

**Vulnerable Afghan Immigrants' Resettlement and Integration Challenges in Sacramento  
The Example of the PC-ICM Program**

By

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THESIS

Submitted in partial satisfaction of the requirement for the degree of

MASTER OF SCIENCE

In

Community Development

In the

OFFICE OF GRADUATE STUDIES

Of the

UNIVERSITY OF CALIFORNIA

DAVIS

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2019

## **Abstract**

This project-based research is designed to evaluate the services provided by the Preferred Communities-Intensive Case Management (PC-ICM) program within Opening Doors Inc. (ODI), a refugee resettlement agency in California's Sacramento region. The PC-ICM program provides services to a vulnerable refugee population, mostly Afghani contemporary immigrants, who require specialized services to stabilize and integrate into their new communities in the Sacramento metropolitan region. Through in-depth qualitative interviews with the PC-ICM's clients, this study examines the quality and relevance of services provided by the program from the clients' perspective. The study aims to develop a theoretically informed practice-based model that can be used by PC-ICM and other similar service-providing programs, and to provide recommendations to inform public policy. I categorize the findings of this research in four interrelated themes associated with PC-ICM's efficiency and effectiveness as they relate to meeting the client's actual needs and their challenges in obtaining needed services and support. Main themes include the need for competent interpreters given limited English proficiency of clients; the need for specialized services to meet needs for employment, child care, ESL, and drivers' licenses; and the need for improved coordination between Opening Doors Inc. (ODI) and the International Rescue Committees' (IRC) Intensive Case Management (ICM) programs. Also, in terms of broader public policy, I find a need for the county and medical insurance companies to reduce the complexity of their service processes, which are difficult for immigrants to access.

## **Acknowledgments**

*I would like to express my deepest gratitude and appreciation to the persons below who assisted me in different ways at every point to achieve my goal:*

My Supervisor, Professor Stephen M. Wheeler for his vital support in steering me into the right direction. Professor Wheeler's encouragement and sympathetic attitude made it possible to cherish my goal and achieve the end task.

My Committee Members, Dr. Sheryl-Ann Simpson and Dr. Catherine Brinkley for their willingness to serve as my committee members on short notice and their comments and suggestions which contributed greatly to improvement of this thesis.

Community Development and Geography Graduate Groups Advisor, Carrie Armstrong-Ruport for all her wonderful support.

The Preferred-Communities Intensive Case Manager, Alyssa Van Hofwegen. Without her support it was impossible to achieve this goal.

My lovely wife and children, and my friends for extending their support morally and emotionally. This accomplishment would not have been possible without all your professional, generous, and warm-hearted support.

Samir A. Noory, February 21, 2019

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## **Introduction**

Vulnerable refugees including persons with disabilities, survivor of domestic/gender-based violence, survivors of torture, individuals with social/psychological conditions, single-headed families, and elderly people without enough family support are amongst other vulnerable immigrant population experiencing critical challenges and barriers during their resettlement and integration processes in Sacramento, California. It's almost impossible for such vulnerable groups to access services and resources as an integral part of their integration process into their new communities without any additional assistances and support.

The PC-ICM program, over the past few years has been assisting these vulnerable refugees integrate into their new communities by helping them access available services and resources while developing their potential to eventually reach self-sufficiency. Several main questions guide and demarcate the parameters of this research—how the program’s clients connect to the PC-ICM in the first place and how their needs are identified by the program? How effective the PC-ICM program has been in providing client-oriented services during the last two years? What are some of the clients' unmet needs and concerns as they relate or not relate to the program's capacity? And what happens to the clients after they are considered “self-sufficient” by the PC-ICM program? This is an important and relevant research aiming to provide guiding-principles to PC-ICM and other similar service-providing programs and to inform public policy by highlighting the gaps between policy development to policy implementation.

Afghani refugees constitute Asia’s largest prolonged refugee population and the world’s second largest refugee population with an estimate of 2.5 million registered refugees across the globe (UNHCR, 2018). The political unrest particularly over the last four decades, including the United States' invasion in Afghanistan in 2001 and its subsequent instability and economic

downfall contributed to massive population displacement within and outside the country forming contemporary Afghani diasporas in south Asia, western Asia, southeast Asia, Europe, and the United States. Over 52,000 Afghan immigrants have been admitted—under both Special Immigrants Visa (SIV) and refugee programs into the United States alone between 2008 and 2017 (U.S Dept. of State, 2017).

Located in midtown Sacramento, PC-ICM delivers services within 100-mile radius of its location. However, almost the entire population currently being served by the program resides in Sacramento County. Nearly 90 percent of population served by the program during FY 2017-2018 were contemporary immigrants from Afghanistan and another 10 percent from Iraq and Syria.

The SIV program was initially established in 2006 to grant permanent residency to a specific number of Afghan and Iraqi citizens under certain conditions. Initially limited to 50 visas to Afghani interpreters/translators only, the program was expanded to include those who worked with or on behalf of the US government in Afghanistan (Congressional Research Report, 2016).

At least 15,837 visas have been issued for Afghans between 2008 and 2015, including 6,618 principle applicants and 9,219 dependents and an additional 3,500 visas was approved for principle applicants for fiscal year 2018 under the National Defense Authorization Act of 2017 (U.S. Dept. of State, 2018). From October 2016 through January 2018, an estimate of 8,859 Afghan SIV recipients have been resettled in California and of those 5,066 were resettled in Sacramento County alone (CA Dept. of Social Services, 2016).

Through in-depth interviews with PC-ICM's clients, this study explores the clients' major challenges and needs from both the program and the clients' own perspectives as they relate to the program's capacity and deliverables and the clients' needs. The overall objectives of the study are to develop a model to guide PC-ICM and other similar service-providing programs' operations and to provide implication for public policy.

The first chapter in this research brings together the theories of assimilation/integration and the theories of poverty from a multidisciplinary lens to conceptualize the immigrants' current challenges and their mode of resettlement and incorporation in their new communities.

The second chapter details the research design and methodology, including an introductory overview of ODI and the PC-ICM program, data collection and data analysis, and the challenges and the ways my positionality influenced the research's data collection portion.

The third chapter discusses the geopolitical context of immigrants' country of origin to provide some background information about some of the extrinsic factors that forced Afghans to emigrate from their country. It also discusses the difference between SIV and refugee programs' processes as they might influence the recipients' mode of incorporation in the context of reception in different ways.

The fourth chapter categorize the findings of the research in four interrelated themes highlighting the immigrants' trending needs for specialized services and the need for effective communications and coordination of services between service-providing programs and agencies to reduce the complexity of the service processes for better accessibility.

The fifth chapter discusses the findings in the light of existing theories and practical findings and provides policy implications and recommendations for PC-ICM and other agencies working with immigrant population, particularly afghan refugees.



## **Part 1: Fitting Afghan Immigrants Within Relevant Theories**

Migration is a complex process both resulting from, and affecting social, economic, environmental, and political situations in sending and receiving places and, thus, entails an interdisciplinary approach to better understand it (Castles, 2014). While there is no universal theory to provide enough explanation for understanding of migration patterns, there are few prevailing theories that can help us understand both the cause and consequence of certain people's immigration in certain places.

In general, these theories are woven within two main conceptual patterns—functionalism and historical-structuralism—with the former perceiving migration process as a positive phenomenon for both sending and receiving places and the later as a phenomenon that reinforces, produces, and reproduces social and geographical inequalities (Castles, 2014).

The incorporation of immigrants and their descendants into the mainstream hegemonic culture and society has been a subject of controversial debate for many decades. The establishment and domination of conventional ideas and theories which influenced the US laws and policies particularly during the first half of the 20<sup>th</sup> century and arguably beyond that have inflicted disproportional effects upon underrepresented and unprivileged minorities, including the immigrant communities (Roberts 1997).

### **Theory of Assimilation and Integration**

In order to understand the migrants' mode of incorporation into a context of reception, assimilation theory has been a controversial concept for social scientists with pros and cons not only because of its theoretical implications and application but also in terms of its influence on government and non-governmental organizations' policies and programs. Some sociologists celebrate the demise and discreditation of the term 'assimilation' particularly within academic

realm due to its negative connotation and implications and as well as its influence on US policies during the first half of the 20<sup>th</sup> century (Glazer 1993 & Roberts 1997). Others see it as a time-worn theory which has lost its reputation due to its ideological imposition of ethnocentrism and discrimination against minority groups and their cultural values (Alba and Nee 1997) and religious beliefs. The conceptualization of the term “assimilation” by researchers such as Warner and Srole (1945) doubtlessly contributed to such disreputation by providing a solely ethnocentric and discriminatory assertion about assimilation’s essentialism for the “inferior” and “unlearning” ethnical minorities (p. 285).

However, some scholars argue that assimilation theory is still a unique and predominantly exclusive spectacle through which the immigrants and their offspring’s incorporation and adaptation processes could be understood (Kazal 1995). In fact, the revalidation of assimilation theory, for understanding of the immigrants’ mode of incorporation, began in early 1980s through a multidisciplinary lens—with focused on questions of inter-racial (common sense of whiteness) and inter-class assimilations (industrial unionism) versus ethnic pluralism and as well as with a more “analytically complex and normatively defensible understanding” towards the theory’s functionality (Kazal, 1995; Brubaker 2001, p. 531).

Park and Burgess (1921) provide an early definition of “the concept”. For them assimilation is “a process of interpenetration and fusion in which persons and groups acquire the memory, sentiments, and attitudes of other persons and groups, and, by sharing their experiences and history, are incorporated with them in a common historical life.”

In addition, Barkan et al. (1995) provides a more overarching definition of assimilation by developing a six-stage model within which he situates immigrants of diverse nationalities and background. Assimilation for him is the “point at which individuals may have lost most, or all, of

their personal knowledge of their ethnic roots, or those roots had become diffused, merged with what has been absorbed from their new principal societal context (p. 47).

While the process of assimilation is determined by both individuals and group choices at different level and in different scale, it's also a two-way process in which both those tends to assimilate, and the assimilating society must be susceptible to the process (Barkan et al. 1995; Glazer & Moynihan 1963).

Sociologists, by far, agree that assimilation is not a homogenous linear process as conventionally assumed, it rather is a segmented process with variegated paths that influences the immigrants and their children's social mobility (Portes & MacLeod 1996; Portes & Zhou, 1993). The main subject of discussion now should not be about whether immigrants and their children will and will not assimilate, it rather should be what segment of the society they will assimilate to.

A study conducted on immigrants' children academic performances revealed three major determinants of different paths of adaption on the second generation—parental education, family structure, and the context of reception (Portes & Zhou, 1993). According to this study, the two first paths—those with high levels of education and/or a cohesive family structure demonstrated a high level of upward mobility by getting admitted into higher education institutions or getting a job. On the contrary, children from families with the low socio-economic status and/or scattered family structure experienced a disproportionally downward mobility (see Espirito & Train, 2002; Wolf, 2002 for counterargument on segmented assimilation).

While social capital and close-knit family structure creates the paths for the immigrant's children's upward social mobility, there are other contributing external forces within the context

of reception including government policies, the mainstream attitude towards certain race and ethnicity, and the place of living which are key determinants of the immigrants' mode of assimilation. Dreier et al. (2004) describes how the socio-economic segregation between rich and poor, as a result of some government policies which were developed for the favor of the rich, instill a sense of 'otherness' within public opinion; thus, impinging negatively on the lives of the poor.

While some scholars focus on solidarity within migrants' social groups as a dynamic influencing the desirable quality of their incorporation process and their social mobility (Portes and Rumbaut, 2014 & Kasinitz et al., 2008) others believe on distinctive behavior and fragmented social processes' dynamism on migrants' intragroup interaction related to their mode of incorporation (Guarnizo et al., 1999; Gold, 1995; Menjivar, 2000). L. Guarnizo (1999), for instance, in his study of Colombian migrants in New York and Los Angeles found a high level of intragroup fragmentation as a result of stigmatized perceptions and stereotypes associated with the issues of drugs and drug dealing. He concludes that migrants' socio-economic and socio-political background are key dynamics influencing the [re]formation of their identity and as well as their mode of incorporation into the receiving society.

While scholars disagreed on the type and degree of assimilation bringing immigrant ethnic groups together, they agree such processes have been underway. When the notion of an Anglo-American assimilation principal declined during 1960s, assimilation or otherwise "acculturation, amalgamation, Americanization, or nondifferentiation" (Jiobu 1988, p.5) lost its attraction (Kazal, 1995). This collapse was perhaps also caused by and was co-related with several other factors such as, huge migrants' influx from Asia, Latin America, and the Caribbean; the reformation of Immigration Reform Act of 1965—closing favoritism gap

between migrants from the global north and the global south; the Civil Rights Movements of 1960; and most importantly the US presence in Latin America, the Caribbean, and Southeast Asia.

With the demise of assimilation theory during the first half of the twentieth century the term ‘integration’ started to pitch in, though, not as a synonym but rather as a softer alternative to explain the immigrants’ mode of incorporation into the receiving societies. language and culture are momentous signifiers of integration process (Oudenhoven & Eisses 1998) which determine the degree of an ethnic group’s sociopolitical and economic cohesion into a value system within the context of reception. Perhaps, the conceptualization of a social matrix which “rejects permanent exclusion, neither demands assimilation nor embraces multiculturalism” (Freeman, 2004, p.945) brought about by integration, added further value to the term’s reputation.

Integration concept puts emphasis on immigrants’ social, educational, and political engagement, diversity, and social inclusion of heterogeneous groups into a harmonious social order system and is happening concurrently with bilingualism and multiculturalism (Barkan’s 1995). Yet, the bidirectionality of integration process is, to some extent, similar to that of assimilation as both processes’ paths could be influenced by individuals’ agency and as well as the community’s reaction and level of acceptance (ibid).

The immigrants’ low socioeconomic status and lack of social cohesion and community support are significant contributors to their downward social mobility (Portes & Zhou, 1993). Therefore, specialized and targeted services and support programs, particularly by service-providing agencies and specially to vulnerable immigrants are critical to improving their potential towards a better future.

## Theories of Poverty

There is great preponderance of evidence from across a diverse array of disciplines including anthropology, sociology, psychology, and economics indicating to a causality between structural issues and the persistence of poverty within the low economic class.

By tying together the theories of poverty and the rationale of labor market, William Julius Wilson, for example, articulates a striking picture about how structural inequality such as class segregation and educational disparity contributed to the persistence of intergenerational impoverishment in the US (Wilson 1987). The disappearance of jobs from the inner cities, he indicated, contributed to a skill mismatch increasing the unemployment rate among underprivileged spectrum of the society in the US (ibid). Also, in his book, *When Work Disappears*, Wilson points out to three interrelated key factors—political, economic, and social as extrinsic forces contributing to persistence of poverty amongst the impoverished class (Wilson 1996). Wilson dismisses the very notion of ‘culture of poverty’ that criminalizes the poor-victims and emphasized on the structural factors as deterministic to persistence and reproduction of poverty (See Lewis’s *Culture of Poverty* (1998) and *Five Families* (1959) for a counter argument).

In addition, the meaning and significance of race and its connection to poverty have been part of a longstanding debates in the US. There are numerous scholarly articles and established books in different disciplines, including economics and sociology, which have documented the causality between blacks’ poverty and their downward assimilation to the cycle of poverty (Acs & Nichols 2010; Issacs 2008; and Muzumder 2011). However, social class segregation has arguably more significant impact than that of race on concentration of poverty and broadening

the geography of social disparity between blacks and whites in the US (Massey and Simpson 2009; Wilson 1987).

Unsafe and unstimulating neighborhood alongside low-quality education and malnutrition of children amongst low-income families, on the other hand, contributes to psychological and developmental issues decreasing the children's chances of success as adults (Duncan et al. 2014). Concurrently, there are evidence suggesting a positive correlation between income increase of poor families and their children's completion of more and sustainable schooling (ibid).

Additionally, developmental neurobiological findings strongly suggest that increased income should have the greatest effect during children's early years when their brains and other systems are in their fastest developing phase (Duncan et al. 2014). Children whose parents receive welfare appear to complete less schooling, even after adjustment for other differences between recipient and nonrecipient families. Low family income and maternal employment are also found to reduce schooling participation rate creating questions about the effectiveness of the 1990s welfare-to-work policy (Duncan 1995).

Meanwhile, Magnuson and Votruba-Drzal (2008) also acknowledge the correlation between urban neighborhood and poverty suggesting a community-based antipoverty initiative that provides supports to poor families in low-income urban areas. Wilson also discusses the significance of place on poverty where disappearance of jobs from inner city increased poverty there in (Wilson 1987). Once locked into the cycle of poverty, there are less chances of to get out of it. Using the data for children born in 1971 and 1993, Chetty et al. finds out a persistence in intergenerational poverty and a greater gap between the riches and poor's income and their children academic achievement.

Magnuson and Votruba-Drzal (2008) also suggests that children born in poor family increase the likelihood for reproduction of intergenerational poverty. They also account environmental factor to be another reason that can affect children's development and, therefore, result in persistence of their low-status as adults. They conclude that 10 percent of the children spend more than half of their childhood time in poverty and these children are mostly born in low-status families, including single parent and single mothers with low level of education.

All these findings suggest the presence of a strong relationship between structural issues and the persistence and reproduction of poverty. Pittman et al. (2009) suggests a practical connection between community development processes and economic outcome despite the autonomous evolution of the two disciplines overtime. The author demarcates a systemic circulation of prosperity in forms of social capital and capacity building between community development processes and economic outcome. "...the process of community development is social capital/capacity building which leads to social capital which in turn leads to the outcome of community development" (p. 81). Therefore, further coordinated and sustainable processes and development programs (Sze 2018) are required to improve the immigrants' integration process into their new communities and alleviate their chances of falling into and/or remaining in poverty.



## **Part 2: Research Design and Methodology**

The main methods I used for this thesis were participant observation and in-depth interviews. Participant observation allowed me to observe in-depth program processes, including pre-enrollment assessment, intake and enrollment, SSP development, and the program manager's daily interaction with the program's clients. It also allowed me to evaluate the quality of interpretation based on my familiarity with clients' primary languages and my previous experiences as lead interpreter. In-depth interviews allowed me to gain insight into clients' personal experiences with life in their new communities and their experiences with the service-providing agencies. The interviews used a semi-structured format starting with preset questions followed by more specific discussions of topics as they arose. I then analyzed the data from observation and interviews as well as the program's documentation of services to clients by identifying action words and themes in the course of translating interview answers, materials, and my personal notes from Farsi to English. A more detailed discussion of data collection will follow below.

I chose ODI's PC-ICM program because of the agency's rich history in working with immigrant communities and its PC-ICM program's significance in helping vulnerable immigrant population, mostly Afghani immigrants, navigate and access services and resources during their resettlement and integration processes in their new communities in Sacramento. In the following subsections, I'll provide a more detailed introduction of the agency itself and its ICM program aiming to paint a clear picture of the program's current status, including its challenges and potential for further improvement.

## **Opening Doors Inc.**

ODI, located in midtown Sacramento, initiated its operations in 1993 under the name of Sacramento Refugee Ministry (SRM) by providing solely refugee resettlement services to clients from few certain places such as the Soviet Union and Southeast Asia. At this point in time, the organization was being funded by the Interfaith Service Bureau, an incorporated religious organization founded in California in 1920.

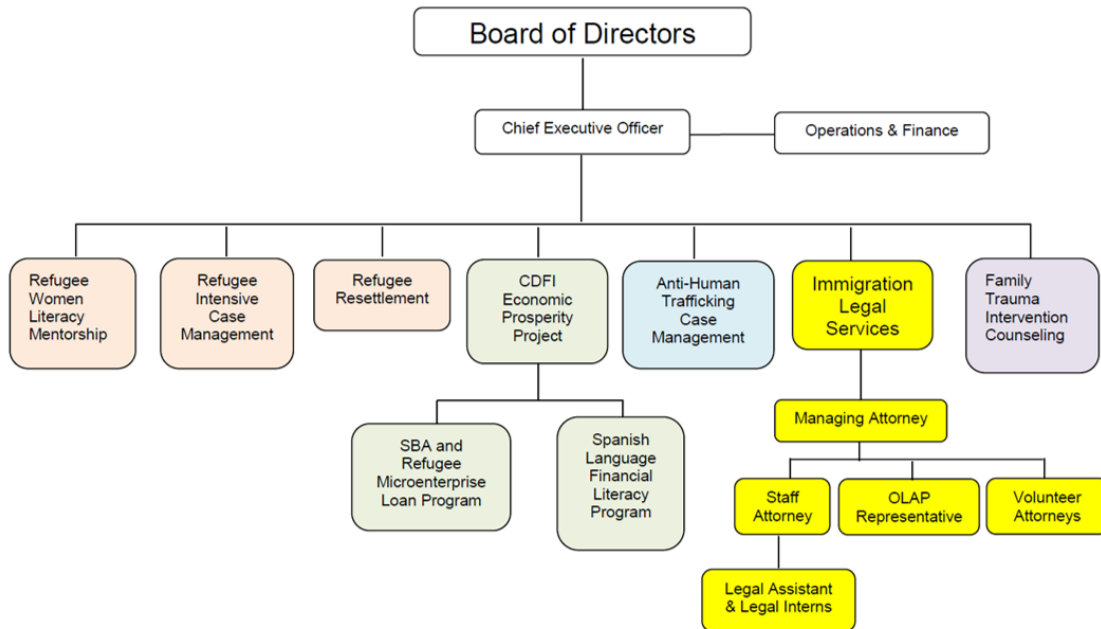
It was in 2003 when SRM grew to become an incorporated non-profit organization, rebranding and renaming itself to Opening Doors Inc. A year later, the organization became a Community Development Financial Institute by expanding its service delivery to include microloan program. It then initiated its Survivors of Human Trafficking program in 2007 in response to the increasing issues of human-trafficking. Currently, ODI delivers services on refugee, human trafficking, immigration legal services, English language development, and economic prosperity programs. These programs are supported by both the Federal funding and donations.

ODI is one of the local affiliates of Church World Services (CWS), an international faith-based organization which is contracted by the International Office of Migration (IOM) to execute resettlement activities and services in many countries. IOM was established in 1951 as an intergovernmental organization to work with governmental and non-governmental agencies on issues and activities associated with the process of migration. With 172-member states and offices in more than 100 countries, IOM provides migration services in four core areas— migration and development, migration facilitation, migration regulation, and forced migration by focusing on “promotion of international migration law, policy debate and guidance, protection of migrants' rights, migration health and the gender dimension of migration” (iom.net).

ODI has a volunteer Board of Directors (BODs) with 12-members who are responsible to secure funding for the organization (including via fund raising) and ensure the agency’s sustainability. The BODs oversee the CEO who is responsible to execute organization’s overall activities including recruitment, retention and promotion of employees in compliance with the regulations and policies regulated by the BODs.

During my tenure in April 2018, ODI had 38 employees including one temporary staff. The agency’s staff are from a diverse cultural background who are bilingual and multilingual in different languages including Farsi/Dari, Pushto, Bosnian/Russian, French, Spanish, Urdu, Arabic, and English languages. Most of the clients currently being served by the agency are from Afghanistan, Iraq, and Syria.

**Chart 1: ODI’s Organizational Structure**



ODI also established an internship and volunteer program where individuals including students learn practical skills while exposed to working with the organization’s staff and clients

from a diverse cultural and language background. Interns and volunteers undergo required recruitment and training processes, including background check and on the job orientations, similar to that of an ODI new employee and are useful supplement assets to the organization.

### **The PC-ICM Program**

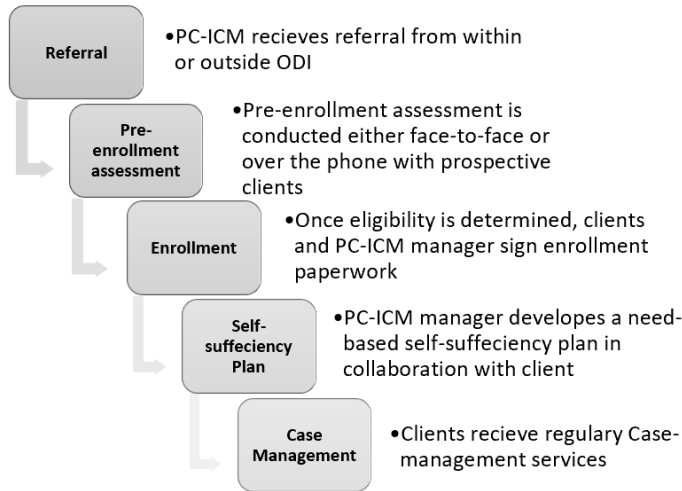
The Preferred Communities (PC) program, established by the Office of Refugee Resettlement (ORR) during 1990s, was initially designed to address some of the special needs of refugee receiving communities. Over the past two decades, the PC program evolved to accommodate variegated needs of the most vulnerable refugees requiring specialized and intensive case management (ICM) services to becoming stabilized and self-sufficient as they undergo integration process into their new communities. ORR itself is administered by the Administration for Children and Family division of US Department of Health and Human Services to deliver integration services to the US newly arrived population. In doing so, ORR partners with other service-providing agencies, including governmental, nongovernmental, and volunteer organizations (HSS.gov).

The PC-ICM program is one of the five major programs under the umbrella of ODI's Refugee Program. The program provides services to the vulnerable refugees with special needs and eligibility criteria in accordance with a CWS Preferred Communities Tool Kit and in compliance with ODI's policies and procedures.

The PC-ICM's manager, after receiving referrals from both within and outside the ODI, conducts a pre-enrollment assessment interview with a prospective client to determine eligibility. The interview is conducted either in-person or over the phone. Once eligibility is determined, both sides sign the required enrollment paperwork and then develop a collaborative self-

sufficiency plan (SSP) with definite goals, each to be achieved within a specific time period during client’s enrollment in the program.

**Chart 2: PC-ICM Enrollment Process**



The SSP demarcates steps to be taken by both the program manager and the client towards achievement of the established goals.

**Chart 3: SSP-Goal Development Template**

Self-sufficiency goal		Date goal achieved
Potential barriers		
Steps to be taken by client	Steps to be taken by caseworker	Timeframe

The eligibility criteria for the program include: 1) ORR refugee status (including refugee, SIVs, asylees, Cuban/Hattians entrants, and Amerasians), 2) US residency for less than 5 years, and 3) documented vulnerability. A prospective client’s area of vulnerability, in this case, may include one or more of the followings: single-parent, young adult without parent, minors, elderly

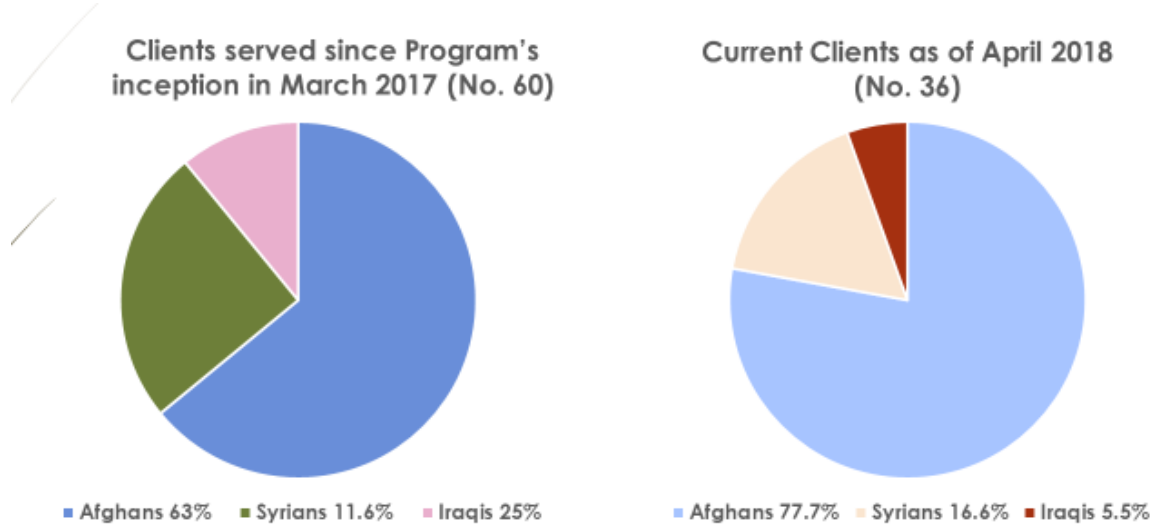
refugee, LGBTI, HIV/AIDS, social/psychological conditions or at risk of suicide, victims of substance abuse, disability or illness, secondary migrant, survivor of torture, and survivor of domestic violence or sexual and gender-based violence.

The PC-ICM's service package includes case management activities and collaborative activities developed with in-house and external partners. Case management activities including assisting clients in establishing healthcare services by making appointments with primary care physicians (PCP), specialist providers, accompanying clients for initial doctor appointments and assisting them access transportation and interpretation services. Collaborative activities involve a set of culturally-appropriate-gender-based innovative activities to enhance socio-psychological well-being.

The PC-ICM program outreaches to local services providers and community members to share resources and build partnerships. Refugee Inter-professional Community Engagement (RICE) project, for instance, is an example of such collaborative initiative. The project was launched in partnership with ODI, Office of Refugee Health, University of California, Davis, and Sacramento State University to support refugees in navigating health system and in developing health and wellbeing plans. At least fourteen families and 20 refugees in the PC-ICM program received services under RICE project from April 2017-May 2018.

During my tenure with PC-ICM, the program was run by a manager who had a master's degree in social work with supplement support provided by one M.S. student-intern and one BA student-intern. Between March 2017 and April 2018, PC-ICM program served 60 individuals from Afghanistan, Iraq, and Syria.

**Chart 4: PC-ICM Served Population, March 2017-April 2018**



## Data Collection

To conduct this study, I planned to start working as an intern for the ODI's PC-ICM program during April-September 2018 for an estimated 210 hours. During this period of time, I provided translation, interpretation, and cultural information support and assisted the program manager with random case management and administrative activities. I collected data via participant observation and 17 in-depth qualitative interviews with program's clients with diverse backgrounds and vulnerability condition.

I initially obtained an Institutional Review Board (IRB) approval for the research on September 13, 2018 prior to collecting the study's data by assuring the IRB to adhere to the research ethical regulation by protecting the research subjects' rights and identities throughout my research.

For participant observation portion of this study, I passively observed program's staff communication with prospective clients' during pre-intake assessment, intake and

enrollment, and self-sufficiently plan development sessions and as well as the program manager's day-to-day engagement with the clients. I provided the participants with an information sheet in English and Farsi describing my positionality, my role, and the objectives for my observation to obtain their verbal consent. This allowed both subjects to have a reasonable expectation for privacy and me to gain subjects' permission to observe and take notes during the sessions. During these sessions, I intended to evaluate and identify 1) whether prospective clients make informed decision to participate in the program, 2) whether clients engage and collaborate in developing the self-sufficiency plan, and 3) both sides' expectation as it related to PC-ICM's capacity and services.

For the interviews, I selected subjects from a diverse group of the PC-ICM's current and discharged clients while taking into account their diverse socio-demographic characteristics and vulnerability conditions. I chose these clients using the information in client's physical case files and as well as the newly launched extended-Reach database for which I was formally allowed access by the CWS. Furthermore, to gauge clients' level of satisfaction from the program, I decided to select clients who were at different point in time during their enrollment within the program and those who were discharged by the program as "Self-Sufficient" or "Not-Self-Sufficient". These selections were aimed to helping me understand the underlying factors shaping the clients' decisions to continue or discontinue receiving assistance from PC-ICM program based on their experiences during their time with the program.

The interviews, a mix of specific and open-ended questions, took between 30-45 minutes and were conducted in clients' primary language and mostly at their residence. While interviewing female clients, particularly those experiencing domestic or gender-



based violence, my wife accompanied me as a passive participant based on clients' preference and considering the associated social stigma. I analyzed the interview and observation data by developing different themes which reflected the immigrants' main challenges prior and during their enrollment with the program and as well as after they were discharged from the program.

I assured the participants anonymity by promising not to record and share any identifying information that could be traced back to any individual participant. I took notes during my interviews and observation and in order to ensure anonymity and confidentiality I stored the interview data in a password protected personal computer which I will be deleting upon the completion of this research project. I also informed the subjects of their rights to withdraw from the research should they choose to do so prior to the interview or at any point during the interview and indicated that they can avoid answering to any question or any part/s of a question if they feel upsetting or uncomfortable.

### **Interview Challenges and My Positionality**

First and foremost, discussing the interview location which is considered as an essential part of a research data collection process (Gill, Stewart, Treasure, & Chadwick, 2008), was not easy, particularly with women who had experienced domestic or gender-based violence. Also, my positionality as an Afghan male combined with cultural stigma around the issues of separation and divorce made these women hesitate about their participation in the research. However, their hesitation resolved soon as I offered that my wife would accompany me during the interviews. Additionally, I would introduce myself as a student-researcher and an Afghan married person who immigrated to the US five

years ago with his wife and three children. I felt that my formal introduction and my positionality details helped me get positive responses from most of the clients.

Moreover, it was difficult and time-consuming to get a hold of the clients in order to ask them about their willingness to participate in the research. Firstly, because most of the program's clients received a government free phone which at some point stopped working due to anonymous reasons, it was difficult to get connected in the first place. So, I would strive to find an alternative phone number for a friend or family member and/or drive to the clients' residence. For some of the clients, I had to call multiple times during different time a day to get a hold of them.

I developed a call script in Farsi which I would use while contacting prospective participants. The script included a brief description of my research and its potential benefits to the PC-ICM program and the fact that it will be used as my M.S thesis. I also indicated that participants would receive a one-time \$50 Walmart gift card if they choose to partake in the interview. I was fortunate to secure the gift cards which was provided to ODI by the California Endowment and IRC LA.

Also, since I was not recording the interviewees' voice and I was typing their responses and since staying focused is critical component of a qualitative research (Ashton, 2014), I asked the interviewees to speak slower while I was typing the responses. It helped me mitigate some of the potential fatigues that could result from lack of focus and eye contact with interviewee and as well as deviation from the main idea of the topic discussion.

Unfortunately, the clients who stopped communicating with and receiving services from the program prior to the completion of their time with the program, denied participating in the

study. Interviewing these clients could have further assisted me understand the factors behind their decision which could reflect the facts about whether or not clients make informed decision to participate in the program in the first place.

**Table 1: Afghani Immigrants' Social-status Chart**

Pseudonym	Sex	Age	Ethnicity	Education Level	Occupation in Afghanistan	Current Employment	Marital Status	Number of Children	Yrs./Mos Lived in US	Immigration Status	Area of Vulnerability
Aria	F	35	Uzbek	None	None	Housekeeper	Separated	4	30-mo	Refugee	Single Mom
Sehar	F	32	Pashtun	12 <sup>th</sup> grade	Admin	Service	Separated	2	1-yr	SIV	Single Mom
Fatima	F	38	Tajek	4 <sup>th</sup> grade	None	None	Separated	4	18-mo	SIV	Single Mom
Fedia	F	39	Tajek	9 <sup>th</sup> grade	None	Housekeeper	Widow	5	6-mo	SIV	Single Mom
Siar	M	45	Pashtun	BA	Engineer	Service	Married	4	9-mo	SIV	Child Disability
Sultan	M	49	Hazara	None	Cleaner	None	Married	7	14-mo	SIV	Disability
Azima	F	37	Hazara	12 <sup>th</sup> grade	Driver	Driver	Married	4	20-mo	SIV	Language
Wasima	F	30	Tajek	10 <sup>th</sup> grade	None	None	Married	2	2-yrs	Refugee	Domestic Violence
Arun	M	64	Hazara	None	None	None	Married	3	15-mo	Refugee	Elderly
Barat	F	51	Hazara	None	None	None	Married	3	15-mo	Refugee	Elderly
Areana	F	43	Tajik	6 <sup>th</sup> grade	Cleaner	None	Widow	2	16-mo	SIV	Health
Shella	F	27	Tajik	12 <sup>th</sup> grade	None	Driver	Separated	4	4-yrs	SIV	Domestic Violence
Muhra	F	37	Hazara	10 <sup>th</sup> grade	None	Service	Separated	1	2-yrs	Refugee	Single Mom
Miran	M	51	Hazara	6 <sup>th</sup> grade	Security	None	Widower	2	2-yrs	SIV	Single Dad
Mohammad	M	34	Pashtun	College	Pharmacy Technician	None	Married	4	1-yr	SIV	Child Disability
Ali	M	30	Pashtun	12th gr	Admin	None	Married	4	4-mo	SIV	Child Disability
Daria	M	35	Pashtun	9th gr	Driver	Service	Married	4	2-yrs	SIV	Language

### **Part 3: Contexts of Origin**

After the US invasion of Afghanistan to topple the Taliban regime in 2001, the second phase of the US programs kicked off surrounding the international community's strategies in supporting the war-torn country rebuild its fundamental institutions (DoS.gov). With approximately \$117.25 billion used up for Afghanistan's reconstruction process including good governance, development and counter-narcotic programs between 2002 and 2017, a big chunk of the funds was misappropriated (SIGAR Report 2017).

Therefore, despite billions of dollars flowing for the reconstruction of Afghanistan, the public's trust on both state institutions and foreign agencies started fading due to a plausible regression in all areas of life during the last one decade (asiafoundation.net). The production of illicit poppy drug, for instance, increased by 40-fold within 15 years of the US invasion in Afghanistan in 2016 (unodc.net).

The political unrest and economic downfall, particularly over nearly two decades contributed to massive population displacement from Afghanistan to neighboring Pakistan and Iran and Turkey, Europe, and the United States. With an estimate of 2.5 million registered refugees across the globe, Afghanistan nationals constitute Asia's largest prolonged refugee population and the world's second largest refugee population (UNHCR, 2018).

Over 52,000 Afghan immigrants have been admitted into the US alone between 2008 and 2017 under both Special Immigrant Visa (SIV) and refugee programs (U.S Dept. of State, 2017). The SIVs program was initially established in 2006 by the US Congress to grant permanent residency to Afghan and Iraqi citizens with certain conditions who risked their lives assisting the US armed forces as interpreters/translators for a period of not less than 24 months.

The program was originally limited to 50 visas increased to its capacity to 500 visas for eligible applicants during 2007/2008 (Congressional Research Report, 2016). Under the Afghan Allies Protection Act of 2009, the program's capacity increased to 1,500 visas annually through FY 2013 and expanded to include individuals who were employed by/on behalf of the US government for at least 12 months. The subsequent acts allowed for issuance additional 12,500 visas for the FYs 2014, 2015, 2016, and 2017 (U.S. Dept. of State, n.d.a).

An estimate of 15,837 visas were issued for Afghans under the SIV program between 2008 and 2015, including 6,618 principle applicants and 9,219 dependents and an additional 3,500 visas was approved for principal applicants for fiscal year 2018 under the National Defense Authorization Act of 2017 (U.S. Dept. of State, 2018). From October 2016 through January 2018, an estimate of 8,859 Afghan SIV recipients have been resettled in California and of those 5,066 were resettled in Sacramento County alone (CA Dept. of Social Services 2018).

While there are quite different application procedures and processes and eligibility criteria for SIV and refugee pogroms, both programs' beneficiaries receive similar resettling services and entitlements upon arrival into the US (U.S. Dept. of State, n.d.a.). In order to become eligible for a visa to the US, SIV applicants are required to complete an employment period of at least two years with/on behalf of the US government, file a petition with United States Citizenship and Immigration Services (USCIS), prepare for visa application, and pass an interview at the US foreign consulate office (USCIS.net) in or outside the country of origin.

Refugee applicants, on the other hand, are required to receive a referral to the US Refugee Admission Program in another country, complete an application process, and conduct an interview with a USCIS officer who will then determine the eligibility for resettlement into the US (USCIS.net). The duration of both programs' application process is contingent upon

different individualized circumstances and changes in immigration policy of the country of reception. However, the vetting-time for SIV application has averaged between 12-36 months and for refugee between 18-24 months.

**Chart 5: Refugee Application Process**

Initial Screening by UNHCR
Application Review by USCIS Upon State Department’s Primary Approval
In-Person Interview by USCIS
Health Screening
Most Refugees Receive Brief Cultural Orientation
US Arrival
Refugees Receive Resettlement and Integration Services

Source: US Department of State—U. S Refugee Admission Program.

**Chart 6: SIV Application Process**

File Petition for Special Immigrant With USCIS
USCIS Forward Approved Application to Department of State
Receive Approval by National Visa Center
Health Screening
Conduct Interview
US Arrival
SIV Receive Resettlement and Integration Services

Source: USCIS—green-card for an Afghan or Iraqi translator

The SIV beneficiaries seemed to have more expectations than those of refugees. Associated with the designation, ‘Special Immigrant Visa’ is the adjective ‘special’ which makes it sound different from what is ‘usual’. The SIV recipients’ assumption is that because they

risked their lives while working with the US armed forces, they are entitled to ‘special’ benefit under SIV program. The difference between the SIV immigrants’ perception of the American life prior to moving to the US and the realities on the ground could be a contributing factor making SIV immigrants more prone to sociopsychological problems.

Refugees, on the other hand, undergo a lot of hardship throughout their immigration process. Their journey, unlike the SIVs, do not start directly from the country of origin; it rather starts from another country where they have mostly experienced consistent hardships and have lived in slums (Baloch, 2009) until they find a permanent residence. Therefore, the refugees, unlike the SIV recipients, do not carry along high expectations and do not demonstrate as much susceptible to sociopsychological problems.

Another factor that affects some of the immigrants’ resettlement and integrating process into their new communities is their discriminatory perceptions towards ‘other’ persons of color (POC). This might influence their decisions to move into and/or coexistence in other POC communities. While, movies and media depiction of POCs, for instance, as drug dealer, violent, dangerous...etc. can mold such detrimental perception, language and cultural differences amongst POCs perhaps are the most, if not the only, significant factors that preserves this perception. Its doubtlessly a bidirectional process as contemporary immigrants, particularly Muslims have also been depicted and stigmatized with negative designations. Some sort of pre-arrival cultural orientation might be useful for both programs’ beneficiaries on cultural and racial biases and as well as to mentally prepare them for a different live in the US that they wouldn’t otherwise imagine.



## **Part 4: Findings**

The findings of this research are categorized in the following four interrelated themes associated with PC-ICM's effectiveness to meeting the client's actual needs towards stability and self-sufficiency. Main themes include 1) the need for competent interpreters for clients with no or limited English proficiency, 2) the need for specialized services to meet needs for employment, child care, ESL, and drivers' licenses, 3) need for improvement of coordination between ODI and the IRCs' intensive case management programs, 4) and a need for the county and medical insurance companies, in terms of broader public policy, to reduce the complexity of their service processes. The multidisciplinary theoretical framework and the collected data from the interviews, participant observation, and program's records and documents all contributed to developing and enlightening the thematic findings.

### **Theme #1 Lack of Competent Interpreters Limit Migrants' Access to Services**

There are certain common rules and ethical principles set forth to regulate affairs and ensure compliances across different organizations. However, these rules and regulations are not quite often put into practice at the local levels. For example, some of the Federal and State guidelines and codes of ethical conducts and competencies, to regulate interpreters and translators' work, are not quite often followed at the local levels. Most of the clients I interviewed had experienced interpretation ethical and professional issues and were also discontented with the poor quality of interpretation facilitated by the service-providing agencies. A client who had experienced gender-based violence indicated the she was being mocked by an Afghani interpreter during a court proceeding. She stated that she avoided discussing her situation in detail after being humiliated by an interpreter. She did not reveal the interpreters name sympathizing to protect his job.

During a court proceeding, he [the interpreter] stated that I should be ashamed of myself—as an Afghan woman, for filing a complaint against my husband—I was shocked and scared...I didn't complain about his behavior and do not want to reveal his name, for I don't want him to lose his job.

Throughout criminal cases, a person with little or no-English proficiency is entitled to receiving language access services during the proceedings, according to the California Constitution (Justia US Law, 2017). Furthermore, the State's constitutional and subsequent case laws mandate the expansion of interpretation services to include all court civil proceedings by 2020 (Judicial Council of California, 2014: 1). I also met a friend at a library who is working for an organization as on-call interpreter. Without any prior experience and education on any field related to language and interpretation, he has been tasked to serve as court interpreter multiple times.

We [him and his friends] just get interpretation assignments via text messages. I have served as court interpreter multiple times and have had difficult time to interpret legal stuff.

Section 68566 of California State Code Title-8 prohibits uncertified interpreters to interpret in the courts. A certified court interpreter, according to Section 68566 of this code, is “a natural person who either (1) holds a valid certificate as a certified court interpreter issued by a certificate entity approved by the Judicial Council, or (2) until January 1, 1996, is named and maintained on the list of recommended court interpreters previously established by the State Personnel Board or established by an entity provisionally approved under subdivision (b) of Section 86562” (California Legislative Information, n.d.).

There are at least sixteen languages, including Farsi/Dari, for which interpreters are being provided to Limited English Proficient (LEP) clients during court proceedings by Sacramento Superior Court. Dari language is not one of the fourteen certified languages designated by the California's judicial council; However, in the absence of certified interpreters, the court uses either registered interpreters or provisionally qualified interpreters under specific conditions as determined in recently adopted rule (California Rules of Court 2019; Superior Court of California n.d.). The use of provisionally qualified interpreters on exceptional cases at the court proceeding, according to new rule, might create interpretation professional and ethical barriers. Another client felt he was being bossed around by an interpreter at different times during his conversations with the resettlement organization's staff.

The interpreter yield at me by saying, "Hey, come here—do this and do that" as if I was his soldier or servant. I politely approached him and asked him to call my name next time he needed my attention. They [interpreters] don't know anything about ethics and professionalism; I don't know how they are being hired. I felt so alienated—my live has turned upside down; I have lost my social status and all those respects...you know!

Access to linguistic services is a crucial, if not the most important, aspects of the integration process for the incoming immigrant population. For LEP clients, access to an interpreter—one with enough professional and cultural competence is not only a need but is also their civil rights regulated by both the Federal and State legislatures. Furthermore, there are several other Federal and State compliance principles requiring health care plans to properly respond to the individual's health needs and preferences including cultural and linguistic needs (California Knox-Keene Health Care Service Plan Act and Regulations, 2018). The Court

Interpreters Act of 2009 requires all the US Courts to facilitate certified and qualified interpreters for LEP clients in judicial proceedings (U.S. Government Publishing Office, n.d.). The Department of Justice Civil Rights Division's guidance to the State court's stakeholders outlines the importance of LEPs inclusive participation, through appropriate interpretation services, during court proceedings to avoid communication misunderstanding and confusions (U.S. D.O.J. Civil Rights Division). Additionally, according to the principles of this guidance, interpreters must be bound by the rules of professional conducts and adhere to the ethical standards required of their profession to avoid biases and favoritism.

Federal Executive Order 13166 requires Federal agencies to improve language access for LEP after identifying the needs for such services and to ensure that the recipients of Federal funds provide appropriate language access to their beneficiaries (LEP.gov). (see "2002 LEP Guidance" developed by U.S Department of Justice making the recipients of Federal funds more amenable to this executive order).

Some of the clients with limited English proficiency rely on their own language capacity while others are accompanied by a friend or family member with limited English language during their medical visits and decline to request interpretation services through their health plans due to the complexity of the process. The recently passed SB-223 Healthcare Language Assistance Services require health care service plans to provide written notification for free interpretation services in top 15 non-English languages. (California Healthcare Language Assistance Services, 2017/18) According to this bill, the health plans must also ensure that interpreters are proficient in both English and the target language, understand the medical terminology in both languages and stick to the interpreter ethical principles, including individual's confidentiality. The bill also prohibits health insurers from requiring LEP patients to

provide their own interpreter or to rely on interpretation services of an accompanying adult or a minor child unless it's for exceptionally emergency situations. It also prohibits the use of unqualified bilingual staff to provide interpretation. Furthermore, the health care service plans are also required to provide quality and timely interpretation services to the enrollee and translate standardized vital documents into threshold languages. These documents include 1) applications, 2) consent forms, 3) letters containing important information on eligibility and participating criteria, 4) notice pertaining to the denial, 5) reduction modification or termination of services and benefits, 6) the rights to file a grievance, 7) notice advising limited-English-proficient persons of the availability of free language assistance and 8) other outreach materials that are provided to the participants.

The California Department of Health Care Services defines threshold language as, “a language that has been identified as the primary language, as indicated on the Medical Eligibility Data System, of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area.” (Department of Health Care Services, 2016). However, with an estimated 5,394 Afghans living in Sacramento as of 2017 whose primary language is either Farsi/Dari (Census.gov) Farsi language is not considered a threshold language and is not part of the top 15 non-English languages as recently determined by the State Department of Health Care Services (California Department of Healthcare Services, 2017).

**Chart 7: Largest Afghan Populated Counties in California**

California Counties	Alameda	Sacramento County	San Joaquin County	Orange County	San Diego County	Contra Costa	Los Angeles County
Total Estimate Population	1,093,361	903,798	481,014	2,058,923	2,058,997	652,384	7,366,430
Afghan Population	7,469	5,394	3,819	3,383	3,120	3,064	2,894

Source: U.S. Census Bureau, 2013-2017 American Community Survey 2017

## **Theme #2      The Need for Specialized Services to Improve Clients' Potential Towards Economic Stability and Self-Sufficiency**

Based on ORR's definition, a person is considered self-sufficient when "s/he has achieved the goals of the program's service plan, found stability in [his] or her area/s of vulnerability, and is able to live independently of agency services, through individual capacity, family support, and/or linkage to necessary community support services" (ORR PC Program Guidelines, p. 4).

Needs for employment, transportation, child care, and language, for instance, are the most common trends and challenges for the contemporary Afghan immigrants in Sacramento. These challenges are interacting with and reflecting upon one another to increase each other's intensity and further exacerbate the situation for the newly arrived immigrants. Even if a client meets her/his service plan goals, for instance, via family or community network support, s/he will most likely not maintain those support for a longer period. Additionally, some of the discharged clients of the program were still in need of same services they received from the program during their enrollment.

Despite PC-ICM's systematic and consistent direct services and community partnership supports, most clients don't achieve some of their service plan goals required to becoming self-sufficient. On the other hand, most of the clients have skills and potentials alongside their vulnerability conditions that can be developed for a more sustainable stability. These skills for some of the clients include but are not limited to tailoring, cooking, cosmetology, handicraft.

Language, transportation, and childcare are key challenges amongst others affecting PC-ICM clients' (particularly individuals experiencing social/psychological conditions,

domestic violence and physical disability/medical conditions) potential towards self-sufficiency. For instance, while lack of English language proficiency a huge barrier for clients, lack of transportation and childcare support make it impossible for some of them to enroll in English language classes or maintain their enrollment in language classes. Additionally, lack of reliable transportation makes it harder for clients to navigate required services in their new communities including commuting to English classes and/or jobs. Some of the employment are even conditional to having a valid California license, an indicator of having reliable transportation to get to work.

Using public transportation, according to most of clients, is not a good option to meet their day-to-day commuting needs, because it is not reliable, time-consuming, not affordable, and not safe. However, obtaining a CA license is very difficult for some of these clients as a result of their vulnerability conditions. For single women, for instance, it's impossible to obtain their driving license without additional support that can assist them practice driving to prepare for DMV's driving test. To fulfill these needs, PC is relying on volunteers' assistance which is very limited and is mostly unavailable when needed.

These clients can certainly benefit from specialized services to focus particularly on their areas of vulnerability and develop their potential and capacity for a more sustainable strength-based stability. A more client-oriented micro-financing program, ESL tutoring, driving practice classes, and capacity building program is, therefore, very ideal to serving the clients immediate needs for these services.

A single-mom I interviewed indicated that despite having serious financial issues and requested a loan she had not been able to secure funding for a small family business. The woman had been refused a loan after being referred to the ODI's economic prosperity program, a

program designed to assist individuals improve their financial stability by initiating and developing small businesses. The client was allegedly denied the loan for not fulfilling the program's requirements by not having enough collateral and not having adult children (21 years or older).

My husband was neither a good life partner nor a good father. When I separated from him, he warned me that I will not survive without him. I just wanted to show him that I can provide for my children better than he did...I am trying my best...I have experience in cosmetology and I am a very good cook and can make special sweets and want to establish my own business...I requested loan from the program, but I was not given any money because I did not fulfill their requirement for being a single mother of 4 children and without a job. Now, you tell me why would I need this money if I had a job and was prosperous?

Another client, a single mom with four children, was also unable to secure \$2,500 to pay for a cosmetology class to brush up her skills in the field and prepare for employment in the US. These women don't have jobs, they have physical health conditions, they have child care needs, and they are on the county's cash assistance program which does not pay them enough to cover their apartments' rent only.

The PC-ICM program, despite continued documented efforts, has not been able to secure loan and cash assistance for the clients from within and outside community partners including the local mosques.

Some of the clients described service-providing agencies' services generally helpful but disorganized—not very targeted towards meeting their actual needs. Female clients, for



instance, indicated that despite PC-ICM's general supports to help them with their immediate needs including doctor appointments, the program did not have the capacity to help them fulfill their actual needs such as preparing them to get a driving license, secure childcare, and assist them obtain employment as initially identified in their service plan goals.

Lack of child care had caused some clients to leave their jobs multiple times in few months and/or reject employment offers. On the other hand, some of the clients who were discharged from the program still needed some of the basic supports including assistance to schedule a doctor's appointment. While some clients had a volunteer to assist them with their day to day needs, others would still knock to a neighbor's door to ask for help or as they put it, "wait for a miracle to happen".

### **Theme #3 Need for Improved Coordination Between ODI and IRCs' ICM Programs**

Out of five resettlement agencies operating in Sacramento, at least two agencies—ODI and IRC, deliver ICM services to eligible immigrants beyond their three-month of Reception and Placement (R&P) program. Both agencies' ICM programs have similar eligibility criteria, service package, and goals aiming to assist clients overcome barriers to stability and self-sufficiency as they integrate into their new communities in Sacramento.

To ensuring non-duplication of enrollment and ensure compliance with the ORR guidelines both ICM programs coordinate prior to enrolling a prospective client into one of the programs. However, considering the similarities of both programs' service package and lack of specialized services within these programs, there is no use of and procedure for transferring of clients from one program into another.

Improved coordination between the two agencies, particularly between their ICM programs, can help in providing clients with targeted services required to meet their actual needs towards stability. Some of the trending needs indicated in prior theme, for instance, do require specialized service package and improved coordination not only between the two agencies' ICM program, but also between the programs and other local service-providing agencies including the Department of Human Assistance at the Sacramento County.

On the other hand, the ODI's PC-ICM's current limited capacity and structure combined with the systemic complexity of other local service-providing agencies make it harder for the program to meet its requirements of serving 50 clients with multiple complex needs become self-sufficient within a fiscal year. While part-time interns are helpful assets to the program, they can't fill the needed gaps to assist the program in providing specialized client-oriented capacity building services. The program needs additional staff and restructuring to deliver more sustainable and consistent specialized services such as employment, drivers' license, language, and child care for clients (particularly for single mothers) in order to develop their potential towards stability and self-sufficiency.

**Theme #4    Need for the County and Insurance Companies to Simplify System Processes for Accessibility**

Presence of systemic issues within service-providing organizations affect both, the PC-ICM's potential to establish a SMART service plan for its clients and the clients' ability and will to independently secure such services when needed. The complexity and unpredictability with the processes within agencies such as health plans, healthcare providers, and county's social services undermines the development of any standard operation procedures for further effectiveness and efficiency. Additionally, these agencies' service lines operators' behavior is

very subjective in their line of work. For example, while requesting for a service from the same agency, both the program staff and clients had received inconsistent and contradicting responses during their interaction with different representative from same agency.

A client who had taken unpaid leave from work as a result of a surgical procedure was unable to secure CalWORKs and/or unemployment disability benefits despite both herself and the PC-ICM staffs' consistent attempts for nearly two months. The client had applied for Employment Development Department (EDD) disability insurance benefits to pay for her apartment rent while taking unpaid leave from work as a result of a surgical operation.

Based on the documents from EDD, she needed to have the ophthalmologist complete on of the sections on her EDD form. After program staff contacted the EDD and ophthalmologist offices they were told that client had to collect the form from the EDD office and mail it to ophthalmologist who could then mail the completed form back to EDD. To avoid further delay, the client personally dropped off the EDD required documents at her doctor's office for further processing. After few weeks the doctor's office mailed the completed form to the client's residence. The form had a few errors which could significantly affect client's eligibility for the needed benefits. After the program staff contacted the doctor's office, they were advised to drop off a new EDD form to be completed by doctor's office. The EDD application form was initially required by the Department of Human Assistance (DHA) office to allow them to process the client's CalWORKs benefit requested during the time she could not report to work because of her eye operation. The client indicated that she had given up to further navigate "the costly, complicated, and frustrating system."

During my tenure as an intern with the PC-ICM program, I experienced significant barriers trying to access interpretation and transportation services on behalf of clients via their

healthcare plans. Despite availability of these services via healthcare plans, the process to request and secure these benefits would take hours. Also, to get access to these services one basically must understand English to select the right option keys when calling health plans' customer service helpline.

One client, a single mom with serious health conditions, had to work fulltime to pay for the bills. In the meantime, her health condition required her to regularly attend doctors' appointments and connect to a specialist provider for nearly two years. At some point during a doctor's appointment she realized that her Medi-Cal insurance coverage was no longer active as a result of employment income which is beyond the threshold determined by the county. The employer's medical package included a \$3,000 deductible—not affordable considering the frequency of doctor's appointments required for her condition. She decided to work part time to be able to reactivate her Medi-Cal insurance benefits and had to borrow money from her community to survive. In the meantime, her rent increased two times during the same year including a 37 percent increase for the first time since she moved in almost a year ago.

Apartment rent has been alarmingly increasing, particularly in Sacramento, adding to the immigrants' existing challenges and limiting their potential to becoming stable or self-sufficient. According to a recent report by a local news agency, rent prices are increasing faster in Sacramento than the other metropolitans in the US. The median rent for a two-bedroom apartment was nearly \$1,700 during the second quarter of 2018, demonstrating an 8.2 percent increase compared to the same period during 2017 (Reese, 2018). The county's Cal-Work benefit—the only cash assistance program, is not even close to covering the apartment rent only for the newly arrived population. While struggling with the several challenges, clients are

pushed to finding employment to survive; however, to get employment, clients must be able speak some English, have reliable means of transportation, and secure affordable child care.

The PC-ICM program does not have the influence and capacity to assist clients overcome these barriers. For housing challenges, for instance, the program apply for low-income housing and section 8 voucher which, according to clients, is just a dream which will never come true.

## **Part 5: Discussion, Conclusion, and Policy Implications**

This study brought together the theories of assimilation and integration with the theories of poverty from a multidisciplinary perspective aiming to conceptualize the migrants' mode of incorporation into the context reception. The revitalization and reemergence of the concept assimilation during 1980s brought about a complex analytical lens for understanding the process of immigration from a more practical vantage point (Kazal, 1995; Brubaker 2001).

The immigrant's assimilation, as a bidirectional and segmented process (Portes & MacLeod 1996; Portes & Zhou, 1993), is influenced by external factors including immigrant's socioeconomic traits, their group dynamics, and community context (Portes & Zhou, 1993). Therefore, there is a pretty robust causal relationship between structural inequality and downward assimilation (Wilson 1987; Acs & Nichols 2010; Issacs 2008; and Muzumder 2011; Duncan et al. 2014) that influences the immigrants' potential for economic stability, self-sufficiency, and integration.

Services such as provided by ODI are intended to assist with assimilation by helping refugees develop basic skills to fit into society. This is the aim of the regulatory framework as well. However, as discussed earlier in the findings section, the existing Federal and State regulations are often not put into practice at the local levels, and inadequate services run the risk of leaving them in poverty. Unregulated interpretation and translation activities not only affect clients' access to appropriate services but also demotivate them to request and obtain such services, when needed. With the influx of Afghan immigrants, particularly into California's Sacramento area there is a need for revision and reinforcement of the compliance principles and regulation to ensure LEPs needs are met at the local levels. In addition, interpreters and

translators may need more training in competency, ethical and cultural issues to prepare them for professional careers required to dealing with immigrant population.

Additionally, to accommodate LEPs' language need at the local level—where the actual need for interpretation services exist, one possible solution might be for the healthcare clinics to provide onsite interpretation for LEPs and/or hire qualified bilingual employees. There are already some examples and indications of such services being delivered at some of these agencies at the local levels. Several clients indicated that the clinics they were assigned to would provide in-person and over-the-phone interpretation services. In other cases, a clinic's employee had assisted clients with interpretation.

Moreover, development of specialized services to assist clients develop careers, enter suitable employment, develop self-employment opportunity, get drivers licenses, access ESL services, and secure childcare services will doubtlessly mitigate the challenges towards their economic stability and self-sufficiency. Delivery of distinct specialized services by both ODI and IRCs' ICM programs might also allow for transferring of a client, between the two programs, to receive more appropriate services based on client's need. Improved inter-organizational communications, to coordinate delivery of services based on the clients' needs and as well as coordination between the ICM programs and Sacramento County's DHA office can also improve and increase clients' access to available services.

In addition, better coordination can assist in reducing systemic complexity and unpredictability and enhance PC-ICM's potential to establish more specific, relevant and achievable service plan goals for its clients. Furthermore, establishing a direct line for language assistant can help increase the clients' ability and potential to access interpretation and transportation services and benefits via their health insurance plan independently.

The investigation of contemporary vulnerable Afghan immigrants' resettlement and integration process in Sacramento metropolitan region has shown needs for development of more sustainable specialized services to target the immigrants' unmet needs and improved interorganizational communications for better coordination the delivery of needed services to increase the vulnerable immigrants' easy access to available resources. Lack of specialized services to meet the needs of contemporary immigrants not only undermines their potential for self-sufficiency but also influences the entire process of integration for themselves and their offspring. With its limited funding and personnel, PC-ICM is under many constraints to fulfill needs of its clients; However, establishment of specialized need-based services and better coordination with IRC's ICM program and Sacramento County's Department of Human Assistance will help the program improve its productivity. Top near-term priorities might include this coordination; more professional and culturally appropriate training for interpreters; and improved client assistance with job hunting, drivers' licenses, childcare, housing security, and ESL.



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## Appendixes

### A- Participants Demographic Indicators

Primary Interviewee		Spouse		Comments
Age		Age		
Marital Status				
Children				
Gender		Gender		
Ethnicity		Ethnicity		
Education level		Education level		
Place of origin Urban/Rural		Place of origin Urban/Rural		
Months/Years Lived in the US		Months/Years Lived in the US		
Family size				
Occupation		Occupation		
Employment		Employment		
How do you get to work?		How do you get to work?		
Occupation in country of origin		Occupation in country of origin		
Income		Income		0-10K, 10-20K, 20-30K?
Disability		Disability		

## **B- Interview Questions**

- 1- Why did you decide to leave your country and what made you choose Sacramento as your new home?
- 2- Who helped you when you first arrived in Sacramento?
- 3- Do you have friends/relatives in Sacramento? If yes, are they living close to you? What do they do and how long have they been in the US?
- 4- How were you initially informed about PC-ICM and what was your first impression of PC-ICM?
- 5- How do/did you communicate with PC-ICM's employees? If through an interpreter, how do you evaluate the quality of interpretation?
- 6- What are some of your basic needs?
- 7- Do you think the program is meeting your needs? How? What are your unmet needs, and how do they think they could be fulfilled?
- 8- Have you communicated the unmet needs with PC-ICM? If yes, why do you think they have not been addressed. If no, why not?
- 9- Have you been referred to and helped by any other agencies, including faith-based organizations or community groups?
- 10- Do you have immediate relatives in your country of origin who are expecting your financial and/or social support?
- 11- What are some of your major concerns in your new community and how do you think you can overcome them?
- 12- Do you have other future plans related to meeting your family's needs?

- 13- Do you and your spouse plan to go to school here in the US? What are some of the barriers?
- 14- Do you or your spouse have a job? If not, what are the barriers in getting one?
- 15- What type of job you and your spouse are looking for and how do you think you can prepare yourselves for such jobs?
- 16- What are some of your major concerns in general?
- 17- Is there anything else you would like to tell me about your experiences with PC-ICM?
- 18- Would you like to add anything else about your experience with other agencies?
- 19- What would be the best way to reach you for some follow-up questions, if needed?

### C- The Organigram

