Cash Assistance Delivery | Funding Source & Level | Linkage to MIS | Issues or Comments |
|---|---|---|---|---|---|---|---|---|---|
| Hawaii | Child & family services: private nonprofit mainstream Title XX provider (new to refugees in 1984). | All refugees as soon as they apply for CA: 1,492 in 1984 (689 cases). | Cash assistance recipients (mandatory referral). New arrivals. | Assessment, service & employment plan, advocacy, reassess quarterly. | CMs also are employment providers; make mandatory ELT referrals; refugee has choice about which services, but must participate. | All CA applicants must register for CM. CM initiates and investigates sanctions and reports to IM. | 50-50 Social Services & CMA: $273,000 for 11 month FY 85 contract. | State working on MIS to link services with welfare outcomes -- now manual reports. | Seen as a solution to previously ineffective services -- working on volag linkages |
| Idaho | CM is directly provided by State Refugee Program (subcontract in one site). | Primarily CA recipients. Open CM case when apply for CA. 630 | Lower priority if not on CA or if self-sufficient. | Single service center, assessment, service plan, monitor plan & reassess, referrals to mainstream providers, job placement, follow-up of placements, assessments, service plan. | CMs also offer job development; no other refugee funded services; referrals to mainstream services. | Communicate with CA workers about failure to cooperate. | ORR Social Services: $15,000 | Mini-computer to track cases. | --- |
| Washington | CM staff are located within local welfare offices. | All CA recipients and other refugees who want access to ELT. 10,000. | RCA recipients and more employable refugees. | Assessment, referral to ELT, employment, assistance with CA problems, 6 month reassessment, monitor service utilization. | Make mandatory referrals to employment services; CM referral is necessary for access to ELT. | Interpret for CA workers; participate in referral to employment registration which must be done before CA case opened; communicate failure to cooperate. | Approximately 70% CMA; 30% Social Services: $1.037 million for FY 1984. | Yes, currently implementing on-line MIS. | --- |
| Oregon | Volags | All refugees. | Cash Assistance recipients. New arrivals (new emphasis). | Assessment, service plan, referral, monitoring, follow-up sanctioning. | Mandatory referrals for all social services. | CM refers to CA; monitors compliance; initiates sanctions. | ORR CMA SS: $442,830. | Adjusted MIS; all service providers have terminals. | |

Abbreviations:
CA: Cash Assistance
CM: Case Management
CMS: Case Managers
CIU: Central Intake Unit
DSS: Department of Social Services
ELT: English Language Training
SS: Social Services

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