

A Centralized Intake Process for Defensive Cases in the St. Louis Metropolitan Area: A Formative Evaluation

Commissioned by Marillac Mission Fund

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Executive Summary

Purpose

This report was commissioned by Marillac Mission Fund (MMF) in response to a growing concern over limited access to immigration legal services in the St. Louis Metropolitan Area. Specifically, access for immigrants in defensive removal proceedings. An individual in defensive removal proceedings is in a process that leads to a final hearing in immigration court that will result in an order of removal/deportation unless immigration relief is granted. While there are several case types for individuals in removal proceedings, this report focuses on defensive asylum, the most commonly known defensive case type. Following recommendations from [Grantmakers Concerned with Immigrants and Refugees](#), MMF opted to invest in increased coordination of service delivery in the form of a centralized intake process which could more efficiently connect individuals needing legal services with providers. To determine the feasibility and helpfulness of a centralized intake process, a formative evaluation was launched in February 2023. Through in-depth interviews with legal service providers and asylum seekers, the evaluation aimed to a) describe the regional landscape of immigration legal services, b) document the range of experiences from a consumer perspective, c) share any recommendations, best practices, and concerns regarding implementation, and d) summarize stakeholder perceptions of universal representation, an approach to legal service provision in which attorneys do not select their clients based on the likelihood of winning the case. This report summarizes evaluation findings.

Focus on Defensive Asylum

The centralized intake process will focus on defensive asylum cases due to regional capacity concerns and the uniquely urgent characteristics pertaining to this case type. Asylum law is complex, and not all immigration attorneys have the expertise required to represent immigrants in this capacity. Furthermore, attorneys who confidently represent asylum seekers are rare. They often have limited space in their caseloads or require fees that are cost prohibitive. A recent report by the American Immigration Lawyers Association titled [High Stakes Asylum](#) outlines the challenging nature of asylum. It estimates that experienced legal providers must still dedicate at least 50-75 hours across several months to adequately represent an individual. It also explains the emotional toll an asylum case can have on both the attorney and client. Attorneys must navigate clients through the painful process of narrating their trauma while fighting to be perceived as credible. Most importantly, the “High Stakes” title serves to acknowledge the possibility of an individual losing their life if deported back to their persecutors. While the challenges of asylum law are experienced across the United States, asylum seekers in Missouri face a particularly difficult immigration court. On average, the state’s immigration court denies [90% of all asylum cases](#). Considering the case complexity, lack of access to immigration attorneys, poor regional outcomes, and emotional investment required of legal providers, the Marillac Mission Fund has chosen to prioritize and tailor a centralized intake process for defensive asylum.

Landscape of Legal Services in the St. Louis Metropolitan Area

Unlike in criminal proceedings where everyone has the right to access a government-appointed attorney to represent them, individuals facing immigration court must secure their [own counsel](#). The

only options for counsel are fee-based private immigration attorneys and non-profit legal service providers with very limited capacity. Two non-profits, the [Migrant and Immigrant Community Action \(MICA\) Project](#) and [Catholic Legal Assistance Ministry \(CLAM\)](#), a program of St. Francis Community Services, provide legal services at low or no cost in the St. Louis Metropolitan Area. The MICA Project is the largest non-profit immigration legal service provider in Missouri. The combined catchment areas for the MICA Project and CLAM consist predominantly of Eastern Missouri and Southern Illinois. While both organizations serve a myriad of case types, their experience with defensive removal cases is particularly valuable. At the time of this report, CLAM employed three immigration attorneys and one accredited representative. The MICA Project had four immigration attorneys and two accredited representatives. The intake process is managed by support staff, with each organization taking a different approach to address capacity. The MICA Project opens for one whole day in the months it has capacity to review cases – typically about seven months out of the year. People are instructed to leave a voicemail with contact information on intake day. Regardless of the volume of messages they receive that day, support staff contact all callers and go on to complete those intakes within the following weeks. Meanwhile, CLAM opens their intake line every Tuesday but opts to complete intakes with only the first five callers. These different approaches are promoted through phone answering messages and word of mouth in immigrant communities. Immigration attorneys determine agency capacity and select cases for representation. While the selection process is complicated and can depend on a variety of factors, both agencies currently strive to select cases in which legal representation may have a meaningful impact on the case outcome. This selection process is typically referred to as merit-based.

The St. Louis Metropolitan Area also has private attorneys with a range of experience able to represent immigrants with defensive cases. Private attorney fees for defensive cases are not standardized. However, most offer payment plans and some adjust fees based on the individual's income, or circumstance. While the non-profit providers consistently use a merit-based approach to selecting cases, the community of private attorneys is divided on this method. Some private attorneys believe any immigrant able to pay for representation should be represented regardless of the likelihood of being granted relief. These attorneys will accept individuals who have chosen to prioritize their resources to be represented. They will do so as long as the case is [not frivolous](#), meaning it is a sound case regardless of the likelihood of succeeding in court. Other private attorneys refuse to accept cases when they believe there is a high likelihood of losing. They instead refer immigrants to non-profit legal providers or explain that the likelihood of winning is so low that they believe the immigrant should redirect those funds to support their families. Therefore, individuals who are unlikely to win their case based on the facts shared during an intake have an extremely challenging time securing representation.

The MICA Project and CLAM are highly collaborative. They refer potential clients to one another and communicate to coordinate the timing of their intake availability to maximize access to services. Both organizations dedicate a significant amount of staff time to conducting intakes, selecting cases, and providing referrals to other immigration legal providers. However, capacity constraints prevent the MICA Project and CLAM from serving the majority of individuals who request representation for defensive cases. In an effort to improve capacity, they partnered with [Inter-Faith Committee on Latin](#)

[America \(IFCLA\)](#), an organization fighting for immigrant rights through community organizing, political accompaniment, and education. Together, the three organizations coordinate quarterly pro se clinics. Individuals without representation who file an asylum application on their own behalf are considered pro se. Legal oversight and guidance are provided by the MICA Project and CLAM while IFCLA hosts the clinic and manages filing deadlines and communication with immigrants participating in the clinics. With few exceptions, the pro se clinic is only accessible through intake days at the MICA Project or CLAM. If during the intake review either agency believes the individual is a good fit for the clinic, an invitation will be extended. Therefore, immigrants cannot directly access the pro se clinic without first engaging in the full intake process at either non-profit organization.

Interviews

Twenty service providers with direct experience and familiarity with immigration legal service delivery in St. Louis, Missouri were interviewed. Five of the interviewees were private immigration attorneys. Fifteen service providers were current or past employees of non-profit legal immigration providers in the region. Of the interviewees with a non-profit background, ten were either immigration attorneys or accredited representatives, while five were support staff. Support staff were predominantly responsible for conducting intakes at their respective non-profit.

Twenty asylum seekers with active cases were interviewed for this evaluation. Only seven had direct legal representation. Five were represented by either CLAM or the MICA Project, while two had a private attorney. Seven individuals were receiving guidance and services through the region's asylum pro se clinic. Six had no representation or access to legal guidance.

Lastly, six informational interviews were conducted with organizations outside of Missouri with experience in either centralizing referral networks, understanding and improving capacity of legal services, and/or creating pro se and self-representation options for communities. These interviews were especially important in conceptualizing workflows for a centralized intake process within the context of the St. Louis Metropolitan area. Their input is housed in Attachment A which contains three proposed models for the centralized process.

This report incorporates the lived experiences, ideas, recommendations, requests, and best practices from all three categories of interviewees.

Key Findings

The idea of a centralized intake process was uniformly supported by asylum seekers and service providers alike. Interviewees generally believed a new centralized and structured process would simplify the search for representation for immigrants with defensive cases and decrease the amount of time non-profit staff spent on conducting intakes. However, service providers had lower expectations that implementing this change could indeed improve the region's capacity to provide legal services. There were significant concerns that capacity would remain unchanged, and most providers believed operationalizing the process to be helpful and efficient without compromising

confidentiality would be challenging. Still, service providers agreed that facilitating access to an intake would be a sufficiently important outcome to pilot a centralized intake.

When asked to contribute their vision for this project, interviewees shared their hope for a centralized intake that could not only simplify access but also add value to the region's legal services. The following are six perceived unique benefits of developing a centralized intake in the St. Louis Metropolitan Area. Each opportunity is helpful independent of the goal of addressing capacity.

1. Create a more equitable process that is accessible to all recent arrivals, regardless of race, country of origin, or language spoken.
2. Explore the region's commitment to ensuring access to an intake or consultation for all recent arrivals.
3. Produce data to increase visibility of immigrant communities and garner support from the city and state.
4. Root legal service provision in community for both service providers and immigrants.
5. Increase community education and access to pro se services.
6. Strengthen ties between regional legal service provision and community organizing efforts by Inter-Faith Committee on Latin America (IFCLA).

Recommendations

1. Asylum seekers requested that service providers reflect on how individuals are rejected for representation. While they were empathetic to the challenges of high caseloads and the difficult choices that attorneys must make, they believed they could have been rejected with more compassion and understanding. Mostly, they had a difficult time hearing that their case was not "strong," "important," "legally significant," or "valid."
2. For service providers, the success of a centralized intake process rests in the individuals hired to manage it and the quality of training they will receive.
3. Asylum seekers and service providers requested an increased use of educational materials for the community. Topics included available immigration relief, asylum 101, gathering evidence and supporting documents, and how to share one's story. Most importantly, some interviewees strongly believed these educational materials should be accessible prior to completing an intake.
4. Pro se clinic services were viewed as indispensable and our region's last line of defense for the increasing number of asylum cases. It should be an essential component of the centralized intake process from its inception.

Conclusion

A centralized intake process is viewed as desirable and feasible by immigration legal service providers and immigrants with defensive cases in St. Louis, Missouri. While operationalizing, staffing, and launching the centralized intake process will be a challenging endeavor, those closest to the work see it as a worthwhile opportunity. This improved coordination of services has the potential to significantly improve equity in access to high-quality intake interviews, educational resources, and referrals to pro se services.

Attachment A includes three visions for a centralized intake process that, with a significant source of funding, could be implemented next year. The models are an amalgamation of ideas from all three categories of interviews. These options will be adapted and changed by service providers during the next phase of the project where the intake process will be operationalized. The purpose of the models is to display the suggestions collected through interviews and invite creativity.

There is also space to continue engaging asylum seekers in the building and designing of the intake process. Creating spaces where asylum seekers can think critically about this effort can provide an invaluable perspective.

Methods and Demographics

In-depth Interviews

Twenty service providers and twenty asylum seekers were interviewed for this formative evaluation. On average, interviews lasted between an hour and an hour and a half. Interview scripts for service providers and asylum seekers were written in March 2023 and shared with the MICA Project, CLAM, and MMF. The scripts were edited based on feedback received and can be viewed in Attachment B. The interview scripts were used to facilitate discussions about access to immigration legal services, use of local resources, communication between providers and clients, and difficulty navigating the system. Some areas of the script were explored in greater detail than others depending on the interviewee's experience, interest, and time constraints. All interviews were conducted between the months of May and September of 2023. They were completed in person, over Zoom, or via phone call according to interviewee preference, availability, access to transportation, and privacy concerns.

Recruitment for service providers began with a short list of key stakeholders procured from the MICA Project, CLAM, and MMF. Once exhausted, the rest were identified through snowball recruitment, as interviewees were asked to recommend potential candidates to interview. Five asylum seekers were initially recruited from an advocacy group called [Migrantes Unidos](#) (MU). This group provides mutual support and fights the use of digital detention and surveillance of immigrants. Snowball recruitment was used until twenty interviews were completed.

Interviews were conducted by a bilingual, native Spanish speaker. Twenty-one of the interviews were conducted in Spanish and nineteen in English.

Service Provider Interviewees

Five private attorneys, each from a different law firm, were interviewed. Ten attorneys or accredited representatives from non-profit organizations participated in this project. The remaining five service provider interviewees were support staff from non-profit legal providers such as intake workers, and legal assistants.

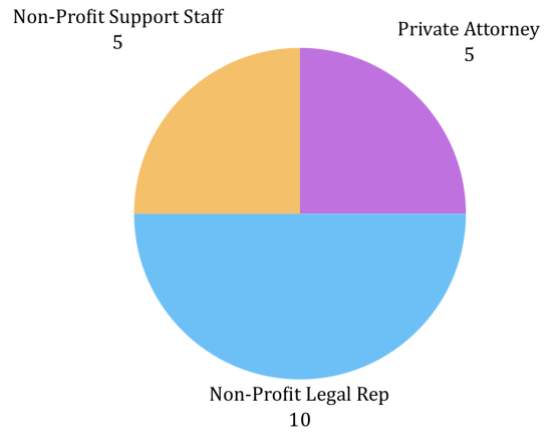


Figure 1: Breakdown of Service Provider Interviewees

Asylum Seeker Interviewees

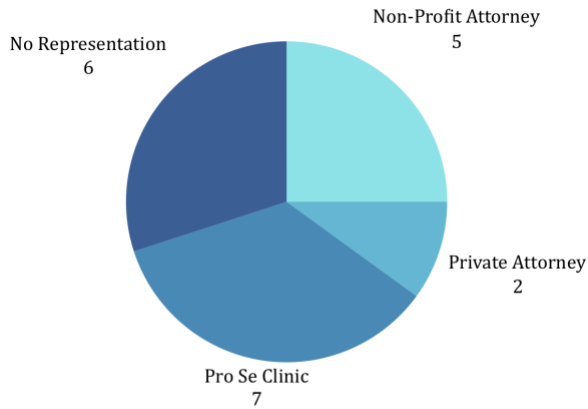


Figure 2: Interviewee Access to Representation

Only seven interviewees were represented by an immigration attorney at the time of the interview. Five reported having an attorney at either CLAM or the MICA Project. Two had hired a private attorney. Seven individuals were receiving guidance and services through the region's pro se asylum clinic. Six had no representation or access to legal guidance.

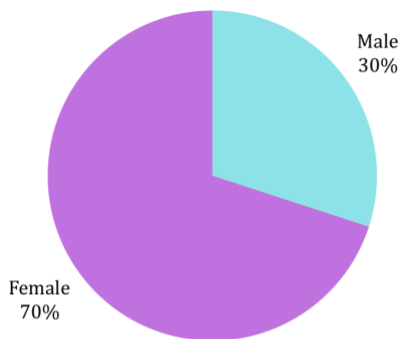


Figure 3: Gender of Asylum Seeker Interviewees

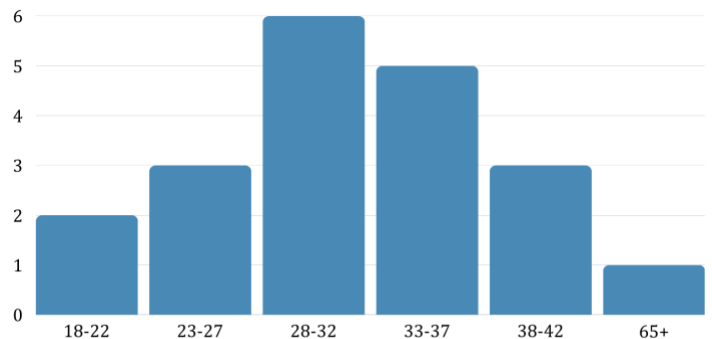


Figure 5: Age Distribution of Asylum Seeker Interviewees

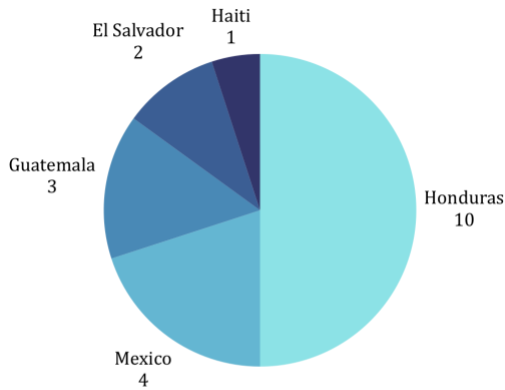


Figure 4: Asylum Seeker Interviewee Country of Origin

Half of all asylum seekers interviewed were recent arrivals from Honduras and female interviewees made up almost three-fourths of the interview pool.

The youngest interviewee was 19 years old and the oldest was 65. The mean age was 33.

The Haitian asylum seeker interviewed spoke fluent Spanish, French, and Haitian Creole. She was able to participate in the interview process without the need for an interpreter.

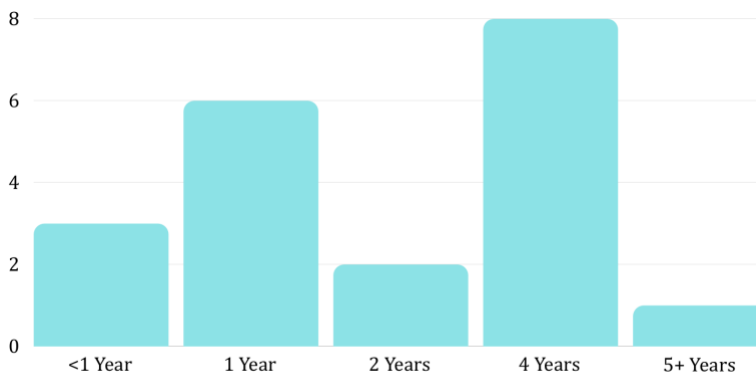


Figure 6: Time in the United States

Nearly half of the interviewees arrived in the U.S. to seek asylum at least four years ago. Despite their time in the U.S., few were nearing a final decision on their case. Fifteen individuals had not yet experienced going to their first Master Calendar Hearing at the time of their interview.

Additional Information Sessions

In addition, informational interviews were conducted with [The Resurrection Project](#) (Illinois), [Dolores Street Community Services](#) (California), [Grantmakers Concerned with Immigrants and Refugees](#) (California), [The Justice & Diversity Center of the Bar Association of San Francisco](#) (California), [One Justice](#) (California), and the [Long Island Immigration Clinic](#) (New York). All informational interviews were conducted over Zoom and lasted about an hour. The goal for these interviews was to learn about their innovative solutions to improve capacity in access for representation in defensive cases.

Data Management

With interviewee permission, notes were taken during interviews. The notes closely resembled a transcription, with special attention paid to quotes that encapsulated the interviewee's intended message. Following each interview, a summary of highlights was entered into a separate document with the interviewee's initials. Once interviews were completed, common themes across interview highlights were analyzed by hand. These themes were then supported by referencing original interview documents and adding direct quotes to each section.

Confidentiality and Incentives

Interview notes for all forty in-depth interviews were stored with Colibrí Consulting. Marillac Mission Fund was only given access to the evaluation report. Nineteen of the twenty service providers who completed in-depth interviews agreed to be listed as contributors.

Interviews with service providers took place during regular office hours. Asylum seekers were offered evening and weekend options to prevent loss of work hours. Additionally, all twenty asylum seekers received a \$50 cash incentive for their contributions and time. One interviewee insisted on being listed as a contributor. Roberto Delgado hopes his name can further humanize the input of asylum seekers in this report.

Interviewees were guaranteed that quotes and specific ideas would not be linked to their identities. Instead, quotes are attributed to two categories of interviewees: “Asylum Seeker (AS)” and “Service Provider (SP).” Some quotes were edited for brevity. **Quotes often refer to specific providers (non-profit or private) and the name of their organization or firm. For the purposes of confidentiality, the provider’s name is redacted.**

Navigating the Landscape of Legal Services

Asylum seekers were asked to begin by narrating their search for an immigration attorney. They were asked to share when they began seeking counsel, how many attorneys they contacted, their perception of treatment by staff, and any other reflections about the process. Only thirty-five percent of the interviewees were represented by an immigration attorney at the time of the interview. This is consistent with national trends as only [37%](#) of immigrants in defensive cases are able to secure representation. Service provider interviewees – both private and non-profit - who opted to share details regarding their acceptance rates for new defensive cases were consistent in declining, at a minimum, 75% of individuals seeking services.

Asylum seekers described the consequences of not having an attorney as three-fold: a terrifying lack of guidance, a fear of return, and lower quality of life in the United States.

“We arrive to the United States blindfolded.” (AS)

“...getting support to fill out an asylum application, while watching my brother get left behind was painful.” (AS)

“Without work authorization and social security numbers we are nothing here.” (AS)

“...I need status. Something permanent here. Even when I’m doing other activities I’m always thinking about my legal case. I need to be legal...[It] affects other aspects of my life. I’m afraid to buy a house if I can’t stay here. It ruins my other goals. My children are established at school it will be hard for them and for me to take them back to their studies in my country. Life is very different in our country. The fear cannot be forgotten. It’s

constant, I know I'm not a legal person in this country. That's a fear that stays with you."
(AS)

When asked about capacity constraints for immigration attorneys in the region, asylum-seeker interviewees were able to share their frustrations while expressing empathy for providers.

"Sometimes we put ourselves in their [immigration attorneys] shoes. They can't take new cases because they have pending cases. But we just arrived, and we don't have any other option than to ask for their help." (AS)

"It's complicated [to determine who to prioritize]. It's in their power to decide who to help. Some people enter without having fear of returning. They should prioritize those who fear returning....But I can't say don't take those who want a better future. Honduras is going through a hard time. The economy is really bad so it's complicated." (AS)

Seventy percent of asylum-seeking interviewees did not attempt to contact an attorney within the first six months of living in St. Louis. Common barriers included:

- Lack of access to referrals
- Lack of access to a phone
- Not having privacy at home to complete a telephonic intake
- Prioritizing employment to secure funds for an attorney
- Concerns over legitimacy of attorney, or organization

"Could this attorney be working for or communicating with the government?" (AS)

"How can I know what attorney is trustworthy?" (AS)

Once their search for an attorney started, forty percent of asylum seeker interviewees called five or more immigration attorneys seeking representation.

"For some time I said I'm tired of all this. I won't continue insisting. I didn't have money to pay them and the free attorneys didn't answer or would tell me they aren't taking cases. I get desperate and sometimes stop trying." (AS)

Despite the challenges in securing representation, asylum seekers felt hopeful about the region's ability to provide support. Of the twenty interviewees, thirteen reported having family or friends in another state. When asked to compare their experiences to those of their loved ones outside of Missouri, 77% believed they fared better in Missouri both in terms of access to legal services and guidance to navigate the system.

"There is more help for immigrants here." (AS)

“I think I fare better in Missouri. I have a year [before] court. I also already know of some resources, and they don’t.” (AS)

“New York has too many immigrants and they can’t [access] clinics. I’ve asked them and they say they can’t find any organizations. If they do find them, they are full.” (AS)

“My cousin is in Texas. He arrived five years ago, and he doesn’t even have a work permit. He didn’t file the asylum application because he couldn’t find an attorney.” (AS)

Existing pro se efforts in the region appear to be one of the main reasons for optimism.

“IFCLA has been extremely helpful. I hope that in the future people who are arriving can continue to get support getting their work authorization.” (AS)

“I was treated better at the pro se clinic than by attorneys during consults.” (AS)

Key Findings

The idea of a centralized intake process was uniformly supported by asylum seekers and service providers alike. Interviewees generally believed a new centralized and structured process would simplify the search for representation for immigrants with defensive cases and decrease the amount of time non-profit staff spent on conducting intakes. However, service providers had lower expectations that implementing this change could indeed improve the region’s capacity to provide legal services. There were significant concerns that capacity would remain unchanged, and most providers believed operationalizing the process to be helpful and efficient without compromising confidentiality would be challenging. Still, service providers agreed that facilitating access to an intake would be a sufficiently important outcome to pilot a centralized intake.

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4. Root legal service provision in community for both service providers and immigrants.
5. Increase community education and access to pro se services.
6. Strengthen ties between regional legal service provision and community organizing efforts by Inter-Faith Committee on Latin America (IFCLA).

1. Create a more equitable process that is accessible to all recent arrivals, regardless of race, country of origin, or language spoken.

“The greatest value this system can offer is adding a lens that creates access to underrepresented immigrant groups.” (SP)

“If done intentionally, and well, it can be better than what non-profits are doing. It can be organized, [with] materials prior to beginning process...streamlined...trained personnel. It could not only take pressure off nonprofits but create a better experience for clients... a thoroughness nonprofits do not currently have the time for.” (SP)

With such a high demand for non-profit immigration legal services and no shortage of intake calls, organizational urgency for marketing and promotion is low. Understandably, service providers may choose to spend their time responding to existing community requests for representation. For bilingual service providers, Spanish is predominantly the other language spoken. **This means that smaller immigrant communities that are non-Spanish speaking may be less likely to know about existing legal services.** Several interviewees questioned which immigrant communities lack awareness of existing services. Without intentional outreach efforts, access to affordable legal services may largely be determined by country of origin or language spoken. A promoted centralized intake process with staff trained to procure and use interpreter services could meaningfully improve equity in access. Asylum seeker interviewees most consistently requested the use of social media as a platform for marketing and vetting reliable services. Interviewees without many family members in the region reported a greater concern over the process of vetting attorneys. Those with a wider social network were able to receive direct recommendations from loved ones.

“Make it clear that it’s a legitimate option and not a scam.” (AS)

“Creating a system that’s welcoming to other communities.... Intake folks who come from different backgrounds as much as possible. That would be a HUGE way to get buy-in from me as a provider.” (SP)

“Having them be more accessible so people can find them. I haven’t seen them promote their services. They should do more outreach so people can find them easily.” (AS)

Some service providers offered other ideas for improving outreach, including having a memorable and easily pronounceable name and contacting the US Border and Customs Patrol to update their referral list for Missouri. Detention centers hand out referral lists for immigration attorneys by state as individuals are released into the U.S.

One service provider interviewee explained that creating a centralized intake process could open a healthy discussion across service providers on the arbitrary factors, mostly unconscious, that play a role in selecting clients. The “relational ways” that a person may be more desirable as a client. This can include a provider’s decision to accept a client because they are already representing their family member. Other examples are a person’s demeanor, or the ability to communicate their story succinctly, or in a way that gains sympathy.

“Attorneys may ask, ‘Is this person going to be difficult to work with?’” (SP)

Service providers had a wide range of opinions over the use of online access to a centralized intake. Some felt embedding smart questions in an online screener could save intake line workers a tremendous amount of time. Others worried that an online access point could lead to exclusion of immigrants with the lowest literacy levels and familiarity with technology.

“The initial entrance to the process must be as traditional as possible. Otherwise, someone will capitalize on it and charge immigrants to complete the entry form.” (SP)

“[The] process must have space for people to express concerns and questions. Immigration is too sensitive of a topic to not interact with a human.” (SP)

Irrespective of the initial form of contact, asylum-seeking interviewees were uniform in their request to complete the full intake in person, with the majority also allowing a phone-based intake process for those lacking transportation.

“In person. We can read expressions in each other better. I can say everything I want over the phone, but we don’t see each other’s gestures.” (AS)

“We need to know who we are speaking with.” (AS)

- 2. Explore the region’s commitment to ensuring access to an intake or consultation for all recent arrivals.** The ability to complete an intake with a non-profit legal provider is extremely limited in the region. At the most generous calculation, combining efforts by the MICA Project and CLAM, the region’s asylum seekers can access an intake during 15% of a year. Improved access to an intake or consultation would be an incredible benefit. Interviewees hoped that the centralized intake process could remain open all year round, allowing immigrants to access information regarding their options as quickly as possible.

“Having someone come [to St. Louis] and know where to go - that’s exciting.” (SP)

“They should, at a minimum, allow everyone to do a consultation.” (AS)

“At the very least, everyone is talking with a human. Having basic questions answered.” (SP)

“[The centralized intake process should] be constantly in motion and in communication. It’s supposed to operate with a different timeline than law offices... so it should be a quick turnaround.” (SP)

“They told me they chose my case because I happened to call on intake day and they got to review and discuss in the conference room, and they thought my case was important.” (AS)

“Getting an intake can seem like a lottery process.” (SP)

“Sometimes I think it was a matter of God caring for us. He helped make this process easier. Made it so the attorney had the ability to take our case.” (AS)

- 3. Produce data to increase the visibility of immigrant communities and garner support from the city and state.** On the months the MICA Project is open for intake, callers are instructed to call on one specific intake day. With few exceptions, only callers requesting intakes on that designated day can access a full intake. For the month of February alone, the MICA Project received 84 calls on intake day. After completing all intakes, only 21 individuals were accepted as clients, eight received only limited guidance in completing their asylum application pro se at the MICA Project, and an additional four individuals were referred to the pro se clinic. Having dedicated staff to collect and manage data systematically can help to highlight the presence of populations uniquely vulnerable to issues of visibility. This could result in a degree of accuracy that does not currently exist as the [US Census has a problematic history](#) of estimating undocumented populations.

“[the intake process would be good for] running reports to support grant writing efforts for immigrants in the region.”

The data collected through the centralized intake line also has the potential for very practical application in direct service provision. One service provider believed this could lead to a healthier management of filing deadlines in the community. Asylum applications must be filed within a year of arriving in the United States. Waiting for an intake means some individuals will be matched with a provider shortly before their deadline, giving the provider and immigrant less time to prepare for the filing. By having year-round intake services, these deadlines could be identified and managed accordingly.

“The intake process should also inform the frequency of pro se clinics.” (SP)

- 4. Root legal service provision in community for both service providers and immigrants.**

Private and non-profit immigration providers agreed that only low cost and no cost services should be at the center of the intake process. Private attorneys were viewed as helpful referrals for those

not selected by the intake. However, private and non-profit providers alike welcomed the idea of greater collaboration. Interviewees were asked about their current level of communication with other providers and what changes they would like to see to build capacity and achieve greater work-life balance.

Many service providers voiced a need for greater peer support and dialogue among attorneys. Either in group settings or in one-on-one meetings, attorneys yearned for guidance and reflection.

“A space where new attorneys can learn from more seasoned attorneys.” (SP)

“It seems like over the years there are less and less opportunities for attorneys to run into one another.” (SP)

“Being more open with one another about denials. Lots of pride in discussing credibility [for example]. You have to be open with – I got this denial. [Attorneys] worry about others picking your case apart. How can we draft future cases to prevent denial on specific basis like credibility? Or, what was the fact pattern that was approved? Can that change who I accept as a client?” (SP)

“Everyone respects and knows each other already. [They] want to work together. There’s strength in knowing one another. Interpersonal relationships are key to working successfully. Service providers care for one another.” (SP)

“Shared accountability could lead to better work-life balance.” (SP)

This level of collaboration among service providers was also desired by asylum seekers. Some assumed this level of communication across providers already existed. Others believed that an increase in peer support among attorneys would result in improved case strategy and better outcomes.

“I imagine all immigration attorneys have regular meetings. They should be more organized. How many cases do we have this month? How can we divide them among ourselves?” (AS)

“I think a central intake process will be helpful. They would study the cases together. Instead of saying, “your case isn’t important” [they can] focus on what comes next, “how can we move forward.” (AS)

Many service provider interviewees thought working more closely with other providers could be better for their mental health. An interviewee mentioned how a centralized intake process could allow advocates to communicate their emotional capacity. Taking turns accepting cases with intense amounts of trauma could prevent individuals experiencing burnout. By communicating a high sensitivity to case facts, attorneys could divert certain cases until they were in a better emotional place.

“The [advocate/attorney] can say, ‘I need a break from child abuse cases,’ for example.” (SP)

Another interviewee suggested tapping into existing networks such as the Missouri-Kansas American Immigration Lawyers Association (AILA) Chapter. They suggested convening a session during the MO-KAN AILA annual conference which is scheduled to take place in St. Louis in the fall of 2024. Depending on the timeline developed to operationalize the intake process, the space could be used to openly discuss ways to strengthen the vision, or to formally launch the endeavor.

With few exceptions, service providers had little faith in the region’s ability to use pro bono programs effectively to represent immigrants in removal proceedings. However, there were clear suggestions for how to engage pro bono attorneys from other areas of the law. These were identified as opportunities to support immigrants while providing pro bono attorneys a meaningful volunteer experience.

First and foremost, there is a high need for collaboration with family law attorneys. Minors and young adults seeking asylum who have been abused, abandoned, or neglected by a parent may be eligible to seek another form of relief in addition to their asylum process. It is called Special Immigrant Juvenile Status (SIJS) and is available for certain individuals under 21 years of age. This process requires expertise from immigration and family law. A larger pool of family law attorneys willing to support SIJS cases would increase regional capacity for this specific case type.

Secondly, immigrants in defensive proceedings often have compounding legal issues and find it challenging obtaining counsel in other areas of the law. A list of volunteer attorneys with expertise in family or housing law, for example, willing to accept referrals from the intake line at low cost or no cost would be of high value.

Interviewees encouraged designing a centralized intake process that features spaces of mutual support for immigrants. There was a high perceived value in promoting support groups and allowing community members seeking counsel to meet and learn from one another. This idea was supported by both service providers and asylum seekers.

“If the process ends in community, that is a huge benefit.... A centralized intake process can bring people together for the same reasons and circumstances and allow them to be in spaces with one another. There are answers in community. All the information does not come from providers. ‘Can I work without an EAD [work authorization]?’ There are limitations [on what] an attorney [can] answer. But community members can provide savvy know-how. If you could connect with other people who could answer this, it could really reduce anxiety.” (SP)

“You’re starting your life from scratch. We’re all fighting to move forward. It’s not easy to build support.” (AS)

“Support groups like Migrantes Unidos have been very helpful.” (AS)

5. Increase support for community education and access to pro se services.

Asylum seekers and service providers voiced a strong interest in community education.

Topics of interest for community education initiatives included Know Your Rights sessions, an orientation on the asylum process, and a space to openly ask general questions. Those seeking counsel expressed a longing for someone to answer their questions in a timely manner. Service providers also seemed to be comforted by the idea of a space that could bring immigrants greater access to information.

“Even if people cannot get full answers to their questions, the questions can at be partially addressed, and definitely acknowledged.” (SP)

“[I] really struggle to not be able to provide any resources or support when declining a case... It’s difficult. Could the centralized intake line run Know Your Rights and info sessions? ...Invite to a community setting like Know Your Rights or info sessions...some tangible product. ‘I can’t get an attorney, but I am learning and able to ask general questions. I can engage with someone and gain knowledge and resources.’ People need a way to ask questions even if they can’t receive a full answer.” (SP)

Some service providers and asylum seekers believed familiarity with asylum law would make intake sessions more fruitful, and, in some instances, make a meaningful difference in the intake outcome. Asylum-seeking interviewees spoke of the difficulties of knowing what elements of the personal story should be highlighted during the intake. They asked if it was possible to give community members the skills to tell their own stories before embarking on the process of soliciting representation. Two service providers specifically encouraged the integration of high-quality educational videos as part of the intake process.

“...told me ‘No’ without explaining how I could strengthen my case. [I don’t know] if there was a specific reason why my case wasn’t strong enough. [Can X] explain what a strong case should be? Is there a way to strengthen my case?” (AS)

“Give people a second chance [to tell their story].” (AS)

The seven asylum seekers who had received services from the region’s pro se clinic lauded these efforts. The MICA Project and CLAM supervise the clinics while IFCLA hosts them and manages communication with the participating immigrants. Providers guide individuals unable to secure full representation as they file for asylum and, subsequently, work authorization. At the time of this report, the pro se clinic had already served 293 individuals since its inception.

“The asylum clinic has been helpful to us. Work authorization and social security numbers are so important. Without their help, we would be without work authorization getting exploited by others. I was able to get work authorization and I now work for a company that treats me better.” (AS)

“I understand they have a lot of work, but maybe serve more families.” (AS)

I know it’s all complicated. I can empathize. [Even] the president can’t do everything himself. There’s lots of dialogue and people helping him though. [I] would like more clinics because there are so many of us looking for attorneys. [To help those] who are left outside.”

Legal service providers struggle to envision a future without pro se services. When asked to describe a new and helpful centralized intake process for defensive cases, most service providers were unable to draft or describe a workflow without answering the question, “What happens to cases that are not taken?” For the majority of providers, their vision included pro se services.

Private attorneys who were interviewed also view the pro se clinic as helpful to their own practice. One attorney mentioned they would be more likely to accept a client if they did not have pressing deadlines, such as individuals who have already filed their asylum application within the one-year deadline. They also mentioned fees from a private attorney would likely be lower as the asylum application had already been completed.

One of the major differences between asylum seekers and service providers was the discussion around self-representation. When discussing capacity constraints, service providers were more likely to mention the importance of community education such as Know Your Rights workshops. However, asylum seekers consistently asked for resources and education centered around self-representation in the absence of full representation.

Asylum seekers with access to the pro se clinic requested more training and education.

“Be more attentive about what comes next, not just completing the asylum application. It’s missing a step. We know we need to look for a private attorney. But if they could do more for us, it would be to check in on us, or give us more information for the next steps.” (AS)

“This is how you represent yourself. This is how you defend yourself. How you should speak to the judge, etc.” (AS)

When describing her experience in family court, an asylum seeker mentioned the difference that legal guidance and coaching can make.

“I once had to go to family court to represent myself. I was shaking. Family law can be as complicated as immigration law. To be in a courtroom in front of a judge without knowing how to answer their questions is really complicated. In addition to telling me what paperwork to fill out, [the attorney] helped me understand how I needed to behave in court. ‘Remember you’re speaking the truth, so answer confidently. Just pay attention to the questions being asked. Keep your head up and your back straight.’ That helped a lot. It made sense. I knew how to behave myself in front of the judge – ‘don’t talk too much. Answer only what is being asked. Speaking too much can complicate your case.’ This guidance helps. This has to happen with people who do not have attorneys. That’s a good way to support people

without attorneys.” When asked what difference the coaching made in her experience she said, “I was more relaxed and confident. “

- 6. Strengthen ties between regional legal service provision and community organizing efforts by Inter-Faith Committee on Latin America (IFCLA).** There is a strong existing relationship between the non-profit immigration service providers and the organizing work done by IFCLA. They overlap in their work with the pro se clinic and in their support of an asylum-seeker led project called Migrantes Unidos. Through their work in political education and accompaniment as well as community organizing efforts, IFCLA has earned the respect and trust of immigrant community members, especially those in defensive removal proceedings.

For several providers, IFCLA was named as a logical setting for a centralized intake process.

“We’re working towards a semblance of Universal Representation in that all asylum cases that come to us, that don’t conflict out, or are frivolous, go to pro se.” (SP)

“Pro se and intake should go hand-in-hand. This may look like having more pro se clinics.” (SP)

When IFCLA was approached to comment on their interest in being a part of a centralized intake process, they accepted being part of a collaborative effort. When asked what their greatest concern would be in creating space for this process at IFCLA they responded, “Making sure people feel heard.” They also requested trauma-informed training for staff to create a more welcoming environment.

Concerns and Hesitations

- 1. The primary concern expressed by service providers was staffing.** For most, the success of the intake line rests on the qualifications, experience, and training of its staff. Three service provider interviewees graciously volunteered to support the hiring process and training of new intake staff. There was general agreement among service providers that the individuals staffing the centralized intake process should have well-paid full-time positions.

“Who is paying for, staffing, and managing the quality of services?” (SP)

“Knowing who’s involved. ... who will actually answer the phone would be #1.” (SP)

Trauma-informed interviewing skills and knowledge of humanitarian relief options were the most pressing requirements.

“They should be able to ask questions clearly.” (AS)

“[intakes] are traditionally student and intern work, but it’s critical. You will miss people with decent cases or lose individuals with viable cases. They have to **understand forms of relief**, not just intake questions.” (SP)

Some interviewees envisioned the need to hire an immigration attorney to manage the centralized intake. Others believed this would hinder access to representation by pulling a capable attorney away from direct representation.

“Having a full-time intake staff and admin person is necessary to ensure responsibility.” (SP)

“Can someone who is not an attorney recognize a viable case?” (SP)

Some interviewees also saw this staffing opportunity as a way to support immigrant communities. One suggested outreaching to young DACAmented individuals with limited access to scholarship opportunities to fund undergraduate tuition.

“We need [a staff member] who knows what we need.” (AS)

“People need to invest in immigrant leadership within the community. There has to be a real investment [in] people of color with immigrant backgrounds. Intentional early intervention in folks so people can stay [in St. Louis].” (SP)

2. The second most common concern expressed was the inability of a centralized intake to make a meaningful impact in building capacity for legal services.

“A centralized intake would be great, but I would be concerned that everyone will be closed.” (SP)

“What is their responsibility to the people [completing an] intake, with or without a provider match?” (SP)

3. The intake process must preserve confidentiality, give people the space and time to disclose their trauma, and be structured enough to obtain the facts needed to accurately screen for available relief. Most providers began their interviews by voicing how difficult it would be to determine what information should be collected and how it should be stored and shared.

“If it’s not collecting sensitive information and it’s only biographic/contact info, how much would that help inform the decision of providers? [At the same time] if it is.... are we just adding another person to the mix? If they aren’t selected to move forward, or if they’re referred out, what would that feel like [to have shared so much]?” (SP)

“Getting details of traumatic events can make or break a case.” (SP)

“Disclosure is a process, not an event.” (SP)

“Give people enough time to share their story. It’s easy to get confused. Give us time to speak about what’s happening. Sometimes it feels like they’re against you instead of with you.” (AS)

“[I reached out to X a second time. The second time I shared more, including information about fear. I learned about what to share over time. I tried to organize my own case and information. You have to explain it with more detail. Speak to proof.” (AS)

“Also, with weak cases – trauma may not come up at initial screening. Cases could be a lot stronger than we think. They might be more likely to bring up trauma in person versus over the phone and with the attorney versus with intake staff.” (SP)

“Can the line be there for initial contact, but host screenings in person? And with who? An attorney? An intake worker cannot say ‘I don’t see anything here’ but [the attorney] could say, “I don’t see anything based on what you’re sharing. Is there more?””(SP)

Service providers generated a slew of questions regarding confidentiality.

“Will the process feel safe for users?” (SP)

“When is sensitive information collected?” (SP)

“Where and how long will data be kept?” (SP)

“[In terms of navigating the system], people must say what they must say to get access. Would anything they share potentially harm their chances of getting representation and other resources in another capacity?” (SP)

“Who will have access to the contact information?” (SP)

“Will immigrants be asked to give consent?” (SP)

“How do we maintain confidentiality and privacy throughout process so we’re not violating rules on a regular basis?” (SP)

Navigating intake interviews with children would require additional attention and special training. According to one interviewee, screening a minor for relief is especially challenging. First, the process of gaining enough trust to learn about traumatic experiences is much more sensitive. Secondly, relief options for minors are more nuanced with policies and best practices that change

very quickly. Intake workers would need specific training, patience, and compassion to elicit the information necessary to successfully identify options for relief.

“[I would] worry about cases being diverted from me because the screener doesn’t realize the strength of the case. Even [here] when an intake [with a child] is rejected, I still want to meet with them to assess strength of case.” (SP)

4. Lastly, service provider interviewees wanted to know if the centralized intake line would also respond to immigration raids, one-time questions regarding legal matters, and other forms of community assistance.

“Is this a central hub where immigrants can call for other questions? Will these questions be attempted to be answered, or will the hub not deal with them at all?” (SP)

Four service provider interviewees who had personally been involved in similarly collaborative efforts outside of St. Louis shared their experiences. These efforts included regional centralized intakes, hotlines, and application-based screeners. They described the work as challenging and offered their wisdom in hopes of making the process easier for St. Louis.

“... the relational aspect of the work...this could be a plus for St. Louis. Building trust.” (SP)

“Keeping the decision-making group small will be helpful.” (SP)

“We were using Excel spreadsheets and the data got out of control. A case management software would be necessary.” (SP)

“Don’t start the intake process without the proper written policies for decision making.” (SP)

“Transparency between providers who opt-in with Marillac to stay informed. What things are shifting from the original plan? Provide updates and invite conversations. Listen when disagreements exist. Be heard and be informed in the process as it’s developing. Have opportunities for providers to be able to identify red flags.” (SP)

Framing Rejection: A Conversation with Asylum Seekers

At the time of their interview, sixteen of the twenty asylum seekers had attempted and failed to get representation from at least one attorney. Eight had contacted between two and four attorneys, while another eight had reached out to more than five attorneys. All sixteen contacted at least one attorney office that never returned their calls. In their quest for representation, they engaged with a range of attorneys and support staff both from private firms and non-profit organizations. Their experiences with rejection surfaced throughout the interview. In honor of their trust and genuine hope for greater access to legal services for future immigrants in the region, this section of the report calls for reflection and special attention from service providers when rejecting an individual for services.

“How do you give bad news?” (SP)

It is of note that all asylum seeker interviewees expressed gratitude and respect for legal service providers in the region. Even in cases where they have not been able to secure representation, asylum seekers empathized with how difficult it must be to choose who to help.

“It’s complicated. It’s in their power to decide who to help. Some people enter without having fear of returning. They should prioritize those who fear returning. But I can’t say don’t take those who want a better future. Honduras is going through a hard time. The economy is really bad so it’s complicated.” (AS)

“They were respectful, but I never spoke with an actual attorney. Only spoke with secretaries. I never got the opportunity to speak with an attorney myself. But the people I spoke with tried to help in every way they could.” (AS)

Some language used routinely by service providers, either because of its specific legal significance, or because it is commonplace among providers, can be hurtful to hear when seeking services. Words such as “weak,” “strong,” “valid,” “important,” “legal argument,” or “legally significant” may have a specific function within immigration law. However, these word choices may not be necessary when declining to provide services.

“The third attorney [I consulted] told me not to bother spending my money because my case was weak.” (AS)

“She told me she couldn’t help me because my case wasn’t valid. It was valid, I just didn’t have the proof.” (AS)

“I didn’t understand how I couldn’t have a legal argument. They killed my [X family members] ... How could there be no legal argument? I didn’t feel good, I didn’t expect it. I really thought I would get the opportunity to work with them.” (AS)

“I called and did an intake a few days later. They told me ‘No’ they said, ‘it’s not important. It’s not a life-or-death situation.’ To them, it is not important, but to us it is. [I left my country] so things didn’t escalate. But they made it seem like it was something normal. I thanked them for their time, and I was given referrals, but those attorneys didn’t answer the phone.... You should not tell someone their case isn’t important. If women don’t speak up, or look for help, men kill them. We are fleeing a person. That’s important.... I was on pause because I was told this. I stopped looking for an attorney when I got that answer.” (AS)

“We started talking about our case. We weren’t even done telling our story when they started saying, ‘You’re not the first, the only, or the last. Other people want to hire me for these services, and it will be a waste of time and money for both of us.’” (AS)

Asylum seekers asked for honesty shared in a compassionate way. It may be possible that changing some common language may help asylum seekers understand that their experiences are valid and that receiving counsel is not an indicator of judgment. Reframing a rejection by avoiding using words like “weak and strong” and incorporating phrases like “a case that is difficult to win and a case that is easier to win” may prevent harm to community members at the time of rejection.

“A short truth is better than a long lie.” (AS)

“A lie would be more painful. In the end, it will hurt more. If an attorney lies to you and you have the hope of winning this case and the attorney knows you’re not going to win. You lose time and money. I’ve always felt it was best to accept the truth. Sometimes to avoid feeling bad we want to hear lies.” (AS)

“... There are many ways to tell the truth... [You] can still say I support you. I understand you.” (AS)

While not exclusively, service providers were more reluctant to envision a universal representation model than asylum seekers. Universal representation was explained as non-frivolous cases without an attorney conflict being accepted when there is capacity, independent of case facts, client demographics, or likelihood of winning the case.

“We all have different cases. Some are strong, some are not, but we all have a right to an attorney. We want their support and help. Find a way to help us all.” (AS)

“We are important, but our deadlines are different. Prioritize deadlines, don’t reject us.” (AS)

“[Universal Representation] would benefit all clients, help everyone, rather than who can pay enough or who’s worthy of free representation. It would overload the immigration court system even more. Immigration judges already pre-judge cases. If everyone is filing weaker cases, Immigration judges will have to address “weak” cases. They’re bothered by weak cases being filed now. In five years, the law can change a lot. Just because this year this one judge thinks it’s weak, doesn’t mean there won’t be able options in the future.” (SP)

“[With] weak cases [we should probably] offer more emotional and information support.” (SP)

“Be professional. It’s not about single moms. It’s not about children. It’s about asylum. We need asylum. It’s not about having one case be more important than another. We all need to stay. We can’t go back. All of our cases are urgent.” (AS)

One asylum seeker interviewee requested the intake line alternate between accepting “strong” and “weak” cases. “If they see there are cases with greater likelihood of winning, it makes sense they take it. But we deserve representation even if our case isn’t strong.” (AS)

Conclusion

A centralized intake process is viewed as desirable and feasible by immigration legal service providers and immigrants with defensive cases in St. Louis, Missouri. While the operationalizing, staffing, and launching of the centralized intake process will be a challenging endeavor, those closest to the work see it as a worthwhile opportunity. This improved coordination of services has the potential to significantly improve equity in access to high-quality intake interviews, educational resources, and referrals to pro se services.

Attachment A includes three visions for a centralized intake process that, with a significant source of funding, could be implemented next year. The models are an amalgamation of ideas from all three categories of interviews. These options will be adapted and changed by service providers during the next phase of the project where the intake process will be operationalized. The purpose of the models is to display the suggestions collected through interviews and invite creativity.

There is also space to continue engaging asylum seekers in the building process. When asked for suggestions for a more efficient system of accessing intakes, an asylum seeker raised the question, “How does the attorney use their time? Are they working every day all day for one case? Are they like detectives researching the case to see how to win?” The conversation led to the understanding that asylum seekers can engage in systems-level conversations. However, they need information about how cases are handled once accepted by an attorney. Creating spaces where asylum seekers can think critically about the development of a centralized intake process would provide an invaluable perspective.

Limitations of Project

A systematic analysis of caseloads of defensive cases across non-profit and private immigration attorneys in the St. Louis Metropolitan Area was beyond the scope of this project. Several service providers declined to share specific numbers regarding caseloads and attorney fees. For some providers, there was a fear of judgment.

Nineteen of the twenty asylum seekers interviewed were native Spanish speakers. It is difficult to gauge how generalizable their experiences are to immigrants who speak other languages and come from other regions of the world.

Lastly, the initial sample of asylum seeker interviewees were Migrantes Unidos members. Migrantes Unidos is a project supported by Colibrí Consulting. Since snowball recruitment began with members of Migrantes Unidos, it would stand to reason that interviewees had greater exposure to peer support and community organizing than the general population of individuals with defensive cases.

A Note of Gratitude

This endeavor is the shared effort between immigrants with active defensive cases and the individuals who have chosen to advocate along their side. Thank you for so openly sharing your wisdom, time, and vision. And thank you to all contributors who preferred to remain anonymous.

In-Depth Interviews

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