



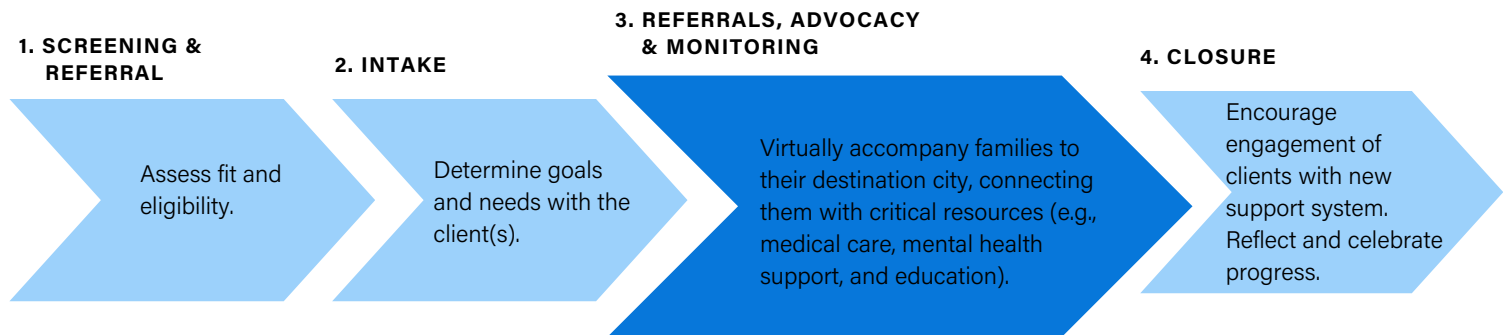
Impact of Destination Case Management on Families in Movement: Social Functioning Improvements and Key Insights

Context

Newly arrived immigrants face a multitude of challenges in adapting to a new country including: acculturation challenges, language barriers, and discrimination (Bekteshi & Bellamy, 2024; Derr, 2016). Anti-immigrant policies of detention and deportation further compound these challenges and harms for more than 2.4 million asylum seekers with cases pending as of the end of FY2025. (Straut-Eppsteiner, 2025). These hardships impede the ability of asylum seekers to access necessary services to survive and adapt in a new environment. CVT's Proyecto Mariposa destination case management services are designed to address systemic and structural barriers commonly experienced by transient families.

About Destination Case Management

Destination case management services virtually accompany families to their destination city, connecting them with resources securing basic human rights such as food, housing, medical care, and education. In Tucson, Arizona, CVT Case Managers work with families who have crossed the US-Mexico border, including those released from immigration detention, providing linkages to existing community resources. See figure below for the four phases of this service model.



Evidence Collected

CVT's Brief Family Social Circumstances and Functioning Inventory (BF-SCFI) is an 18-item tool that assesses family functioning, including safety, stabilization, and social and community engagement. See example items below:

Service Navigation: Is your family able to engage with social services when needed?

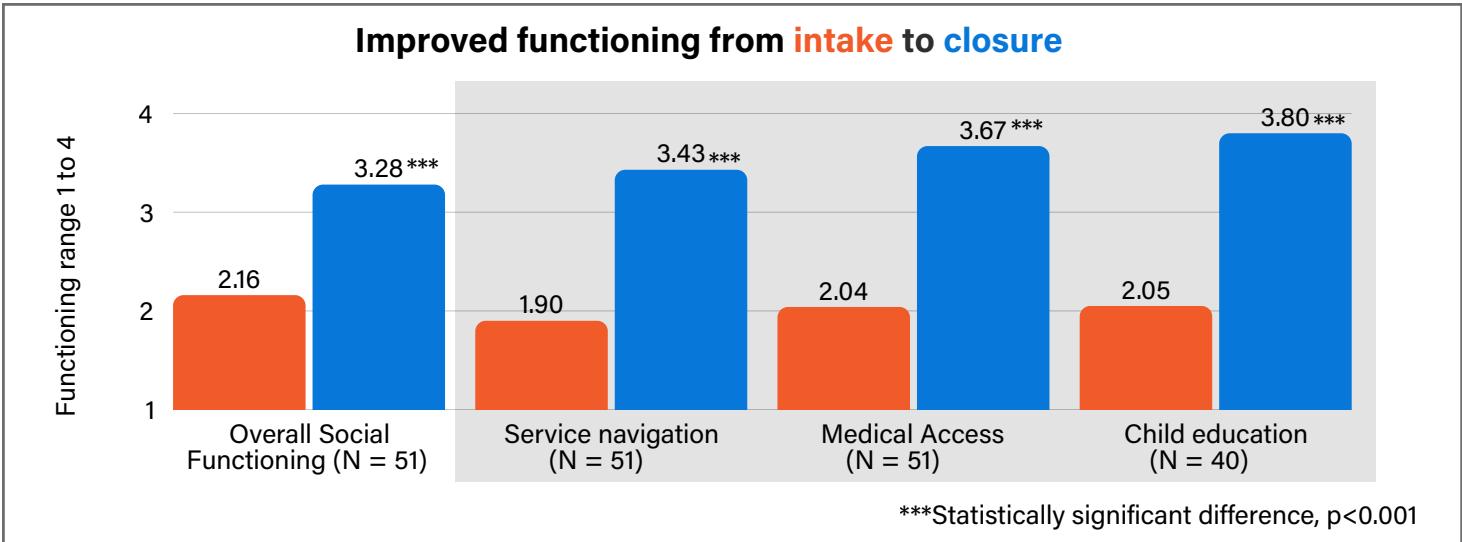
Medical Access: Can your family access medical care if they need it?

Child Education: Where are you in the process of enrolling the children in your family in pre-school or school?

BF-SCFI data were collected between May 2022 and December 2025 through pre- and post-intervention assessments. The head of the family completes the BF-SCFI at the start and end of services with service duration ranging from 2 months to 18 months, with an average of 7 months.

Interpretation of Evidence

Key Findings: Results indicate a statistically significant increase in family functioning after completion of destination case management services with CVT.



On pre-post, clients reported statistically significant increases in all areas. The highest proportion of families reported improvements in the ability to engage with social service agencies, access to legal services, and access to medical services. When CVT staff (N = 3) were asked about examples of program successes they highlighted the formation of long-term support systems beyond CVT.

“

Creating systems of support in their community has this whole [...] stabilizing effect on the family so that they're able to focus their efforts into future goals .

”

“

When they start to talk about relationships that they're developing with friends [...] I think that those are signals to us that they're starting to stabilize.

”

“

They are becoming enmeshed in the community [...] and feel that hopefulness of yes, we're taking steps forward.

”

Conclusion

Based on pre-post data, respondents at closure report a significant increase in family social functioning after receiving destination case management services. The evidence suggests that destination case management services may play a role in the stabilization and adjustment of families in movement.

Statement about Interpreting Evidence

While results are promising, without a control comparison group it is difficult to determine the role CVT services played in improving family social functioning relative to other factors. Additionally, analysis is based on a subsample (41%) of those who reached closure and completed the BF-SCFI. The low BF-SCFI closure rates are likely attributable to the challenges in keeping in contact with vulnerable, transient populations (e.g., lack of access to internet or service, changing phone numbers, immigration-related emergencies).

References

1. Bekteshi, V. & Bellamy, J. (2024). Adapting for Well-Being: Examining Acculturation Strategies and Mental Health among Latina Immigrants. Social Sciences. 13. 138. 10.3390/socsci13030138.

2. Derr, A. S. (2016). Mental Health Service Use Among Immigrants in the United States: A Systematic Review. Psychiatric Services, 67(3), 265–274. <https://doi.org/10.1176/appi.ps.201500004>

3. Straut-Eppsteiner, H. (2025, December 10). Asylum process in immigration courts and selected trends (CRS Report No. R47504). Congressional Research Service. https://www.congress.gov/crs_external_products/R/PDF/R47504/R47504.3.pdf.

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