



American Public Human Services Association

Retrospective of Factors Impacting U.S. Human Services Delivery and Emergency Response During Evacuations from Afghanistan

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Executive Summary

Origin of Briefing

The U.S. military withdrawal from Afghanistan in the year 2021 was a global-scale event that tested the limits of international emergency cooperation, proving to be a equally pivotal moment in U.S. military history. While significantly less reported, the reverberations of this humanitarian crisis were similarly catalytic in terms of their implications for U.S. human service agencies. In the ensuing years, the mass migration event that followed the withdrawal has continued to transform the ways in which human service leaders and their partner NGOs are conceptualizing their roles in the provision of services to evacuees and foreign-born persons, including resettled families, immigrants, repatriated U.S. citizens and legal permanent residents, and other individuals with limited English proficiency.



Scope of Human Services

To generate this report, APHSA interviewed human services personnel operating at both state and county levels, as well as partner entities collaborating with these agencies, such as non-profit organizations. The interviewees included administrators, often at executive leadership levels of TANF (Temporary Assistance to Needy Families) and SNAP (Supplemental Nutrition Assistance Program) programming, as well as other economic and social support programs. Also included among the interviewees were individuals fulfilling the role of State Refugee Coordinator (SRC) and human service personnel within these offices. Though the placement of SRC offices varies by state, they often operate under the broader umbrella of human services, meaning that programs designed to serve individuals formally resettled as refugees are sometimes overseen directly or indirectly by the same individual charged with administering the larger array of economic

supports for the state. This includes the wider set of supports that would be provided to repatriated U.S. citizens, and potentially, to family members holding differing immigration statuses. Given these various institutions' specialization in and experience with the provision of supports to individuals arriving to the U.S. from other countries, other actors, such as relevant non-profits and resettlement agencies serving individuals evacuated from Afghanistan, were also interviewed. The inclusion of these actors in this analysis was critical to developing a retrospective of the quality of human services rendered to individuals being evacuated from Afghanistan, especially given their direct connection with the affected communities. Their inclusion was also critical given that these actors often interact with human service personnel to support the families of evacuees in accessing government-funded programs.

Findings

While the service providers interviewed for this report had little memory of serving repatriated U.S. citizens specifically, the major findings of the collective interviews revealed areas having the potential to impact the communities into which repatriates might eventually settle, as well as the potential to impact the non-profit organizations and private community members who might seek to support individuals arriving from Afghanistan.

The major findings of the interviews include:

There exist a variety of challenges which evacuees brought to the U.S. under repatriation and Operation Allies Welcome (OAW) frequently encountered when accessing state and county-administered human services. These included misalignments in policy, service disruptions, documentation challenges, and inconsistencies introduced through state variability, among other difficulties.

There is an urgent need for training and technical assistance in the delivery of culturally and linguistically appropriate supports, as well as a similar need for education on policy and eligibility criteria surrounding economic supports and other public resources. This includes a need for enhanced training to government providers, non-profit organizations, and community supports alike.

Evaluation of communications patterns will be needed, and continued development of diverse fora, such as task-forces, will foster effective modes of information-sharing.

At the time of the interviews, several new developments in resettlement led to concern among interviewees around evacuee safety and well-being. These changes simultaneously introduced frictions into and deepened inter-organizational ties, as well as community-level relationships. As such, OAW revealed both positive and negative outgrowths in the domestic aftermath of the humanitarian crisis.



About

Origin of Report

The Office of Human Services Emergency Preparedness and Response (OHSEPR) provided financial support to APHSA in the form of a grant for the provision of “subject matter expertise to APHSA’s network on providing culturally appropriate human services to [U.S. citizens repatriated] from Afghanistan.” Among the grant’s primary deliverables is the present report, which provides an overview of the human services response during the acute emergency and post-emergency phase following the U.S. military withdrawal from Afghanistan. As such, it assesses the services rendered to repatriated U.S. citizens and legal permanent residents, as well as the broader cohort of Afghan nationals who were also evacuated to the U.S. (and which at the time of writing, hold various immigration statuses). The interviews from which the report is derived revealed numerous challenges that human service personnel and their partner organizations experienced in serving evacuees and their mixed immigration status families. Also addressed are recommendations offered by the interviewees on continuing to develop sound partnerships for improved service delivery.



About APHSA

The American Public Human Services Association (APHSA) supports leaders from state, county, and city human services agencies to advance the well-being of individuals, families, and communities nationwide. As a bipartisan membership association, APHSA works with its members to generate pragmatic solutions grounded in lived experience with a lens for equity and belonging. It connects its members to national policymakers and human-serving organizations across a wide network in the human services sector, as well as partners in education, housing, employment, and more. APHSA also helps members build more capacity for their teams through access to its professional education and development conferences, technical expertise, publications, and its Organizational Effectiveness practice.

For more information about APHSA:

visit www.aphsa.org.

About OHSEPR

“OHSEPR promotes resilience of vulnerable individuals, children, families, and communities impacted by disasters and public health emergencies by providing disaster human services expertise to ACF grantees, partners, and stakeholders during preparedness, response, and recovery operations for emergency and disaster incidents.”¹

1 <https://www.acf.hhs.gov/ohsepr/about>

U.S. Repatriation

"The U.S. Repatriation Program ("the Program") was established in 1935 under Section 1113 of the Social Security Act (42 U.S.C. § 1313) to provide temporary assistance to U.S. citizens and their dependents who have been identified by the U.S. Department of State as having returned, or been brought from, a foreign country to the United States because of destitution, illness, war, threat of war, or a similar crisis, and because they are without resources immediately accessible to meet their needs. The Program is managed by the U.S. Department of Health and Human Services' (HHS) Administration for Children and Families' (ACF) Office of Human Services Emergency Preparedness and Response (OHSEPR).

Each day, OHSEPR and its grantees utilize routine repatriation procedures to support U.S. citizens that are returned to the United States by the U.S. Department of State. During emergency repatriation incidents, OHSEPR leads federal planning, coordination, and execution of domestic repatriation plans and operations. The U.S. Repatriation Program helped over 800 individuals repatriate to the United States in FY20, including unaccompanied U.S. citizen minors and those experiencing mental illness. Repatriates were able to meet their basic needs by gaining access to shelter, transportation, medical care, and more."²

"This assistance is in the form of a service loan, repayable to the U.S. government. The Office of Human Services Emergency Preparedness and Response (OHSEPR) within the Administration for Children and Families (ACF) at the U.S. Department of Health and human services (HHS) administers the Program. To be eligible for the Program, an individual must either be a U.S. citizen or a dependent of a U.S. citizen. For purposes of demonstrating that an individual is a U.S. citizen (as defined in 8 U.S.C. 1401), legal documents such as a United States passport or birth certificate serve as proof of citizenship."³

Following the onset of the 2021 humanitarian emergency in Afghanistan, the Department of State began emergency evacuation procedures to transport U.S. Citizens, as well as Legal Permanent Residents and their families to the U.S. The Dulles and Philadelphia airports served as ports of entry, as well as staging grounds through the use of emergency repatriation centers. These emergency repatriation centers provided temporary assistance (lodging, food, cash assistance, and onward domestic travel) to U.S. Citizens and their dependents who were eligible for the program. For transfer to other states, State Repatriation Coordinators would work with a travel agency to arrange the logistics of travel and reception. Repatriates could subsequently receive temporary assistance at their final destination through the routine repatriation program.



2 Administration for Children and Families, Office of Human Services Emergency Preparedness and Response (n.d.) Retrieved from: <https://www.acf.hhs.gov/ohsepr/repatriation>

3 Administration for Children and Families, Office of Human Services Emergency Preparedness and Response (2022, January 7) – U.S. Repatriation Program – Routine Repatriation Information Memorandum. Retrieved from: <https://www.acf.hhs.gov/sites/default/files/documents/ohsepr/U.S.%20Repatriation%20Program%20-%20Information%20Memorandum%20-%20OHSEPR-IM-2022-01%20v1.1.pdf>

Introduction



The 2021 U.S. military withdrawal from Afghanistan resulted in a humanitarian emergency that entailed massive international cooperation for the evacuation of eligible persons from the country. The U.S. national response, which saw the evacuation of Afghans into the U.S., was titled Operation Allies Welcome (OAW). While the repatriation of U.S. citizens and legal permanent residents was not an official component of OAW, in a multi-system effort to evacuate as many eligible parties as possible, approximately 601 individuals were transported from Afghanistan into the U.S. under the repatriation program administered by OHSEPR.

Individuals and families brought into the U.S. through repatriation generally received emergency repatriation services from the time of their identification through to their arrival to one of two designated emergency repatriation centers in the United States. One emergency site was located in the Philadelphia Airport, Pennsylvania. The other center was located in Dulles Airport, Virginia. Thereafter, individuals wishing to proceed to a specific destination could receive non-emergency repatriation services for transport to the secondary location, as well as post-arrival case management. Under the non-emergency or routine repatriation support framework, individuals are able to receive temporary assistance. Temporary assistance is defined in 42 U.S.C. 1313(c) as money payments, medical care, temporary lodging, transportation, and other goods and services necessary for the health or welfare of individuals, including guidance, counseling, and other welfare services furnished to them upon their arrival in the United States.

While repatriates are not charged for case management or repatriation personnel time, direct services, such as lodging, meals, and medical bills, are covered by the program through a loan offered by the U.S. government; however, participants may apply to have the loan waived, or they may refuse services.

The following chart issued by OHSEPR provides beneficiary ages, sex, and immigration status at the time of emergency repatriation of U.S. citizens from Afghanistan. Information on country of birth and time spent in Afghanistan prior to repatriation is not currently available.

	# OF INDIVIDUALS	0-5	6-17	18-64	65+	MALES	FEMALES	U.S. CITIZENS	LPRS	OTHER
DULLES	481	91	161	218	6	242	234	254	62	154
PHILADELPHIA	120	22	26	62	5	54	61	55	11	50
TOTALS	601	113	187	280	11	296	295	309	73	204

While individuals brought into the country through repatriation were initially brought to the aforementioned repatriation centers, ultimately, the states receiving the greatest number of repatriates were California, Texas, New York, and Virginia. This also corresponds to the states receiving the highest numbers of OAW beneficiaries generally.

Overview of Repatriation Operations During Operation Allies Welcome

APHSA interviewed various stakeholders to support OHSEPR in its efforts to surface qualitative information from human services personnel and related actors who may have interacted with repatriated U.S. citizens. The primary aim was to obtain information on challenges experienced in the delivery of human services to repatriates and their dependents during and following emergency repatriation. This included obtaining staff perceptions on field dynamics with the potential to impact this population, as well as the perceived quality of services provided, especially for those who might have had higher human service and community support needs.

While some human services personnel recalled having supported repatriated U.S. citizens specifically, and while a few interviewees reported having a basic understanding of the framework used for carrying out repatriations, this report finds that based on the accounts of the participants consulted, cases of U.S. citizen repatriation from Afghanistan may have been too few for most interviewees to retain any detailed memory regarding the services provided to these individuals.

Although APHSA does not have access to detailed demographic breakdowns of the individuals repatriated from Afghanistan beyond age, sex, and citizenship or LPR status, APHSA offers that it is possible that some individuals repatriated from Afghanistan, such as U.S.-based contractors and diplomatic personnel, were U.S. citizens and legal permanent residents who were born in or had resided within the United States for the majority of their lives. If present, these individuals would presumably have had full English language proficiency or at least functional literacy in English, though upon repatriation, such cases may still have necessitated material, financial, health, and mental health supports while reestablishing themselves within U.S. society. Conversely, qualifying individuals having lived in the U.S. for a relatively shorter period of time prior to repatriation (such as the Afghan national parents of a child born in the U.S. or individuals having resided in Afghanistan for the majority of their lives), would likely have had elevated language support and social orientation needs upon repatriation as compared to individuals born in and/or having habitually resided in the U.S.



Repatriation efforts occurred alongside the larger framework of evacuations from Afghanistan, which included the transport of humanitarian parolees, as well as the transport of Afghans holding other statuses qualifying for entry into the U.S. Some of the evacuees brought into the U.S. under the broader framework of OAW had high levels of education and literacy given completion of tertiary education within Afghanistan, a history of employment within a variety of international organizations, or employment within NATO-affiliated entities operating within Afghanistan prior to the emergency; however, the parties interviewed for this report state that many of the Afghan nationals that they assisted did not have high levels of formal education, including very high numbers of pre-literate individuals. There was also significant variance in educational levels within families. This report, therefore, emphasizes those factors with the potential to affect evacuated individuals and families requiring substantial orientation and economic or other public benefits supports due to a high degree of unfamiliarity with U.S. society, as well as a high degree of unfamiliarity with the services available within the health and human service ecosystems.

As such, and since many state and local public entities interacted with the wider cohort of individuals brought in from Afghanistan, APHSA leveraged the perspectives of human service personnel and collaborating entities, including those involved in traditional and emerging refugee resettlement models, to understand the impacts of large-scale emergency evacuations on human service agencies' capacity to serve families being brought in from other countries during humanitarian crises. In so doing, it is hoped that systems will be afforded some insight into historical context of these national-level emergency operations in order to better understand how various interlocking human services systems, as well as related non-profit and community supports, may better prepare for any future emergency in which there would be an elevated degree of beneficiary need.



Summary of Results

Overall, this research finds that for most of the actors interviewed (which spanned varying entity types and levels), the pressures of serving evacuees arriving under OAW were so great that the details of U.S. Citizen repatriation became blurred against the background of the humanitarian crisis as a whole; however, all parties interviewed noted extreme challenges in the provision of services to evacuees of various statuses during the humanitarian emergency, with almost uniform consistency in the themes which participants stressed during each interview. Moreover, regardless of the mechanism used for entry, individuals from Afghanistan who did not already have familiarity with U.S. systems likely had similar social support and material needs. Notably, there was some variance introduced through differing levels of English proficiency among beneficiaries, especially given some evacuees' prior ties to the U.S. military, other NATO systems, as well as formal education obtained in Afghanistan.

Many of the findings relayed here would not be entirely unfamiliar to practitioners working in resettlement given that some manner of these phenomena can be observed across numerous populations having experienced migration and resettlement; however, the rapidity of the evacuations and their interactions with U.S. social service systems created novel dynamics in the relationships between different entities, and they also highlighted preexisting systemic challenges at a scale not previously experienced. Furthermore, and though the insights relayed by the interviewees would have to be assessed for generalizability through further study, it is hoped that the contents of the report can serve as an early layer of documentation for newly introduced dynamics, as well as further evidence of well-known challenges in providing human services to foreign born populations (and populations with similar needs) in the U.S.

Importantly, evacuees under OAW, and potentially, evacuees under repatriation, often arrived in the context of families with diverse needs and immigration statuses. The challenges described herein are therefore important to note for future planning, since a lack of access to timely supports has the potential to place strain on social services systems, as well as individuals from collectivist societies characterized by broader interpretations of family, extended family, community (and therefore broader support networks). Through this report, APHSA also hopes to draw attention to the interrelatedness of various social service systems that, under some frameworks, may sometimes be viewed as largely separate from each other, highlighting the manners in which strains on one part of the system can transfer to the broader network of providers and can thus have major impacts on families holding mixed immigration statuses.

This report also takes into account the potential impact of other significant, but parallel developments in services offered to incoming populations so that procedures and policies during future emergencies may be better aligned at all levels of service during systemic reconfigurations. Greater alignment would also be needed across the various implicated sectors, given that disrupted access to supports can affect the stability of the communities into which certain repatriates are integrated. Further research could evaluate whether some of these considerations could be generalized beyond the populations and systems of specific interest to this report.

In terms of specific findings, this report demonstrates that, in general, most of the participants interviewed experienced difficulties in maintaining operations while having to adapt to changing policies and procedures during a time in which the refugee resettlement infrastructure (a system

that could otherwise have provided greater technical support around the needs of evacuees) was being rebuilt following several years of systematic dismantling. This rebuilding process involved the incorporation of new organizations and staff, as well as the lay public, into the wider system that serves individuals coming from other countries. Furthermore, these various changes resulted in disruption, as well as competing and conflicting information channels within the system's established networks, sometimes introducing friction between parties.

Additionally, this report finds that major challenges centered on communications inefficiencies in coordinating across various governmental agencies and programs, as well as challenges in coordinating a variety of stakeholder types. Interviewees report that guidance issued by several governmental entities, especially around program eligibility and related flexibilities, lacked the needed timeliness and specificity required to properly interpret how to operationalize these objectives. Respondents also commented that it seemed to them that federal guidance showed "little consideration" of the potential impact of state configurations on the services provided, including how differing human service agency structures, as well as their data systems, might impact the ability to execute directives uniformly and in a timely manner. All groups of respondents except one non-profit organization noted the challenges created by a lack of adequate training on basic competencies for serving those with limited English proficiency, as well as refugees and immigrants generally. Furthermore, only a few of the personnel interviewed reported having a detailed understanding of the U.S. citizen repatriation program beyond its general contours.

Regarding other challenges, the rapid transport of qualified individuals from Afghanistan to the U.S. entailed the use of several immigration mechanisms, and for many evacuees, this involved time spent in third countries, as well as time spent in designated base camps (abroad and domestically) prior to their transfer into communities. The variety of immigration mechanisms used, as well as the lack of clarity surrounding eligibility, related documentation, and its interaction with program eligibility (including delayed access to SSN and employment authorization documents), created serious challenges in providing human services to families. This finding was perhaps the most consistent of all and was mentioned by participants in every interview held except one, which should be noted was an interview held with an non-profit organization



focusing on the provision of a very specific set of supports. Environmental factors in Afghanistan prior to the evacuations, along with the complexity and swiftness of relocation, as well as time spent in third countries, may also have contributed to substantial physical health, mental health, and social support needs among the evacuees, which often well exceeded agency capacity to address.

Importantly, there was also a palpable sense of frustration that established systems and actors -networks that had taken considerable time to rebuild in recent years– were perceived as being largely bypassed under given processes. For example, one State Refugee Coordinator noted that most evacuees were transferred directly to resettlement agencies with little involvement of their office. At the same time, both human services agencies as well as resettlement agencies felt that they were being bypassed through the continued development of community sponsorship models, leading to system-wide frustrations and misunderstandings about the scope of various types of entities' authorities and roles with regards to oversight. The introduction of new processes,

therefore, destabilized the broader service environment since it created added responsibilities for various parties. Additionally, these changes brought communications and learning challenges for state personnel and non-profit partners who found themselves having to spend a significant portion of their time mitigating associated complications.

Implications

Following an expansion of program eligibility criteria through which humanitarian parolees gained access to ORR-administered supports, non-repatriated evacuees arriving under OAW were eventually served via a full complement of programs administered by human services agencies or resettlement agencies in order to help cover some of the families' immediate needs. This included enrollment in economic supports and other public benefit programs. Individuals arriving through private or community sponsorship were also generally connected with these supportive programs.

Repatriated U.S. citizens and LPRs would not have received ORR-funded services by virtue of their statuses, but they would have had access to mainstream human services programs, allowing for an examination of shared service delivery challenges across a variety of interacting entity types. As such, the insights shared by participants regarding communication inefficiencies and related policy challenges may prove insightful as OHSEPR and similar entities prepare and reinforce systems for future humanitarian emergencies, since all systems will need to work together with greater cohesion in order to minimize disruptions for the communities into which repatriated individuals will settle.

Given the interviewees' difficulty in recalling the specifics of repatriation, and while the above observations were provided in the context of discussions that largely centered on Operation Allies Welcome, the findings reveal that those serving repatriates need to be attentive to the potential dynamics introduced by historical factors and public perception around the effectiveness of human services. Moreover, as many repatriates may have spent extended time in Afghanistan, they may interact with or be influenced by information

emanating from other recently arrived Afghans or those entities serving them, including well-meaning human services representatives at varying levels of authority, or community members who may not fully understand the eligibility criteria for programs. Many providers may also not understand the interaction of changing policies with known best practices in serving refugees and immigrants generally, and most of the interviewees shared the sentiment that there was a considerable lack of field-wide training in providing competent supports to individuals unfamiliar with U.S. systems.

As a result, evacuees may have received misinformation about the availability of services and their criteria, or they may have been inappropriately denied services. This includes denials from providers who were aware of the policy changes, but who could not execute these directives for various reasons, including misalignment in policy. Evacuees also sometimes refused services. Though it would need to be verified, this refusal of services could indicate potential concern over the consequences of receiving public benefits and perhaps negative or stigmatized views of these services and their utility. Service providers from a variety of different systems



also noted a general lack of understanding among the public about the limitations of services, as well as issues surrounding duplication of services and the impact these challenges could have on evacuees.

Methodology

Between the dates of October 31, 2022, and April 17, 2023, APHSA held both one-on-one and small group discussions with human services personnel, as well as the personnel of a variety of interconnected systems interfacing with evacuees to obtain a small-scale sampling of diverse perspectives. These discussions occurred in the format of semi-structured interviews led by a displacement mental and public health researcher, who is a social worker with experience in local, national, and international migration affairs, and who currently leads APHSA's portfolio on Refugee and Immigrant Social Services. The interviewer also has advanced training in ethnographic methods.

Connections to state officials reflected a snowball sampling strategy, and the recruitment and document review processes were supported by APHSA's subject matter experts in human services policy, including TANF, SNAP, and Child Welfare.

The interviews were guided by initial questions around a few key themes. Questions were introduced either in advance (via email during the meeting coordination phase), or during the scheduled conversations. Interviewees were informed that their participation was voluntary and that their contributions would be anonymized. The broad, but unscripted prompts were posed and reinforced during the meetings as needed, though the interviewer largely allowed the conversations to remain flexible, with the participants able to steer the conversations in the direction they thought most productive for raising awareness around possible systemic improvements during future emergency operations. Where possible, and as needed, findings raised through prior conversations were also posed to other participants for confirmation or rejection. In order to preserve anonymity, the interviews were not recorded, and manual notes were taken. The researcher then compiled, analyzed, and grouped the content according to emerging themes shared across the interviews and wrote the final report. Spanning numerous states and administrative levels, most of the interviewee groups were not in any direct communication with each other, yet this approach yielded an array of insights that nevertheless demonstrated a high degree of consensus among the contributors.

In general, interviewees were asked about:

Their perspectives on repatriation processes, as well as serving Afghan families.

Related operational challenges and promising practices, including:

- Helpful and detrimental communications patterns.
- Policy-related issues.
- Resource, information, or disciplinary gaps.
- New developments that emerged within the operating environment.
- Provider perspectives on the challenges frequently faced by evacuees.

All interviewees were allowed the opportunity to raise issues not already addressed through the interview questions.

It should be noted that though this report primarily addresses the findings of the interviews, APHSA's participation in a broad variety of national fora and listening sessions allows for an enhanced perspective on the relationships between various systems supporting families brought in from other countries. Among these platforms is a Community of Practice (CoP) on Economic Supports for Refugee

and Immigrant Families that APHSA developed, organizes, and facilitates. This body is comprised of state and local human services administrators in TANF and SNAP programs, as well as personnel from State Refugee Coordinators' offices, or the offices of Replacement Designees. Anecdotally, APHSA relays that many of the sentiments expressed during interviews are also, in large part, corroborated by perspectives expressed within the CoP, as well as other spaces. APHSA, therefore, finds a great degree of concurrence regarding the most significant barriers to the equitable provision of services to individuals with specific social or linguistic needs. Occasional observations of outside factors and supporting or contradictory evidence are offered in this report, though all instances are clearly labeled as such.

Respondents By Entity Type

The below chart lists the interviewees according to the entity types which they represented.

RESPONDENT ROLES	# OF ENTITIES CONSULTED	# OF INDIVIDUALS
NON-SRC STATE HUMAN SERVICE PERSONNEL	5	5
STATE REFUGEE COORDINATORS OR SIMILAR DIVISIONS	5*	8* <i>*Although only three respondents held the position of SRC/SHRCs or SRHCs at the time of consultation, four individuals with the experience of having served as SRC/SHRCs contributed to this report. Though currently serving as more general human service personnel, the former SRC has been accounted for here. Four other employees affiliated with SRC offices or similar refugee-specific divisions within human service systems also contributed, for a total of 8 SRC-office affiliated individuals (or similar).</i>
COUNTY HUMAN SERVICE COORDINATORS	1	4
LOCAL RESETTLEMENT AGENCIES (NATIONAL LEVEL NOT INTERVIEWED)	1	3
NON-PROFITS (NOT RESETTLEMENT)	1	2
OTHER THIRD PARTIES	1**	1** <i>**Mental health specialist affiliated with, but not employed by SRC office.</i>
TOTALS	13	23

As diversity in entity type and diversity of administrative level were prioritized over geographic diversity, and also given the strategy for developing leads around whom to contact for consultations, the interviews tend to reflect a skewed sampling towards the Northeastern region of the U.S., with the ACF Administrative Region 3 containing the greatest total number of entities and individuals contacted. It should also be noted that a few individuals that APHSA would have liked to have interviewed declined, citing political limitations to participation or other barriers.

Respondents By Region

In terms of geographic distribution, APHSA interviewed individuals from the following administrative regions, as defined by the Administration for Children and Families.

REGION	1 & 2	3	5	6	7	8	10
TOTAL NUMBER OF INDIVIDUALS (N=23)	1	11	5	1	1	2	2

Unless otherwise specified, the perspectives shared within this report reflect the opinions of the interviewees, and unless expressly indicated, these opinion do not necessarily reflect the opinions of the author or APHSA, its broader membership, or partners. APHSA also reminds readers that given the small sample of interviewees, the information collected and relayed through this report remains largely anecdotal until further study.

Challenges

Interviewees noted a variety of serious challenges that incoming evacuees faced following their transfer from camps and staging areas to local communities, at which time, they began seeking services or had entities pursuing services on their behalf. The following is a thematic analysis of the information relayed during the interviews.



Capacity and Readiness Challenges

Language Access Challenges

*Coordination Across Economic
Supports and Other Human Services*

*Duplication of Services and
Agency Database Considerations*

State Variability

*SSN/EAD Delays and Other
Documentation Challenges*

Employment

Legal

Health

Mental Health

*Resources for Violence
Survivors*

Housing

Community Orientation

Parenting

*Challenges Posed By
Sponsorship Models*



Capacity and Readiness Challenges

A variety of systems poised to help the dependents and extended families of repatriates and other evacuees, such as human services agencies, refugee/immigrant specific providers, and the lay public, require significantly greater investment in infrastructural supports. This includes training on how to serve impacted populations through culturally and linguistically appropriate services.



One of the most emphasized needs across all of the interviews was the need to address severe disciplinary gaps around serving individuals born in or having lived in other countries for an extended period of time.

Most participants within state agencies noted a general lack of orientation provided to human services personnel on serving foreign-born populations. This includes a comprehensive understanding of human service systems, as well as the interactions of these programs with the refugee resettlement system and the specific needs of distinct populations. One state executive noted that it would be helpful for employees within the broader human services system to understand the entire scope of public services and programs, as well as the history of their evolution, in order to provide greater context to individuals interacting with programming. Another state official observed that it was imperative that culturally and linguistically appropriate services be directly incorporated into the state infrastructure, which this official found to be lacking in uniformity and quality across the country.

While most of the participants remarked that all systems interacting with immigrants, refugees, and similar populations required further investment in training and related supervision, one state administrator also noted the importance of supporting further training within community-based and resettlement agencies, observing that despite their specialization in serving new arrivals, the level of onboarding and training within resettlement organizations varies widely. According to this administrator, though some

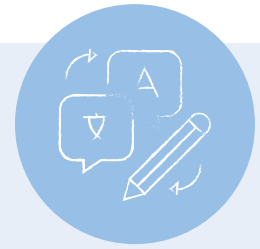


resettlement agencies showed reliable capacity for serving individuals with limited English proficiency or those otherwise requiring greater supports, others did not. Even where training was seen as adequate, the administrator reinforced the notion that for all systems, training could still improve.

While participants exercised discretion in communicating the details of specific incidents arising out of training gaps, several entities relayed, in general form, instances of actors working in manners not in line with known best practice around client wellbeing, indicating an urgent need for increased training and supervision.

Language Access Challenges

Greater investment is needed to support adequate capacity in terms of routine translation and interpretation during and after evacuations. This challenge reflects the ongoing need within human service agencies to continue improving access to services.



Most of the interviewees engaged for this report expressed challenges in readily accessing translators, interpreters, and linguistically appropriate supports for vital processes, advocating for increased access to these services in order to better execute their official functions. Participants reported that given historical factors in the country of origin, this cohort of arrivals expressed greater interest in understanding programmatic and contractual details, often well above the degree encountered with previously resettled groups; however, the interviewees frequently noted that there was a shortage of interpreter availability, as well as a shortage of translated materials, impeding efficient communication with clients at points of contact.

Local human services personnel reported that significant time was required to support clients for enrollment in programs, including extended interpretation time needed for filling in detailed program applications. Even if applications were successfully submitted, the processing of applications for benefits was significantly delayed, placing strain on families' access to basic needs.

One entity closely connected to evacuees through their direct services added that while resettling individuals of similar regional background together was generally perceived to encourage the development of improved support networks, housing many pre-literate family systems in one location placed great strain on the resources of local communities, potentially creating negative dynamics with beneficiaries.

When asked if a preferred approach might be to

space preliterate client systems further apart, the participants responded that there is "good reason" to group families from a similar region together, but slightly greater spacing of high-needs cases might be beneficial.

Alongside these recommendations regarding distribution, the author adds that it should be noted that service providers have, during previous waves of resettlement, inadvertently fueled minor, local interethnic conflicts by not verifying compatibilities with the local residents or with other resettled groups when placing large numbers of individuals together due to shared geographic origin.⁴ This could be a particularly important consideration for a country having high ethnolinguistic plurality (such as Afghanistan), where tribal relationships may also be salient. No such instance of conflict was reported during the interviews, and APHSA is not currently aware of any such challenges being reported elsewhere, but it is important to note the potential importance of historical relationships and to further investigate when attempting to generalize the above findings on clustering arrivals.

In terms of supporting language learning, one set of respondents from an SRC office described how they had developed and implemented an in-home, English language training program. While in-home programming is not a new model of service delivery, the interviewees noted that the program was perceived to be highly effective. Development of these services through a specialized office may have contributed to this program's perceived effectiveness and organization.

⁴ Gilhooly, D., & Lee, E. (2017). Rethinking Urban Refugee Resettlement: A Case Study of One Karen Community in Rural Georgia, USA. *International Migration*, 55(6), 37-55.

Coordination Across Economic Supports and Other Human Services

Future emergency operations will need to be attentive to the coordination and timing of policy issuance regarding economic supports and other human services, as well as consideration of lines of direct authority over benefits administrators. Communication channels will also have to be assessed to ensure that policy issuance is able to be efficiently and effectively relayed across all levels of administration.



Human services and non-profit representatives reported that OAW evacuees often experienced complications in reconciling economic support policies. Most frequently cited were challenges in enrolling clients in TANF and SNAP. For example, even though SNAP is administered by Food and Nutrition Services (FNS) under the U.S. Department of Agriculture, human services employees repeatedly noted that there were long delays between ORR issuing notifications to various agencies regarding eligibility expansions for humanitarian parolees and FNS or other entities issuing the corresponding, direct guidance about this populations' eligibility to SNAP offices. Therefore, even practitioners who were aware of policy changes as communicated through one channel may not have had the ability to act on this new information given delays in formal approval from the agencies under whose direct authority they were operating.

Such issues were complicated by a lack of access to clarifications via alternative sources of information. One state official reported that when they approached ORR regarding eligibility for non-ORR programs, the response from ORR was that they could only inform the official about ORR eligible populations and relevant benefits. While understanding of the agency's limitations to providing further context, the representative noted that similar roadblocks were consistently encountered in corroborating the details of other services and programs.

Human service agency representatives also noted that clients experienced significant

disruption in the form of coverage gaps due to termination of benefits, or when transitioning from one support program to another. Providers also reiterated that SNAP has more flexibilities than TANF in terms of providing immediate support. Therefore, whenever SNAP was able to be received, the program played a critical role in alleviating the financial pressure on families. This finding has implications for the families and extended support networks of evacuees who may be eligible for programs, but who may be prevented from accessing timely supports due to lack of coordination.

As previously described, many interviewees also noted a lack of uniformity in levels of staff preparedness/training. This includes knowledge of policy as it relates to the interaction of immigration status and eligibility for economic and other social service supports. These difficulties can be amplified in the context of rapidly changing policy.



Duplication of Services and Agency Database Considerations

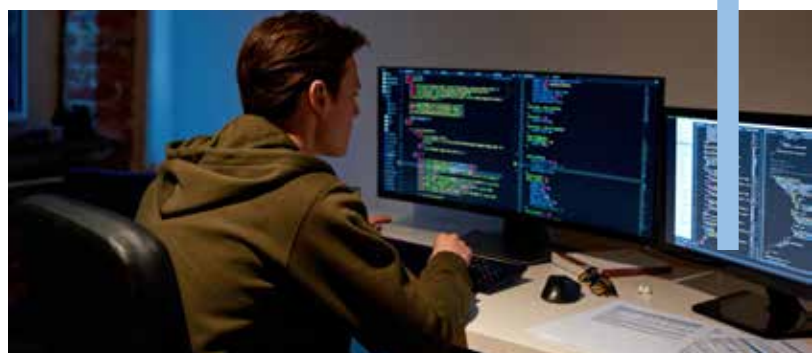
Policies will need to consider the impact of operations on databases and related data-entry, especially in any emergency operation in which the affected populations hold a variety of immigration statuses or in which they have other personal factors that may categorically qualify/disqualify them for services. Policy will also have to account for the time needed to make technological systems compatible with new guidance.



Beyond greater attention to specific policy interactions, one human service executive noted that systemic improvements for assisting individuals with higher social needs and/or with limited English proficiency should be seen under the framework of “broad access” to economic and other supports, including TANF/SNAP, WIC, childcare, and education programs, as well as the supports provided through resettlement agencies, wherever applicable.

Another respondent noted that regardless of the system used to bring a person into the country, there needed to be improvements in cross-system documentation around client contacts with service providers in order to avoid double enrollment. To this end, one set of interviewees reported that their state was undertaking efforts to merge their refugee-specific supports database with their mainstream benefits databases in order to ensure non-duplication of applications and other services, as well as to facilitate application for services across the various entities serving new arrivals from Afghanistan.

Another group of participants highlighted that they had already integrated their mainstream benefits and refugee-specific program databases into one system. While generally seen as a positive development, under OAW, the aforementioned lack of alignment in policy created problems for this agency's merged database, since eligibility across programs sometimes varied due to the timing of different federal agencies' communications. Since the system only allowed for entry of one immigration status per client, the integrated model would sometimes not be able



to recognize an individual as qualifying for certain programs if policies around eligibility had not been updated all at once. This required having to rectify issues on the “back-end” to force the system to interpret values in specific manners. Following the initial set of interviews, APHSA has learned of similar accounts of database-related challenges in other states.

This report therefore finds that duplication of services presents a potential complication for those who may be supported by lay community members, other evacuees, or additional informal supports outside of the traditional repatriation or resettlement framework (such as community-based organizations). It is important to note that given possible emotional and cognitive overwhelm, as well as unfamiliarity with U.S. systems, recently evacuated recipients of services may also not adequately understand social services systems well enough to identify the potential for double enrollment.

State Variability

The structure of human service agencies varies greatly between states, and policy must consider the implications of and potential delays created by these system designs in the issuance of policy. Potential communications and coordination challenges resulting from this variance should be considered during future emergencies.



Participants noted complications introduced through differences in state configurations, including the case study provided below:

One non-profit entity bordered states with two differing administration models, and thus, they were able to observe differing approaches to resettlement and other essential coordination as experienced by their clients, as well as the clients of other organizations. One of the bordering states had a state-administered refugee resettlement model. Though the interviewees praised this state's approach as being highly community-oriented and more grassroots, despite this higher degree of inter-sectoral coordination at both the state and local level, their clients were required to access benefits through county offices, wherein they often encountered structural obstacles, such as limited language supports, or unspecialized personnel.

The adjoining state, by contrast, had a public-private partnership model, meaning that resettlement agencies could coordinate benefits for their clients directly. For the most part, the interviewees reported that clients in this state did not relay any major obstacles or concerns regarding language access or similar structural barriers when seeking benefits.

Through this experience, the interviewees noted that the main difference they encountered was that when clients interfaced with county or state offices, language access issues arose, whereas in states having public private partnership models, clients sometimes had access to other supports that could help mitigate these concerns, though capacity, timeliness, and organization may have been an issue here as well.

Though only reflective of the experiences of this entity, in addition to reinforcing the findings on challenges posed by language access concerns, this case study suggests that state structure has the ability to impact client access to services, with each having potential advantages and inefficiencies. Accordingly, most interviewees noted that operations did not sufficiently consider the impact of state structures on planning or communications, as well as their impacts on direct services.



SSN/EAD Delays and Other Documentation Challenges

One of the priorities in any large-scale emergency operation should be increasing the capacity to provide affected populations with essential documents required for immigration matters and access to services.



As the delivery of economic supports and other services may be predicated on proper documentation, it is critical to highlight the disruption caused by prolonged delays in obtaining essential documentation for evacuees, including delays in obtaining both Social Security Numbers (SSN) and Employment Authorization Documents (EADs). As the families of repatriates and evacuees are often comprised of individuals holding mixed immigration statuses, delays in critical immigration processes and related legal supports (as described in a subsequent section), also have the potential to impact the support networks of the evacuees, potentially contributing to community disruption.

Strained agency capacity also has the ability to impact the wider array of populations interacting with a given system, including repatriates who may not have had current U.S. documentation. Under the broader scope of OAW, obtaining employment authorization documents became a nationwide challenge as arrivals started to be integrated into their communities since the processing, production and mailing of SSNs and EADs was significantly delayed. Adding to this difficulty, both state and non-profit systems were simultaneously contending with a steep rise in the number of Cuban Haitian Entrants, for whom there were similar documentation delays. Unreported changes in client mailing addresses also resulted in decreased access to services. Given these difficulties, representatives of one state agency acknowledged that the military bases that were used for staging clients under OAW were operating under extreme emergency conditions; Nevertheless, they offered that clients could be issued documentation directly prior to leaving the bases in order to avoid the challenges encountered in distributing documentation by mail.

With reference to social security numbers, one set of interviewees included a state-level representative who had been designated as the agency's liaison to Social Security offices. Over the course of a year, this representative had helped to establish and streamline the process whereby clients could obtain Social Security cards or other verification documents; however, the administrator stated that evacuees' interactions with Social Security offices still demonstrated "mixed results." While preferable to not working together to streamline processes, the representative reported that even still, coordination with Social Security offices was "extremely, extremely frustrating", not only in terms of capacity for service delivery, but also in "how they treated clients", indicating another possible area of needed technical assistance. APHSA therefore offers that the aforementioned training needs should continue including Social Security offices within an expanded view of providers serving refugees, immigrants, and other incoming groups with comparable needs.

In terms of clients' personal documentation, county benefits administrators relayed that meeting various program requirements was often difficult, as personal documents may have been damaged, lost in transit or left behind in Afghanistan. Other families destroyed their documentation to avoid further persecution by the Taliban and other non-state actors. Administrators therefore reported spending considerable time in finding "workarounds" that ultimately proved effective, but they expressed that expanded guidance on overcoming frequently encountered documentation gaps would have been very helpful.

Employment

Evacuees may need additional supports that will facilitate their entry into appropriate level employment in order to promote adequate social and economic mobility.



Entities of a variety of different types have been advocating for improved access to professional employment tracks in order to expedite evacuees' access to social and economic self-sufficiency, and ultimately, social and economic mobility. A concern consistently raised through a variety of national and sector-specific fora, as well as through the interviews performed for this report, has been that following receipt of employment authorization documents, service providers encountered challenges in placing clients in employment opportunities corresponding to their training and educational level. Finding appropriate employment for this cohort has been especially difficult given the extremely high-profile careers of many evacuees. For these educated individuals, barriers included a lack of appropriate opportunities within the community, as well as institutions and businesses not recognizing or being wary of foreign credentials/professional licensing when opportunities were available.

While a variety of limitations were encountered in helping clients find appropriate employment across the entire range of professions, the health fields have been among the most frequently highlighted (for example, physicians being unable to work due to systems not accepting their credentials). In addition to legislative action addressing these issues, interviewees noted that civil society organizations, such as Upwardly Global⁵, and similar groups, could help support incoming families in leveraging their credentials, though they stressed that there should also be concurrent, large-scale policy changes.

APHSA offers that it should be noted that with regards to medical licensing, this challenge is not unique to Afghans, as all incoming foreign medical personnel are required to sit for the United States Medical Licensing Examination (USMLE), regardless of the immigration pathway



used. Similar requirements may exist for other career tracks; however, the statements provided by the interviewees point to a need for better streamlining and supporting new arrivals' access to appropriate-level employment as a key component of both economic and social mobility.

APHSA spoke to several localities that have encouraged incoming families to begin working as translators/interpreters as one possible avenue for employment. One state reported administering a formalized program sponsored by a grant, as well as a third-party interpretation company, in which clients would be supported while undergoing interpreter training as a pathway to higher-level employment.

The author offers that though there could be significant healing potential and economic benefit to finding work in language services, providers should also consider the trauma potentials of taking on interpretation work immediately following emergency resettlement or repatriation, and those connecting new arrivals to work that may reactivate memories may wish to proactively provide their interpreters with psychosocial supports and resources. Still, the interviewees reported that partnerships of this nature were perceived to have been both positively received and impactful. As a result, partnerships and programs leveraging evacuees' language skills and culture area expertise could be considered for evaluation and replication, if appropriate.

5 Upwardly Global (n.d.) Retrieved June 05, 2023, from <https://www.upwardlyglobal.org/>

Legal

Engagement of the legal field is crucial to supporting evacuees in essential processes that help to establish ongoing legal presence in the country. Legal providers can also help support the removal of barriers to accessing human services and other supports.



Though repatriated citizens and LPRs would not have faced legal challenges with respect to their immigration statuses, it is important to highlight that the significant legal challenges faced by the Afghan communities into which repatriates might settle may affect the quality of community supports received. As most of the evacuees brought into the U.S. under OAW arrived under humanitarian parole, at the time of writing, Afghans continue to face great legal pressure given what the representatives of one entity describe as a “huge bottleneck for obtaining legal services”, with many clients “not understanding what the laws are.”

OAW (and the later Uniting for Ukraine program) placed extreme strain on the immigration legal system, not only due to the absence of sufficient providers familiar with asylum and other mechanisms of value to parolees, but the system was also impacted by a further lack of providers with detailed understanding of the historical and country contexts of Afghanistan, as well as how

these factors might interact with legal claims. For example, challenges in the form of inadmissibility on the grounds of suspected connection to terrorist entities were not uncommon, even if the evacuees had not participated in any criminal activity.

At the time of the interviews, many humanitarian parolees were approaching two years of having received their statuses, creating a sense of urgency given the absence of national legislation addressing Afghans’ immigration status on a population level through legislation such as the proposed “Afghan Adjustment Act.”⁶ One group of interviewees reported that some post-arrival humanitarian parole to SIV applications have been taking so long to process that individuals had been switching to asylum applications, a process that can carry significant legal risk.

Though Afghan nationals entering on humanitarian parole have been offered the opportunity to apply for reparole,⁷ this continued instability on the population level has the ability to affect evacuees and may also impact the culturally informed supports that might otherwise be provided through community members.

6 Library of Congress (2022). S.4787—117th Congress (2021-2022): Afghan Adjustment Act. Retrieved June 18, 2023, from <https://www.congress.gov/bill/117th-congress/senate-bill/4787/text>

7 Department of Homeland Security. (May 5, 2023). DHS Announces Upcoming Re-parole Process for Afghan Nationals. Retrieved June 18, 2023, from <https://www.dhs.gov/news/2023/05/05/dhs-announces-upcoming-re-parole-process-afghan-nationals>



Health

Evacuees having spent considerable time in conflict affected low-income countries may require enhanced health supports so that they may have improved functioning and greater ability to seek human service supports. Improved health may also contribute to a greater ability to participate in the labor market.



Health challenges may impact repatriates' and evacuees' engagement with both health systems and human service systems, as application for benefits and attending appointments may require mobility, physical stamina, and psychological health. Nevertheless, several interviewees reported serious difficulties in expanding their agencies' capacity to provide health supports during the pandemic, as well as related coordination challenges. They noted that even despite the high volume of cases carried by State Refugee Health Coordinators during the evacuations, the needs well exceeded agencies' resources, especially given this population's high levels of noncommunicable disease and environmental exposures. One set of respondents also noted that individuals arriving under OAW had often started their health screenings on the bases before entering communities, creating further difficulties for State Refugee Health Coordinators and local human service personnel who were sometimes operating off of incomplete records.

With regards to medical insurance, one set of participants offered that Medicaid policy analysts should be included in human service capacity discussions. These respondents stated that major challenges were seen with Medicaid determinations, as many newly arrived families or their representatives forgot to update evacuees' addresses, creating complications in receiving appropriate documentation and obtaining health supports. Due to work volume, there were also challenges in caseworkers' entry of health documents and other information into automated case files. The process of loading this backlog of information into the state's system was ongoing at the time of the interview.



Importantly, during the crisis, ORR expanded the flexibilities offered through its Preferred Communities program, which provides support to specific populations and individuals having elevated needs, such as those requiring intensive medical case management. Under the evacuations, Preferred Communities has also been increasingly used to support housing and legal needs for humanitarian parolees, SIV recipients, and their families.

As an added commentary on the funding available to states, one interviewee stated that State Refugee Coordinators' Offices received funding specific to some of the pressing concerns described in this document, though the creative use of financial allotments was still necessary. For example, in at least one state, Cash and Medical Assistance was being used to fund a position for a Refugee Housing Coordinator. Embedding these types of flexibilities into policy and program eligibilities, including programs addressing health needs, can further support families in surmounting long-term barriers to self-sufficiency, such as chronic illness.



Mental Health

Mental health concerns are well documented as being extremely high among individuals experiencing forced migration. Accordingly, this cohort of evacuees has been reported to have extremely high mental health needs; however, even recognizing the need, health and human service personnel are generally not equipped with the tools to adequately assess, communicate, and support these concerns, requiring significant investment in this area.

Populations brought into the U.S. or other high-income countries through traditional resettlement models have presented with high levels of depression, anxiety and Post-traumatic Stress Disorder (PTSD) in the post-arrival phase.⁸ This distress can be exacerbated, if not superseded, by post-migration factors, such as access to social, medical, and other support resources, as well as physical health conditions. At the time of writing, numerous pilot research products continue to emerge around the mental health needs of this cohort, but few fully validated, generalizable research products exist regarding scalable interventions for addressing this need. Nevertheless, providers of a wide variety are reporting exceptionally elevated mental health needs among their clients, doing so across a variety of national fora. Corroborating prior studies of resettled Afghan populations, substance use was also reported as a concern by three interviewees affiliated with SRC offices, as well as a university-affiliated mental health specialist working with an SRC office. In keeping with national consensus, most interviewees affirmed that mental health supports for incoming Afghans is a major need in their jurisdictions, though details were typically not relayed in favor of emphasizing other challenges more germane to the work of benefits administrators. Those that did not corroborate the information generally expressed that they were unfamiliar with the specifics of these mental health needs.

In terms of general observations relayed, one set of state administrators observed that for this population “well-being is community”, stating that clients frequently expressed a desire to be resettled to the same location, wherever feasible. While not replacing targeted services and validation through research, supporting community cohesiveness could therefore be seen as one possible approach to enabling improved mental health outcomes.

More detailed findings include the observation that aspects of mental health may have interacted with the provision of human services, such as child support, as two state officials in different states noted that some program applicants were deterred from following through on benefits inquiries due to a reluctance to share paternity details during TANF eligibility verifications. While not confirmed and requiring validation, it is possible that programs and their enrollment processes sometimes interact with socially stigmatized topics or are being perceived as potentially traumatic.

Another finding relates to the quality of information on which future interventions may be based, including the information which may be relayed to federal agencies or other decision-making entities. The author of this report specializes in mental health research with populations from Western/Central Asia and the broader MENA regions. In summary, it was observed that with

8 Giacco, D., & Priebe, S. (2018). Mental health care for adult refugees in high-income countries. *Epidemiology and psychiatric sciences*, 27(2), 109-116.

the exception of one set of more specialized interviewees affiliated with an SRC office, in large part, the entities surveyed recognized the significant mental health needs, but they were unable to relay detailed observations around specifics. Additionally, some of the observations that were offered could often not be validated through data, or the methodology behind conclusions was unknown.

Of note was that in a few instances during other interviews, questions regarding phenomena well-documented in the literature around resettled Afghans' mental and physical health challenges were dismissed (dismissing being different than stating that phenomena was not observed). These assumptions were based on generalizations of Afghan and several times, this resulted in statements which are contrary to current research findings, as well as information relayed by experts currently involved in supporting the mental health needs of evacuees and other resettled populations.

However, a few interviewees spoke generally about promising practices in terms of addressing community mental health needs. For example, one set of respondents reported that they were actively administering or partnering with other institutions in delivering evidence and research-driven mental health interventions for this population. This same set of representatives also reported having offered technical assistance to other entities via an affiliated psychiatrist specializing in migration health. Since the time of the interviews, other states consulted in this report have been engaging in similar partnerships. Another promising practice shared with APHSA relates to interdisciplinary staffing of crisis cases, as described in the section titled "Other Considerations and Opportunities for Growth in the Post-Emergency Phase."

Further methodologically rigorous research should be performed with this specific cohort of Afghans before relaying mental health challenges

in a conclusive manner; however, an important observation arising from the interviews is that human service personnel may be underresourced for assessing, understanding, or describing mental health experiences. Limited access to the full overview of mental health needs among the interviewees may be understandable given that most of the interviewees were primarily concerned with public benefits administration or more generalized supportive programming; however APHSA offers that offering administrators more tools and education to advocate for populations experiencing mental health challenges (wherever applicable) warrants consideration.

In summary, there are currently ongoing efforts to support the mental health needs of evacuees and other resettled groups across the country, including ORR-led efforts,⁹ such as the program titled, Services to Afghan Survivors Impacted by Combat [SASIC].¹⁰ Still, APHSA notes that limited engagement of and access to information on mental health among public employees points to a continued need for greater investment in research and technical assistance wherever services interact with psychological and emotional wellbeing. Critically, federal and state agencies may also wish to continue consulting with credentialed practitioners and university researchers with an established history of working directly with these populations for validation of any observations and findings reported to them, especially prior to basing programming decisions on the anecdotal information relayed to them by more general providers.



9 Administration for Children and Families, Office of Refugee Resettlement. (First issued June 6, 2023. Revised June 21, 2023) Policy Letter 23-03 Afghan Extended Case Management and Extended Community Orientation Allowable Under ORR ASA Funding

10 Ibid.

Resources for Violence Survivors

While not unique to the current cohort of Afghans given that extreme stress can exacerbate household violence, reports of aggression rose following the evacuations. Enhanced supports to providers for managing such incidents will be critical, including training on recognizing the indicators of intimate partner violence [IPV] and other forms of aggression. Providers would also benefit from guidance on promising practices in offering socially acceptable services to evacuees experiencing violence.



An area that respondents stated would require greater reinforcement is services for intimate partner violence (IPV) and violence within families. As already noted, research continues to emerge around the psychosocial needs of Afghan arrivals and the prevalence of related phenomena. Practitioners are advised to consult the latest academic literature for current information; however, one resettlement agency with direct connections to Afghan communities noted anecdotally that they did not perceive that the needs of arrivals under repatriation and OAW were proportionately higher within the population, but they relayed that the total volume of cases has led to higher total caseloads in their area. By contrast, another set of contributors described that there were a significant number of reports of household violence while families were temporarily sheltering in hotels. In addition to the violence itself being a concern, one group of interviewees relayed that in their experience, unless a shelter is specialized in supporting a given population(s), community-based IPV supports are often "among the least culturally competent" in serving foreign-born individuals despite their best intentions, requiring significantly more training so as to avoid further harm to evacuees and their communities.

Other entities did not report any escalations in domestic violence; however, representatives of one agency did comment that in their experience, domestic violence is generally not a phenomenon that arises in significant form within the first couple of months following resettlement. They



commented that during previous waves of resettlement with other populations, their state had witnessed escalations in cases a year or several years following resettlement. They therefore noted that preparing to offer protections "will require coordination and resource availability." One state also found it advantageous to have co-located IPV advocates and contractors to help support these needs, as they would therefore be only "a phone call away." Another set of respondents also cited increased efforts by resettlement agencies and other partners in providing orientation to clients so that the evacuees would better understand

the laws and expectations around violence, and what behaviors were considered to be in violation of personal autonomy in the U.S. context. These efforts were also paired with the aforementioned in-home psychosocial supports provided to families accepting of help with mental health challenges, and the interviewees relayed their perceptions that that these programs were highly effective. Importantly, these contributors noted that after clients left the hotels in which they had been staying, reports of domestic violence brought to them by third parties declined. Though it is not known how much this decrease may have been due to reduced visibility of incidents once away from temporary housing, the contributors felt that the cramped and tense conditions created by temporary housing created elevated levels of familial stress, potentially exacerbating violence.

These contributors also noted that community organizations were continuing to receive training on domestic violence-related concerns.

Based on these observations, for populations arriving under emergencies, systems may wish to invest in early technical assistance and other training supports to shelters serving violence survivors. In this manner, they may be better equipped to manage the delicate intersection of lack of familiarity with the U.S. context, steep language barriers, and intimate partner violence (or other household violence). Continued education should also be provided to both clients and all systems interacting with these populations in order to better support those in need.



Housing

Greater resourcing, enhanced flexibilities, and large-scale partnerships brokered at the state level may be needed to help mitigate housing challenges following emergency operations. This is important for repatriated families given that heads of household or other responsible parties may hold an immigration status that differs from that of the main recipient of services, as well as the fact that some repatriated individuals may have limited resources and no or poorly documented work histories.



Housing has remained a consistent challenge since the onset of the evacuations. Respondents from one entity commented on the overwhelm experienced when they suddenly had to help find housing for “about 80,000” individuals who entered the country “practically overnight.” Even once housing was obtained, the representatives experienced ongoing challenges to maintaining secure housing for evacuees. For example, at the time of the interviews, many evacuees were approaching the end of their 1-year lease terms, and often, individuals having signed on behalf of families had lost connection with the clients, or they were no longer supporting the clients under their programs.

When asked about their perspectives on how housing challenges could be mitigated during future emergencies, these contributors replied that the challenges are variable and are impacted by local factors. While it is possible that there may be national policy strategies for enhancing access to stable housing for this population, comments such as those provided by this group of interviewees, as well as information relayed in a variety of national fora, point to a need for greater investment in technical assistance at the state and local level. Another group noted their perception that landlords are generally “not very

open or educated” about repatriated or resettled individuals, including reasons for new arrivals’ possible lack of documented work history or unfamiliar work history. They offered that “it takes a lot to develop that ‘refugee-friendly’ relationship,” so supporting the education of community members would also be critical.

One set of respondents reported that there are currently resettlement agency-driven efforts underway that aim to demonstrate that refugee clients do not default on rental payments at higher-than-normal rates. Interviewees expressed hope that these and similar advocacy efforts will help private owners feel more comfortable in renting to incoming populations.

In terms of financing housing operations, though APHSA does not have access to a comprehensive mapping of how American Rescue Plan Act funds were utilized to support Afghan families seeking housing, some states did allocate ARPA funds to programs serving Afghan evacuees. Other states used combined funding¹¹² to help secure housing.

At the time of the interviews, only one set of state-level respondents specifically mentioned that the housing situation was largely under control, expressing no significant worry (all other states

11 International Refugee Assistance Project, Refugee Advocacy Lab (2022). Utilizing American Rescue Plan Funds to Serve Refugee and Immigrant Communities. Retrieved from: <https://static1.squarespace.com/static/5f3c01e48a34507d18fc9e89/t/6218f95b7941530b35fc0945/1645803869087/Utilizing+American+Rescue+Plan+Funds+to+Serve+Refugee+and+Immigrant+Communities+%281%29.pdf>

12 New York State. (2021, December 7). Governor Hochul Announces \$2 Million in State Funding to Help Afghan Evacuees Resettle in New York State. Retrieved from: <https://www.governor.ny.gov/news/governor-hochul-announces-2-million-state-funding-help-afghan-evacuees-resettle-new-york-state>

expressed some degree of ongoing concern). To mitigate challenges, this state had contacted soon-to-open and recently built apartment buildings, which were then used for meeting immediate housing needs. The interviewees reported that the families that had remained in these units long-term had often formed tight-knit communities, creating their own community organizations, as well as offering English language classes and other social supports to each other.

APHSA notes that there appears to be a need to explore the intersection of initial resettlement, out-migration to desired locations, the distribution of evacuees, and the housing market. Prior to the advent of sponsorship circles, resettlement of refugees or similarly eligible persons generally occurred in locations able to be served by resettlement agencies or their affiliates, with out-migration often occurring as evacuees and their families relocated to desired secondary locations. Given the greater flexibilities introduced through sponsorship circles, as well as the very high number of arrivals under Operation Allies Welcome and Uniting for Ukraine, providers and researchers serving the families of evacuated or repatriated individuals may wish to continue evaluating how to best balance client location preferences, as well as their need and desire for strong community, with health and human services' capacity to provide meaningful support through programs and case supervision (wherever applicable). This is especially important if such cases have a high degree of support needs.





Community Orientation

Officials noted that both the current cohort of evacuees and previously resettled individuals often had unaddressed orientation needs, leading to possible frustrations with human services systems and other providers due to mismatched expectations, or clients' lack of awareness of available resources. Orientation programs with widened eligibility criteria may therefore be helpful for community members with high support needs.

In addition to better supporting community systems through education and technical assistance, providers noted friction introduced into services by clients' unfamiliarity with available resources, as well as a lack of alignment between client and provider expectations about what life in the U.S. might entail. This was especially pronounced for expectations surrounding material comforts, housing standards, and the services provided.

At the time of the interviews, one state official commented on agency plans to add personnel specializing in enrolling resettled community members into orientation programs. Importantly, this proposed orientation program would include families resettled even several years prior, as the representatives observed that many kinds of clients require ongoing support with respect to navigating community resources.

Another difficulty that providers expressed was their perception that this cohort generally had "really high expectations." For example, client expectations regarding housing did not match the realities of units and locations that would be within their budgets, especially since the areas in which they wished to be located were often not as affordable. The administrators noted this was potentially tied to a need for improved orientation, proposing that realistic expectations could perhaps have been instilled while families were on

the bases or at other contact points.

Critically, since the time of the interviews, ORR has introduced a program titled "Extended Community Orientation" that aims to address such needs, noting:

"States and grantees are encouraged to provide extended community orientation to facilitate the adjustment, empowerment, and self-sufficiency of Afghans through activities that aim to cultivate mutual assistance and community support. The general goals of community orientation are to assist the participant to develop knowledge about the community, skills to navigate their new environment, and attitudes that facilitate successful resettlement and reintegration. ORR encourages that ASA-funded extended community orientation focus on helping Afghans develop realistic expectations for resettlement."¹³

13 Administration for Children and Families, Office of Refugee Resettlement. (First issued June 6, 2023. Revised June 21, 2023) Policy Letter 23-03 Afghan Extended Case Management and Extended Community Orientation Allowable Under ORR ASA Funding

Parenting

Both with past cohorts of resettled individuals from a variety of nationalities, as well as with the current cohort of evacuees, differing practices and perspectives around parenting have frequently led to challenges in relationships with housing and other community services and supports. At times, child protection concerns have arisen. Often, these concerns are related to misunderstandings or inadequate access to resources. Therefore, both evacuees and service providers, especially shelter or other housing managers, require education about differing parenting norms and expectations.



Several officials noted that evacuees should have received orientation on U.S. parenting norms prior to entering everyday communities, a challenge reflective of difficulties encountered during previous waves of resettlement with other populations. They offered that orientation around differing parenting styles would have been valuable for new arrivals since those residing in temporary accommodations sometimes unintentionally caused disruption within apartment communities or unintentionally fomented concern for child well-being through unfamiliarity with the surrounding norms.

While acknowledging that shelter owners “have a business to run,” in addition to helping inform arrivals of community norms, a parallel approach could have entailed working with

hotels and businesses, as well as the housing industry at large in order to build mutual understanding and expectations. Two separate groups of state administrators relayed that since incidents arising from misunderstandings were typically handled before they became reportable, to their knowledge, no official child welfare reports were filed in their states; however, they observed that it would be important to help support both sides of the housing relationship and develop shared understanding about concepts around child safety and child-rearing within the U.S.



Navigating the increased use of sponsorship models during emergency operations



It is imperative for program administrators to be aware of parallel developments in sectors poised to provide technical assistance and other supports to evacuees, or sectors that may serve the families and communities of repatriated individuals, since lack of awareness can create operational challenges. The following section examines the introduction of refugee sponsorship models, as well as their impact on human services agency and related community partners' capacity to properly assist repatriates and other evacuees.

In addition to disciplinary and policy challenges, the topics which interviewees seemed most eager to discuss were the growth and consequences of private and community sponsorship as part of resettlement operations, as well as the impact of these approaches on human service agencies' capacity to serve evacuees.

While repatriated U.S. citizens did not undergo formal resettlement processes in manners akin to the traditional resettlement system or the newly introduced sponsorship models, relationships between the various entities with which persons evacuated from Afghanistan and their neighbors might interact (as well as the broader public) grew increasingly tense against the massive-scale operations required under the evacuations.

The representatives of one entity stated that they were amazed by the welcoming nature of the American people, who “really stepped up to fill gaps”, doing “the work of neighbors” under the new sponsorship model. Indeed, overall, interviewees expressed admiration for the national desire to engage community members in resettlement, at least in principle; however, at the time of the interviews, all but two sets of participants consistently expressed deep, ongoing concern regarding client safety, including concerns of exploitation or trafficking of sponsored persons. There were also serious concerns about client privacy, in that participants frequently communicated that private individuals

were not trained in protected health information protocols and other safety considerations. A few interviewees recounted previous incidents within community sponsorship processes that required the intervention of providers, including alluding to a few high profile incidents.

Aside from competency-based concerns having the potential to affect client well-being and often requiring the intervention of human service personnel, most frequently noted was interorganizational tension arising from lack of clarity around roles, as well as lack of clarity around the trajectory of the sector at large. Participants were frustrated that operations during this period were perceived to be largely bypassing established systems and that they felt that the importance of their work was being undermined. In the words of one contributor, “nothing can replace the resettlement system.” Adding to this sentiment, one State Refugee Coordinator expressed that sponsorship models were a “major source of confusion” for a variety of systems since several different entities simultaneously had some degree of oversight of, or responsibility for, differing models of service provision. Another state administrator expressed that “bridges have been burned” because of differing expectations and communications challenges experienced while trying to make sense of shifting policies and responsibilities.

When considering the totality of the evacuations, a few parties mentioned a positive outcome in that

they had to quickly become aware of and deepen connections with a variety of different actors, though most expressed mixed feelings, relaying that they were actively in the process of rehabilitating and further strengthening relationships.

Participants also recounted tense interactions with the private sponsors themselves, since private individuals inexperienced with resettlement and public benefits systems often had difficulty understanding their responsibilities, and the appropriate level of informal community supports that should be provided. Several participants commented that sponsors are not always clear of the “gravity” of expectations that supporting individuals arriving from another country implies, expressing added frustration that frequent breakdown in sponsorship cases necessitated that human service and resettlement agencies “step in anyway.” Though one resettlement agency spoke primarily from the vantagepoint of client safety and efficient use of staff time, they also noted that they were experiencing added responsibilities, despite not being allotted further resources for this work. This diminished their capacity to support evacuees through normal operations.

Regarding newer developments in sponsorship, such as the launch of the Welcome Corps, one respondent noted that “it’s great” that the new version of the system “acknowledges prior failures” of community-based and private sponsorship models by making sponsor responsibilities more explicit, including making explicit their obligations in securing social supports; however, for this representative, as well as most of those interviewed, concerns persist among state personnel who witnessed prior breakdowns in cases.

As such, there was mounting concern about communication and service inefficiencies’ impact on existing relationships with the private individuals and groups supporting new arrivals’ integration. One group of resettlement agency personnel expressed having worked for many years to cultivate responsible community engagement as a critical component of a comprehensive partnership system. They observed, “yes, there is lots of remodeling that can be drawn around resettlement systems,” but they pointed out that resettlement is a system

comprised of a national network of “experienced” organizations and that not leveraging that system within sponsorship models and other national response would be a “missed opportunity.” Despite their concerns, several participants expressed that they hope that some sort of engagement with evacuees and their community supports continues, even if through sponsorship; however, they hoped that in the future, financial and other supports would not be tied to specific populations and that differing resettlement models not supersede the established network of professional human service providers. This includes offices that oversee both broader economic supports programs, as well as resettlement-specific work. In either case, one state administrator noted that whatever their degree of engagement, community sponsors need more educational opportunities on the nature of available services, as well as how to best support individuals who were suddenly evacuated from their countries.

Lessons potentially imparted by the above perspectives include, among other recommendations, that community supports with whom incoming individuals with a high level of needs may interact require significantly more preparation and related training. Similar to human services personnel, they also require an enhanced understanding of public supports systems, their interconnections, and their limitations.

When asked what supports human services personnel already working with evacuees and community providers would be positioned to offer, one respondent commented that they could “help evaluate risk for exploitation” since weakened social supports place individuals at risk, especially if they are unfamiliar with the new country context. Other participants noted that with sufficient resources, they could help support the training of community members on basic competencies with populations having lived abroad for extended time, such as repatriated families and evacuees at large.

Other Promising Practices and Recommendations From the Sector

In addition to the aforementioned challenges and associated recommendations, information-sharing fora were repeatedly identified as a potential or actualized promising practice in deploying effective communications strategies. Systemic improvements of federal-to-state and state-to-local feedback mechanisms were also seen as vital.



Task Forces and Similar Venues

Human services representatives supporting evacuees repeatedly stressed the importance of cooperation at all administrative levels, recounting a variety of efforts to keep all stakeholders whom policy and operational changes might affect apprised of developments; however, communications challenges can still arise in an environment where operations and services are fast-paced and distributed across many actors. To mitigate some of these challenges, communities often used task forces, both existing and newly emerging, as fora for coordination of local efforts, as well as venues for the dissemination of emerging information.

When asked about the effectiveness of task forces, one State Refugee Coordinator noted that while task forces and similar inter-sectoral platforms had generally been productive, an important

consideration would be further empowering Civil Society Organizations by equipping them to provide both social and language needs at the local level. This participant shared that in order to do so effectively, coordinating bodies need to ensure that these local entities are able to participate in task forces or similar platforms, as “these voices need to be included at the table.” Nevertheless, while most interviewees relayed robust attendance at meetings, this respondent observed that logistical challenges can frequently limit community member participation, meaning that even if they are willing to participate in discussions, the full array of actors often “don't show up, and it's the traditional players.” Community providers therefore need to be afforded the time, resources and access to be able to participate in these coordination processes.

Ensuring within-agency continuity was also seen

as a priority among human service personnel. For example, one state administrator experienced difficulties in aligning their state's policy and procedures to various national operations since the previous director had not been sufficiently engaged in the day-to-day details of coordination. Upon this individual's promotion to their current role, they had to rebuild statewide engagement through weekly coordination sessions involving all parties serving evacuees. Efforts to develop or rehabilitate effective communications systems therefore required a significant time investment from human services agencies.

Despite the challenges in both obtaining and maintaining coordination among a diverse group of stakeholders, government personnel commented on the importance of building consensus around processes and services, including developing mechanisms for quality assurance. One county official noted that, "yes, services need to be wrap-around," but "we also must provide guardrails" and that officials "need to be proactive and not reactive," emphasizing

that quality assurance would require planning and an interdisciplinary approach.

In addition to local task forces, information-sharing efforts also intensified at the higher operational strata. At the state level, regular meetings, such as those held by the Association of State Coordinators of Refugee Resettlement (SCORR), and calls led by ORR's Interagency Outreach and Response unit helped to support those assisting incoming evacuees. The latter calls aimed to unify a variety of entity types operating in the resettlement sector on regular, national calls, and was several times cited as being among the most valuable supports received with reference to coordinating services by those participating in these spaces.



Task Force Composition

When asked what sectors and actors should be included in task forces focusing on supporting evacuees and similar populations, the answers to interview questions yielded information that could be consolidated into the following structure, among other possible configurations.

TASK FORCE INFRASTRUCTURE

GOVERNMENT AND PUBLIC SYSTEMS

- Public benefits administrators- both management and front-line staff in order to allow for a broader perspective of operations:
 - TANF; SNAP; WIC childcare; Medicaid, etc.
- If needed and possible, local representatives of federal agencies, such as USCIS (high priority), and DOS
- Housing
- Transportation

SUPPORTS/RESOURCES WITH GREATER ACCESS TO A NETWORK OF CULTURALLY COMPETENT PROVIDERS

- Local and state level refugee coordinators (essential)
- Resettlement Agencies
- Religious leaders, community leaders (so long as their role and limitations are communicated)
- Cultural organizations/foundations
- Persons with lived experience of resettlement or evacuation
- Other SMEs, including those from the target culture group; academic researchers

EMERGENCY SUPPORTS

- Emergency services (police, medical, disaster preparedness)
- Crisis and help phone lines
- Domestic violence and child welfare specialists
- Food pantries

HEALTH CONTINUUM

- Public Health
- Refugee Clinics (if applicable)
- Community services medical for continuity of care (including mental health personnel specialized and experienced in working with resettled populations)

EDUCATION AND CHILDCARE

- School systems
- Adult education and vocational training
- Childcare services

OTHER SERVICE PROVIDERS AND COMMUNITY RESOURCES

- Legal experts
- Vetted civil society actors/social services providing non-duplicative services, including those focusing on employment, training
- Libraries

INDUSTRY AND BUSINESS

- Industry in any of the above sectors
- Vetted local businesses offering jobs, in-kind, or financial support

Perspectives on Varying Levels of Communications and Related Feedback Mechanisms

Regardless of the platform used during the evacuations, interviewees noted that communicating across administrative levels required concerted effort to monitor communication patterns and feedback loops.

Every interviewee but those from one non-profit entity cited at least one need relating to greater coordination across systems during evacuations; however, coordination of communications systems was nearly always referenced alongside related considerations regarding role clarity. Several participants specifically requested that this report stress that during any future changes in operations, especially during emergencies, there should be greater thought around clearer demarcation and explanation of roles, including downstream processes, as this would allow for easier identification of challenges when policies don't go as planned, or when services are called into question.

Rapport-building and Verification

In addition to policy and service alignment, task forces were critical in establishing rapport with communities and local service providers. For example, one human services agency representative operating at the state level established an ongoing meeting for local service personnel on the “Afghan response” that met weekly. This allowed for the sharing of local resources, as well as opportunities to hear from those who were directly involved in serving evacuees. This included verifying local perceptions about the accuracy and appropriateness of language, especially with reference to any information communicated about the groups in question. For example, one representative shared a framing error in which a brief description regarding a (non-Afghan) resettled group’s ethnic identity was met with corrections from the community, an event which this administrator cited as a “learning opportunity.” The administrator commented that attention to such details might be even more important for persons from countries with a high degree of ethnic and linguistic diversity, such as Afghanistan.

State-To-Local

Human services administrators, including SRC-affiliated respondents, frequently noted the collaborative spirit of community partners, such as resettlement agencies and specialized community-based organizations, and also expressed appreciation for the monumentality of the tasks undertaken to support evacuees and their families; however, issues of transparency about local operations, even if unintentional, frequently arose.

For example, human services agency representatives expressed frustration that relationships would sometimes be injured by their having to step in and help mitigate challenges at the local level which may not have become so acute had they been contacted earlier in the process for support. Government offices also had to perform check-ins based on third-party complaints or reports, whether or not the reports were accurate, further straining relationships. Respondents stated that more direct communication and fewer ambiguities in roles, as well as expanded avenues for pursuing help, may have helped reduce such instances.

One set of interviewees commented that when they examined why third-party caseworkers supporting evacuees had not sought out support earlier on, many times it seemed that the local worker was so overwhelmed that escalating concerns became a secondary consideration. Nevertheless, many respondents expressed an enhanced sense of solidarity, appreciation and understanding of other entities interacting with evacuees.

When asked how to best facilitate state to local dialogue, one SRC commented that in order to rectify information gaps, their office began holding bi-weekly calls in which resettlement agencies and other contracted service providers in affected jurisdictions across the state participated. Efforts entailed bi-weekly calls “in order to keep Resettlement organizations and other [community-based organizations] apprised of what I and other state and national

[organizations] were learning on the federal calls.” When another non-SRC office human service leader was asked how similar for that they were leading compared to the community consultations already coordinated by SRC offices, this interviewee noted that they “were complimentary,” and that sometimes information would overlap, especially in the area of benefits provision; however this was seen as beneficial in order to continuously reinforce and verify messaging. Nevertheless, administrators reported that the ongoing format of these meetings, and the greater flexibility in selecting agenda items as compared to community consultations, allowed them to tackle issues as they emerged, including fine grain detail on specific interests, such as program eligibility and documentation questions.

As for identifying ideal points of contacts that would help improve systemwide coordination, one state-level respondent commented that relief of coordination pressure was eventually experienced when the Bureau of Population, Refugees, and Migration [PRM] began disseminating information about evacuation efforts directly to the governor’s office. This interviewee relayed that this approach rendered state-wide communications much easier, though another interviewee countered that sharing this information via the governor’s office duplicated communications channels, possibly contributing to excessive oversight, conflicting priorities, and differing visions of ideal service provision at the local level. This interviewee offered that “Whether an SRC program was state-administered or administered by a Replacement Designee would determine the level of ‘success’ of this approach.”

Similar divergence was observed around other details of communications. While one set of respondents offered that direct, unmoderated federal to local communications could sometimes “cause confusion,” most respondents commented that there needs to be a greater degree of direct local to federal communication. In relaying these perspectives, one administrator acknowledged that some federal-level information might only be able to be shared on a “need-to-know” basis, but all entities need to have a general understanding of

priorities and how things are functioning on other operational levels. Also, given the intersection of the SRC’s role with human services, the supports provided to the broader range of evacuees, and sometimes repatriates, a significant portion of human services interviewees, including both those with SRC and non-SRC functions, offered that SRC offices are ideal points of contact and that coordination efforts could be moderated through this role.

Federal-To-State

One finding of this report is that federal to state communications were perceived to operate much more smoothly under repatriation efforts than the broader evacuation effort under OAW. Of the few respondents that reported having a well developed understanding of repatriation processes, one State Refugee Coordinator with direct experience in serving repatriates noted that communication with State Repatriation Coordinators flowed very well and was “highly efficient,” given that weekly departure status updates were timely and informative, containing how many people would be expected to arrive, as well as other essential details. This respondent remarked that this level of coordination must have been a “large undertaking,” given the “degree of coordination” that would have been required between bases located across the country.

In contrast, regarding communications under OAW evacuations generally, state administrators of a wide variety noted the need for increased planning and preparatory conversations. Participants, particularly the SRCs, stated that PRM had issued OAW reports on anticipated arrivals clearly, but there remained challenges in terms of estimating capacity and projecting through to service delivery to affected populations. Through these and other comments, administrators demonstrated a clear expectation that federal systems at large be proactive in relaying information about any projected arrivals and their needs as far in advance as possible so that they could plan accordingly. This would be especially important during concurrent operations, such as repatriation and OAW occurring simultaneously. Respondents also frequently noted that communications from

federal entities need to recognize that “things take time.” Advanced notice would better enable them to disseminate information through the various entity types and administrative levels prior to client arrivals.

Additionally, state officials also noted that inefficient coordination between federal agencies in relaying policy changes meant that states could easily fall “out of compliance” by not being able to honor information on updated program eligibility criteria, given delays in direct confirmation from the federal program/agency in question. Such limitations could have severe consequences for the households of repatriated and evacuated individuals, and it could also have implications for states’ standing with federal agencies that may have diminished visibility of the complexity of local operations.

As previously mentioned, a related challenge experienced by state-level officials from a variety of entity types was that throughout the evacuations, representatives were being requested to implement procedures as quickly as possible without consideration of the impediments introduced by different state configurations. One respondent noted that federal entities must recognize that “[their state] has a history,” with others commenting “we have our processes,” adding that the “top-down” communications received were not always reflective of established patterns/processes that had previously been developed. While some existing processes warranted improvement, others were based on important precedent, as well as state/local conditions. As such, more opportunities for dialogue with federal entities were requested by various entity types.

Special Focus on State Refugee Coordinators

Overview

While human and social service providers of a wide array experienced numerous challenges during the emergency period, SRCs navigated a highly complex role at the nexus of various

operations. Though the SRC interviewees have since commented that “things have gotten much better,” it may be helpful to review the experiences of individuals within SRC offices. Given that some state SRC offices are located within health and human services systems, SRCs were sometimes involved in both repatriation, as well as resettlement efforts. They were also responsible for, or involved in, the coordination of benefits to humanitarian parolees, which has become an increasingly important and more widely used immigration status in light of evacuations from Afghanistan, as well as in the uptake of those fleeing the Russian war on Ukraine. Although only two respondents were SRCs at the time of consultation, three persons with experience of having served as SRCs contributed to this report. Five additional employees who were not SRCs themselves, but who were employees of an SRC office, also contributed to this report, along with a mental health provider working closely with one of the SRC offices.

Overall, SRC office-affiliated participants commented that, in hindsight, evacuations led to both positive and negative outgrowths. A few observations specific to the role of the SRC are therefore offered.

SRC Influence on HHS Systems

In terms of influence expansion, one administrator mentioned that State Refugee Coordinators may have more ability than they perceive to influence human services agencies and their operations, but an SRC office-affiliated individual countered that their operations must follow various layers of protocols simultaneously, “which can be very slow and laborious.” Therefore, continuing to support the relationships between those overseeing resettlement (and similar operations) and those administering more generalized health and human services programming will be vital. Another set of participants also commented that a positive outcome of OAW was the ability to demonstrate the degree of programmatic and relational creativity possible at higher levels of funding, noting that it allowed them “to be innovative.”

Lack of Clarity and Confusion Surrounding the Role of the SRC

Entities of various types noted that systems and communities generally did not understand the role of the SRC in relation to other actors, impeding their coordination of human services to evacuees and their families. As one SRC who had also been directly involved in both repatriation and OAW noted, “My office is the conduit.” At the time of the interviews, the SRCs interviewed for this report (both current and former) were unsure of how SRCs were to execute their roles in coordination, repatriation and resettlement if their office was routinely being bypassed, as this created mixed signals regarding the scope and meaningfulness of their overall authority.

When asked about what would constitute effective support, one SRC stated that that both SCORR, and ORR’s Interagency Outreach and Response team delivered “top-notch supports.” Both individuals strongly praised the “invaluable” work of ORR’s Interagency Outreach and Response unit, stating that these regular meetings, titled “Resettlement Branch Calls”, were instrumental in staying informed of changes and understanding what was occurring across the resettlement and human services sector as a whole. It also helped to establish stronger working relationships with human services personnel and resettlement agency workers at the local level.

Despite this overall improved level of coordination, one SRC office-affiliated individual commented that, generally, they wished they “knew more about what is going on within resettlement agencies” since, to them, there sometimes seemed to be a reluctance on the part of these vital partners to communicate internal information, decreasing the ability to work jointly for maximum capacity and efficiency in serving evacuees. Full access to information would be helpful during repatriation and evacuation efforts so that coordinating entities, such as SRCs, can better understand the interrelatedness of supports programs and other services. This is especially important as it applies to families holding mixed immigration statuses.

Community Consultations

While two SRCs expressed enthusiasm for the progress achieved through community consultations, one felt that their efforts at coordination with resettlement and human services agencies sometimes felt very “ceremonial.” Contrasting with other statements, this comment demonstrates state-to-state variance in community organizations’ understanding of the SRC’s ability to provide both generalized and specific supports in serving evacuees. Another comment received was that federal communication directed at SRCs “comes off as top down,” demonstrating a “profound disconnect” with both state and local levels. Moreover, in addition to coordination challenges, information from various bodies at the federal level was said to often be at odds, with one of the coordinators noting an occasional sense of “friction” between federal agencies, making it difficult to communicate information through various administrative levels.

APHSA notes that as this report drew from the perspectives of only a few SRCs or SRC-affiliated personnel, further research on the experiences of State Refugee Coordinators and their direct reports may prove insightful.



ORR Regional Coordinators

The importance of the ORR regional coordinator role was also highlighted, with the participants noting that this was a critical source of support during operations; However, one SRC noted that there was a notable transition between the previous regional representative and a new incoming representative, under which they did not feel sufficiently supported in managing their workload, as well as in prioritizing competing challenges. When asked what factors created this difference, the respondent stated that the previous relationship had felt more collaborative, and that SRCs and other state human services administrators would appreciate regionally nuanced “expert support,” and “not just question and answer” sessions. They offered that insufficient supports provided to key human service personnel may lead to increased burnout given the range of human service and ORR supports that they must coordinate for evacuees and their families.

Nevertheless, despite the challenges experienced, participants acknowledged the difficulty of maintaining operations at all levels under such an overwhelming scenario, and most interviewees therefore expressed sincere appreciation for federal agencies' persistence in re-imagining supports to both states as well as to evacuees.

SRC Perspectives on Training Needs

In terms of specific training and development activities that might benefit the sector, a greater understanding of the State Refugee Coordinator role and its influence on systems will be vital. Increased understanding of both resettlement agencies' and the private citizens' responsibilities, as well as their limitations would be necessary to ensure not only stronger coordination but also non-duplication of efforts.



Other Considerations and Opportunities for Growth in the Post-Emergency Phase



Evidence-Based Practice

Participants noted that there is a greater need for alignment with evidence-based practice and data. Accordingly, there is a need to reevaluate the specific needs of this cohort as opposed to previous waves of Afghan resettlement. There is also a need to develop improved capacity for evaluating human service support needs upon a population's arrival.

Expert Staffing of Challenging Cases

Having specialized services within public agencies and related systems was several times identified as an important consideration. This included supports for mental health, violence within families, and supports for child welfare concerns. In highlighting promising practices, one state described a process whereby any child welfare cases involving a refugee child would first be screened by an interdisciplinary panel consisting of specially trained human services representatives, as well as resettlement agency staff and community experts in order to ensure that safety and promising practices were being observed. This also enables localities to rule out any possible misunderstandings or unmet client needs prior to undertaking any official action. Given the expansion of eligibility for ORR benefits, the fact that the families of repatriated U.S. citizens may include individuals with varying immigration statuses, and given the significant overlap in the needs of many repatriated individuals with the needs of refugee populations, a similar state-level approach may prove beneficial for holistically supporting families with extensive needs, especially when cases are raised to human services agencies' attention.

Legislative and Emergency Management Supports

When asked about what factors were most helpful in executing their functions, one set of human services participants mentioned that having legislative support for their operations was instrumental. Also helpful was the support of state Emergency Management units. In one state, emergency management services helped provide shelter and food to incoming families during the first 90 days of their arrival, during which housing was exceedingly difficult to secure.

While repatriates would follow a different procedure for entering the country, providing comprehensive supports at staging locations would be helpful in both cross-system and cross-sector planning prior to individuals arriving in their communities.

Those respondents who spoke of their relationships to emergency services observed that had they not received this support, resettlement agency personnel would not have been able to assist evacuees at the level that they were ultimately able to. This could potentially have had ripple effects on the quality of human services. Upstream federal investment and state emergency supports would therefore be key to any future emergency efforts, as would be the integration of emergency management within human services planning in order to facilitate optimal coordination.

Non-Profit Supports

When asked how non-profit and member organizations, such as APHSA, could help support human service personnel's work in preparing for future emergency operations, one participant replied that they could continue to "create platforms for these kinds of conversations."

Strengths and Limitations

Limitations of this report include the following:

- 1.** While shaped to the greatest extent possible by demographic and geographic considerations, the report employed snowball sampling, identifying interviewees through established connections or connections forged via referral through APHSA's existing network. Moreover, APHSA engaged a small number of participants (n=23) across the various ACF administrative regions. Though the major types of entities interacting with repatriated individuals, as well as other evacuees and their families are represented in this report (human services personnel, including State Refugee Coordinators; Resettlement Agencies; relevant non-profits), this report therefore potentially reflects a limited range of perspectives, which may reduce generalizability; however, anecdotally, APHSA offers that the sentiments relayed by interviewees are largely reflective of content relayed within other national fora to which it has had access.
- 2.** Though the interviewer attempted to relay the full range of experiences shared with APHSA, as the participants contacted for interviews mostly focused on economic supports, most of the questions posed had some connection to economic supports programs administered through human service agencies, such as TANF and SNAP. Some other critical programmatic areas with high needs, such as mental health, housing, transportation, and childcare, for example, have likely been structurally deemphasized relative to their importance; however, the dynamics surrounding communications strategies and other processes relayed by participants may apply to service providers across a variety of programming.
- 3.** As this report aimed to address more macro-level processes, importantly, private citizens engaged in direct, local work with repatriated families and other evacuees under OAW were not considered for this report, though a few entities working alongside, supervising, or coordinating such activity, such as non-profits and resettlement agency affiliates, were included. Replacement Designees, while eligible for participation in the interviews, were not consulted, though this was not intentional, and was a consequence of the outreach strategy, time limitations, and other factors. Future analyses may wish to consult with Replacement Designees, as they may have important insights given their position outside of the official human services framework.
- 4.** Some self-identified immigrants of various nationalities were included in the consultations by virtue of their employment within relevant entities. Nevertheless, the report reflects limited participation of individuals with lived experience of immigration systems.
- 5.** The comments expressed herein are subjective, and though they proved highly consistent between interviews, they were not subject to formal validation processes beyond reinforcement through subsequent interviews and some external verification with academic, governmental, and non-profit generated literature, wherever available. These opinions were also collected retroactively and, as such, are subject to distortion in the recollection of events by participants, as well as those of the interviewer.

Given these limitations, this report aims to provide initial insight into experiences common to this sample of interviewees, which was comprised of a variety of stakeholders involved in serving evacuees. Nevertheless, more research is required for the validation and generalization of findings. Future inquiry may also wish to consider combined quantitative and qualitative investigation. As the humanitarian emergency began in 2021 when the COVID-19 pandemic was still a major concern, it may also be important to assess the impact of public health protocols on the format and configuration of human services' engagement with third-party partners, as well as the quality of services rendered to clients.

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