

From the *Journal* Committee 2

## Feature Articles

A Partnership to Break the Cycle of Veteran Homelessness 3

*By Richard A.J. Prebil, Supervising Attorney, Veterans Advocacy Project, Legal Aid of Southeastern Pennsylvania and Nicole McCoy, Legal Services Program Director, Veterans Multi-Service Center*

Creating Networks to Close the Immigrant Benefits Gap 7

*By Lena Silver, Director of Policy and Administrative Advocacy and Alexandra Gay, Staff Attorney, Neighborhood Legal Services of Los Angeles County, and Hope Nakamura, Retired Directing Attorney, Legal Aid Society of San Mateo County*

Worth A Look 16

Soundalike Foursome—A Puzzle 17

## Special Feature: LSC 50th Anniversary Celebration

The Path Forward for Legal Services Corporation 18

*By Ronald S. Flagg, President, Legal Service Corporation*

The Legal Services Corporation 2022 Justice Gap Study Executive Summary 24

“We Are All Climate Lawyers Now:” How You Can Navigate the New and Inevitable

World of Disaster Legal Services at Your Organization 30

*By Charles Burrows, Staff Attorney, Legal Aid of Southeastern Pennsylvania, and Josh Gaul, Managing Attorney, Iowa Legal Aid*

When Change Comes Knocking, Answer the Door! 34

*By Heidi Behnke, Statewide Project Manager, Georgia Legal Services Program and Michael Monahan, Director of the Pro Bono Resource Center, Georgia Legal Services Program*

The Importance of Legal Services Corporation’s Pro Bono Innovation Fund Grant 38

*By Shannon Lucas, Director of Advocacy, Sarah Munro, Pro Bono Department Manager, Caroline Laman, Pro Bono Administrator, Michigan Advocacy Program*

A Chronicle of Success: How Legal Services Corporation Resources Can Change A Life 43

*By Sofia Asymianaki, Intake Specialist, 603 Legal Aid*

Legal Services Corporation at 50: Ten Lessons from its History 45

*By Alan Houseman, President, Consortium for the National Equal Justice Library*

RODEO: Retired Old Directors Engaging Online — A Brief History 49

*By David Neumeyer, Executive Director, Virginia Legal Aid Society*

Tips and Traps: Let’s Talk about Post-Award Compliance with the Experts — So you got your federal funds! Now what? 51

*By Karen Lash, Consultant, Rosie Dawn Griffin, Partner, Feldesman Leifer LLP, and Scott Sheffler, Partner, Feldesman Leifer LLP*



**SPECIAL FEATURE:  
LSC 50th  
ANNIVERSARY  
CELEBRATION**



**Protecting  
the Promise**



# CREATING NETWORKS TO CLOSE THE IMMIGRANT BENEFITS GAP

By Lena Silver, Director of Policy and Administrative Advocacy<sup>1</sup> and Alexandra Gay, Staff Attorney,<sup>2</sup> Neighborhood Legal Services of Los Angeles County, and Hope Nakamura, Retired Directing Attorney,<sup>3</sup> Legal Aid Society of San Mateo County

## I. Introduction

An immigrant mother without health insurance agonizes over whether to bring her sick child to the emergency department because she fears that accessing



*Lena Silver (Top Left); Alexandra Gay (Top Right); Hope Nakamura (Lower Left).*

care will jeopardize her and her family's status in the United States. Another says she's heard that if she gets any government help for her immigrant son, he will have to join the military when he turns 18. How can legal aid help to allay such fears and myths?

This article describes an innovative model of collaboration between legal aid, public benefits enrollers, and outreach workers/*promotores*<sup>4</sup> to improve immigrant access to public benefits in the face of the public charge chilling effect, language access barriers, and misperceptions surrounding immigrant eligibility for public benefits. The Legal Aid Society of San Mateo County (LASSMC) in Northern California launched the model in 2010 with the Linking Immigrants to Resources, Benefits and Education (LIBRE) Project. Neighborhood Legal Services of Los Angeles County

(NLSLA) replicated the LIBRE Project model in Southern California by founding the Benefits Access for Immigrants Los Angeles (BAILA) Network. Both projects seek to address under-enrollment in crucial safety net programs by eligible immigrant families.

## II. What is the Need?

A 2020 study conducted by the Urban Institute found that roughly 30% of adults in low-income immigrant families with children avoided enrolling in public benefits for fear that it could impact their immigration status.<sup>5</sup> Even though the Biden Administration halted the Trump-era public charge regulations, fear and hesitance remain. Worried families are still less likely to enroll in benefits without community-based enrollment, outreach, and education in their preferred language. Further, many immigrants avoid benefits until they speak to a lawyer about any potential impacts to their immigration status. The LIBRE Project and the BAILA Network strive to meet these needs by providing legal services, enrollment assistance, and community outreach in a closed-looped referral network to help immigrants access public benefits and continue to receive them. Through this article, we hope to inspire other legal aid organizations to create similar models in their communities.

The United States is home to approximately 45.5 million immigrants, of whom about 21.2 million are noncitizens (including lawful permanent residents, refugees and asylees, immigrant visa holders, Deferred Action for Childhood Arrivals (DACA) recipients, and people who are currently undocumented).<sup>6</sup>

Roughly one in four children in the United States has a parent who is an immigrant, and about half of those children (8.6 million) has at least one noncitizen parent.<sup>7</sup> About 43% of children with immigrant parents are in low-income households (income below 200% of the federal poverty threshold).<sup>8</sup> For children of U.S.-born parents, the rate is about 34%.<sup>9</sup>

While poverty rates for children have declined by 59% since 1993, largely due to expansions in the social safety net, children of immigrants, the fastest-growing group of American youths, have poverty rates more than twice those of other children.<sup>10</sup> A lower enrollment rate in public benefits contributes to this disparity.<sup>11</sup> According to the U.S. Bureau of Labor Statistics, immigrants work at higher rates (65.9%) than the U.S. born population (61.5%).<sup>12</sup> Studies show that immigrants contribute positively to the U.S. economy.<sup>13</sup> However, those who are not employed in well-paying jobs with benefits face challenges to accessing benefits like healthcare and food assistance that can help their families remain healthy and contributing members of our otherwise aging communities.

According to a survey conducted in December of 2022 by the Urban Institute, about 25% of adults in “mixed-status” families (where one or more family members are undocumented and the others are citizens or lawfully present) reported avoiding public benefits like Medicaid, SNAP, and housing subsidies because of immigration concerns.<sup>14</sup> Immigrants are more likely to access community-based program enrollment due to these barriers.<sup>15</sup>

The disparity in enrollment varies for different immigrant populations. A 2019 report on access to SNAP benefits in California revealed that while 93% of potentially eligible Californians who speak English receive SNAP, only 58% of Spanish-speakers and 16% of Mandarin-speakers access this benefit.<sup>16</sup>

### III. Origins of Immigrant Under-enrollment in Public Benefits

Much of the more recent decline in immigrant access to public benefits can be traced to the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996, which made many legal immigrants, such as Lawful Permanent Residents, ineligible for several federal benefits.<sup>17</sup> Just two years later, a report by the U.S. Department of Health and Human Services found that immigrant approval ratings for benefit applications fell “significantly,” while U.S. citizen application approvals remained the same.<sup>18</sup> Although some states, including California, created state-equivalent benefits to maintain a safety net for immigrants,<sup>19</sup> the analysis found that PRWORA created a “chilling effect” on immigrant use of benefits that was exacerbated by an old immigration law that allows the government to deny some

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applications for permanent residency if an immigrant is deemed likely to become a “public charge.”

#### *What is Public Charge?*

Public Charge is one of several grounds for denying admission to the U.S. under the immigration laws.<sup>20</sup> Immigration officials may deny certain visas and other immigration applications if they think the applicant “is likely at any time to become a public charge” after applying a complex balancing test of factors.<sup>21</sup> The original law does not explicitly mention use of public benefits as a basis for denying an application.

After PRWORA, advocates raised concerns that immigrants were avoiding benefits because of confusion about benefit use and immigration eligibility.<sup>22</sup> In 1999, the Immigration and Naturalization Service (INS) issued guidance to clarify what public charge meant and which public benefits would be considered.<sup>23</sup> The 1999 Field Guidance defines “public charge” as a person “who is likely to become primarily dependent on the government for subsistence, as demonstrated by either (i) the receipt of public cash assistance for income maintenance or (ii) institutionalization for long-term care at government expense.”<sup>24</sup>

Many immigration applications, such as those

This article describes an innovative model of collaboration between legal aid, public benefits enrollers, and outreach workers/*promotores*<sup>4</sup> to improve immigrant access to public benefits in the face of the public charge chilling effect, language access barriers, and misperceptions surrounding immigrant eligibility for public benefits.

for naturalization, asylum, and permanent residence renewal, do not have a public charge “test.”<sup>25</sup> The public charge test also does not apply to immigrants who apply for or have a humanitarian immigration status, including asylees, refugees, domestic violence and serious crime survivors applying for U Visas or petitioning for VAWA, and victims of trafficking. Because most cash assistance programs require U.S. citizenship, lawful permanent residence, or some humanitarian immigration status to qualify, most people who face a public charge test will not qualify for the cash assistance benefits that count.

Between 2017 and 2020, the Trump Administration caused further confusion through regulations that included non-cash benefits such as Supplemental Nutrition Assistance Program (SNAP), housing subsidies, and regular Medicaid in the public benefits considered for the public charge determination.<sup>26</sup> These changes caused a measurable decline in immigrants’ use of benefits.<sup>27</sup> However, this effort was challenged in the courts<sup>28</sup> and, in 2022, the Department of Homeland Security promulgated a new regulation that mostly tracks the 1999 Field Guidance, but also clarifies that benefits for family members, including children, are not counted, and provides more guidance about which immigrants are impacted.<sup>29</sup> This regulation took effect on December 23, 2022 and remains in effect today, although a court challenge is pending.<sup>30</sup>

The Trump era public charge rules heightened already existing fears of applying for public benefits.<sup>31</sup> Even with the positive 2022 changes, hesitancy and misunderstandings remain a significant barrier.<sup>32</sup>

#### IV. Models for Change

The LIBRE and BAILA models acknowledge that if the primary goal of public benefits legal advocacy is greater access to public benefits, one must tackle the

Much of the more recent decline in immigrant access to public benefits can be traced to the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996, which made many legal immigrants, such as Lawful Permanent Residents, ineligible for several federal benefits.

immigrant enrollment gap at a systemic level.

In both models, legal aid collaborates with community partners across diverse ethnic and immigrant backgrounds to create culturally and linguistically appropriate outreach materials for community workers to disseminate within their communities, as well as presentations for providers and the community to address systemic issues like the “chilling effect” of public charge and concerns about how enrolling in benefits could impact a lawful permanent resident’s (LPR’s) immigration sponsor. Community partners work directly with immigrants in their own languages to help them enroll in and maintain benefits. Legal aid serves as the coordinating hub, provides technical assistance, and represents clients referred to them by enrollers and outreach workers when clients have legal issues with their benefits or hesitancy to apply because of immigration concerns and will not move forward with an application until they speak to an attorney. Both networks have achieved, to varying degrees, integration into their county benefits-delivery systems and are able to advocate at higher levels for policy changes to reduce barriers to immigrant access to critical services.

#### **The LIBRE Project**

LIBRE began in 2010, at the height of the Great Recession, spurred by reports that immigrant families were utilizing safety-net benefits at lower rates than non-immigrants, despite having family members who could qualify for help. The Grove Foundation encouraged LASSMC to work with other community-based organizations and the San Mateo County Human Services Agency (HSA) to identify and address barriers preventing immigrant families from applying for benefits. Our community convening found that language access, isolation, fear of immigration consequences, stigma, and lack of reliable information were obstacles for immigrants. Immigrant communities did not have the resources to provide the information and assistance needed to bridge the gap.

The Grove Foundation provided seed money for LIBRE to engage community-based *promotores* to conduct outreach and provide information about where to get help applying for benefits, hire bilingual assistants to help immigrants apply for benefits and follow up to ensure that applications were processed, and use legal advocacy to enable eligible immigrants to access benefits. LASSMC created linguistically appropriate and legally accurate resources about benefits eligibility and public charge, identified HSA practices that made

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it difficult for immigrants to navigate the application process, and represented people who were incorrectly denied benefits. LASSMC also provided immigration assistance to immigrants eligible for humanitarian relief like U-visas, VAWA, and Special Immigrant Juvenile Status.

A steering committee comprising the partner organizations<sup>33</sup> and HSA meets regularly to oversee the collaboration and raise systemic issues to resolve. Outreach partners track their events and the number of people reached. *Promotores* refer individuals who need benefits directly to assistors for help. Assistors help submit applications for Medi-Cal (Medicaid in California), CalFresh (California's Supplemental Nutrition Assistance Program), CalWORKs (California's Temporary Assistance for Needy Families), Supplemental Security Income (SSI), and unemployment benefits, using LASSMC's data system to track and report on applications submitted. With appropriate authorization, LIBRE requests data from the HSA to determine if applications are approved and follows up with applicants as needed. Outreach partners and assistors meet with LASSMC staff for training and to ensure proper referrals.

#### The BAILA Network

NLSLA launched the BAILA Network in 2021, in direct response to the 2017-2021 public charge crisis.<sup>34</sup>

The LIBRE and BAILA models acknowledge that if the primary goal of public benefits legal advocacy is greater access to public benefits, one must tackle the immigrant enrollment gap at a systemic level.

NLSLA endeavored to adapt the effective LIBRE model to the needs of Los Angeles County, which is the most populous county in the United States. The California Community Foundation (and several other foundations) provided the pilot funding to launch the network, as it had long supported local efforts to increase immigrant access to public benefits. BAILA's goal was to create a "no-wrong-door" network in which individuals could receive guidance regarding which public benefits they may be eligible for, access to legal services to address fears and barriers, and enrollment assistance in the benefits programs they desperately needed.

Like LIBRE, the BAILA Network is comprised of community health workers (*promotores*), applications assistors/enrollers, and legal services providers. In selecting outreach partners, BAILA prioritized partners who could meet the linguistic and cultural needs of Los Angeles' diverse immigrant population.<sup>35</sup> To select enrollment partners, BAILA focused on prominent community clinics and benefits access organizations



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with enrollment staff that can provide direct assistance with health insurance and CalFresh applications — in English and Spanish, primarily.<sup>36</sup> To meet the needs of the AAPI community, BAILA network partners have subcontracted with six organizations who can provide enrollment assistance and benefit navigation assistance in 11 languages.<sup>37</sup>

Because NLSLA is a Legal Services Corporation (LSC)-funded organization, and thus has restrictions on the noncitizen population to whom it can provide services, a non-LSC organization, the Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA), was selected as the other legal partner. The Network, whether through NLSLA or CHIRLA, can thus provide legal services to everyone.

Unlike the LIBRE Project, BAILA does not have a steering committee that includes local agencies or government. However, BAILA enrollment partners and legal aid staff can communicate directly with the welfare office to resolve cases through a pre-existing collaborative case-resolution process.

Even with four enrollment partners, LA County is so big that accessing our services is challenging. To expand access, the BAILA Network launched a public website containing information about public charge and an online form for assistance requests: [www.bailanetwork.org](http://www.bailanetwork.org). The referrals are automatically assigned to an enrollment partner based on the applicant's address or preferred language. Enrollers screen clients using comprehensive benefits assessment and legal issue screening tools. Depending on the results of the assessment, partners then provide direct assistance with enrollment in health insurance and CalFresh. If a legal issue, such as public charge concerns or a wrongful benefits termination or denial, is identified, enrollers refer directly to a legal partner.

## V. Evaluating Our Models

### A. Impact

#### **Increased information and outreach on immigrant access to benefits**

One of our most tangible accomplishments has been the creation of culturally and linguistically accessible outreach materials and trainings for service providers and community organizations to increase knowledge about immigrant access to benefits. The ability to disseminate effective and timely materials and trainings among partners enables the community to respond quickly among shifting landscapes.

BAILA and LIBRE share their outreach materials

on their websites on topics such as public charge, sponsor deeming, and immigrant eligibility for benefits.<sup>38</sup> Trainings and materials are sensitive to our county's respective language needs. For example, BAILA's website and outreach materials are translated into 15 languages, with enrollment available in those languages.

A game changer with national impact is the online tool LASSMC developed in English, Spanish, and Chinese that anyone can use to see if public charge affects a particular immigration status or application: [keepyourbenefits.org](http://keepyourbenefits.org). Community workers can use this tool to help alleviate fear when talking to immigrants about benefits.

In the 14 years since LIBRE's launch, and the three since BAILA's launch, there have been many developments in the public benefits space. First, the public charge rule changed several times, with the most recent positive changes in December 2022.<sup>39</sup> Also, from 2020 to 2024, Medi-Cal expanded to everyone regardless of immigration status.<sup>40</sup> Finally, with the Public Health Emergency unwinding and the end of continuous coverage for Medicaid recipients, immigrant communities were in dire need of Medicaid renewal assistance, language help, and general benefit navigation services. With each wave of changes, our networks pivoted quickly to provide materials, training, and support. For example, more than 500 people signed up for BAILA's training on the Medi-Cal expansion. BAILA and LIBRE engaged with county players to ensure easier transitions through these changes, partnering with our respective offices on immigrant affairs and welfare departments. BAILA also is planning a Minimum Continuing Legal Education course for the private immigration bar to educate them about public charge from a public benefits access perspective, because it is often immigration attorneys who advise their clients to avoid all public benefits.

With established networks to weather each change and combat misinformation, we can have a broader impact.

#### **Strengthening legal aid's relationships with community organizations and government agencies to address immigrant barriers to benefits**

While public benefits practitioners know there are more eligible beneficiaries out there than will be able to access legal services, it is often difficult to create networks to learn about systemic trends and then advocate for change at an administrative level. For both projects, our networks have strengthened relationships

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with community providers who hear from many more immigrants than a legal services agency could reach alone about public benefits barriers. For example, through the network, NLSLA learned that the LA County welfare department's call center was not accessible to Cantonese speakers, as required by the state. NLSLA's advocacy led the department to add Cantonese capability to the system.

NLSLA also received network referrals leading to a higher volume of cases related to immigrant eligibility, sponsor deeming, and public charge, highlighting errors in the welfare department's application of rules. Over the past year, we have been working with the LA County welfare department to rewrite poorly worded or incorrect policies related to immigrant eligibility, add correct information about public charge, and retrain workers on these complex subjects. BAILA collaborations have led to testimony at Board of Supervisor meetings about the inaccessibility of services at LA County's welfare agency, identification of systemic issues with the roll-out of California's new benefits website, BenefitsCal, and a formal letter to the county welfare agency demanding improvements to the way humanitarian visa applicants are treated and granted benefits.

Similarly, LIBRE assistors contact LASSMC attorneys when their clients have problems with applications or getting through to county workers. Through its formal partnership with HSA as part of the LIBRE steering committee, LIBRE has a direct line to achieve change. This collaboration was particularly important during the Trump Administration to encourage immigrant families to keep receiving Medi-Cal and CalFresh for their eligible members. Having HSA on the LIBRE steering committee helped us coordinate countywide messaging that encouraged immigrants to remain on benefits and to obtain legal consultations if they had questions about their immigration status being affected. County reports indicated that Medi-Cal and CalFresh caseloads for immigrant families remained proportionately similar to caseloads that did not have non-citizens. Keeping Medi-Cal benefits was essential during the COVID pandemic to maintain access to healthcare as low-income immigrants were disproportionately affected.

**Supporting local organizations and clinics to increase enrollment models so immigrants can apply**

**for benefits in safe spaces**

One of both projects' biggest successes was expanding options for immigrants to apply for benefits in safe spaces. Some immigrants are afraid to enter government offices. LIBRE increased the capacity of community organizations to help immigrants apply so their first contact was not a government worker. BAILA also provided resources to help clinics to expand enrollment assistance beyond health insurance to include food assistance, and even cash assistance. At this point, all BAILA clinic partners provide onsite CalFresh enrollment, where initially, only two did. The Network is also piloting cash aid application assistance. These providers are grateful to have a direct line to legal services to resolve individual cases and elevate systemic issues.

*B. Challenges to work through*

Managing sub-grantees, data gathering, and identifying sustainable funding sources are a few of the challenges both networks identified. With constant turnover at partner organizations, both LIBRE and BAILA must continuously reengage and reeducate sub-grantees. The networks hold group meetings and quarterly one-on-ones to maintain good relationships.

LIBRE's data system only tracks outreach, application assistance, and legal cases. Fortunately, even without an application outcome data tracking system, LIBRE was still able to show that applications submitted with the help of LIBRE assistors were approved at a higher rate than applications taken directly at HSA offices through collaboration with HSA. BAILA was able to create a referral management system to track online referrals as well as cases. From November 2021 to February 2024, BAILA had over 3,300 referrals in its system. While BAILA can collect meaningful data on demographics and types of assistance requested and provided, it is difficult to collect outcomes on cases, such as whether an application for benefits ultimately was approved.<sup>41</sup>

Both projects were able to secure pilot funding from foundations committed to the health and wellness of immigrant communities. LIBRE has been able to maintain its main foundation funding but must use other grants to fully support the project. Because BAILA is comprised of ten partners of different types, it has been difficult to identify a sustainable funding source willing to support a large, diverse collaboration. Now that it is established, BAILA is exploring ways for network partners to seek funding opportunities individually.

## VI. Conclusion

With each successful case, we help clients overcome barriers that seemed insurmountable without our networks. For example, an undocumented, domestic violence survivor was too afraid to enroll in CalWORKs (TANF), even though it was the only way to get emergency shelter. After speaking with an attorney and understanding that a child's use of benefits does not impact her immigration status, she agreed to receive enrollment assistance. In another case, a network partner helped an 81-year-old monolingual Chinese speaker access her existing SNAP benefits for the first time due to language barriers, discovering she had thousands of dollars in unused benefits. Our enrollers and outreach workers, empowered with our trainings, resources, and technical assistance, have helped thousands of immigrants enroll in and retain benefits.

LIBRE surveys reveal an ongoing need to combat misinformation about public benefits and their impact on immigration and to advocate for policy changes that address systems barriers to accessing safety net benefits. The LIBRE Project and BAILA Network show that legal aid-led community collaborations can help to break down obstacles by bringing accurate information through trusted messengers into immigrant communities and providing free legal and enrollment services with fluid referrals to one another. Considering the staggering and persistent immigrant enrollment gaps in public benefits, we hope more legal aid organizations will consider adapting these models to fit their communities' needs.

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- 2 Alexandra Gay is a staff attorney at Neighborhood Legal Services of Los Angeles County, where she focuses on public benefits advocacy, particularly issues related to access to benefits for immigrant communities. Before joining NLSLA in 2021, she worked as a post-graduate legal fellow with Earthjustice in Washington, D.C., where she focused on environmental justice issues. Alexandra received her J.D. from the UCLA School of Law. Alexandra may be reached at [AlexGay@nlsla.org](mailto:AlexGay@nlsla.org).
- 3 Before retiring in 2023, Hope Nakamura was a Directing Attorney at the Legal Aid Society of San Mateo County (LASSMC) where she oversaw the Senior Advocates program, Government Benefits Unit, and LIBRE Project. Hope graduated with an A.B. in Economics from Stanford University and attended the UCLA School of Law to obtain her J.D. She came to LASSMC after working at the national American Civil Liberties Union office in Washington, D.C. In her 30+ years at LASSMC, she has litigated public benefits cases, advocated in state-wide policy workgroups, developed programs addressing needs of low-income families, and served as faculty for the Benchmark Institutes public benefits trainings. Hope has also worked in community partnerships that educate and assist low-income families and individuals who need safety net benefits. Hope may be reached at [HNakamura@legalaidsmc.org](mailto:HNakamura@legalaidsmc.org).
- 4 *Promotore* is a Spanish term used to describe trusted individuals who empower their peers and the community through education and connections to health and social resources in Spanish-speaking communities.
- 5 See Jennifer M. Haley et al., "Many Immigrant Families with Children Continued to Avoid Public Benefits in 2020, Despite Facing Hardships," *Urban Institute* (May 2021), [https://www.urban.org/sites/default/files/publication/104279/many-immigrant-families-with-children-continued-avoiding-benefits-despite-hardships\\_0.pdf](https://www.urban.org/sites/default/files/publication/104279/many-immigrant-families-with-children-continued-avoiding-benefits-despite-hardships_0.pdf).
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- 9 *Id.*
- 10 Jason DeParle, "Expanded Safety Net Drives Sharp Drop in Child Poverty," *New York Times*, Sept. 11, 2022, <https://www.nytimes.com/2022/09/11/us/politics/child-poverty-analysis-safety-net.html> (explaining that "... poverty fell at equal rates among immigrant and nonimmigrant households, but the children of foreign-born parents were almost twice as likely to be poor").
- 11 Jason DeParle, "Safety Net Barriers Add to Child



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- Poverty in Immigrant Families,” *New York Times*, April 6, 2023, [https://www.nytimes.com/2023/04/06/us/politics/child-poverty-immigrants.html?action=click&pgtype=Article&state=default&module=stylN-poverty&variant=show&region=MAIN\\_CONTENT\\_1&block=storyline\\_top\\_links\\_recirc](https://www.nytimes.com/2023/04/06/us/politics/child-poverty-immigrants.html?action=click&pgtype=Article&state=default&module=stylN-poverty&variant=show&region=MAIN_CONTENT_1&block=storyline_top_links_recirc) (“Nationwide, about 82 percent of eligible people get food stamps, but only 60 percent of eligible noncitizens, government data shows. Immigrant families eligible for the earned-income tax credit are 28 percent less likely to report getting it, according to a recent study in the journal *Health Affairs* by Dana Thomson and three co-authors. In a comprehensive study last year, Child Trends, a research group, found that in 2019 government aid cut child poverty by 47 percent in native families but only 39 percent among immigrants”).
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- 33 Current partners include Nuestra Casa of East Palo Alto, Redwood City Together, Fair Oaks Community Center, and Coastside Hope.
- 34 “New Network Brings Critical Benefits to Immigrant Families in Need,” News, Neighborhood Legal Services of LA County, November, 14, 2021, <https://nlsa.org/new-network-brings-critical-benefits-to-immigrant-families-in-need/>.
- 35 The community health/outreach arm of BAILA includes Vision y Compromiso, an umbrella organization for *promotores* that primarily serve the Latino community, and Asian Resources, Inc., an umbrella organization for API-serving CBOs. BAILA also partners with the Community Clinic Association of Los Angeles County, an advocacy organization representing nearly 60 community clinics in the county.
- 36 The BAILA enrollment assistance partners are: Hunger Action Los Angeles, Maternal and Child Health Access, Northeast Valley Health Corp., St. John’s Community Health, and Venice Family Clinic.
- 37 The Asian American Drug Abuse Program (AADAP) (Vietnamese); Asian Pacific Health Care Venture (Tagalog, Japanese); Chinatown Service Center (Cantonese, Mandarin); Families in Good Health (Khmer); South Asian Network (Hindi, Urdu, Bangla, Punjabi); Thai Community Development Center (Thai).
- 38 “Resources,” BAILA Network, [www.bailanetwork.org/resources](http://www.bailanetwork.org/resources); <https://www.thelibreproject.org/public-charge.html>.
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- 40 Kristen Hwang, “California Expands Health Insurance to All Eligible Undocumented Adults,” *CalMatters*, Dec. 28, 2023 (updated January 19, 2024), <https://calmatters.org/health/2023/12/undocumented-health-insurance-new-california-laws-2024/#:~:text=Medi%2DCal%20expansion%20aids%201.8,the%20largest%20number%20of%20enrollees>.
- 41 To review BAILA data from 2021 through the end of 2022, please see our progress reports: [https://drive.google.com/drive/folders/1FnosgfFiAbW\\_u869wrxy55Y0AenMITDy](https://drive.google.com/drive/folders/1FnosgfFiAbW_u869wrxy55Y0AenMITDy).

One of our most tangible accomplishments has been the creation of culturally and linguistically accessible outreach materials and trainings for service providers and community organizations to increase knowledge about immigrant access to benefits.