Navigating Public Charge:

Best Practices in Community Based Organizations to Mitigate the Harm for the Immigrant Community
Acknowledgements:

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Introduction

Many immigrant-serving community based organizations have struggled in defending their communities against the multiple policy-level assaults and overall anti-immigrant sentiment in the past several years. The proposed public charge rule presented a unique challenge to CBOs in their work to build and sustain a comprehensive safety net that included and supported immigrant communities, and it has necessitated the development of targeted interventions in the midst of direct services to a frightened and traumatized client population. Suyanna Barker, of La Clínica del Pueblo, declared, “As an organization, we are as overwhelmed as our community. We have to keep taking care of people as well as we can and have to do all of this explanation about such a confusing issue. That is overwhelming for each of us. We as individuals are traumatized by what is going on (we’re majority immigrant staff).”

The onslaught of attacks against the immigrant community led many CBOs to triage threats and develop programming for those that they felt they could most effectively address, depending upon partners to fill in gaps in areas they could not.

Public charge is an issue that cuts across many sectors and has caused many organizations to stretch outside their normal areas of expertise. Because of its highly technical nature, few organizations have felt they were sufficiently equipped to counteract the prevalent myths with authoritative knowledge. For example, health organizations worried about discussing eligibility for food programs, public benefits attorneys worried about advising clients on complex immigration questions, and advocacy groups struggled to connect individuals with resources to address their specific concerns. Ariana Anaya of Foundation Communities shared, “People are very scared to comment on something that could impact someone’s future immigration status. It’s frustrating because it’s not legal advice, and benefits counselors or those serving the community are scared to provide direct, specific answers about public charge.” Many traditional funders did not understand or were unable to support such intersectional interventions, leaving CBOs without sufficient resources for this urgent work.

Messaging and communications were particularly challenging around public charge, as organizations worked to motivate their community into action around submitting comments and educating themselves, while also trying to tamp down the rampant rumors and fear that was causing vulnerable community members to move away from the safety net. Sundrop Carter from the Pennsylvania Immigration and Citizenship Coalition stated, “It’s such a wonky issue – it’s hard to do the public education in a way that doesn’t incite greater fear. Even when we’re doing educational events with service providers, who are already fluent in the jargon, it takes them a long time to understand who is impacted and what the rule means...it’s that much harder to explain to community members. There is a difficult balance of getting accurate info out, but not flooding people with fear.” The two years of a changing policy landscape, as well as the changing detail and substance of what was going to be in the proposed rule, what could be done about it, and when it would be implemented made it extremely difficult for CBOs to stay up-to-date and keep their community well-informed.
In addition to the complex messaging, CBOs struggled to counter the misinformation and pervasive negative narratives that swirled around the issue of public charge. Concerned immigrants sought information but did not always receive fully-informed responses.

For example, the staff providing resident services at the Arlington Partnership for Affordable Housing learned that some immigration attorneys assumed all affordable housing programs were “public housing” and urged clients to move out of their affordable units. When sharing more accurate information with their residents, the staff heard, “But my lawyer told me!” and had difficulty convincing residents to not sacrifice their affordable housing out of fear. In addition, asserted Em Puhl of the Immigrant Legal Resource Center, “The public charge policy really tapped into a feeling of shame that already existed in immigrant communities and low-income families in general about asking for help from the government.” The narrative that public benefits are a ‘gift’ that is being usurped by immigrants may have contributed to some eligible families disenrolling out of shame, rather than fear. CBOs worked hard to counter this negative narrative by promoting entitlement programs as rights and tying the use of public benefits to broader economic justice narratives but struggled with supporting their clients overcome this shame at an individual and group level. Through all of these obstacles, immigrant-serving CBOs deployed their ingenuity, creativity, and resourcefulness to spread key information, support individual community members, collaborate, and fight the harmful chilling effects of the public charge rule.

The best practices highlighted here are the start of many years of work ahead to support threatened immigrant communities, and they will undoubtedly be adapted, evolved, and reinvented in the years to come.

Foundations of All Interventions

RECOMMENDATIONS
All successful interventions:

- Listen carefully to community needs from the beginning
- Respond to those needs and adapt over time
- Are culturally competent
- Have materials that are linguistically accessible and at appropriate reading levels
- Take context into account
- Are focused in their approach

We found several common themes throughout all successful interventions in navigating public charge. While most community based organizations have a routine practice of using these methods, it is important to underscore their importance in working through such a complex issue threatening immigrant communities. The public charge rulemaking is clearly designed to undermine the immigrant
community’s sense of trust in the social safety net, and it positions the government as an entity to be feared. All established institutions helping people navigate public charge must overcome the community’s mistrust that has been deepened and complicated by conflicting messages from the Trump administration, the media, neighbors and family, and even trusted community-based organizations.

As a foundation for success, all public charge interventions must start with deep listening and an intense focus on the communities most affected by this rule. One size does not fit all. Even organizations that expressed confidence that they were well-embedded in the communities they served found themselves surprised by how their messages were received, where they would have the greatest results, and who were their most powerful messengers. Audience members in training sessions would ask questions “for a friend they knew,” or traditional outreach methods for health education would not work for discussions of immigration issues with people skittish to expose family members. Many CBOs interviewed pointed to early focus groups, in-depth interviews, and vehicles for community feedback as keys to success.

In early 2017, as the chilling effect of public charge rumors began affecting enrollment sites and health centers, Health Care For All Massachusetts launched the Immigrant Healthcare Access Project (IHAP) and interviewed 30 immigrant-serving community leaders in order to determine what types of interventions would be most useful. They found that many immigrant-serving organizations, while they had great expertise in immigration and the immigrant community, many did not have deep familiarity with the healthcare system. The team concluded that education on public charge needed to include the leadership and staff of immigrant-serving institutions as much as it also focused on the community. Using the information gained in these interviews, the team created one of their most successful educational pieces: “7 Healthcare Rights.” Because of the foundational conversations they conducted with community leaders, they oriented their educational approach on healthcare rights education and on the basic things that people need to know so they wouldn’t stop going to the doctor out of fear.

This deep listening helped both in the design of interventions and as an intervention itself. Organizations that conducted focus groups and listening sessions with their clients learned what types of education and materials would be most effective, but they also learned the depths of the worries people were carrying and built trust with clients to provide them with answers they would believe. Jose Quiñonez of the Arlington Partnership for Affordable Housing (APAH) expressed, “One of the things I learned very early on was that when a resident comes to you with fear, you need to take it seriously. They want to be listened to. When you provide that space, listen, taking notes, and talking, it really helps them to understand. People have complicated lives and all of that has to be put into a question before you give them an answer.” APAH created safe spaces through all of their services provision to residents in their affordable housing facilities that allowed them to respond to resident concerns about public charge in a way that residents were truly receptive to the information provided.

In the dynamic landscape of immigration and public benefits policy, organizations need to be adaptable and responsive to the community’s concerns at the time of the intervention. Several immigrant serving organizations began engaging in community education from the moment the country first learned of a proposed public charge rule, but have continued to develop materials, methods for dissemination, and messengers through all of the phases of this work. Many recognized that trainings to encourage public comments were quite different from group workshops to dispel community myths about public charge.

“One of the things I learned very early on was that when a resident comes to you with fear, you need to take it seriously.

- Jose Quiñonez,
APAH
Explained Anne Quincy, of Mid-Minnesota Legal Aid, “We continually gauged what to do next based on what people asked about in presentations. We used them as focus groups. We learned how to present it and what to present.” Many CBOs described continually refining their materials, gathering feedback from partners and community members along the way.

Along with responding to the needs of the community, cultural competency is a foundational aspect to any successful intervention. Whether it is knowing the “audience” of an educational material or tailoring a powerpoint presentation to speak to the realities of the group receiving it, the successful interventions highlighted here are all rooted in a profound understanding of the communities most affected by public charge. As Blanca Gutierrez of the Community Clinic Consortium advised, “Trying to anticipate the needs and characteristics of the audience makes a much more fruitful outcome. I would prep about who the audience is before creating the presentations.” In another example, even though the HIV travel and immigration ban was lifted almost 10 years ago and HIV is now categorized as “living with a chronic illness,” HIV-related stigma—external and internal—still greatly impact and affect black and immigrant communities. When considering community education interventions on the possible effects that proposed changes to the public charge rule may have on immigrants living with HIV/AIDS, rather than creating public forums and open town halls to educate the community, The African Services Committee (ASC) developed a public charge intervention that centered on educating case managers to provide one-on-one education and legal referrals to their clients, resulting in a more linguistically appropriate and confidential learning experience.

Hand in hand with cultural competency is ensuring materials are linguistically accessible and have the appropriate reading level. Effective community-facing materials were best developed to reach approximately a 5th grade reading level or simpler to have the broadest reach. Many organizations interviewed shared their processes for developing materials and what made them successful. Breaking down a complex issue such as public charge takes discipline to not say any more than is necessary so that the most important information is effectively conveyed.

**Covering Wisconsin**, the ACA enrollment assister organization for their state, tackled public charge in a number of ways, including partnering with community organizations to design effective educational materials that assisters could use in the field. Through their community testing of their materials, Stephanie Severs explained, they found that “Not everyone knows what you mean when you say ‘public benefits.’” Their information gathering found significant variation in how people referred to Legal Permanent Residency across different communities and led them to include a picture of a “green card” on their material, since it was called by different names in different parts of the state, even among people who speak the same language. Severs also stressed that the impact of well-designed materials is only felt when they are used effectively. The methodology for distribution was as important or more important than the materials themselves.

Severs shared that for Covering Wisconsin’s outreach workers, “Materials are not just meant to be handed out. You point to things on the material, you talk about what it is, you circle things that are relevant to them, you circle a phone number. You can write a note on the paper. Then people can take that home and read the part you circled, and they may ask their family to help them understand, and they may call that number.” Their successful materials sparked an action step in the outreach process.
CBOs reported that simplified materials often were easier to translate into different languages and were found to be more resonant with a broader cross-section of the immigrant community. **Mid-Minnesota Legal Aid (MMLA)** developed a poster and flyer on immigration and food assistance programs that they worked to make simple and accessible for the community to digest. With bright colors, basic information, and affirmative messaging, the flyer spurred increases in enrollment in school nutrition programs when it was distributed through some local schools. Of course, many organizations found that developing materials in the language of the target population was their most effective strategy, and when not possible, investing in skilled translators was critical to ensure the materials were successful.

**Asian Services In Action, Inc. (ASIA, Inc.)** worked to develop materials and conduct public charge outreach across 5 main languages in three cities, knowing that communication preferences differed greatly across the nationalities in each of the cities they were serving. The organization as a whole supports 55 ethnic dialects beyond their main language materials. As Juleeah Vang explained, “We are basing a lot of our public charge work around the need to provide language access for information that comes out. A lot of the words that are used in the media such as ‘deportation’ and ‘denying citizenship’ are ‘trigger’ words for folks that cause them to come to us in a panic.” Their communications around public charge required them to deeply understand the nuances of the languages of each of the nationalities and ethnic groups at their centers, and to develop alternate phrasing to explain public charge without inducing panic.

Finally, one universal best practice in successful interventions from across all CBOs interviewed was to truly embed the intervention in the context of the location and community where the intervention is taking place, as well as to be focused on their target community. Organizations in some states with more conservative political landscapes needed to couch their outreach in terms that would not spark political opposition, and they needed to persuade faith and business community leaders to focus on this issue for it to have success. Some groups knew that the immigrant community in one city needed a different intervention than that in another city, such as the interventions that ASIA, Inc. conducted with AAPI immigrants in Akron and Cleveland, Ohio, which had very different immigrant contexts. Some groups, such as **Hunger Free Colorado**, succeeded by keeping their focus on the specific needs and realities of food pantries and nutrition support programs. Their materials were particular to Colorado and food access, and thus they were well-received by their target population.

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- Juleeah Vang, ASIA, Inc
Because the impact of public charge is felt across many sectors where the immigrant community interacts with community-based organizations, many successful public charge interventions have been implemented through coalitions. Very often, coalition work allowed organizations to marry their different areas of expertise, constituency bases, and resources to ensure broader impact of educational and direct service interventions. In some states and cities, coalitions already in existence added public charge to their list of policy advocacy topics or became spaces for greater input in the development of educational materials. In other instances, addressing public charge was a unique opportunity for organizations to begin to work together, forging a needed partnership that will address additional community needs.

It must be stated that the work of coordinating a coalition is often under-appreciated, complex, and laborious in ways that rarely are exposed to the public. CBOs interviewed reported several key factors in driving the success of their coalitions, highlighting the staffing and time investment necessary for the coalition to thrive.

In many coalitions a lead agency often serves as a general clearinghouse for information on public charge, collaborating with more focused community based organizations to refine materials and approaches and disseminate critical information. Explained Sundrop Carter of the Pennsylvania Immigration and Citizenship Coalition (PICC), “As a statewide coalition, we have many local partners that don’t have the capacity to monitor what is happening at the Federal level. We want to get accurate info to them in an easy-to-use form and get materials from national partners to share with our state and local partners.” The coalition’s broad reach allowed it to extend across the state to impact residents beyond the larger cities. “Being a coalition and already having that structure and relationships in place enabled us to have a lot of bang for the buck – to get a lot of info out to a lot of partners. We can leverage our relationships, including relationships of trust with people in city governments, so they could mobilize their networks to do community education themselves.”
Approximately ten years ago, community-based groups in San Mateo County, CA shared notes and realized that many of their immigrant clients were avoiding needed public benefits. The groups were convened by a local funder, who provided financial support to establish their LIBRE (Linking Immigrants to Benefits, Resources, and Education) program, housed at the Legal Aid Society of San Mateo County (LASSMC). The coalition includes community schools, job training organizations, social services and civic engagement organizations, and LASSMC. Funding for the coalition supports assister positions and promotoras to deploy at local organizations and events, where they conduct outreach around public charge and do education on immigrant rights and available benefits and resources. As Hope Nakamura explained, the coalition ties together community resources to better serve residents: “Our LIBRE project coordinators work with CBOs’ promotoras who do outreach. They direct people to assisters, who help people apply. If they have legal issues, then they get referred to lawyers at Legal Aid.”

To coordinate this work, the LIBRE program has an established communication and organizational structure. The leaders of these groups meet every 2 months to coordinate efforts. Assisters meet together periodically; assisters and promotoras meet jointly often. The whole group meets once each year to make sure everyone is on the same page. Nakamura advised, “The main issue is keeping partners accountable as you go along on the process. We had a few organizations drop out after a bit because they weren't able to continue to collaborate. How the collaboration gets established is important. Because our group was created out of a community meeting and was voluntary, partners had the buy-in already, so it has made us stronger as a coalition when we got funding.”

While some coalitions focused on casting a wide net to reach across a state, others focused on covering core skill sets and including key voices to ensure successful interventions. Covering Wisconsin created a collaboration with key stakeholders, called the Wisconsin Collaboration on Immigrants and Public Benefits. Members represented legal services, patient engagement, policy analysis, communications, and health center expertise. Stephanie Severs shared, “It was an amazing group to work with. The core group members would jointly decide what we need for materials, where we're going to do speaking engagements, webinars, etc.” The members would complement each other's knowledge bases and collaborate to reach many distinct communities across the state.

Both LASSMC and PICC were able to use their coalition leadership position to better steer resources to smaller organizations that may not get funders' attention. PICC sub-granted to 6 organizations that were particularly underserved, in rural areas or in smaller, emerging immigrant communities. LASSMC was able to fund assisters at other organizations, in addition to hiring their own, and tie them together into a coherent programmatic effort.

In some cases, CBOs reported using the issue of public charge as an opportunity to build a strategic partnership that would have been difficult to launch without a campaign as an organizing principle. In Tennessee, the Tennessee Justice Center (TJC) partnered with the Tennessee Immigrant and Refugee Rights Coalition (TIRRC) to inform many different communities and constituencies across the state. They co-hosted workshops in which TJC provided legal expertise and a deep familiarity with public benefits programs and TIRRC provided the deep cultural sensitivity and credibility as a long-standing immigrant services organizer, as well as the relationships to turn out attendees. The two organizations
worked to navigate their different approaches and communication styles, and as a result were able to garner broader support. The partners vetted their materials with each other to ensure agreement before proceeding, often deferring to each other’s area of expertise. Partnering on public charge drew each organization further into their partners’ worlds and deepened their understanding and support for the work each does. As both organizations shared a common grant to fund some of the public charge activities, Gordon Bonnyman of TJC felt it was a smart investment of funds; “We all did a lot more than what was covered by the grant, and it forged a relationship that wouldn't have been there otherwise.”

**CASE STUDY:**
**Center for Health Progress (Colorado)**

When Center for Health Progress was engaged in strategic planning a few years ago, they identified several different issue areas that the Colorado statewide advocacy organization could focus on to drive their transformative agenda. The Center recognized that the state’s healthcare safety net had a significant gap in serving immigrants without documentation, and that zeroing in on immigrant health was a great way for them to improve health equity across the state and support their mission to develop a healthcare system that could work for everyone, regardless of race, zip code or other factors. They formed a Coalition for Immigrant Health, which currently convenes 46 organizations to come together to develop a plan to improve immigrant health equity.

As public charge emerged as a concern in early 2017, the Coalition knew it would affect immigrant health in a profound way across the state. Because the Coalition included immigrant rights groups, healthcare and other service providers, policy experts, and organizations representing the diversity of the state’s immigrant community, it was well-poised to coordinate and plan ways to mitigate the harm of the rule for residents in the state.

Center for Health Progress has a long history of forming and leading coalitions and invests carefully in the structuring of their coalition work so that it can be successful. They convene the Coalition for Immigrant Health and staff it, providing backbone support, meeting coordination and facilitation, resource development, and more. The 46 organizations that currently make up the Coalition meet monthly for 90 minutes, in person, with a call-in option, and they pull together ad hoc, issue-specific working groups for particular subjects. With each of its coalitions, the Center develops a set of operating principles and a vision for the coalition’s work. These operating principles serve as a unifying set of beliefs and agreements as well as a strategy filter to help the coalition decide what it will work on. They also invest time in ensuring that the coalition members are the right fit for the coalition and are able to commit to a certain level of participation.

Sarah McAfee, the Center’s Director of Communications, explained, “It's hard to put together a functioning coalition and hold it true to its founding principles. Part of this is in the approach to relationship building, centering the people who are directly affected at the heart of the work, and doing a lot of listening to understand people's motivations for participating in the coalition. Continuous communication, clear communication, and mastery of facilitation are important so that when we bring people together, it is a good use of their time.” McAfee stated that members need really good information, ways to engage in the work that suit their capacity and interest, and they need to know they are going to be heard. She affirmed, “When it’s done well, no one notices.”
Center for Health Progress worked hard to include voices from a variety of sectors. Because many of the participating organizations did not have experience working together, it was important to set up opportunities to share each other’s strengths. Several traditional healthcare organizations did not have immigrant organizing experience, and immigrant organizing groups had not had the benefit of having healthcare providers engaged to bring greater visibility and active support to their campaigns. Together, the Coalition took on a driver's licenses campaign, which was more successfully bipartisan because they framed the legislation as a public health concern.

To tackle public charge, the Coalition developed many materials, including scripts for organizers, training tools, and social media messages that were all tailored to the Colorado context. They continue to organize community meetings to talk about public charge and brought the discussion about public charge from the impacted community to the overall policy community. They developed public commentaries and op-eds, selecting spokespeople strategically to be the face of each of their messages. Because the Coalition had a broader perspective than just organizing around public charge, they could incorporate education and messaging around public charge into all of their initiatives, leaning on the Coalition members to get the message out to the most impacted communities. Members of the coalition are monitoring feedback from the community and service providers, Medicaid enrollment rates, and other measures of the successes of their outreach efforts, and they celebrated the state’s Attorney General joining a lawsuit to stop the public charge rule’s implementation.

**Trainings**

**RECOMMENDATIONS:**
Training and educational outreach to different audiences require different methods and approaches:
- For direct community education, use trusted messengers and connect public charge to other concerns and calls to action
- For training promotores and outreach workers, combine community-level education with resources and referral options for them to use with the community
- Front-line, direct services staff need screening tools and frequently asked questions guides
- For healthcare staff, all should receive training on public charge and strong internal referral pathways
- Immigration attorneys and public benefits attorneys can be excellent trainers to each other

For most of the CBOs interviewed, training was a primary public charge intervention that allowed them to quickly and efficiently disseminate key information and link audiences to resources and action steps. Many CBOs described using and adapting trainings from the Protecting Immigrant Families campaign to fit their audiences, providing trainings in person in a variety of settings and over webinars. Often, successful trainings were hosted by partners and coalitions, where one partner provided the subject matter expertise and the other provided a convenient and “safe” venue, as well as recruited participants. Several umbrella organizations or associations reported that simply posting a notice of a training or conducting simple “push advertising” for a workshop was not effective, but strong, community-based organizations and institutions embedded with the target population were more effective recruiters, and the audience was more engaged.
Several CBOs underscored the need to review, revisit, and update their trainings continually. For frontline staff, for example, messaging, reference materials, and approaches changed over time, and CBOs found that frequent “refresher” sessions helped reinforce their success. In general, staff of organizations who were most directly interacting with community members, whether completing benefits applications or answering hotlines, needed more in-depth and more frequent trainings than staff who only needed a broader understanding and knowledge of how to refer clients within the organization. While many CBOs providing training on public charge used similar methodology to their trainings on other topics, the complex and technical aspect of public charge considerations required a deeper dive into detail than they normally employed. Often, CBOs training nonprofit staff provided a general session for all staff, and then conducted a more detailed training for particular departments or areas that were more directly interfacing with the issue of public charge.

“Trust. You have to build it first, then roll out what you want to deliver. People want the info and are willing to accept the info from someone who has come before. Individuals delivering the info need to be known.”
- Anne Quincy, MMLA

Community Workshops

Many CBOs interviewed used community-based training sessions in their public charge outreach and felt that when done correctly, they could be very effective. In-language training was reported as critical, as well as the cultural competency to know how the audience would receive a training. “Trusted messengers” were seen as essential to have the audience fully engage with the complex topic. Anne Quincy of MMLA asserted, “Trust. You have to build it first, then roll out what you want to deliver. People want the info and are willing to accept the info from someone who has come before. Individuals delivering the info need to be known.” Several CBOs described working with churches and other faith communities, or at local schools or other community gathering places to ensure that the space was considered “safe” and also provided a venue where the audience was already used to receiving important information.

Several organizations found that community-level trainings were most successful when an immigration attorney partnered with a known community leader or trainer, so that the presentation was seen as technically accurate, as well as grounded in the audience’s reality. One challenge with this model was the desire by audience members for individual immigration consultations during or immediately after each presentation. Because risk of being determined as a public charge is so particular to each individual, community presentations could easily get side-tracked into personal discussions. Blanca Gutierrez of
Community Clinic Consortium learned quickly to issue a disclaimer at the beginning of her trainings to clarify her role as a non-attorney, and to set expectations for the talk.

For many groups interviewed, their most successful community trainings embedded the public charge discussion in a larger training context, such as Know-Your-Rights workshops or presentations on eligibility for public benefits. Public charge, while an issue of concern for immigrant communities, was one of many concerns people were managing; by itself, public charge was not always enough to motivate community members to attend a training. Several CBOs described public charge trainings as part of overall civic engagement workshops, using public charge as a critical issue to engage the community in further civic activism. Health Care For All Massachusetts (HCFAMA), while engaging in advocacy, education, and mobilization on many levels of the public charge issue, coordinated with the state to link ACA open enrollment events with public charge education and navigation. Explained Maria Gonzalez Albuixech, Director of Communications and Immigrant Health, “We brought 4 – 5 pro bono immigration lawyers and enrollment assisters to the same event. We could advise on public charge at the same time. We didn’t make the focus public charge. We did it at the library in one town as a great community space.”

In Tennessee, the Tennessee Immigrant and Refugee Rights Coalition (TIRRC) deploys organizers to build and nurture relationships with community leaders in different ethnic communities and geographic areas who can gather community members in a safe space setting. Through a “leadership model” of community organizing, they work with the leader to tailor the talk and often to ensure language access if their organizer does not speak the audience’s language. Stated Dennisse Calle, “We don’t use powerpoint, because the community doesn’t respond well to that. We give an overview of who we are, then dive into the topic. At the end of it, because we’re an organizing organization, we have a call to act. We usually try to have flyers – the main purpose is to give out our phone number. Our main goal is to have folks call us if they have questions, and for them to get to know our organization better.” TIRRC reported the in-person involvement of the community leader as critical to building credibility for the workshop. Their workshops were successful because they had an action step and a phone number to call for the audience to take with them. In this community-centered work, public charge training is an opportunity to engage and empower community members to take action.

“We brought 4 – 5 pro bono immigration lawyers and enrollment assisters to the same event. We could advise on public charge at the same time. We didn’t make the focus public charge. We did it at the library in one town as a great community space.”

-Maria Gonzalez Albuixech, HCFAMA
Training Outreach Workers / Promotores

Utilizing the proven promotores model and existing structures for community-embedded outreach workers, many CBOs used extenders and lay leaders to further their educational reach into communities threatened by the public charge rule (the model is described further below). A widely employed best practice in selecting promotores or outreach workers is to elevate motivated members of the target community, as they are the most effective messengers.

This means that in most cases, training for promotores and outreach workers was reported to be similar to community-level training, with some slight modifications. In many cases, organizations used the same training materials for their promotores as they used for the community. Legal Aid Society of San Mateo County (LASSMC) shared that they took time with promotores groups to review their community-oriented materials, which had simple graphics and a more conceptual approach, as opposed to lots of words. Explained Hope Nakamura, ‘when we give our community-facing brochure to the promotores, they know what they can say – and they know they aren’t dispensing legal advice. ... We’ve trained foodbanks’ promotores so they can feel confident about what they can say: ‘Most people aren’t affected, and you should talk to someone to find out for sure if you are affected.’”

Many promotores and outreach workers were unsure of their role in supporting client decision-making around public charge. The Community Clinic Consortium’s training for health promoters, all of whom were hired or engaged by the Consortium’s member community health centers, was focused on the core skill of promotores: their ability to motivate individuals into action. Blanca Gutierrez mentioned, “Most are volunteers. The hours they work for the organization are limited (like, 4 hours per week). The capacity for the promotores is different. I shared the community-focused presentation with the promotores. The expectation for those trainings was that they would feel comfortable empowering people to get informed – knowing the right resources to get informed before making a decision to unenroll or just being scared. The promoters really focused on directing and animating people to get the info they need.” By clarifying the role of the promotores in this issue and knowing their strengths, the Community Clinic Consortium’s training was targeted and effective, without overwhelming promotores with more information than they needed to do their jobs.

Hunger Free Colorado, which links individuals and families to food resources and supports a network of food pantries, employs outreach workers who assist with SNAP applications. Affirmed Anya Rose, “A lot of our outreach workers are community-based folks. We've built public charge into their onboarding. I meet with their teams during their check-ins to continue to share updated information. We use the Public Charge 101 presentation, and we support them in knowing about public charge so they can help clients.” Given the rapidly evolving nature of the Public Charge rule, having routine check-ins with the outreach workers helped ensure that they were up-to-date with information to share with clients.

Training for the approximately 20 promotores at CASA included revisiting the topic over time. The organization provided a foundational training for promotores prior to the public charge rule’s final publication and then held a “refresher” training once the rule was finalized. Michelle LaRue explained, “I designed a powerpoint where I tried to break it down: what is public charge, what is the change, when is it applied, and who will it affect? I kept it very simple. Repetition works very well. It was really helpful for the promotores to do sample scenarios. We went through 35 or so different scenarios and went through those together until the promotores felt they really understood.” CASA trained their promotores to provide key
information during conversations in the community, and to know how to refer community members to additional resources, whether it was to a CASA staff person, or an immigration attorney.

**Training Front-line Workers**

Almost all CBOs interviewed described training front-line workers as a foundational intervention. Ensuring that receptionists, hotline workers, eligibility workers, case managers, and more were well informed about public charge was critical to supporting client decision-making. In many cases, as with the promotores and outreach workers, staff were concerned about not dispensing legal advice while providing enough information to adequately answer client questions. Several organizations developed scripts or bullet-point key messages to share with callers or walk-ins to support staff in navigating client questions. In all, CBOs recognized that their community's concerns about public charge would come up in a variety of settings, and training staff at various touch-points throughout their organization would ensure a unified message, as well as better service to the client.

Several organizations developed scripts for their receptionists, hotline staff, and eligibility determination staff. Mid-Minnesota Legal Aid created Frequently Asked Question guides for the staff who answer phones in their office and modified their phone answerers' practice to reduce the personal questions that they ask callers before determining that Legal Aid could represent them. The Immigrant Legal Center in Nebraska collaborated with partners on their shared Nebraska Immigration Legal Assistance Hotline to develop a script for their hotline staff and modified their initial screening tool to include a public charge screening to facilitate referrals.

Often, state or county human services staff need training but are restricted from taking a position on the issue of public charge. Legal Aid Society of San Mateo County (LASSMC) trained county-run Medi-Cal workers and Department of Human Services front-line workers, trying to give them critical information to keep people enrolled. Hope Nakamura reported, in addition to being concerned about the health of their residents, the county recognized that their county budgets could be harmed by residents dis-enrolling in federally (or state) funded programs, “They've realized that they're going to lose money if people drop out of programs, and they're motivated to help keep people enrolled, but they wanted to be sure they weren't 'advocates' on this issue, one way or the other.” As an external CBO partner, LASSMC was able to provide critical information to a most critical group in the public benefits enrollment cycle. Several organizations described training ACA enrollment navigators and hospital or health center enrollment staff about public charge, knowing they would often be the first individuals to explore a person's eligibility and potential concerns. Covering Wisconsin held webinars for enrollment assisters and established contacts for enrollment professionals to reach out to experts in public charge with questions, in addition to developing educational resources aimed at enrollment assisters. The Immigrant Legal Center's (ILC) Medical-Legal Partnership with Nebraska hospitals trained hospital financial counselors and social workers on public charge and built a referral system to the ILC for patients when the financial counselors found missing information on patients’ Medicaid applications that was due to their immigration concerns. The ILC developed the ability to provide Continuing Education credits (CEUs) for hospital staff and other social workers across Omaha to learn about Public Charge and other immigration concerns, motivating more front-line workers to get trained on public charge.
Training Healthcare Staff and Case Managers

Community Health Centers, health services organizations, and hospitals encounter patients concerned about public charge in a variety of settings, finding the issue comes up at intake, discharge, in exam rooms, and in routine case management visits. Several health-related CBOs described training their entire staff on public charge at the same time, to ensure that everyone had the same baseline of awareness. The African Services Committee (ASC) used monthly staff meetings to do ongoing education on public charge. ASC’s case managers used the trainings to reinforce their referral processes to their in-house immigration attorneys. Because the case managers were often the sole source of public charge guidance for their clients, they needed to receive continuing training support to work through complex situations that affect their HIV-positive clients, such as those who receive housing funding from NYC’s HIV/AIDS Services Administration, which could be considered a cash benefit. During routine training, the case management staff developed a well-informed response that was supported by their legal team.

Asian Services In Action (ASIA) trained its case managers to act as advisors and public charge consultants for their clients. ASIA developed internal talking points for their case managers so they could answer most common questions and refer to the agency’s legal services team when necessary. Whitman-Walker Health trained all staff in their multi-service Federally Qualified Health Center to understand the basics of public charge but reinforced the practice of internally referring to their co-located services. They trained their in-house insurance navigators to be their organization’s initial contacts for questions on public charge and relied on their immigration and public benefits attorneys as experts for individual assessments. Explained Erin Loubier, “The message at our health center is that we have a bunch of specialists, and providers need to refer to the right specialist. Medical, behavioral health, and dental staff have so many clinical issues to address in each visit. They need to be able to rely on others on the team for things outside their training and expertise.” Whitman Walker’s insurance navigators are placed on every floor of their health center, for ease of referrals and access for patients.

Training Legal Services Teams

A significant challenge with the public charge rule is that immigration attorneys often advise clients in ways that contradict the advice of public benefits attorneys. In many cases, practitioners of these different areas of the law have little or no familiarity with their counterparts. As public charge intersects these fields, several nonprofits recognized the need for training lawyers and legal services teams in order to ensure clearer messaging and reduce conflicting advice. Mid-Minnesota Legal Aid (MMLA) developed a training in collaboration with the Immigration Law Center of Minnesota, which they publicized through their state bar association to reach private attorneys who may not come into contact with the networks of nonprofit legal services providers. MMLA developed key messages for attorneys to support them as they navigated the new rule.

Washington, DC distributed local funding for 22 legal services groups through an Immigrant Justice Legal Services fund and asked one recipient, Whitman-Walker Health, to provide all of the awardees a training on public charge, since most were immigration law providers and may have limited knowledge of public benefits law. Whitman-Walker brought all grantees together for an in person training and also created a simple one-pager as reference for all organizations involved as a guide and referred everyone to the Protecting Immigrant Families’ “Know Your Rights” resources.

The Houston Immigration Legal Services Collaborative (HILSC) brings together social services providers that serve the immigrant community with those that provide immigration legal services,
and it also provides training and resources to private immigration attorneys. HILSC offers Continuing Legal Education credits for their free trainings, attracting over 80 participants to one recent workshop on public charge. They also use their listserv and extensive networks in the legal community to circulate webinars and trainings by ILRC and AILA. In their work with private immigration attorneys, legal director Andrea Gutten asserted, “It’s easy for immigration attorneys to say, ‘just be safe and drop out.’ We are training attorneys to take a more individual view of each case and see the full situation – how dropping out of benefits harms the client’s totality of circumstances if someone drops further into poverty.” Because of HILSC’s trainings and discussions with social service providers, they suggested that attorneys advise clients in ways to balance their particular ‘totality of circumstances’ consideration by strengthening the more positive circumstance factors, such as English classes, pursuing a higher education, etc.

“‘It’s easy for immigration attorneys to say, ’just be safe and drop out.’ We are training attorneys to take a more individual view of each case and see the full situation’
- Andrea Gutten, Houston Immigration Legal Services Collaborative (HILSC)

**CASE STUDY:**

**Immigrant Legal Resource Center**

In their over 40 years of providing training and technical assistance to immigration service providers, the Immigrant Legal Resource Center (ILRC) has tackled public charge before, but it hadn’t been a hot topic for almost 20 years. The current proposed public charge rule highlighted the gaps in immigration provider understanding of the concept and the rule and required ILRC to focus more attention on the topic.

ILRC provides training, continuing legal education (CLE) credits, and resources to immigration attorneys, DOJ accredited representatives, public benefits attorneys, community service providers, and immigrant communities directly. Their public charge trainings are a mix of webinars and in-person sessions that attract a mix of providers from across the country who have varying degrees of familiarity with immigration law and public benefits.

In trainings, Em Puhl, Special Projects Attorney, explained, they “start very basic at the beginning of all of our presentations, to orient people to the world of immigration law. The field has been growing a lot in the last 5 – 10 years, and there are always new practitioners who are learning the nuts and bolts at the same time.” Starting with a general overview of immigration law allows ILRC trainers to explain that only a very few categories of immigrants have to worry about public charge. They then break down what the new rule proposes, walk through a totality of circumstances test, and help attendees understand how they can best prepare a case to avoid being deemed a public charge.

Puhl shared several strategies that they employ during trainings to make them more successful. “We use examples throughout the whole training, and then we bring it all together with some hypotheticals. All through the training, it’s important to continue to highlight who is subject to public charge and who is not and remind people throughout.” Puhl stressed that the trainer must be familiar with both immigration and public benefits law, and it is often helpful to have others in the room who are familiar with public benefits to help endorse and support the information shared. They found that many legal services providers are only somewhat familiar with public
benefits programs, what counts, and what cannot be included in public charge considerations. Puhl asserted that workshops always include a lot of follow-up questions with specifics of individual cases, so the trainer must be prepared to answer detailed questions without giving individualized legal advice.

When ILRC provides CLEs for its trainings, they conduct surveys of all of the participants, and all of their webinars include surveys to ensure the trainings are effective and meeting participants’ needs. Sarah Lakhani, Skadden Fellow at ILRC, shared, “We’re very introspective about our trainings and webinars. We meet to evaluate them amongst ourselves, share what works and what doesn’t, which slides resonated, which didn’t, how to re-order them, etc. For community based presentations, we meet to think through what additional resources the community needs, based on how they understand the information we are providing.” Puhl concurred, “It’s an iterative process.” ILRC has been able to tap into its core expertise of training immigration practitioners to develop effective public charge trainings and disseminate up-to-date information quickly because it was already established as a trusted resource in the community and among immigration practitioners.

Outreach Workers, Promotores, and Community Organizers

**RECOMMENDATIONS:**

Successful public charge interventions using lay leaders feature the following:

- Recruiting from the target community
- Clear training and expectations
- Ongoing support and continuing education
- Structures to incorporate community feedback
- Ensuring lay-leaders’ input in program design

Operating under a variety of names, community-based lay leaders have been an integral part of many successful public charge interventions. Health promoters, or promotores/as, are often at the forefront of community conversations on public charge; outreach workers have been working their ways into the hardest-to-reach communities fearful of anti-immigrant rules; and organizers have leveraged their long-standing community relationships to spur individuals to gain more information and take action. Many CBOs reported activating their existing community outreach structures to help the community navigate the confusing messages around public charge.

Many studies have laid out the basic structure of a lay leader model in healthcare, social services, and political organizing. In general, community-based lay leaders are active and engaged members of an organization’s target population who are provided with both broad-based and technical training and are given a task or specific topic around which to engage their neighbors, social networks, and communities.
In some models, promotores are volunteers; but in many models, they join an organization as staff, contractors, or receive a stipend for their work. Often, lay leaders hold these roles only part-time, or only work a few hours per week, in addition to their primary employment in the community. While some fields, such as healthcare, have developed credentialing programs to certify community health worker and promotores, others are more specific to an organization’s methods of training and empowering community members’ leadership.

Many organizations distinguish the roles of their outreach workers or promotores from their enrollment staff or health care workers, for example, by focusing the lay leader’s activities on the core skill of motivating the community to take action – to modify their health behaviors, to sign up for a benefits program, to attend a workshop, etc. Other staff may complete the applications, provide nursing services, or conduct more technical services that require licensure or formal education, while the lay leaders are trained to motivate the community to engage in those services. There is great diversity in approaches to selecting, training, and employing lay leaders, often in response to the cultural norms and practices of the communities they serve. In all, the key to success in a lay leadership model is in supporting people from a community in providing education, resources, and organizing activities back into their own communities.

This section highlights some best practices in incorporating public charge into the model.

**Make the Road New York’s (MRNY)** health programs employ about 25 advocates across their multiple offices. The advocates help people navigate the health system, apply for SNAP benefits, and operate food pantries. Additionally, MRNY runs an intensive Community Health Worker (CHW) Training Program, training immigrant community members to work in the healthcare field and helping them find employment as CHWs. MRNY has employed many of those trained to then work in partnership with hospitals and with health centers to support patients’ social determinants of health needs. Make the Road also hires promotoras to do outreach and screening for benefits in the community. Each lay leader has a distinct role in the organization and specific training to support their work.

As MRNY conducts workshops in the community about public charge, they focus on screening individuals after the workshops who could be subject to a public charge determination and reassuring those who aren’t directly impacted. MRNY, along with the Legal Aid Society and the Empire Justice Center developed a screening tool for advocates to use to reassure those who are not subject to the public charge test and identify those that should receive an immigration consult. Promotoras are charged with following up with individuals in the workshops who need additional screenings or a legal consult. The organization set up an internal system for promotoras to refer community members to their in-house attorneys. Their legal services are overwhelmed with requests, and the promotoras help narrow down the requests to ensure that the team only provides consultations to those who truly need them.

In some cases, a central organization coordinated the public charge efforts of promotores across a range of organizations. Many of the Community Clinic Consortium’s member clinics employ their own promotores. Each clinic trains their promotores in different ways and deploys them to meet their clinic’s unique circumstances. Community Clinic Consortium brought those promotores together to train
specifically on public charge and to plan and coordinate activities. Jointly and individually, the promotores held community workshops and charlas, and each worked within their clinics to conduct public charge education in the way that best met their clinic's patients' needs.

Lay leaders play a unique role as a bridge from CBO staff into the communities they serve, often providing community-focused feedback to organizations and helping guide program development. The Tennessee Immigrant and Refugee Rights Coalition (TIRRC) coordinates its public charge work between its policy team and its community organizers. The policy team wades through and interprets the national and local policy developments, and then they work with the organizers to figure out how to simplify and communicate this information to the community. TIRRC's Policy Officer Dennisse Calle explained that the team works together to develop an outreach plan on how and to whom they are disseminating their key messages. TIRRC leveraged their existing community organizing networks and methods, and they added in Public Charge as another organizing subject as they mobilize their community.

Hunger Free Colorado had a similar approach, partnering their policy and advocacy team with their outreach workers to ensure they will have the best outcomes in their public charge navigation support. Policy Analyst Anya Rose suggested, “...it felt like a partnership: joint development of materials, lots of feedback loops from the folks who are on the front lines, reviews of drafts, getting feedback about what's missing, etc. There was more buy-in from everyone in order to accomplish this work.” This partnership extended further, as she joined in outreach team meetings and supported them. Because most outreach workers are from impacted communities, they deeply felt the worries and injustices that their clients shared. “We have to provide a space for people who are doing the direct service work to just vent about what they're doing. What is happening with the stories they bring to us? They're affected themselves, too. You can't just drop a public charge update and move on. This is a really heavy, loaded issue for people who have to have difficult conversations,” Rose maintained. By creating space in staff meetings to share the load, Hunger Free Colorado's materials, outreach strategy, and impact were more authentic and effective.

**CASE STUDY:**
**Children's Defense Fund - Texas**

The Texas branch of the Children's Defense Fund engages in work on several fronts to expand children's opportunities for healthy lives. CDF-Texas complements its policy and coalition work with on-the-ground outreach to families, supporting their successful enrollment in CHIP, Medicaid, and other resources and programs. As many of the mixed-status families they serve have citizen children, public charge confusion has driven many eligible children out of critical health insurance programs and pushed their families into a less-stable, more fearful existence. CDF Texas works with the state's Health and Human Services Department to enroll children in CHIP and Medicaid and to support families maintaining their coverage. This now includes extensive outreach around the issue of public charge.

CDF Texas employs community health outreach staff to work with schools and community groups to reach families that have struggled to get and maintain benefits. They aim for over 1000 CHIP and Medicaid applications each year, with half of them being renewal applications. The key element of CDF Texas’ outreach effort is that their outreach staff are trained as promotoras and certified as
community health workers. Graciela Camarena, the director of the health outreach program, explained, “...it all starts with trust – the people who are speaking have received first-hand information, have received training, are familiar with what’s going on because they themselves have experienced that situation, or have family members in the same situation. I say it, but I've also lived it.” CDF Texas' promotores live in and are from the communities they serve and have a personal mission to build trust in their own communities.

The health outreach staff visit schools in their assigned regions and hold community chats, or pláticas for families. The school staff help identify children who are uninsured. The outreach workers then attend other events at the school and in the community, trying to provide support to families that haven't been able to successfully get insurance. The outreach staff also coordinate with local community clinics that can serve uninsured individuals, to ensure the whole family has access to healthcare. Because the outreach workers are so well-versed in the Texas Medicaid and CHIP bureaucracy, they can walk a parent through what to expect when navigating the confusing human services rules and requirements. CDF Texas' outreach workers are authorized to complete applications out in the community and fax them and the supporting documents to the state Medicaid office, greatly lowering the fear factor that many immigrant families have in applying for benefits, and the outreach workers carefully dispel public charge myths while they are completing the application.

Camarena reported how they educate about public charge in the process of completing applications. “When we complete the application itself, it identifies the person who is applying. Person 1 is the person who is actually filling out the application, not necessarily the person applying for herself. It asks if Person 1 is applying for benefits for him or herself, and we put a big X, or we write “not applying for self” to reassure clients that their information is not going to be used.” CDF Texas' core message, that citizen children's benefits will not jeopardize their parents' immigration status, is underscored throughout the application process. During follow-up correspondence with the state Medicaid office, the outreach staff continue to support applicants, marking forms and requests for documents with an X and, “Not applicable” where necessary to protect the parent. The outreach worker engages in ongoing support and reinforcement of messages for clients.

For CDF Texas' outreach workers, their ability to embed themselves in the community they serve is critical. For their community, they know that handouts and powerpoint presentations will not convince families to overcome their fears about public charge. Their promotores are trained well to engage clients in a conversation about public charge and answer questions that they may have. Most of their client education is oral, but they do show materials online to back up their comments when possible. Camarena explained, “When we have access to the internet, I’ll show people the website and show people the different resources that are here locally, and once people see familiar names and places, then they start to believe they can get good information.” The outreach worker's direct intervention to help families overcome their fears of public charge is generally measured in the numbers they are able to generate of completed applications and insured children.
Legal Services

**RECOMMENDATIONS:**
Successful legal services interventions in public charge cross traditional boundaries.
- Medical-legal partnerships can reach significant numbers of people fearful of public charge
- Public benefits and immigration law partnerships break down many barriers and restrictions to better serve clients

Sound legal advice is the centerpiece of public charge navigation support. The misinformation, rumors, and overall complexity surrounding the concept of public charge have exposed the necessity of community access to quality legal services. Many CBOs also report a great need for broader education and awareness of some of the basic frameworks of the laws surrounding public benefits and immigration.

As described above, public charge has affected almost every aspect of immigrants’ lives and often surfaces as an obstacle when CBOs support clients in healthcare, in food access, safe and affordable housing, public benefits enrollment, and civic participation efforts. Often attorneys working in immigration operate in a separate professional sphere from those well-versed in public benefits, and public interest healthcare law often shies away from engaging in immigration counsel. Community members affected by public charge can find conflicting messages coming from the legal community and have difficulty discerning the best paths for themselves and their families.

Two key interventions, in addition to the training and collaborations mentioned above, have shown to provide real impact in advising and guiding clients around the issue of public charge.

**Medical Legal Partnerships**

Medical Legal Partnerships, or MLPs, have exploded in the last decade as healthcare institutions have expanded their awareness of their ability to have an impact on their patients’ social determinants of health. Historic poverty law practices that have grown and merged with community health centers have tackled patients' health challenges by advocating for safe housing, access to public benefits, domestic violence survivor representation, and more.

Notably, HIV/AIDS service organizations across the country have built MLPs since the early days of the AIDS crisis due to the complex legal needs that accompanied HIV-positive clients. As the HIV epidemic has shifted in the country to affect different communities, many HIV-focused health centers and community-based organizations began adding immigration legal services to their existing capacities in public benefits law. African Services Committee’s long-standing immigration legal services team worked with their case managers to ensure a smooth referral process and help navigate the complex state and federally-funded public benefits web that supports their HIV-positive patients in New York City. Upon learning of the pending rule, the legal services team reviewed all of their open cases and client files to see which clients might be able to file for permanent residency before the rule would go into effect. Their collaboration with case managers was critical to knowing each client’s current situation, needs, and
readiness to pursue adjusting their status. African Service Committee’s one-on-one style of public charge navigation through case managers supported warm hand-offs to their legal team so that clients could efficiently get legal advice specific to their cases.

Whitman-Walker Health’s care team approach includes attorneys at every site who can take walk-ins in addition to their current caseload; often, patients are brought to the legal services by the health center’s insurance navigators. Erin Loubier explained, “Sometimes, a therapist will call the lawyer while in a session with their patient. The lawyer can schedule a time for them to have a consult.” While their current electronic medical record does not include legal case notes in order to protect attorney-client privilege, having attorneys on site offers an immediate connection and opportunity to collaborate to solve structural barriers to care where legal services can support a patients’ improved health outcomes.

Hospitals have begun recognizing the value of MLPs in reducing readmissions, ensuring access to lower acuity care when more appropriate, and improving their reimbursements when patient visits can be covered by insurance. Many hospitals, concerned about public charge driving higher emergency room use among their immigrant patients, have begun to include immigration as a practice within their MLPs. NYC Health + Hospitals (NYC H+H) began evaluating the impact of public charge on their large public health system starting as soon as they heard rumors of the rule. Their data and evaluation team built a model to calculate the tremendous losses they could experience due to patients dis-enrolling in Medicaid or other coverage, how their patients might change their care-seeking behavior (preventive versus emergency), and how it could impact the system’s ability to collect payments from self-pay patients. NYC H+H leveraged its existing, long-standing MLP partnership with New York Legal Assistance Group (NYLAG), called LegalHealth, to develop materials and conduct trainings for staff and patients. Those materials, borrowing liberally from PIF-designed flyers, were used distributed among staff and patients, as well as partners throughout NYC and nationally, all with a phone number to the MLP public charge hotline. NYC H+H identified two staff at its central office that would be responsible for coordinating the response across the system, including continuing the financial impact analysis, the creation and distribution of the materials, supporting lawsuits in opposition to the rule, and keeping executive leadership up-to-date across the 40,000-staff health system.

SPOTLIGHT: Immigrant Legal Center

The Nebraska-based Immigrant Legal Center (ILC), an affiliate of the Justice For Our Neighbors network, has provided a wide range of pro bono immigration services to residents of Nebraska and Southwest Iowa for 20 years. The center has grown beyond its headquarters in Omaha to partner with community organizations across the state of Nebraska, developing its capacity to build “host collaborations” to serve any low-income immigrant in the state with its 50 staff, managing about 3500 ongoing cases each year. In the last several years, ILC developed an Immigrant-focused Medical Legal Partnership (IMLP) to fill in gaps they found in the more traditional MLPs in the state.

ILC launched its IMLP with Nebraska Children’s Hospital, Nebraska Medicine (affiliated with the University of Nebraska and the largest health provider network in the state), and a large Federally Qualified Health Center. With each MLP setting, their six legal services staff address issues such as
trafficking, domestic violence, DACA, health insurance eligibility, public charge, and more. With a focus on helping undocumented immigrants gain lawful status, they can then support those clients in gaining health coverage where possible. In one notable example, their attorneys were able to obtain a special juvenile immigrant visa for an unaccompanied minor who needed open heart surgery. Since Nebraska’s Medicaid eligibility covers youth with this visa status, the hospital did not incur over $300,000 in uncompensated costs for the surgery and the patient was able to have a successful health outcome.

In order to embed themselves in each healthcare setting, the ILC builds strong connections with hospital social workers and financial counseling staff. They hold regular weekly office hours for designated days where they are on site for the patients as well as for the hospital staff if they have a question. In addition to those office hours, they do presentations to staff. At a large hospital system such as Nebraska Medicine, there is a high level of turnover in positions such as financial counseling, so they routinely hold presentations about immigration status and entitlement eligibility, as well as public charge. Recently, the IMLP staff began collaborating with the social work department to provide CEUs as an incentive for staff to attend trainings. Through this collaboration, they have been able to provide trainings on public charge to social workers across the state, beyond the hospitals of the IMLP, including county social workers, dialysis centers, and more.

As Isrrael Garcia, the Nebraska Medicine manager of the IMLP program reported, “Financial counselors and Social Workers are often the first to recognize that someone in the patient’s family is undocumented. The financial counselors usually flag if someone doesn’t complete a social security number in one part of the application. The social workers follow up and identify that it’s because the person has an immigration case pending, etc. They sometimes put a hold on the application, and then they contact us.” Garcia explained that when financial counselors or patient advocates help complete a Medicaid application with an immigrant parent of a newborn at the children’s hospital, they now can refer the family to the IMLP to explore other immigration status adjustment possibilities for the family members.

Because of their frequent presentations on public charge, staff at all three healthcare settings now know to refer patients with public charge concerns to the ILC’s hotline to get guidance, and to refer patients to the IMLP staff when they are on site. When possible, IMLP staff can visit patients in their inpatient rooms to provide a consultation while a patient is still present in the hospital to answer questions and support the client’s application for health benefits with critical legal advice.

During hospital-based consults, Garcia reported, the IMLP staff must spend the first 15 minutes of the session working to gain trust before diving into details of the client’s immigration case. “People are skeptical about free immigration services and whether we’re good. We stress that the hospital pays for the services, and then we can reassure them,” he said. During consultations about public charge, the staff walk clients through a screening tool to screen most out of having a public charge concern. They then spend the rest of the consult helping explain why they are not directly impacted. The consult usually takes about an hour. Regardless of whether the client engages with the ILC to open a case, the IMLP staff follow up within 6 weeks to review the information covered during the consultation.
In each IMLP setting, the partners hold a monthly meeting to share information, coordinate services, and facilitate the partnership’s success. At Nebraska Medicine, the team includes the ILC IMLP staff, the Legal Aid of Nebraska MLP staff, the hospital’s social work director, privacy officers, and more hospital leadership. This regular working relationship in each setting has also provided an avenue for ILC to address other practices or policies at the hospitals that may harm immigrant patients. They are able to advocate from within the organization and push for a better experience for immigrant patients. In all, the partnership supports the hospital and health centers’ bottom lines, as they see decreases in their uncompensated care costs and improvements their patients’ health outcomes.

Public Benefits and Immigration Law Partnerships

Because poverty law and immigration law practices both must span extremely complex and continually changing policy and regulatory environments, practitioners often specialize in one or the other area of law. In addition, restrictions on the use of funding from the Legal Services Corporation, the largest funder of Legal Aid groups across the country, that were placed in 1996 do not allow many of the long-standing, low-income-focused, legal services organizations to provide services to undocumented individuals. This restriction caused many legal aid groups to not take any immigration-related cases or develop immigration-focused practices. To overcome these hurdles, many immigration law organizations partnered with poverty law-focused legal aid groups to jointly address public charge.

Mid-Minnesota Legal Aid, which does not receive LSC funding, collaborates with Southern Minnesota Legal Services and the Immigrant Law Center of Minnesota to cover the legal services needs for the entire state with respect to public charge and similar issues. Among these organizations, they are able to divide up the legal work based on what they are allowed to do and their capacity, and they complement each other’s areas of expertise. Immigrant Legal Center's hospital-based Medical Legal Partnership works in tandem with Legal Aid Nebraska in the same hospital. Legal Aid Nebraska had already established an MLP with the hospital for over 10 years, and according to Israel Garcia, Jr., “They recognized a bunch people they couldn’t serve because of their limitations. We can collaborate with them on mixed-status families. People don’t fall through the cracks anymore. They’re a good partner for us.” These collaborations strengthen the safety net and help legal services groups improve their impact for complicated cases.

As a collaborative of legal and social services providers working to expand access to high quality legal services for the immigrant community, the Houston Immigration Legal Services Collaborative (HILSC) has developed a niche in bridging the gaps between the immigration law sphere and other legal and social services support networks. Kate Vickery explained, “The ways we do our work is to pick up on immigration concerns in non-immigration universes. We’ve built a track record of working on this thing. With Hurricane Harvey, for example, we set ourselves up as experts on immigration concerns in disaster recovery; it has helped us have credibility when we talk to non-immigration legal services worlds. We are where the intersection is between immigration and non-immigration services provision. We formed the collaborative to help people work together, because everyone is so incredibly siloed; even within the immigration legal services area, there’s a ton of competition, etc. Us being able to increase funding for the community has helped us get things going.”
As mentioned above in the sections on training and coalitions, legal services provision around the area of public charge is greatly enhanced by cross-training, building and strengthening partnerships, and breaking down traditional barriers between service providers. The complexity and cross-cutting aspect of the public charge rule necessitate innovative alliances, broader legal services collaborations, and more structured and substantive partnerships within and beyond the legal services field.

HILSC developed a hotline in 2017 after the Muslim travel ban was enacted, working with volunteers to staff it. The hotline grew into a project now staffed by 3 organizations that are collaborative members and is funded by grant funding HILSC obtained. The hotline serves as an area-wide resource for answers to many immigration questions, including public charge questions, as well as referrals to quality immigration services. HILSC works with the hotline staff and their supervising attorneys to ensure up-to-date information and to answer questions on public charge during bi-weekly meetings. Hotline staff refer to a jointly maintained Wiki page to support their crosswalk between immigration and public benefits law, since the three participating organizations have different areas of expertise.

As mentioned above in the sections on training and coalitions, legal services provision around the area of public charge is greatly enhanced by cross-training, building and strengthening partnerships, and breaking down traditional barriers between service providers. The complexity and cross-cutting aspect of the public charge rule necessitate innovative alliances, broader legal services collaborations, and more structured and substantive partnerships within and beyond the legal services field.

**Structuring, Evaluating, and Funding Interventions**

**RECOMMENDATIONS:**

CBOs have implemented successful public charge interventions by:

- Developing cross-departmental committee and communications structures
- Appointing and building internal leadership and expertise on the issue
- Setting clear outreach and activity targets and tracking their outputs
- Developing a framework to evaluate desired outcomes
- Funding their interventions through creative integration of public charge into existing funding streams
- Building awareness of public charge in the funder community

For most organizations interviewed, work on public charge initiatives required some quick thinking and adaptations of their existing organizational structures. The continually changing nature of campaigns and emerging community needs tested internal communications structures, program planning, and the allocation of staff time and resources. Many organizations expressed that they were overwhelmed by the number of attacks on the immigrant communities they serve, and they struggled to find time to thoughtfully develop strategy to meet the communities’ needs. The lack of funding support specifically for this urgent concern often meant that staff were pulled by restricted grant funds into other endeavors and unable to squeeze in time for concentrated public charge work.

Several CBOs described creating internal, cross-departmental committees to plan and direct public charge work for their organizations. Successful committees brought together representatives from
multiple units that directly served clients with public charge concerns. Asian Services In Action, Inc. (ASIA, Inc.) quickly developed a cross-departmental working group to plan ASIA Inc.’s public charge work. The working group met weekly in the beginning of the campaign, and now meets in an ad hoc fashion as new developments arise. Because ASIA Inc.’s staff are spread across 2 cities in Ohio, they must be creative in how they can meet and communicate effectively. For ASIA Inc.’s policy staff, the working group created an opportunity to build stronger collaboration with their legal services team. Make the Road NY found that bringing together an interdisciplinary team across their organization allowed them to better understand how public charge was affecting their members, and they could develop a stronger programmatic and advocacy response with input from different departments in their organization.

Some organizations reported that one of their first, critical decisions in organizing their work was to appoint a “lead” unit for their public charge work. Often, that lead unit had a more flexible funding base, allowing staff to dedicate time as needed to coordinate the work. The lead unit was often reported to be a CBO’s policy or communications department because of their ability to digest and interpret Federal policy for local, practical considerations; however, several organizations chose to center their lead units in the area in which the majority of public charge concerns arose from their clients, such as organizing, case management, or community education.

In larger organizations that operate out of multiple locations, staff needed to develop location-based expertise to most efficiently handle questions from other staff. The Chinese-American Planning Council (CPC) conducted “train the trainer” workshops with front-line staff, and then named 9 “subject matter experts” to be located in each service center. Those experts were then trained more intensely so that they could answer questions from anyone in the facility where they worked. The experts were supported by the Policy and Public Affairs division of the organization, and they developed a guide so that all staff could direct questions and clients to those subject matter experts.

Evaluation
In the rapid response nature of public charge work thus far, most organizations did not set out a pre-planned program design with an elaborate evaluation component. The majority of organizations aimed to quickly reach the greatest number of people with high quality, actionable information and to support eligible members of the community in maintaining their entitlements, wherever possible. Several organizations, however, began to acknowledge that their work to reduce fear and mitigate the harm of the public charge rule will go on for years to come and launched processes to track some metrics to measure the success of their efforts. Work to support decision-making for immigrants directly affected by the public charge rule may need to be evaluated differently than activities aiming to reduce the chilling effect on communities.

In some cases, organizations incorporated data collection about public charge into their routine data collection practices; in others, organizations began to develop new ways to track the outcomes of their work. As with all evaluation processes, organizations sought to balance the new data collection demands on overburdened staff with the desire to gather meaningful and actionable data. Carlyn Cowen of the Chinese-American Planning Council (CPC), stressed that social services staff are always stretched thin, and their data collection tasks tend to be linked to grant reporting requirements. While there may be some opportunity to use those reporting requirements to draw some conclusions, she explained, “We lost the opportunity to do a baseline,” and their staff have little extra time to collect more qualitative data. CPC is developing a survey plan, however, to better understand where their clients get their public...
charge information and what they currently believe about public charge, in order to better tailor their interventions. Several organizations reported a desire to collect stories and more nuanced information on the public charge interventions they are providing, but they were limited by staff time to do so.

Much of the basic evaluation of public charge interventions has centered on process metrics, since organizations are setting targets for outreach, education, and referrals for legal consultation. For example, Community Clinic Consortium monitored a series of metrics such as the number of people reached through social media posts, the number of presentations given, the geographic distribution of presentations, number of attendees, and how many partners have been attracted into the work. Others included a “public charge” field in their outreach worker data reporting forms in order to capture types of discussions outreach workers were having. Hotline call logs were updated to include public charge-related calls, and many organizations generated reports on “touches” or “encounters” that included public charge navigation. Legal services organizations monitored the number of active and ongoing cases, as well as the subject of consultations.

A few organizations that use Salesforce as their client database experimented with including new fields around public charge and how to make the data collection simple, yet sufficiently descriptive. They reported struggling with collecting data about public charge encounters without identifying specific immigration concerns or status for unique clients. Overall, organizations worked hard to simplify the data collection to the most basic information to ease collection and protect clients.

Several CBOs reported beginning to incorporate public charge into their more sophisticated ongoing outcome evaluation work. For most public benefits-focused organizations, the number of people successfully enrolled in an entitlement or choosing to maintain their benefits after a consultation was considered a strong outcome metric. Some organizations, however, are questioning enrollment rates as the best metric if some members of their community could be harmed by enrolling. Hunger Free Colorado, for example, is tracking both SNAP enrollment and whether they have successfully connected a client with other food resources as a measure of success.

As with all focused interventions, connecting the dots between on-the-ground public charge interventions and overall community outcomes is not completely straightforward; and it is difficult to do outcomes evaluation over a short period with many other intervening variables, such as continued, ongoing threats to the immigrant community and the safety-net as a whole.

Make the Road New York collects data on a community member’s intentions for next steps after each individualized screening, such as a commitment to enroll in SNAP, or choosing to not disenroll from benefits. They collect data on the number of SNAP applications they help clients complete, and the amount each family receives in benefits, and with this information, they can calculate the amount of food resources they have helped bring back into their community. Similarly, they calculate an average value to health insurance and can monitor their success in supporting their members’ gaining health benefits. They also can track how many of their members meet with their attorneys after listing this as a planned next step. Health Care For All Massachusetts monitored ACA health insurance enrollment numbers after a significant outreach campaign targeting the immigrant community and including public charge education. Their intention to reduce the impact of public charge fears on ACA enrollment is measured by the overall enrollment rates in the immigrant community.
Several organizations attempted to track health centers’ missed appointment rates, or any increases or decreases in numbers of uninsured patients as ways to evaluate the harm of public charge and/or the impact of their interventions, but most found this extremely challenging because health centers do not track the immigration status of their patients and were not able to draw any significant conclusions.

In some cases, organizations incorporated public charge into their more substantive, external evaluations of their programs to show overall outcomes of their work. Particularly with MLPs that assist patients in adjusting their immigration status, the slow nature of immigration processing means that most open cases are not resolved within a one-year evaluation period. The Immigrant Legal Center has been working with the University of Nebraska’s college of public health, through their partnership with Nebraska Medicine, to evaluate the impact of their MLP. Researchers ask pre-consult, health-related questions such as the type of diagnoses, number of days they’ve gone to the emergency room in the past year, number of days they’ve been inpatient in past year, and whether or not immigration status has been an influencer in them going to the emergency room. After the legal services consultation, researchers ask post-consult questions, such as overall quality of life, have they gone back to the emergency room, fears about immigration status, fears of deportation. With this information, they aim to demonstrate the overall value of their immigrant-centered MLP, beyond their current calculations of hospital cost-savings for helping patients successfully become insured.

Funding Interventions

Most organizations interviewed reported a lack of sufficient funding to support their public charge efforts. Many CBOs disclosed that their local funding community was slow to recognize public charge as a major concern, and that their local funding structures were not able to rapidly respond to needs such as this. In some cases, a foundation’s “rapid response” funding was directed to activities that would not be feasible or truly support the community’s needs. In some states, CBOs reported that the funding community had little awareness or interest in supporting public charge efforts. Several organizations did, however, report receiving mini-grants from national organizations and campaigns such as the Protecting Immigrant Families campaign and OneNation AAPI that helped underwrite some of their materials development or outreach campaigns.

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Many organizations incorporated their public charge work into broader funding streams. ASIA, Inc. and Community Clinic Consortium incorporated their time spent on public charge into their civic engagement and education budgets. Groups involved in ACA enrollment such as Health Care For All Massachusetts were able to secure funding from their state’s health insurance exchange to share public charge information as part of enrollment education. A few organizations reported that they received small grants to collaborate with their state or county agencies to train staff, develop materials, or conduct community education. Most CBOs reported tapping general support funds or general immigration-focused funding to cover their staff time engaging the community on public charge.

One successful strategy reported in Colorado and California was to incorporate funders into coalition work on public charge. Center for Health Progress had long included several funders as part of their Coalition for Immigrant Health, which ensured the funders were well-informed about public charge. Engaging the funders as part of the activist response helped get the word out more broadly and ensure that other funders were learning about this emerging concern. Another organization, the Immigrant Legal Center, mentioned their work on public charge in all of their grant reporting to funders for their MLP, and they used reporting as a way to begin to build awareness in the funding community about the needs.
Funding methods for Medical Legal Partnerships are evolving rapidly, but most are based on the medical partner securing and providing funding for the legal services to be provided. Manatt Health Strategies, LLP, found that philanthropic support for MLPs tends to be a smaller share of their revenue; Federal, state, and local funding is a larger share; and many healthcare organizations have funded MLPs directly as a core part of their operating budget out of their general operating support. Hospital-based MLPs have often shown their return on investments by reducing the hospital’s uncompensated care costs and reducing penalties for readmissions for complex patients with other significant social determinants of health (SDOH). One emerging funding opportunity for MLPs is through Medicaid waivers that compensate for work to mitigate SDOH challenges. Several Medicaid managed care organizations have begun to compensate for SDOH work and have included legal services among their contractors to help bring down their overall costs of care. As demonstrated above, MLPs that engage in immigration-related services have begun to tackle public charge, and several healthcare organizations have invested in this work as a way to reduce their financial losses from the chilling effect.

The damage caused by even the threat of new the public charge rule has already been documented to have profoundly negative effects on immigrant communities. Community based organizations that support these threatened communities will need to equip themselves to counteract the fear, misinformation, and distrust of community benefit programs for years to come. While in many ways immigrant-serving CBOs have always played the vital role of mitigating anti-immigrant policies and helping people navigate complex benefits programs, the cross-cutting nature of the public charge rule requires new staffing structures, partnerships, and evaluation methods to effectively address all of the places it will harm immigrant communities.
Summary

The nonprofit sector excels in rapidly responding to emerging community needs and resourcefully designing cost-effective strategies to close gaps, reduce harm, and protect vulnerable communities. Immigrant-serving CBOs meet critical needs while also integrating and centering the voices and experiences of immigrant communities in forging more inclusive cities and states and stronger safety nets for all. As shown throughout this paper, CBOs across the country have risen to the challenge of a new public charge rule with creativity, know-how, and organizing strength. Their work over the past two years has demonstrated the resiliency of the nonprofit sector and provides many models for the work ahead as the chilling effect continues to threaten the stability of immigrant communities.

CBOs that developed successful public charge interventions did so by using their existing fundamental practices of cultural competence and responsiveness to their community’s needs, adapting their interventions over time to ensure their greatest effect. As demonstrated, CBOs invested significant time and effort in providing training and education for nonprofit staff and lay leaders, and directly to the affected community, using training as a foundation to their efforts to activate and engage people to make informed decisions for themselves and their families. Many CBOs extended their impact by tackling public charge through intentional coalitions, increasing their reach, adding capacity, and building critical networks to enhance their success. Promotores, outreach workers, and community organizers served as essential extenders for CBOs, allowing them to most effectively deliver accurate, timely information to communities that are fearful of government-associated programs, leveraging the leadership within these threatened groups to directly reach those most affected. Finally, innovative partnerships in legal services provision created new pathways for immigrants to receive accurate guidance for their decision-making.

The work ahead will continue to drive innovations in service delivery, as CBOs develop and employ interventions to mitigate the harm of public charge concerns for their communities, evaluate those interventions, and modify their practices to even greater effect. Adapting the best practices noted here will surely lead to additional methods, more effective strategies, and more successful outcomes when they are tailored to specific immigrant communities and contextualized into different cities and states. Immigrant-serving CBOs will continue to show ingenuity and resourcefulness in meeting the challenge mitigating the harm of public charge in their communities.
Appendix

1. **Map** of all CBOs interviewed

2. **Community Educational Materials**
   a. Community Educational materials, **Spanish** and **English** – MRNY
   b. Immigrants and Government Food Assistance client flyer, **English** and **Spanish** – MMLA
   c. **Public charge client handout** – MMLA
   d. **Immigration and Public Benefits client flyer** – Covering Wisconsin
   e. Does Public Charge Affect You? Flowchart, **English** and **Chinese** – LIBRE Project
   f. **7 Healthcare Rights flyer** – HCFA MA

3. **Staff guides, scripts, and tools**
   a. **Screening Tool and Attorney Referral Information for Community-Based, Social Services, and Advocacy Organizations** – MRNY
   b. **Legal Aid FAQs on Public Charge script** - MMLA
   c. **Internal staff public charge guide** – ASIA, Inc.
   d. **Key message statements** – Foundation Communities

4. **Coalition Organizing Documents**
   a. Coalition for Immigrant Health **vision, principles** – Center for Health Progress

5. **Targeted training materials**
   a. **Public Charge and Food Resources Training presentation** – Hunger Free CO
   b. **Training for nonprofit staff** – Legal Aid Society of San Mateo County