

Karen Organization of Minnesota

Youth Case Management Program Evaluation Report

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WILDER

Key findings

The following key findings are drawn from a review of case notes from the Karen Organization of Minnesota's Youth Case Management program and a survey of youth who have been in the program.



Karen Organization of Minnesota case managers are trusted bridges between youth, families, and service systems.

Case managers support Karen and Karenni youth and their families to navigate treatment, healthcare, education, and legal systems by reducing language, cultural, and trust barriers that often prevent people from getting support.



Urban Village is a critical partner in youth recovery and well-being.

Youth who participated in mentoring, events, and homework help at Urban Village showed the most growth over time. The partnership between KOM and Urban Village is an important part of helping youth succeed.



Case managers provide true wraparound services that support the family and the community.

Case managers provide more than typical case management services and provide support to the entire family, including transportation, translation services, food assistance, court involvement, and crisis response.



Youth view mentors and case managers as trusted adults who improve their lives.

Youth described improvements in their school performance, mental health, family stability, access to resources, and motivation. Many youth said it was essential to have caring adults and safe spaces where they felt supported and connected to their community.

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Background

In 2025 and 2026, the Karen Organization of Minnesota (KOM) partnered with Wilder Research to conduct an evaluation of their Youth Case Management program for Karen and Karenni youth who engage in substance use. The Youth Case Management program began in 2021 in response to concerns in Karen and Karenni communities about escalating substance use by youth and a lack of accessible, culturally-responsive prevention and treatment services. The program provides culturally-responsive case management for Karen and Karenni youth who are using substances to improve access to treatment, support, and recovery services.

In 2023, KOM received funding from the Minnesota Opioid Epidemic Response Advisory Council to lead a collaborative partnership consisting of the University of Minnesota Physicians, Saint Paul Public Schools, Fairview Clinics, and the Urban Village to design and implement a culturally-responsive continuum of care for Karen and Karenni youth with opioid dependence in Ramsey County. Goals of the project included improving systems of care, providing youth and family case management, overdose prevention, access to medications for opioid use disorders (MOUD), and culturally specific mentorship and aftercare for youth. One member of the continuum of care is Urban Village, non-profit organization in Saint Paul that provides a gathering place for Karen and Karenni youth as well as services such as mentoring, homework support, and events. Urban Village provides additional mentorship to youth who are part of KOM's Youth Case Management program. This evaluation focuses on the impact of the case management and mentorship support KOM and Urban Village provide on Karen and Karenni youth with substance use disorders.

Youth Case Management

KOM's Youth Case Management program is designed to be a bridge between Karen and Karenni youth and their families, and the mental health and substance use treatment system. Funded entirely by grant dollars, case management is voluntary and free of charge to youth. KOM is the only Karen ethnic community-based organization in the Twin Cities. They have become the first call for schools, clinics, hospitals, and law enforcement personnel who encounter Karen and Karenni youth with substance use disorders. Because of language and cultural barriers, KOM staff are called on by both families to help navigate systems of care, and by medical professionals to help navigate Karen and Karenni culture when working with youth. The Youth Case Management program is an effort to formalize those services.

Youth are referred into the program by their families, school personnel, and medical personnel. They are assigned a case manager who works with them for as long as they need. The case manager coordinates chemical health and mental health assessments and treatment if needed, communicates with and educates families about options, works with school and medical staff to facilitate services, and provides ongoing support to youth themselves. Over the past several years, KOM has built a strong partnership with Urban Village to refer youth in the KOM case management program into Urban Village's mentorship program. Often, KOM case managers and Urban Village mentors work together to support youth in the case management program.

Methods

To evaluate the impact of the case management program on youth, Wilder staff reviewed KOM's case management records between April 2024 and April 2026 and conducted a survey of youth who participated in the case management and mentorship programs at KOM and Urban Village. Data from the case management record review and the youth survey were analyzed separately, as described below.

Case management record review

KOM provided Wilder with records of case managers' interactions with youth in the program between April 1, 2024, and April 1, 2026. The records included an ID number, the date of the interaction, and a brief description of the interaction. For example, a case manager might note that they drove a client to Urban Village and talked with them about their schoolwork, or a note might describe a conversation with a client's parent about how to access treatment. Wilder used thematic content analysis to look for themes and patterns to describe the impact of the program on clients' well-being, substance use, and connection to resources such as mental health or substance use treatment.

Youth survey

While most Karen and Karenni youth speak English, participating in a one-on-one interview or completing a written survey is not a comfortable experience. Many youth are hesitant to speak with strangers about their experiences, and written surveys are not common in Karen and Karenni culture and can be difficult to understand. Wilder worked with KOM to create an audio survey that was more accessible for youth who participated in the case management program. The survey consisted of four questions about their experiences with the program and allowed youth to audio record their responses. Youth felt more comfortable speaking instead of writing and were able to do so in a way that felt more confidential and private because they could do it in a place and at a time when they felt

comfortable. This method was very successful and both youth and KOM staff reported that youth liked this approach to data collection.

Record review report

Between April 1, 2024, and April 1, 2026, KOM staff served 87 individuals in the Youth Case Management Program. Case managers documented 2,033 interactions with clients, including phone calls with them or their family members; in-home visits; hospital visits; transportation; activities like volleyball, fishing, and running; and facilitating connections to services such as housing, treatment, and education support.

Seven clients were seen for one-time discrete tasks such as completing job applications, applying for health insurance, or navigating utility payments. Four individuals were referred to the program, but were not admitted, usually due to an inability to contact the youth.

Records were reviewed for the 76 remaining clients. Case managers documented 2,011 interactions with these clients. Clients received an average of 33 interactions with their case manager and were in the program for an average of 17 months. A qualitative analysis of case notes for each interaction identified the following themes.

Theme 1: Case managers are an essential bridge between youth and needed services

One of the most frequent and most important roles that case managers played was as a bridge or connector between the client and the wide variety of services and systems the client was engaged with. Most of the clients in the case management program were engaged with school, credit recovery, or education services; substance use treatment support such as counseling or MOUD; or career support or training programs. Many clients were also engaged with the criminal legal system through probation, ongoing court cases, or time in juvenile detention centers. Most of the case notes described some form of case managers facilitating connections between the client and these systems, as well as connections between the systems themselves on the client's behalf. The following example demonstrates this.

A KOM case manager was contacted by a probation officer because the client needed a chemical health assessment and subsequent treatment. The case manager relayed this information to the client and their family and then helped the client to find an appropriate treatment center for both the assessment and ongoing treatment. The case manager coordinated the client's appointments, reminded the client about their appointments, and transported the client to and from appointments. When the appointment for the assessment was canceled by the treatment center, they contacted the case manager and he reached out to the client and the probation officer to ensure everyone had accurate information and helped reschedule the appointment

As seen in this example, the case manager often acted as the primary connection for communication between the client and service systems. Social workers, probation officers, school counselors, and clinic staff often reached out to the case manager first to relay information to the client. Case managers made significant efforts to communicate important information between relevant system actors as well as to the client and their family.

There are two primary reasons that case managers were effective at bridging between clients and service systems. First, many Karen and Karenni youth, as well as their parents, do not speak English fluently and are not familiar with Western medical and legal systems. Service system personnel may struggle to communicate information accurately and clients and families are often left unable to understand their options. Case managers who are fluent in Karen, Karenni, and English were able to reduce this barrier.

Second, many Karen and Karenni people do not trust Western service providers or the health and legal systems. Histories of harm perpetrated by government and medical systems in Burma have contributed to this fear and mistrust. Karen and Karenni case managers who speak the clients' languages and have similar backgrounds are trusted in the community and are often able to gather more information about a client's case than other system actors. An example of this is below.

A client ran away from home and was missing for several days. The family asked the case manager for help contacting the police and filing a missing person report. The police took the report but ultimately told the family there was not much they could do. The case manager, however, was able to speak with the family and learn more about where the client could potentially be. The case manager contacted the client's friends and was able to locate the client and help her to return home. The family and other community members appeared to have more trust in the case manager than the police because she knew the language and the community.

Theme 2: Urban Village is an essential partner

About two-thirds of the clients in the case management program also participated in activities or services through Urban Village and many clients had a mentor through Urban Village. Mentors are Karen or Karenni and have training in trauma-informed care and substance use prevention. They meet regularly with mentees and spend time together doing a variety of activities. Urban Village also provides afterschool homework and tutoring support most days of the week. Many Karen and Karenni youth use Urban Village as a hangout spot.

The clients who had the most growth over their time in the KOM case management program and who were the most successful in reducing or stopping their substance use were those who utilized Urban Village mentors and homework support. Case managers were an essential connection to Urban Village. Many case managers described talking with clients about Urban Village, encouraging them to use the services, and then accompanying them on their first visit. One case manager is also a hair stylist and described bringing clients to Urban Village for haircuts during their meetings together. This provided clients with a comfortable and safe place to spend time with their case manager, and clients appeared more likely to open up while getting their hair cut.

KOM case managers were deeply connected to Urban Village mentors and often collaborated to support clients. Many case notes indicated that case managers often called their clients before Urban Village events and invited them to participate, reminded them several times about the date and time and then provided transportation to and from the events. Clients often signed releases of information so that case managers and mentors could talk with each other and collaborate on support for clients.

Theme 3: Case managers provide true wraparound services

Case notes showed that all case managers provided an incredible array of services to their clients, not just related to substance use and mental health. Many case managers described providing food to their clients when they were together, including snacks, meals, and groceries. Others described providing transportation to and from doctor appointments, treatment clinic visits, Urban Village, school, and other locations. Some case managers provided family members with transportation to their own appointments, as well. Case managers were frequently asked by families to read and translate important mail and documents. For example, one case note described several meetings with the mother of a client to read letters about a health insurance issue and then subsequent efforts to help the parent address the issue and keep their health insurance. The following example shows the lengths case managers went to in support of their clients.

A client had several court hearings and appointments that were sometimes virtual and sometimes in person. The client's probation officer emailed the client's parent Zoom links and passwords, but the parent could not read or understand the emails. The case manager began reaching out to the probation officer to find out the format of the appointments and then passing the information on to the parent. When it was discovered that the parent did not have a way to access virtual appointments, the case manager transported them to and from KOM offices and helped them access Zoom so that they could attend the virtual appointments. The case manager was then able to hear and interpret the meetings for the parent so they had an up-to-date understanding of their child's court case.

A unique aspect of KOM's case management program is that it was often oriented around engaging in activities with clients. Many case notes described case managers playing soccer and volleyball with clients, taking them to the mall, hanging out with them at Urban Village, running together, going fishing, and a wide range of other activities. Often these were opportunities for the case manager to check in on client's wellbeing and substance use. Clients appeared to really enjoy these activities, and they seemed to provide a safe and culturally-responsive way to talk about emotions, family problems, and other difficult topics. Western one-to-one counseling is not common in Karen or Karenni culture and many people feel more comfortable talking about their feelings while engaging in physical activities. Because case managers had the same language and cultural backgrounds as their clients, they were able to build trust and spend time together as peers.

These wraparound supports were particularly crucial in late 2025 and the first few months of 2026. Beginning in late December 2025, Minneapolis and Saint Paul were the site of Operation Metro Surge, which was a mass deployment of federal immigration enforcement officials with a mandate to arrest, detain, and deport people who were undocumented. The operation was one of the largest immigration enforcement activities ever carried out. Between December and April, thousands of individuals (many of whom were legal residents and US citizens) were arrested and detained, often violently. The crisis led to widespread fear among immigrant and refugee communities. Many families sheltered in place and did not go to school, work, or medical appointments for fear of being arrested. Case notes during this time clearly show that case managers were an essential lifeline for their clients and families. Case managers checked in with families regularly, coordinated grocery delivery and rental assistance, and supported students who had their schooling disrupted. Case managers also contacted all their active cases in December and January to provide "Know Your Rights" training about immigration documentation.

Theme 4: Case managers educate and support families

Most case notes show that case managers communicated frequently with the family members of their clients. After completing releases of information, family members became active members in a client's case. Case managers were required to reach out to each client at least once a week. When they were unable to reach their client, they often contacted a parent or another adult family member. Family members were frequently able to give the case manager updates about how the client was doing and strategize for future connections.

An important secondary outcome of these conversations was that case managers provided essential education and support to parents and other family members. Many Karen and Karenni parents have limited knowledge about substance use (especially opiates and methamphetamine), substance use treatment, or the criminal legal system. Case managers were able to answer their questions, explain processes and procedures, and provide emotional support for families.

Theme 5: An increasing number of clients are using medication to treat substance use disorders

Most of the clients in KOM's case management program used fentanyl and other opiates as well as methamphetamine. In recent years, medications for opioid use disorder (MOUD) have become more widely available. MOUD is an evidence-based medical treatment for opiate use that uses medications such as methadone, naltrexone, or buprenorphine to manage cravings and withdrawal symptoms to reduce or eliminate drug use. People often, but not always, use MOUD in combination with counseling or therapy to treat their substance use disorders. The standard process for accessing buprenorphine has been to meet with a provider, complete an assessment, stop using opiates and enter withdrawal, and then start the medication. Typically, someone must be in active withdrawal to begin taking buprenorphine. Each of these steps can present barriers to access, but especially the need to be experiencing active withdrawal from opiates.

Because KOM case managers are deeply engaged with both their clients and their clients' families, they are in an ideal position to support uptake and adherence to buprenorphine. Many case notes described the ways case managers educated their clients and families about MOUD, scheduled appointments for intakes and follow ups, transported clients to and from appointments, supported clients through early withdrawal, reminded clients about ongoing appointments and prescription refills, and helped families to understand the process. Most of the clients who started buprenorphine were able to sustain adherence over several months because of the support they received from their case manager.

Youth survey report

Seventeen youth responded to a survey about their experiences with KOM case managers and Urban Village mentors. Thirteen respondents had an Urban Village mentor, two had a KOM case manager, and two had both a mentor and a case manager. In the survey, youth were asked:

- Please tell a story about how your KOM case manager or Urban Village mentor has helped you and your family.
- What do you like about talking with your case manager or mentor?
- What kinds of services has your case manager or mentor connected you to?
- What would help make the program better for Karen/Karenni youth?

Respondents described several ways that mentors and case managers supported them. Several respondents said mentors and case managers helped them with homework, to stay on track at school, and to improve their grades. Urban Village offers a homework club several times a week and several respondents said the homework club and volunteer tutors were essential to improving their grades and school performance.

> The Urban Village mentors are always caring and are very encouraging and make others motivated. They also help with school work and they are always there when you need someone to talk to.

Second, mentors and case managers provided material support to the respondents. One respondent said their mentor cut their hair and several respondents said they were given food, especially during the ICE raids. Another respondent said their case manager reads and interprets letters and other important documents for their parents. Case managers provide important connections to mental health and treatment services, as well.

> During the ICE situation they provided food to my family and others who were scared to go out.

Third, many respondents reported that they really enjoyed just spending time with their mentors and case managers. Mentors and case managers played sports with youth, took them to church, went on walks, and hung out with youth after school. Respondents said that activities like sports and walking helped to clear their mind and were a powerful part of recovery.

> Urban Village has helped me a lot with my mental health, like having a lot of trusted adults and having fun days where you can do fun activities and get your work done. I have been so much better ever since I've been going to Urban Village. They also helped me get back on my feet when I felt like I was unstable and needed help. Urban Village has a lot of opportunities, and it makes me really happy that I have a place to call my second home. This youth community group has helped me understand not all programs are bad.

Finally, mentors and case managers provided essential mental and emotional support. Youth could talk to their mentors and case managers when they were feeling down or when they were having problems with family or friends. One respondent said their mentor encouraged and motivated them to reach their goals. Another said their mentor helped them become a better person. A third respondent said Urban Village felt like a safe place where they could talk about their problems and get support.

> They always help me be better so I can achieve my goals and I like talking about how I can do this or that.

Conclusion

Both the case record review and the survey demonstrate that KOM's Youth Case Management program provides essential culturally responsive support services for Karen and Karenni youth. The support that case managers provide serves a primary role in helping youth to reduce or stop opiate use. Through culturally-responsive, relationship-based support, case managers are trusted bridges between Karen and Karenni youth; their families; and complex systems like schools, health care providers, treatment programs, and the criminal legal system.

The evaluation also highlights the critical role of partnerships, particularly with Urban Village. Youth who engaged with mentors, educational support, and community-based activities through Urban Village appeared to have experienced some of the strongest outcomes. Together, KOM and Urban Village provide a continuum of support that combines practical assistance, mentorship, family engagement, social connection, and access to treatment. Youth described these relationships as caring, encouraging, and transformative, often identifying mentors and case managers as trusted adults who helped them succeed in school, improve their mental health, and work toward their goals.

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Here for good.

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The Karen Organization of Minnesota is a non-profit organization in Saint Paul, MN that provides a variety of programs to help refugees transition to life in a new country and achieve their goals. The mission of KOM is to *build on the strengths of refugee and immigrant communities and remove barriers to achieving economic, social, and cultural wellbeing.*

Karen Organization of Minnesota