



CALIFORNIA STATEWIDE  
2023 - 2024

# INTERIM EVALUATION/ IMPACT REPORT

**AFGHAN REFUGEE SCHOOL IMPACT AND  
AFGHAN YOUTH MENTORING PROGRAMS**

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 **CAIR**  
CALIFORNIA

  
SAN DIEGO  
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COALITION



# TABLE OF CONTENTS

01	EXECUTIVE SUMMARY
02	ACKNOWLEDGEMENTS
03	INTRODUCTION AND OVERVIEW
04	PROGRAM APPROACH
06	PROGRAM DESIGN
07	EVALUATION APPROACH AND METHODS
08	COMMUNITY-LEVEL REACH AND PARTICIPATION
09	INTERIM EVALUATION RESULTS AND IMPACT
09	IMPACT ON PARTICIPATING YOUTH AND FAMILIES
13	ORGANIZATIONAL/SYSTEMS LEVEL IMPACT
16	CHALLENGES, SERVICE GAPS, AND ONGOING NEEDS
18	CONCLUSION AND RECOMMENDATIONS





# EXECUTIVE SUMMARY

## Program Overview

The Afghan Refugee School Impact (ARSI) and Afghan Youth Mentoring (AYM) programs were funded by the California Department of Social Services using federal Office of Refugee Resettlement (ORR) funds from the Afghanistan Supplemental Appropriation Act to provide direct services supporting social and academic success for ORR-eligible newly arrived youth and families from Afghanistan.

## Reach and Impact

Coordinated by the Refugee and Immigrant Health Unit within the UC San Diego Center for Community Health (CCH-RIH) with the Council on American-Islamic Relations (CAIR-CA) and the San Diego Refugee Communities Coalition (SDRCC), from 2023-2024 ARSI/AYM funded 47 community-based organizations (CBOs) across California and served over 3,500 ARSI families with over 9,000 children and nearly 250 AYM youth.

The program's community-rooted, co-leadership model strengthened a network of culturally responsive, healing-centered providers to address local priorities across the state. Through four regional coalitions, Community of Practice (CoP) training, and ongoing technical assistance and mentorship, ARSI/AYM increased capacity and collaboration for CBOs, with partners highlighting the program's flexibility and focus on building community trust as key to success.

## Looking Ahead

Persistent challenges include ongoing needs for basic support, mental health and healthcare, employment training, financial support, housing, and early childhood services, along with sustained capacity-building, flexible funding, and engagement with local CBOs. Moving forward, community-driven programs like ARSI/AYM offer a promising and scalable model, supporting long-term well-being for refugee youth, families, and the organizations that serve them.

### ARSI/AYM: Youth/Family Impact

*N=200 parent and youth participant surveys*

*About 8 of 10 participants report improved:*

- Resource access
- Social/community connections
- Coping skills to deal with stress
- Family relationships
- Social/emotional well-being
- English language skills

*Close to 9 of 10 parents report improved:*

- Parenting knowledge, skills, confidence
- Understanding of U.S. schools/laws

*About 8 of 10 youth report improved:*

- Knowledge, skills, confidence to succeed
- School/career readiness:
  - 91% applied/plan to apply for job/internship
  - 77% applied/plan to apply for college

### ARSI/AYM: Organizational/Systems Impact

*N=40 CBO surveys; Avg. N=19 CoP surveys per session*

*About 9 of 10 CoP participants report:*

- Increased knowledge
- Plans to use what they learned to support their community
- Interest in ongoing training

*About 9 of 10 CBOs report:*

- Increased organizational capacity
- Collaborating with other CBOs
- Increased communication and cross-sector collaboration in their region
- Plans to sustain partnerships developed through ARSI/AYM

# ACKNOWLEDGEMENTS

This report was developed by the Refugee and Immigrant Health Unit within the Center for Community Health at the UC San Diego Altman Clinical and Translational Research Institute, in collaboration with Nash and Associates, the San Diego Refugee Communities Coalition-United Women of East Africa Support Team, and the Council on American-Islamic Relations-California.

The authors extend sincere appreciation to the California Department of Social Services (CDSS), Office of Immigrant Youth and the federal Office of Refugee Resettlement (ORR) for funding this innovative, community-led initiative that brings together and builds capacity for community-serving organizations throughout the state to serve the priority needs of newly arrived refugees from Afghanistan.

Our deepest gratitude goes out to the 47 community-based organizations (CBOs) and their staff from across the state who have partnered on delivering Afghan Refugee School Impact (ARSI) and Afghan Youth Mentoring (AYM) services (full list in Appendix A). This work would not be possible without their ongoing commitment and partnership, building on community and organizational strengths, assets, and deep roots serving refugee youth and families in their communities.

We thank the new arrival youth and families who have received ARSI/AYM services for their participation and resilience.

Together, we are not only serving immigrant and refugee youth and families throughout the state, but also nurturing healthier communities for all.



# INTRODUCTION AND OVERVIEW

In fiscal year 2022, the Office of Refugee Resettlement (ORR) allocated supplemental funds to the California Department of Social Services (CDSS) for services to newly arrived youth and families from Afghanistan. Through the 2022 Afghanistan Supplemental Appropriation Act (ASA), these funds supported development of the statewide **Afghan Refugee School Impact (ARSI)** and **Afghan Youth Mentoring (AYM)** programs to support ORR-eligible new arrival youth and families from Afghanistan admitted to the U.S. on or after July 31, 2021 due to urgent humanitarian reasons.

The **Refugee and Immigrant Health Unit (RIH) within the Center for Community Health (CCH) at the UC San Diego Altman Clinical and Translational Research Institute (ACTRI)** administered the first round of ARSI/AYM programming (2023-2024), building on the RIH's and CCH's expertise and capacity to administer and coordinate services for immigrant and refugee communities in partnership with culturally responsive community-based organizations (CBOs) and in regions with high numbers of newly arrived refugees.



## ARSI/AYM Goals

- Engage and connect Afghan youth and families with available resources, providing them the support they need to **succeed academically and socially** while integrating into their communities.
- Build the **capacity of local CBOs**, especially ethnic-led CBOs, to work collaboratively as part of a network of providers to meet the needs of Afghan children and families through **culturally responsive and healing-centered approaches**.

## Co-Leadership Implementation Model

ARSI/AYM implementation across the state followed a community-centered model with **co-leadership from two experienced Regional Lead (RL) agencies**:

1. **Council for American Islamic Relations California (CAIR-CA)**, and
2. **United Women of East Africa Support Team (UWEAST)** as fiscal lead for the San Diego Refugee Communities Coalition (SDRCC), an existing group of refugee-serving CBOs with backbone support from CCH-RIH.



As regional leads, CAIR-CA and UWEAST brought together and coordinated **four regional ARSI/AYM coalitions of 48 CBO sub-awardees** across the state:

- Los Angeles** (CAIR-CA; 12 SAs)
- Sacramento/Central Valley** (CAIR-CA; 14 SAs)
- San Diego** (UWEAST; 12 SAs)
- San Francisco/Bay Area** (CAIR-CA; 9 SAs)

This model was intentionally designed to ensure community-rooted co-leadership and sustainability, with RLs and CCH-RIH working closely to provide technical assistance, guidance, and mentorship to CBO sub-awardees (SAs) (full list in **Appendix A**) through regular coalition meetings and regional coordination. This approach strengthened reach and impact, supported development and capacity-building for SAs- many of whom were small or grassroots-based, and ensured cultural responsiveness and alignment with community priorities in each region.

## Report Overview

This interim evaluation report summarizes the approach and accomplishments of ARSI/AYM programs delivered between 2023-2024 (ARSI/AYM 1.0), including lessons learned and key recommendations for the next round of programming (ARSI/AYM 2.0) and for others interested in replicating this successful model.



# PROGRAM APPROACH

CCH-RIH together with CDSS and RL agencies across the state co-created, implemented, and evaluated the first round of ARSI/AYM using a community-centered approach grounded in the Community-Led Transformation (CLT) principles co-developed by CCH in collaboration with community.<sup>1</sup> This framework is responsive to communities' cultural needs, focusing on centering community voice, uplifting place-based assets and lived experiences, and fostering co-leadership and authentic collaboration with community to support health and well-being. The CLT principles were informed by the groundbreaking work of CCH-RIH and the SDRCC from 2019-2021.

The following design and programmatic elements operationalized the CLT principles across ARSI/AYM development and implementation:

## Data Driven Decision Making to Inform Programming

Quantitative and qualitative community data was used to decide how to allocate resources and for ongoing identification of service gaps. A **Community Needs Assessment** was conducted in Fall 2022 together with RL agencies including surveys in Dari, English, or Pashto with **173 Afghan refugee youth and families** across the state to help inform direct service allocation by region according to community-identified needs. Community data was also used to identify emerging priorities, including a Fall 2024 **ARSI/AYM Gap Analysis** identifying unmet and ongoing needs for future programming.

## Community-Led Selection of Sub-Awardees

CCH-RIH and RLs used a non-competitive, community-led process for selecting ARSI/AYM SAs, including many small or grassroots organizations (full list in **Appendix A**). SAs were selected based on factors including local community and cultural expertise, community trust, and capacity to serve Afghan refugee populations via culturally and linguistically responsive services. Key steps for SA selection:

1. Research to identify organizations with a history of serving refugees and Afghan led organizations;
2. Outreach and orientation to share information about the program;
3. Completion and review of capacity and interest forms;
4. Inviting qualified organizations to participate and providing a budget allocation and suggested focus area(s); and
5. Sharing program and budget templates and holding co-design meetings to finalize plans/budgets.

This process advanced partnerships with and sub-granting to CBOs with differing capacity around developing grant proposals, and ensured projects adhered to best practices and were aligned with regional priorities.



## Community-Led Transformation (CLT) Principles

- Community-led
- Co-designed
- Partnership-based and trust-driven
- Cultural humility
- Healing-centered
- Strengths-based learning
- Adaptive and responsive
- Collaborative funding
- Sustainable
- Community ownership

<sup>1</sup> Meigs R, Sheik Mohamed A, Bearse A, et al. Community-led transformation principles: transforming public health learning systems by centering authentic collaboration with community-based organizations. *Learn Health Syst.* 2024;8(4):e10451. doi:10.1002/lrh2.10451.

## Co-Design Process with SAs and RLs

To support SAs in designing locally relevant programs aligned with ARSI/AYM goals, individual meetings and communications took place between each SA, their RL, CCH-RIH staff, and consultant Valerie Nash to review ARSI/AYM guidelines and each SA's implementation plan. SAs presented their initial plans and budgets (sometimes developed during the meeting), and challenges were identified. Common challenges included:

- Planning to serve too few/too many participants
- Misalignment between the strategy and the intended outcomes
- Proposed activities not aligned with ARSI/AYM goals
- Staffing plan not aligned with the design with either insufficient staff or staff hours not being justified

The co-design process engaged SAs and RLs in establishing programming aligned with community needs, helped build CBO capacity, and provided space to collaboratively address challenges. It also helped build CBO capacity in best practices related to program design, budgeting, and developing specific, measurable, achievable, realistic, and timely (SMART) objectives included in each SA's scope of work and tracked as part of the program's evaluation.

## Coalition-Based Collective Impact and Community of Practice Approach

To ensure ongoing support throughout ARSI/AYM implementation, a tri-level model was established to build capacity and provide opportunities for collaboration across participating CBO SAs. Key components:

- 1. Establishment of Regional Coalitions (RCs):** RCs included the RL and SAs in each of the program's four regions, and met monthly to discuss progress, needs, and opportunities to leverage resources. RCs also worked together to identify and share best practices for implementing regional programs in ways that were most culturally accessible and effective. This component helped facilitate stronger regional partnerships and development of mutually reinforcing strategies that supported more efficient and effective programming and cross-referral networks across each region.
- 2. Establishment of a Statewide Operational Team to provide backbone support across the state:** The statewide operation team consisted of CCH-RIH staff, Nash and Associates, and RL operational staff (fiscal manager, program manager) from all four RCs. Meetings were held weekly to address operational needs, opportunities and challenges across programming aspects including fiscal, contracting, evaluation, and implementation. This team helped build a sense of shared accountability for program success while providing needed infrastructure for communication, problem solving, and shared decision making.
- 3. Ongoing statewide Community of Practice (CoP) training:** CoP trainings were held at least every other month and offered opportunities for peer-based learning across regions. Operational training focused on building capacity in areas such as fiscal management, data collection, and eligibility verification. Programmatic training focused on building skills and knowledge to support service delivery related to ARSI/AYM focus areas and to support healing centered and culturally affirming practices. CCH-RIH, Nash and Associates, RLs and SAs co-designed and delivered training using a peer-based approach.

# PROGRAM DESIGN

The ARSI Program incorporated services across four key focus areas:

1. **Early Childhood Development** services/supports for parents of those birth to 5 years and their children
2. **Family Engagement** services for parents of school-age children 5 to 18 years and their children
3. **Mental Health and Wellbeing** services for school-age children 5 to 18 years and their parents
4. **School-Age Children and Youth** services for school-age children 5 to 18 years and their parents

The AYM program had one focus area:

1. **Youth Mentoring** services for youth and young adults age 15 to 24 years

The table below summarizes projects including example activities administered by SAs within each ARSI/AYM focus area.

## ARSI/AYM Project Activities by Focus Area

Focus Area	# Projects	Examples of project activities
<b>Early Childhood Development (ECD)</b>	7	<ul style="list-style-type: none"> <li>• Mommy and Me Support Groups</li> <li>• Parenting workshops</li> <li>• Navigation support to connect to programs and services</li> <li>• English as a Second Language (ESL) classes</li> <li>• School-readiness activities</li> <li>• Distribution of baby supplies</li> </ul>
<b>Family Engagement and Support (FES)</b>	33	<ul style="list-style-type: none"> <li>• Parent support groups</li> <li>• Outreach and resource distribution events</li> <li>• Navigation support to connect to programs and services</li> <li>• Cultural orientation and family education workshops</li> <li>• ESL classes</li> <li>• Family fun nights</li> </ul>
<b>Mental Health and Well Being (MHWB)</b>	10	<ul style="list-style-type: none"> <li>• Peer-based support groups focused on healing and wellbeing</li> <li>• Nonclinical counseling or wellness coaching</li> <li>• Social emotional educational workshops</li> <li>• Health and hygiene workshops</li> <li>• Anti-bullying education</li> </ul>
<b>Services to School-Age Children and Youth (SAC)</b>	20	<ul style="list-style-type: none"> <li>• Tutoring and academic support</li> <li>• Culturally affirming recreational groups, field trips and camps</li> <li>• ESL classes</li> <li>• Coding and digital literacy workshops</li> <li>• Civic engagement and leadership</li> <li>• Peer mentoring</li> </ul>
<b>Afghan Youth Mentoring (AYM)</b>	9	<b>Required elements:</b> <ul style="list-style-type: none"> <li>• Case management</li> <li>• Support and development of Individual Support Plans</li> <li>• Group mentoring sessions</li> <li>• Positive youth development activities</li> </ul>



# EVALUATION APPROACH AND METHODS

The overall approach to ARSI/AYM evaluation engaged RLs and SAs in assessing meaningful metrics aligned with CDSS and ORR requirements via tools and tracking processes that were as user friendly as possible, while ensuring data integrity. Quantitative and qualitative data was collected across two levels: 1) participant/family data and 2) organizational/systems data. Data was collected and analyzed regularly to:

- Track progress in reaching output goals regarding key activities and participants served
- Identify operational challenges and best practices
- Determine the extent to which programs achieved desired outcomes (see logic model in **Appendix B**)

**Evaluation resources and tools developed with input from RLs included the following:**

## Participant/Family Level Evaluation Tools

- Intake and eligibility confirmation forms including participant demographic information
- Activity tracking templates including sign-in sheets
- Outcome surveys with a convenience sample of youth and parent participants (n=200 respondents) across regions to assess changes in key outcomes including resource access; parent knowledge, skills, preparedness; youth skills, confidence, college/career readiness; English language skills; mental/emotional health/well-being; satisfaction
- Qualitative participant success stories collected across focus areas

## Organizational/Systems Level Evaluation Tools

- CoP post-surveys assessing changes in knowledge and skills (average n=63 participants with average n=19 completed surveys per CoP session)
- SA survey (n=40 participants, 85% response rate across SAs) collecting CBO perspectives on organizational and community outcomes, challenges, and lessons learned
- Focus groups with SAs held during a CoP session regarding successes, facilitating factors, challenges, and lessons learned by focus area
- Key stakeholder interviews (n=7) with RLs across regions regarding successes, facilitating factors, challenges and lessons learned

All participant-facing intake/eligibility confirmation forms and surveys were translated into English, Pashto, Dari, and Farsi for participants to complete in their preferred language with SA support as needed. The online Qualtrics data collection portal was used for all data forms and surveys, supplemented by the ability of SAs to submit participant intake data via a customized bulk submission/upload process.

*Analysis methods.* Descriptive analysis was conducted of quantitative participant data and closed-ended survey responses from participant and SA survey questions. Thematic analysis and integration of qualitative data collected via focus groups and interviews was conducted to identify key themes summarized in this report.

# COMMUNITY-LEVEL REACH AND PARTICIPATION

## ARSI Program

**3,525 confirmed eligible families were served** across regions, with **9,202 children** (average 2.6 children per family). This includes **2,600 unique (unduplicated) families** enrolled, with some receiving services from multiple organizations in the region.

These numbers **exceed the program's goal** of serving 2,500 families. Services by focus area and demographics for unduplicated families (n=2,600) are below.

### ARSI Enrollment by Region

Region	Enrollment Goal	Eligible Families Served *	Progress Towards Goal
Los Angeles	650	714	110%
Sacramento/ Central Valley	1,000	1,445	145%
San Diego	450	770	171%
San Francisco/ Bay Area	400	596	149%
<b>Total Across Regions</b>	<b>2,500</b>	<b>3,525</b>	<b>141%</b>

*\*Number of families served may include duplicates if family is participating in multiple different services with different SAs within a region.*

### ARSI Families Served by Focus Area\*

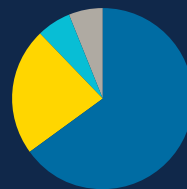
- 411** Early Childhood Development
- 2,422** Family Engagement and Support
- 799** Mental Health and Well-Being
- 1,113** Services to School-Age Children

*\*Includes group and individual services. May include duplicates for those receiving different services across more than one focus area.*

### ARSI Family Demographic Summary

18 ————— 77

**37** Average age



#### Primary Languages

- Dari (65%)
- Pashto (23%)
- Farsi (6%)
- English/Other (6%)



#### Gender

- Male (61%)
- Female (38%)
- Other (1%)

**2.6**

Average number of children per family

In addition to group- and individual-level services across focus areas, **over 2,400 families participated in universal outreach activities** hosted by SAs such as community resource fairs aimed at engaging participants in a community-friendly setting and building community trust.

## AYM Program

**248 youth/young adults** were served through AYM, exceeding the goal of 239. 229 sessions were held with participants (average 25 per provider), exceeding by 40% the goal of 18 sessions per provider.

### AYM Enrollment by Region

Region	Enrollment Goal	Eligible Youth Served *	Progress Towards Goal
Los Angeles	43	41	95%
Sacramento/ Central Valley	92	98	107%
San Diego	56	60	107%
San Francisco/ Bay Area	48	49	102%
<b>Total Across Regions</b>	<b>239</b>	<b>248</b>	<b>104%</b>

### AYM Services Summary

**15-24**

Participant age range

**100%**

of youth completed an Individual Success Plan (ISP)



#### Gender

- Female (55%)
- Male (45%)

# INTERIM EVALUATION RESULTS:

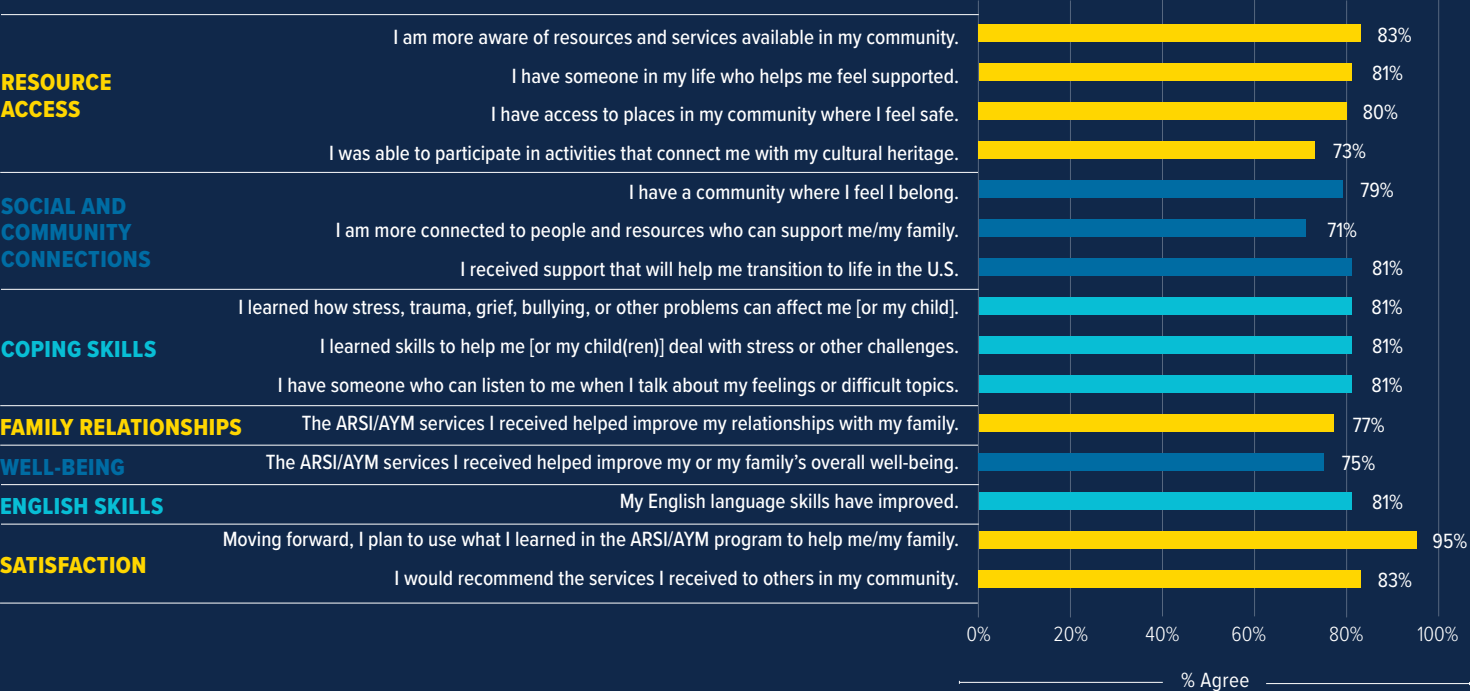
## IMPACT ON PARTICIPATING YOUTH AND FAMILIES

Surveys were conducted to assess program impact with a sample of n=200 families (n=164 parents and n=36 youth/young adults) who participated in ARSI/AYM 1.0 services (2023-2024).

Overall, participants (n=200 parents/youth) report the **positive impact of ARSI/AYM on key outcomes** including:

- Improved awareness of, access to, and connection to culturally responsive resources, supports, and safe spaces
- Improved social/community connections and support
- Improved coping skills to deal with stress
- Improved family relationships
- Improved social and emotional health and well-being
- Improved English language skills
- High general satisfaction with services, with an average usefulness rating of 8 out of 10 for ARSI/AYM services

### ARSI/AYM Program Impact: Participant Survey Results (N=200 Parent and Youth Participants)



SA and RL focus group and interview participants also highlighted ARSI/AYM's impact on **service utilization, social connections, and community trust**:

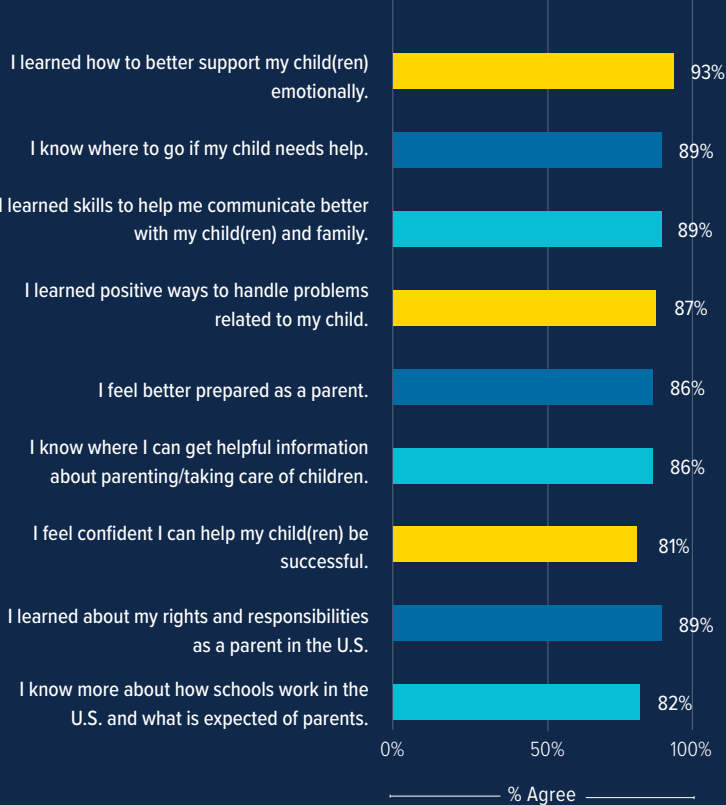
- Participants gained confidence navigating services, improving access to resources and school services.
- ARSI/AYM increased access to mental health services, reducing stigma and supporting community well-being.
- ARSI/AYM fostered trust between providers and participants, especially in youth and mental health initiatives.
- Group-based approaches (e.g., group therapy, peer support, mentorship) proved particularly effective in fostering social connections and community for families.



Key outcomes amongst **parent** participants (n=164 survey respondents) include:

- Improved parenting knowledge, skills, confidence/self-efficacy
- Improved parent understanding of U.S. schools and laws

**ARSI/AYM Program Impact: Parent Survey Results**  
(N=164 Parent Participants)



“  
*I learned a lot about culture; my wife learned some English. I learned how to enroll my son in school and how to live in the USA.”*  
- Parent Survey Participant

“  
*[ARSI/AYM] helped [me with] getting more information about U.S. schools.”*  
- Parent Survey Participant

“  
*My kids received some school bags and jackets, and we had gatherings with other refugees, which had positive impacts mentally.”*  
- Parent Survey Participant

**Family Success Story: ARSI**

[One SA] coordinates food distribution efforts at the local mosque, apartments and hotels that recently arrived Afghan refugees reside in. A client arrived in America six months ago and was hospitalized due to complications related to child-birth and called pleading for assistance.

The client requested [SA] to take food to her family in the hotel, as her husband is disabled. A [SA] staff member shared, “When I arrived at their residence, her four children and husband were overjoyed to see me. I prepared food for them and spent time with the children, as my client was managing their needs on her own. Over the course of her hospitalization, I went every Friday to their door to deliver food and support the children.” The family said that they remember those who helped them in their prayers.



Key outcomes amongst **youth/young adult** participants (n=36 survey respondents) include:

- Improved social/community connections for youth
- Improved knowledge, skills, and confidence/self-efficacy to succeed in school
- Improved school, college and career readiness

**School and Career Outcomes for ARSI/AYM Youth**

Amongst youth survey respondents:

**91%**  
applied (36%) or plan to apply (55%) for a job/internship

**77%**  
applied (32%) or plan to apply (45%) for college/trade school

Amongst 248 AYM Youth:

**57**  
applied for college (89% accepted)

**62**  
applied for jobs (86% accepted)



Partner focus group and interview participants also highlighted the impact of youth mentoring and school-age programs on youth skills, confidence, and professional development, with some mentees returning as mentors and others achieving college or job acceptance.



“ [ I received] culture related support and the feeling of someone is here for me.”  
- Youth Survey Participant

“ [ARSI/AYM] help[ed] me with schoolwork and helped me get started in school and improve my grades with their support.”  
- Youth Survey Participant

“ The services greatly helped me with my schoolwork. Moreover, it inspired me to confidently speak any language in public, even if I’m not proficient in it - specifically English, which is my second language.”  
- Youth Survey Participant

## Youth Success Story: AYM

Among the participants in [one region's] AYM programs was a high school senior struggling with issues of self confidence, being unsure about their future, and experiencing conflicts at home.

They joined the program with a friend and quickly connected with the larger group of youth. They took part in activities such as hiking and games, and began to consider enrolling in community college. Then they stopped attending. The Coordinator contacted the youth and learned that their father had said they could no longer attend the mentoring program because he felt that the youth's time would be better spent looking for a job so they could earn money to help support the family.



The Coordinator, a respected Afghan Community leader reached out to the family and set up a home visit. During this home visit, which included sharing a meal, the Coordinator listened to the father's concerns which were mostly relating to financial instability, and provided information on the long-term benefits of college, availability of tuition assistance and how the AYM program could guide the youth and family through the process. It was agreed the father would support the youth's goal to go to college, as well as their involvement in the AYM Program if they would agree to also get a part time job.

The youth is now enrolled as a part-time student at [a local community college] and also has a job. An additional benefit was that the youth's older sibling was also inspired to enroll in college. The father is now a big fan of the AYM program and feels proud that his children are on track to earn college degrees.



“

*The personal experience was extremely positive, and it allowed me to grow in ways I didn't expect. I became more aware of my career goals and learned the steps necessary to pursue them.”*

- Youth Survey Participant

“

*[ARSI/AYM] helped me to build connections with people in my community and also they helped me finding a job.”*

- Youth Survey Participant



# INTERIM EVALUATION RESULTS:

## ORGANIZATIONAL/SYSTEMS LEVEL IMPACT

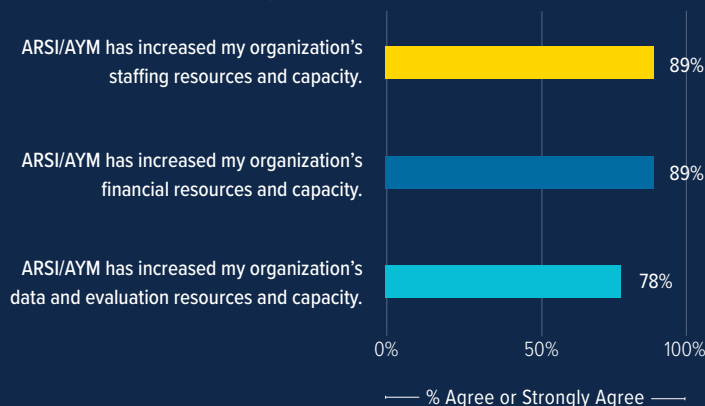
In addition to supporting positive outcomes for refugee youth and families, ARSI/AYM is also successfully supporting increased capacity and collaboration for participating CBOs across the state.

Organizational and systems-level impacts are summarized below based on thematic analysis of survey, focus group, and interview data from SAs and RLs along with regular communications and tracking of successes, challenges, and ongoing/emerging needs. Key impacts include: increased organizational and staff capacity; strengthened collaboration and partnerships within and across regions; and fostering of culturally responsive service delivery in response to community needs.

### Impact on Organizational and Staff Capacity

Participating RLs and SAs emphasized ARSI/AYM's role in helping SAs strengthen infrastructure and expand services. Approximately 80-90% of SAs indicated the funding, training, and administrative support provided improved staffing resources, fiscal management, and data collection capacity, enabling smaller CBOs in particular to scale up operations.

#### ARSI/AYM SA Survey Results: Organizational Impact (N=40 CBO SA Participants)



“

*Being able to bring on additional staff [through ARSI/AYM] to serve Afghan refugees was amazing. We are already looking to continue our tutoring program after the grant.”*

- SA Survey Respondent

“

*[ARSI/AYM] has given us a space with a great sense of belonging and inclusion. A seat at the table. It's a hard thing to find for young community-based organizations.”*

- SA Survey Respondent

**Communities of Practice (CoPs)** helped SAs navigate challenges, build confidence, and expand skills and capacity. Between 2023 to mid-2024, 12 CoPs were held virtually via Zoom with SA and RL staff (average of n=63 participants per session). Post-surveys at the end of each CoP assessed changes in knowledge, skills, and self-efficacy (average of n=19 completed surveys per CoP). Key outcomes across seven topic-focused CoPs are below.

#### Key Outcomes: ARSI/AYM Communities of Practice

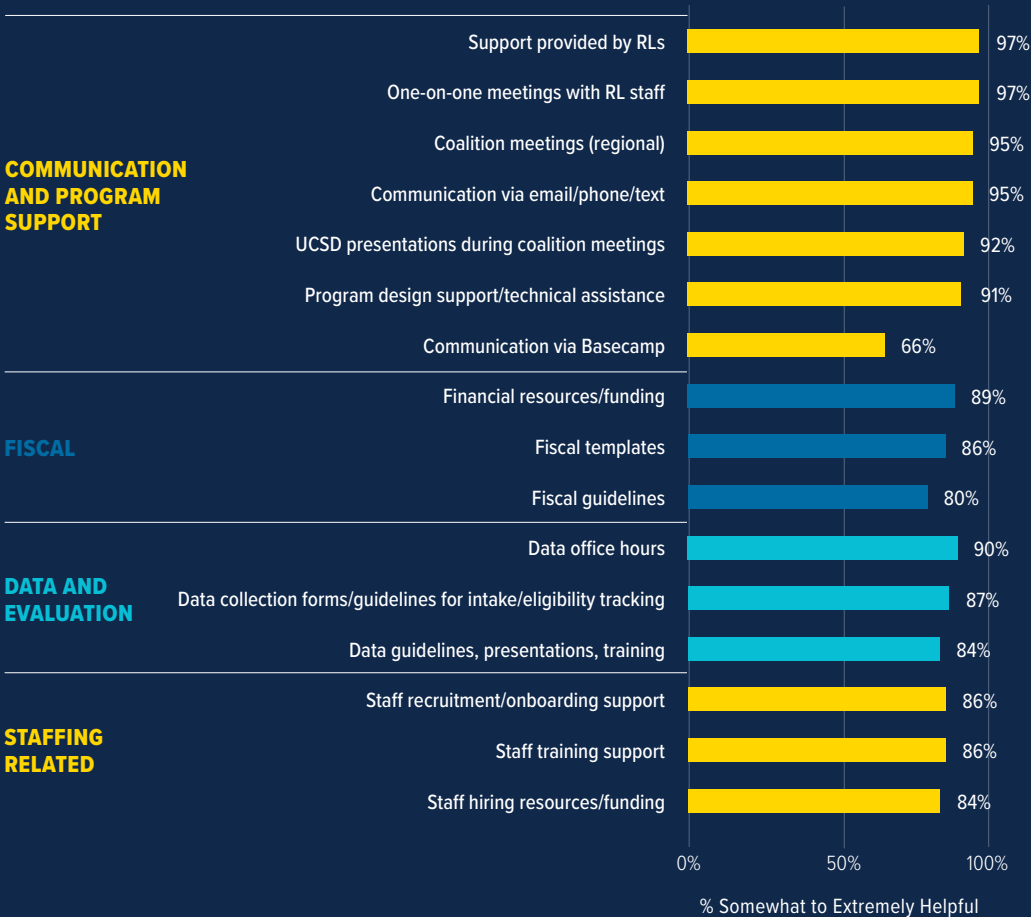
- Average **usefulness rating 8.2** on a scale of 0 to 10
- Most highly-rated: **Healing-Centered Care, School Readiness, Sustainability, Data/Evaluation**
- **90%** learned something new
- **97%** materials/information shared were clear and understandable
- **87%** CoP provided opportunity for peer learning and connections
- **94%** plan to use the information/skills gained to support their community
- CoP poll results: **92%** interested in continued training/capacity building beyond ARSI/AYM

SAs also highlighted the **usefulness of resources provided** through ARSI/AYM, in particular the value of 1:1 communications and technical assistance capacity building from RLs and the CCH-RIH backbone support team.

“Intentional coaching and capacity building [were critical for] achieving broad reach. [The] structured mentorship model [provided through ARSI/AYM RLs] played a significant role in achieving outcomes. Our region implemented a hands-on approach to support smaller and newer CBOs, building confidence and operational capacity. This included 1:1 technical assistance, help with budgeting and invoice tracking, support with data reporting, and ongoing guidance to ensure program alignment with grant objectives. Given that many sub-awardees were new to government-funded programming, this intentional coaching model was critical in ensuring program success.”

- ARSI/AYM Regional Lead

ARSI/AYM SA Survey Results: Resource Helpfulness  
(N=40 CBO SA Participants)



Impact on Local Partnerships and Collaboration

One of ARSI/AYM’s most notable impacts has been the program’s role in fostering cross-agency collaboration between refugee-serving organizations across the state.

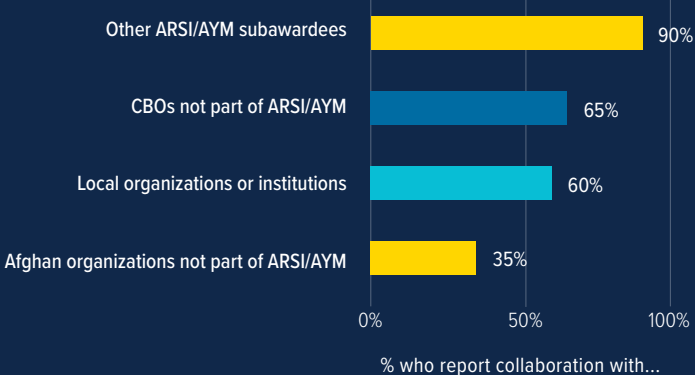
Key results from surveys with SAs:

- **90%** reported collaborating with other ARSI/AYM SAs, and over two-thirds developed at least 4 new partnerships through the program.
- **94%** agreed/strongly agreed they now have increased communication and cross-sector collaboration in their region.
- **95%** agreed/strongly agreed they plan to sustain partnerships developed through ARSI/AYM.

“[RL staff] were amazing!! Always a phone call or text away and incredibly patient with answering questions and offering assistance.”

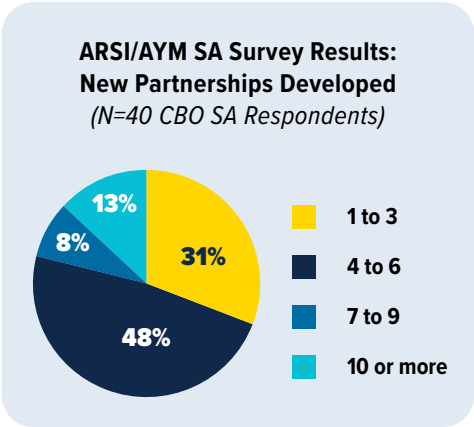
- SA Survey Respondent

ARSI/AYM SA Survey Results: SA Collaborations  
(N=40 CBO SA Respondents)



SA and RL focus group and interview findings also highlighted:

- **Referral networks** established through ARSI/AYM connected participants to additional services and reduced gaps.
- **Joint events where SAs pooled funding and resources** increased access for families and helped stretch resources for greater impact.
- **School collaborations** improved engagement, particularly for youth and mental health services.
- **Coalition meetings and regional coordination** helped prevent duplication, improve communication, and strengthen trust.
- **Partnership opportunities** helped smaller CBOs leverage funding and strengthen their capacity.



Partnerships developed through ARSI/AYM helped SAs expand reach and maximize resources, building community trust and helping families access culturally responsive and comprehensive services.

“Partnerships developed [through ARSI/AYM] helped us provide more comprehensive services to clients, e.g. when we bring in youth, having our fellow sub-awardees provide services [to] other members of the family makes the visit more compelling and enriching for the whole family.”

- SA Survey Respondent

“Through our joint workshops, we were able to partner with new organizations and create a referral process to serve mutual participants.”

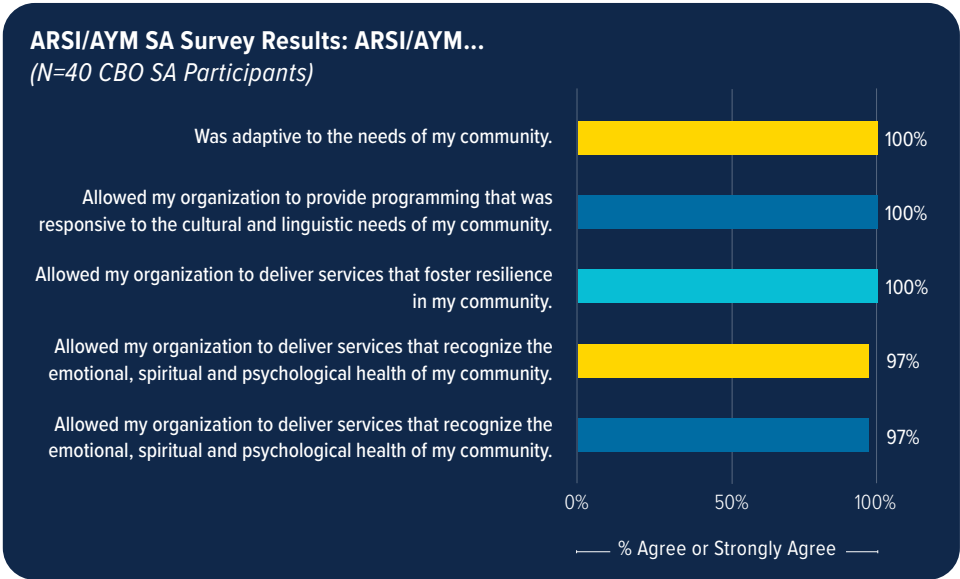
- SA Survey Respondent

Impact on Culturally Responsive Service Delivery Across the State

A key success of ARSI/AYM has been the program’s ability to provide holistic, healing-centered, and culturally responsive services tailored to the Afghan refugee community, addressing the needs of the whole family.

Factors facilitating success identified by SAs included:

- Healing-centered approach
- Flexibility
- Community trust



Programs incorporating culturally relevant incentives, group activities, and creative approaches (e.g., art therapy or field trips) were particularly effective. Families were often engaged in multiple services for comprehensive support. For youth, having mentors and peers with shared experiences fostered trust and engagement. By delivering services in familiar, trusted settings like mosques and community centers, ARSI/AYM helped families feel safe, increasing engagement in sensitive topics like mental health where stigma can be a challenge.

Fostering Engagement and Addressing Stigma: Examples from the Field

- **Mental Health and Well-Being:** SAs noted some participants were hesitant to attend therapy due to stigma. Group sessions, art therapy, and outdoor activities helped build trust and increase engagement.
- **Early Childhood Development:** Culturally responsive approaches such as one-on-one sessions and women’s spaces helped facilitate participation, considering social norms.





# CHALLENGES, SERVICE GAPS, AND ONGOING NEEDS

Initial ARSI/AYM implementation demonstrates the potential of community-led models to improve outcomes for refugee youth, families, and the organizations that serve them, with successes at the community, organizational, and systems levels. At the same time, persistent service gaps and emerging needs remain, reflecting challenges at multiple levels and offering critical insights to inform future investment and infrastructure-building.

Key service needs and challenges at multiple levels are outlined below as identified through survey, focus group, and interview data collection with SAs and RLs and a Fall 2024 ARSI/AYM Gap Analysis. These ongoing challenges underscore the importance of sustaining and strengthening effective, community-driven models such as ARSI/AYM to address emerging needs and promote access to services.

“  
Afghan students can have a hard time adjusting, especially when they first come as refugees and are already delayed with loss and years of war. It’s hard to adjust to so many new pressures and mentally they deal with a lot and counseling is too costly.”  
- ARSI/AYM Needs Assessment Survey Respondent



## Critical Areas of Ongoing Need for Refugee Youth/Families

ARSI/AYM Gap Analysis, Fall 2024

- **Basic needs** services (food, clothing, furnishings)
- Community and cultural connections that foster **healing and improved mental health**
- **Employment training and job** opportunities
- **Financial literacy and support** e.g. direct financial aid
- **Housing support** for high rents/housing prices
- Expanded **early childhood** services
- Broader access to **healthcare**
- Enhanced **English language learning** support
- Ongoing support with **school registration and accessing school services**
- Access to **technology and digital literacy** for youth
- Continued services that **build trust** as families adjust to life in the U.S.

### Community-Level Challenges

Challenge	Description	What We Learned
Transportation and Location Access	Lack of transportation can make access challenging especially for women/children.	Centrally located events with multiple services, home visits, or virtual options help with transportation. Funding or stipends for transportation are still needed.
Mental Health Stigma	Mental health stigma and past trauma prevent many from seeking and accessing support.	Community-driven approaches with culturally responsive services by trusted organizations build trust and foster engagement. Provider training is critical to build capacity in healing-centered approaches.
Language and Cultural Challenges	Language and cultural challenges create difficulties accessing services.	ESL support builds youth/parent confidence. Multi-lingual outreach, English learning support, and staff with shared backgrounds increase access.

## Organizational-Level Challenges

Challenge	Description	What We Learned
<b>Capacity Building Needs for CBOs</b>	CBOs in particular small or grassroots-based need ongoing support to build capacity.	Ongoing support for CBOs in grant/curriculum development, technology literacy, budgeting, and evaluation builds capacity to support service delivery by trusted messengers.
<b>Administrative Burdens</b>	Fiscal and data requirements can be burdensome for small CBOs	Simplifying systems/requirements and ongoing technical assistance can help CBOs with limited staff/capacity navigate and meet requirements.
<b>Reimbursement Delays</b>	Slow payments can create cash flow problems for small CBOs.	Timely, flexible disbursements improve sustainability and help smaller, lower-resourced CBOs provide services consistently.



*The new arrivals population may require even more time to build trust and reduce the stigma around support services enough to take advantage of them. Trust remains fragile in a community when programs they've come to rely on are limited by time constraints."*

- ARSI/AYM SA Focus Group Participant

## Systems-Level Challenges

Challenge	Description	What We Learned
<b>Short-Term Funding</b>	Short-term funding limits continuity, erodes trust, and challenges CBO planning and development long-term.	Long-term, multi-year funding is critical for continuity and sustained impact of services that build on and expand established infrastructure and trust.
<b>Need for Flexible Funding Mechanisms</b>	Restricted funding can prevent programs from responding to basic and emerging needs.	Flexible and unrestricted funding allows greater investment in basic needs support and CBOs to adapt services to emerging needs.
<b>Need for Community Co-Leadership</b>	Healing-centered and culturally responsive approaches build trust.	Community co-led programming that is culturally responsive and healing-centered (peer mentoring, art therapy) enhances community trust and engagement.
<b>Eligibility Restrictions and Documentation Requirements</b>	Eligibility restrictions exclude high-need families who do not meet criteria, and pose challenges for those hesitant to share personal documents due to trauma or distrust.	Extensive trust-building is essential to obtain participants' eligibility documents per federal requirements. Stringent processes limit access and may mean providers have to turn away families who do not meet criteria despite clear needs, or do not consent to provide required documents.
<b>Need for Coordinated Services</b>	Many families need support across multiple systems to meet needs.	Cross-sector partnerships promote referral coordination and resource leveraging to address needs.

## Bridging to Solutions

These gaps reflect deeper community-level challenges shaped by trauma, displacement, and a need for sustained investment in local CBOs and infrastructure. Through ARSI/AYM, CBOs across the state demonstrated creative and effective solutions to address emerging needs when provided with resources and engaged as co-leaders. Sustaining and scaling community-driven models like ARSI/AYM can address critical challenges and advance long-term solutions to support refugee youth, families, and CBOs.

# CONCLUSION AND RECOMMENDATIONS

“

*Programs that are funded for more than one year would be the most beneficial-allowing time for the organizations to really develop their programs and staff while also creating and establishing their relationships with the clients.”*

- SA Survey Respondent

ARSI/AYM represents a community-rooted, statewide model for improving community and organizational outcomes for refugee youth and families and the organizations that serve them, aligned with community priorities.

Through four regional coalitions and partnerships with close to 50 CBOs across the state, this initiative is not only delivering critical services, it is transforming how support for refugee communities is designed, delivered, and sustained. By centering culturally responsive, healing-centered, and trust-based programming, ARSI/AYM has laid the foundation for long-term systems change. The program has generated statewide infrastructure, strengthened community-led coalitions, and built capacity across refugee-serving organizations. Evaluation findings highlight the importance of flexible funding, long-term investment in CBOs, and integrated approaches that reflect the lived realities of Afghan youth and families navigating trauma, resettlement, and cultural adaptation.

The following key recommendations emerged to build on ARSI/AYM successes and enhance impact and sustainability moving forward:

1. Expand and sustain multi-year, flexible funding to support CBO infrastructure, program continuity, and participant needs.
2. Address eligibility restrictions that exclude high-need populations.
3. Invest in financial literacy programs and direct aid to address economic insecurity for families.
4. Improve transportation solutions to increase access.
5. Strengthen culturally responsive mental health outreach and stigma reduction efforts, leveraging community-based approaches such as group therapy, peer support, and art therapy.
6. Increase language access and expand ESL support to help families navigate systems and services.
7. Foster community partnerships and enhance service coordination to stretch funding, expand reach, and provide holistic, wraparound support for families.
8. Maintain flexibility in program strategies to adapt to emerging priorities and external factors that may impact refugee communities.

ARSI/AYM organizations also collaboratively identified operational improvements to enhance future implementation (full list in **Appendix C**), including:

- Strengthen upfront planning, communication, and engagement.
- Improve data systems and expand training and support for efficient and accurate data management.
- Provide clear fiscal guidance, streamline invoicing, and provide upfront payments to address funding delays.
- Support timely CBO hiring of qualified staff with cultural/language skills and provide ongoing training.
- Ensure participant materials are available in relevant languages with accurate, culturally sensitive translations.

**Moving forward, as California and the nation continue to navigate refugee resettlement, ARSI/AYM offers a scalable framework for meeting urgent needs while building a foundation for long-term systems transformation. The ARSI/AYM model not only supports families - it uplifts community leadership, transforms service delivery, and reimagines the impact that's possible when communities are resourced and trusted to lead.**

# Appendix A.

## ARSI/AYM Community-Based Organization (CBO) Partners by Region, 2023-2024

### San Diego Region (12)

- Association for Youth and Community Advancement
- Council on American Islamic Relations SD
- International Rescue Committee San Diego
- Kind Hearts San Diego
- License to Freedom
- Partnership for Advancement of New Americans
- RIHLA Mental Health
- San Diego Afghan Connections and Cultural Center
- San Diego Refugee Communities Coalition / United Women of East Africa Support Team
- Second Families
- Survivors of Torture, International
- Tri-City Islamic Center

### San Francisco Region (9)

- 5ive Pillars (Bay Area)
- CAIR-SFBA
- ICNA Relief
- International Rescue Committee Oakland
- International Rescue Committee San Jose
- Islamophobia Studies Center
- Maristan
- Muslim Community Center of East Bay
- Support Life Foundation

### Los Angeles Region (12)

- Afghan American Muslim Outreach
- Afghan Refugee Relief
- CAIR-LA
- ICNA Relief LA
- International Rescue Committee LA
- Islamic Society of Corona-Norco
- Islamic Society of Orange County
- Muslim American Society of Greater LA
- Qazizada Foundation
- Shia Muslim Council
- Tiyya Foundation
- Uplift Charity

### Sacramento Region (14)

- 5ive Pillars (SVCC)
- Al-Misbaah
- CAIR-SVCC
- Turlock Islamic Center
- Masjid at Tawheed
- Global Emergency Response and Assistance
- ICNA Relief Sacramento
- International Rescue Committee Sacramento
- International Rescue Committee Turlock
- MAS Social Services Foundation
- Masjid Annur Islamic Center
- Refugees Enrichment and Development Association, Inc
- Sacramento Area League of Associated Muslims
- Yolo County Children's Alliance



**Overarching goal: Engage local refugee-serving community organizations to support newly arrived Afghan refugee youth and families effectively transition to life in the U.S.**

**Population Served: Newly arrived Afghan refugee youth and families and the ECBOs that serve them**

Inputs	Key Activities	Outputs	Outcomes (Short Term/Intermediate)	Long-Term Impact
<p>UC San Diego and CCH-RIH infrastructure (administration, data, fiscal, staffing, etc.)</p> <p>CBO (SA and RL) existing partnerships, infrastructure, community connections, trust, staffing, cultural/ linguistic responsiveness</p> <p>Funding and program resources (CDSS/ ORR)</p> <p>Data and Fiscal guidelines and templates</p> <p>Technology, data and communication platforms (Basecamp, Box, Qualtrics, etc.)</p>	<p><b>Participant- Level Services provided by SAs:</b></p> <ul style="list-style-type: none"> <li>• Early Childhood Development</li> <li>• School Readiness</li> <li>• Family Engagement</li> <li>• Mental Health and Well-Being</li> <li>• Youth Mentoring</li> <li>• Universal outreach services</li> <li>• Group services</li> <li>• Individual services</li> </ul>	<ul style="list-style-type: none"> <li>• # Served - Youth/Families (unduplicated by region and by CBO)</li> <li>• Participant</li> <li>• Demographics</li> <li>• Services provided</li> </ul>	<ul style="list-style-type: none"> <li>• Increased awareness of, access to, and connection to local culturally responsive resources, supports, and safe spaces</li> <li>• Reduced challenges accessing local resources and services</li> <li>• Increased opportunities for culturally-focused recreational programming</li> <li>• Increased social/ community connections and support</li> <li>• Parents: Increased parenting knowledge, skills, confidence/ self-efficacy</li> <li>• Parents: Increased preparedness and understanding of U.S. schools, laws</li> <li>• Youth: Increased school, college and career readiness, knowledge, skills, confidence/ self-efficacy</li> <li>• Youth: Increased career/educational awareness, goal-setting, confidence and optimism to achieve future goals</li> <li>• Improved family relationships</li> <li>• Improved coping skills to deal with stress</li> <li>• Improved self-reported social and emotional health and well-being</li> <li>• Improved English language skills</li> <li>• Satisfaction with services provided</li> </ul>	<p>More resilient and healthy Afghan refugee youth and families</p> <p>Sustainability of refugee-serving organizations and community-engaged services</p>
	<p><b>Organizational and Systems-Level:</b></p> <ul style="list-style-type: none"> <li>• Coalition meetings</li> <li>• CoP trainings</li> <li>• Program Design support and TA</li> <li>• Ongoing TA sessions and</li> <li>• Communications</li> <li>• 1:1 meetings with RLs, SAs</li> </ul>	<ul style="list-style-type: none"> <li>• # CBOs engaged, sub-awardees</li> <li>• # meetings held and participants</li> <li>• # CoP trainings and participants</li> <li>• #TA sessions</li> <li>• # and types of resources created</li> </ul>	<ul style="list-style-type: none"> <li>• Increased CoP topic knowledge and skills</li> <li>• Increased confidence, self-efficacy across CoP topics</li> <li>• Future intentions/plan to use information learned</li> <li>• Increased collaborations, relationship-building and partnerships across CBOs (e.g., new partners)</li> <li>• Increased CBO programming, data/evaluation, and fiscal resources and capacity</li> <li>• Satisfaction across participating CBOs (perceptions of cultural responsiveness, program facilitating ability to deliver services that foster resilience, etc.)</li> <li>• Infrastructure developed and future plans to sustain partnerships, programs developed</li> </ul>	

# Appendix C.

## Operational Recommendations to Enhance ARSI/AYM 2.0 Implementation

<b>Program</b>	<ul style="list-style-type: none"> <li>Streamline and ensure effective planning and communication to avoid inconsistent program implementation. The availability of templates and guidelines from the start is essential to reduce confusion among RLs and SAs.</li> <li>Ensure families and youth are engaged in ways that recognize cultural constraints that may limit participation, such as transportation issues or parental reluctance.</li> </ul>
<b>Data and Evaluation</b>	<ul style="list-style-type: none"> <li>Ensure user-friendly data collection systems to reduce errors, duplications, and delays.</li> <li>Explore opportunities to streamline data cleaning processes and consider adopting case management tools such as Salesforce to support real-time data control.</li> <li>Provide training and technical assistance to SAs in particular 1:1 training and support to facilitate efficient data management.</li> <li>Ensure sufficient staff time allocated to support SAs with data management/evaluation.</li> </ul>
<b>Fiscal</b>	<ul style="list-style-type: none"> <li>Develop a fiscal manual to provide clarity on allowable expenses and streamline invoicing processes. Expand fiscal management training for SAs.</li> <li>To address delays in funding, establish an upfront 25% payout mechanism and ensure fiscal support is addressed before the ARSI/AYM 2.0 program's start.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>SAs should streamline their hiring processes of qualified staff with cultural and language skills to avoid delays in staffing, particularly by addressing background check timelines.</li> <li>Provide capacity-building support to staff in healing-centered practices to support participant engagement.</li> </ul>
<b>Backbone Administration</b>	<ul style="list-style-type: none"> <li>Ensure participant-facing documents and templates are available languages relevant to participants (English, Pashto, Dari, and Farsi).</li> <li>Develop quality controls to ensure accuracy of translations, particularly for translations conducted by external companies that may not be sensitive to cultural nuances and specific terminologies. Where possible, use internal capacity for translations.</li> </ul>

# Afghan Refugee School Impact and Afghan Youth Mentoring Programs

“Working collaboratively with other organizations committed to the same goal is impactful in so many ways... our organization felt the impact in the rising of hope. When you can share your fears, frustrations, and brainstorm on solutions-there is more hope than walls.”

- SA Survey Respondent

The ARSI and AYM Program is operated by the Council on American-Islamic Relations, California and San Diego Refugee Communities Coalition. It is funded by The California Department of Social Services using resources that are made available through the Afghanistan Supplemental Appropriation Act, 2022 and coordinated by University of California San Diego Center for Community Health's Refugee and Immigrant Health Unit.

**For more information about the Refugee and Immigrant Health Unit, please visit:**

<https://ucsdcommunityhealth.org/work/refugee-health-unit-2/>

