

Referrals from Nongovernmental Organizations

Third Quarter, Fiscal Year 2022

January 4, 2023
Fiscal Year 2022 Report to Congress



U.S. Immigration and Customs Enforcement

Message from the Acting Director

January 4, 2023

I am pleased to present the following report, "Referrals from Nongovernmental Organizations," for the third quarter (Q3) of Fiscal Year (FY) 2022, which has been prepared by U.S. Immigration and Customs Enforcement (ICE).

This report was compiled pursuant to requirements in the Joint Explanatory Statement accompanying the FY 2022 Department of Homeland Security (DHS) Appropriations Act (P.L. 117-103).

Pursuant to congressional guidelines, this report is being provided to the following Members of Congress:



Chair, House Appropriations Subcommittee on Homeland Security

Ranking Member, House Appropriations Subcommittee on Homeland Security

The Honorable Chris Murphy Chair, Senate Appropriations Subcommittee on Homeland Security

The Honorable Shelley Moore Capito Ranking Member, Senate Appropriations Subcommittee on Homeland Security

Inquiries related to this report may be directed to the ICE Office of Congressional Relations at (202) 732-4200.

Sincerely,

Acting Director

U.S. Immigration and Customs Enforcement

Executive Summary

The Joint Explanatory Statement accompanying the FY 2022 DHS Appropriations Act (P.L. 117-103) directs ICE to consider enrollment referrals from nongovernmental organizations (NGO) and community partners that actively are implementing ICE's Alternatives to Detention (ATD) programs utilizing case management. ICE is directed further, in consultation with relevant NGOs and local community partners, at ICE's discretion, to establish criteria for such referrals, guidelines for submission, and criteria for how ICE will consider any such referrals for enrollment in ATD programs. This report outlines ICE compliance for Q3 of FY 2022 with congressional guidelines regarding enrollment referrals from NGOs and community partners that actively are implementing ICE's ATD programs that utilize case management.



Referrals from Nongovernmental Organizations Third Quarter, Fiscal Year 2022

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I. Legislative Requirement

This report responds to the direction set forth in the Joint Explanatory Statement accompanying the Fiscal Year (FY) 2022 Department of Homeland Security Appropriations Act (P.L. 117-103).

The Joint Explanatory Statement states:

ATD Referrals.—ICE shall consider enrollment referrals from NGOs and community partners that are actively implementing ICE's ATD programs that utilize case management. ICE shall establish, with the consultation of relevant NGO and local community partners, at ICE's discretion, criteria for such referrals, guidelines for submission, and criteria for how ICE will consider any such referrals for enrollment in ATD programs. ICE shall submit a report to the Committees on progress regarding these guidelines within 60 days of the date of enactment of this Act and quarterly thereafter until the guidelines are finalized.

II. Background

Alternatives to Detention (ATD) is a monitoring program that uses technology and case management to improve compliance with release conditions and to facilitate compliance with court hearings and final orders of removal. The ATD program allows noncitizens to remain in their community—contributing to their families and community organizations and, if necessary, concluding their affairs in the United States—as they move through immigration proceedings or prepare for departure.

The ATD program may be appropriate for a noncitizen who is released pursuant to an Order of Release on Recognizance, an Order of Supervision, a grant of parole, or a bond (unless an immigration judge or the Board of Immigration Appeals has determined custody and did not include ATD as a provision). To be eligible for the ATD program, participants must be at least 18 years of age, be removable from the United States, and be pending or actively in formal immigration removal proceedings or subject to a final order of removal.

ATD is currently available in more than 260 locations nationwide for eligible participants residing within all 25 U.S. Immigration and Customs Enforcement (ICE) areas of responsibility (AOR). The program allows ICE to monitor a portion of nondetained cases more closely. The level of supervision and technology to which an ATD participant is assigned is based upon criteria that includes, but is not limited to, current immigration status, criminal history, compliance history, community or family ties, status as a caregiver or provider, and other humanitarian or medical conditions.

The ATD program is carried out with the support of a government contractor, currently BI Incorporated (BI), that supervises participants through a combination of home visits, office visits, alert response, court tracking, and technology. BI operates under a contract called the Intensive Supervision Appearance Program (ISAP), which is currently in its fourth iteration (ATD - ISAP IV). Under ATD - ISAP IV, ICE Enforcement and Removal Operations (ERO) ATD officers have discretion to determine the frequency of home and office visits, the types of technology used (telephonic, global positioning system, or SmartLink), and court and alert management to use. Case management levels and technology assignments can be reviewed and adjusted by the ATD officer at any time depending upon changes in a participant's circumstances and compliance. BI case specialists (CS) provide case management for program participants and assess and determine appropriate referrals for program participants to facilitate community stabilization.

While ATD - ISAP IV provides a substantial amount of case management services, a significant number of services and participant needs cannot be fulfilled through the traditional case management services historically provided in the ISAP contract.¹ To ensure that participants

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¹ Under ATD – ISAP IV, the contractor refers participants to local resources based upon the participant's individual needs. Service referrals under ATD – ISAP IV include, but are not limited to, assistance with school enrollments, medical care as needed (vaccinations, referrals for emergent care centers, etc.), food assistance, clothing assistance, and immigration attorney referrals using the approved Department of Justice list of low- to no-cost attorneys.

have access to these services, BI subcontracts with nongovernmental organizations (NGO) to fulfill these needs and to help with participant stabilization. These functions are known as wraparound stabilization services (WSS), which are a subset of services provided in the ISAP - IV contract.

Wraparound Stabilization Services

1. Criteria

WSS are designed for vulnerable populations² who have significant challenges and would benefit from additional stabilization services. WSS are available at contractor sites, to include 112 locations covering all AORs, and all services are voluntary. WSS screenings for possible need for additional services and education groups are offered to all participants receiving case management support by the ATD - ISAP IV vendor.³ Currently, ICE ERO refers ATD participants for a Supplemental Services Evaluation (SSE) to NGOs through the ATD - ISAP IV contract. The NGO conducts the SSE and recommends if services are needed based on its assessment. If the NGO is recommending services, the NGO submits a Plan of Care/Treatment Plan for the ATD participant to ERO for services though the ATD - ISAP IV contractor. ERO reviews the Plan of Care/Treatment Plan submitted by the NGO and either approves or disapproves the service based on program criteria.

2. Challenges

Since ICE first implemented WSS as a contract modification to the ATD – ISAP III contract, several challenges have prevented both higher referrals for WSS and further engagement in service offerings for participants. The most significant factor affecting the volume of referrals is the NGO community's lack of the resources necessary to handle all potential referrals. While NGOs continue to expand with more locations and more hiring, they are only able to handle a fraction of new participants assigned to ATD - ISAP IV. Other challenges include:

- The Coronavirus Disease 2019 (COVID-19) pandemic: Because of state limitations on in-person gatherings in response to COVID-19, CSs and NGOs were unable to provide contractual services to participants. Many services were provided only in a face-to-face environment in office settings or groups. The WSS and case management services provided by ICE Headquarters (HQ)–ATD, BI, and NGOs largely had to shift over time from in-person to virtual. The transition to the virtual environment was both time-consuming and challenging, particularly for services requiring residence verifications to ensure that participant needs had been met.
- Cumbersome identification and referral process: Because of a substantial increase in program participants without a proportional increase in resources to manage the

² Examples of vulnerable populations include, but are not limited to, victims of human smuggling/trafficking, victims of significant or violent crimes, and those suffering from post-traumatic stress disorder.

³ Services provided directly through WSS include trauma-informed education and care, human trafficking screenings, trafficking group educations, family and individual therapy and rehabilitation, supplemental services evaluation, parenting education sessions, child abuse prevention orientation, and repatriation support services as necessitated based on an individual needs assessment.

population, it became increasingly challenging to identify and refer participants for appropriate evaluation and services. To ensure that all new participants are given an appropriate evaluation for supplemental services, ICE HQ-ATD has developed guidance to refer all new participants automatically for an evaluation instead of waiting for the CS to identify a need.

III. Results/Data Report

A. Current Providers

WSS functions are provided in the following locations, as of June 30, 2022:

WSS Provider	Location	Total Number of Locations
A Ossantan Disa	Los Angeles, CA	2
A Quarter Blue	Santa Ana, CA	2
	Atlanta, GA	
	Bakersfield, CA	
	Boston, MA	
	Bronx, NY	
	Chicago, IL	
	Delray, FL	
	Denver, CO	
	Dover, DE	
	Fort Myers, FL	
	Fresno, TX	
	Grand Rapids, MI	
	Hartford, CT	
	Indianapolis, IN	
	Los Angeles, CA	
	Manhattan, NY	
Bethany Christian Services	Marlton, NJ	33
	Miami, FL	
	Newark, NJ	
	Norfolk, VA	
	Orlando, FL	
	Philadelphia, PA	
	Pittsburgh, PA	
	Providence, RI	
	Queens, NY	
	Richmond, VA	
	Sacramento, CA	
	San Bernardino, CA	
	San Diego, CA	
	San Francisco, CA	
	Santa Ana, CA	
	Seattle, WA	

WSS Provider	Location	Total Number of Locations
	Tampa, FL	
	York, PA	1
	Atlanta, GA	
	Bakersfield, CA	1
	Birmingham, AL	
	Boston, MA	
	Bronx, NY	
	Charleston, SC	
	Charlotte, NC	
	Chicago, IL	
	Dallas, TX	
	Delray, FL	
	Denver, CO	
	Detroit, MI	
	El Paso, TX	
	Fort Myers, FL	
	Frederick, MD	
	Fresno, TX	
Endeavors	Gadsden, AL	
Ziideavois	Harlingen, TX	
	Houston, TX	
	Indianapolis, IN	46
	Los Angeles, CA	
	Manassas, VA	
	Manhattan, NY	
	Marlton, NJ	
	Miami, FL	
	New Orleans, LA	
	Newark, NJ	
	Omaha, NE	
	Orlando, FL	
	Providence, RI	
	Provo, UT	
	Queens, NY	
	Richmond, VA]
	Sacramento, CA]
	Salt Lake City, UT]
	San Antonio, TX]
	San Bernardino, CA	
	San Diego, CA]
	San Francisco, CA	

WSS Provider	Location	Total Number of Locations
	Santa Ana, CA	
	Seattle, WA	
	Silver Spring, MD	
Endeavors	South Houston, TX	
	Tampa, FL	
	Ventura, CA	
	Washington, DC	
Family Sugges	Birmingham, AL	2
Family Success	Gadsden, AL	2
T-4	Los Angeles, CA	
International Institute of Los Angeles	San Bernardino, CA	3
Los Angeles	Santa Ana, CA	
	Baltimore, MD	
	Detroit, MI	
	Grand Rapids, MI	
	Manassas, VA	
Ludhanan Casial Camiasa	Norfolk, VA	10
Lutheran Social Services	Omaha, NE	10
	Richmond, VA	
	Salisbury, MD	
	Silver Spring, MD	
	Washington, DC	
	Fresno, TX	
North Char Family Contor	Phoenix, AZ	4
North Star Family Center	Sacramento, CA	4
	Santa Maria, CA	
Project Help	Fort Myers, FL	1
Ser Familia	Atlanta, GA	1
Stars Behavioral Health	Los Angeles, CA	2
Group	Santa Ana, CA	2
Survivors' Pathway	Miami, FL	1
Trauma Resolution Center	Miami, FL	1
	Los Angeles, CA	
	Miami, FL	
U.S. Conference of Catholic	Newark, NJ	
Bishops	Salt Lake City, UT	6
	San Antonio, TX	7
	San Diego, CA]
Total		112

B. Referral Increase

FY 2022 has seen two new offices referring participants to WSS. Additionally, the vast majority of referring offices are on track to meet or exceed the number of referrals that were made in FY 2021.

Office Totals by Fiscal Year ⁴						
		·	FY 2022 Through Third			
Office	FY 2020	FY 2021	Quarter (Q3)	Total		
Atlanta	84	636	632	1,352		
Bakersfield	-	852	95	947		
Baltimore	33	189	204	426		
Birmingham	-	-	218	218		
Boston	30	293	157	480		
Charleston	-	282	225	507		
Charlotte	-	247	212	459		
Chicago	-	386	447	833		
Dallas	-	230	174	404		
Delray	16	512	476	1,004		
Denver	-	-	333	333		
Detroit	-	12	163	175		
Dover	-	216	182	398		
El Paso	-	100	190	290		
Fort Myers	-	50	306	356		
Frederick	-	-	1	1		
Fresno	-	363	739	1,102		
Gadsden	-	296	123	419		
Grand Rapids	114	130	151	395		
Harlingen	-	-	49	49		
Hartford	23	225	301	549		
Houston	48	185	251	484		
Indianapolis	-	37	373	410		
Los Angeles	68	752	2,830	3,650		
Louisville	2	90	-	92		
Manassas	39	470	130	639		
Marlton	36	111	165	312		
Miami	116	2,194	939	3,249		
Newark	46	149	414	609		
New Orleans	-	-	122	122		

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 $^{^4}$ WSS began February 2020. The numbers were reported by BI on July 4, 2022.

Office Totals by Fiscal Year ⁴						
Office	FY 2020	FY 2021	FY 2022 Through Third	Total		
		F Y 2021	Quarter (Q3)			
Norfolk	-	102	25	25		
NY Bronx	-	192	411	603		
NY Manhattan	-	137	370	507		
NY Queens	111	186	552	738		
Omaha	111	317	481	909		
Orlando	14	351	358	723		
Philadelphia	45	301	286	632		
Phoenix	-	-	654	654		
Pittsburgh	-	-	4	4		
Providence	-	40	41	81		
Provo	-	47	26	73		
Richmond	-	247	687	934		
Sacramento	-	-	300	300		
Salisbury	-	46	49	95		
Salt Lake City	7	298	219	524		
San Antonio	16	242	144	402		
San Bernardino	-	133	207	340		
San Diego	-	109	11	120		
San Francisco	-	93	132	225		
Santa Ana	-	139	235	374		
Santa Maria	-	-	63	63		
Seattle	-	-	274	274		
Silver Spring	49	280	237	566		
South Houston	20	230	285	535		
Tampa	-	-	420	420		
Ventura	-	263	56	319		
Washington, D.C.	31	433	205	669		
York	-	-	23	23		
Total	948	13,091	17,357	31,396		

C. Participation

Participation in WSS historically has been initiated by a participant's BI CS, who identified any needs or concerns that could not be addressed through traditional ATD – ISAP IV capabilities. Upon the identification of need(s), the CS submitted a recommendation for a Mental Health

Screening and Evaluation (MHSE)/SSE⁵ to the ATD monitoring officers (AMO) with the oversight of the Section Chief for review and approval of the request. The receiving AMO reviewed for applicable recommendations as defined by the contract as well as for case accuracy and progress before endorsing a treatment plan. Upon approval, the CS coordinated the initial MHSE/SSE with the appropriate local NGO. After evaluating the participant, the NGO then provided the recommendation(s) for services under WSS to the CS, who subsequently requested approval for the services. The CS sent the recommendation to the Extended Case Management Services AMO for review and approval/denial. Upon approval, the CS performed all coordination with the appropriate NGO(s) for the services to be provided.

ICE streamlined the above process to respond to the significant increase of individuals and families crossing the southern land border, and to ensure that services are provided as quickly as possible. Specifically, ICE completed a contract modification to ensure that all participants who are enrolled into C-site⁶ or a G-site⁷ automatically are provided with the MHSE/SSE referral.

As of June 30, 2022, a total of 26,405 unique individuals were referred to WSS and 37,405 total WSS referrals were made. Approximately 98 percent of participants referred for any WSS have utilized at least one service. It is important to note that participants in WSS most likely will be referred to more than one service, and an individual may be counted twice or more in the count of total referrals, but still is only one unique individual. For example, an individual who attends an initial SSE may be referred later to individual and family therapy.

The following table and graph show the number of utilized and not-utilized referrals by year and month since February 2020:

Referrals by Status Over Time ⁸					
Month/Year	Utilized	Not-Utilized	Total	Percent Utilized	
February 2020	28	1	28	100.0%	
March 2020	30	2	32	93.8%	
April 2020	-	-	1	-	
May 2020	180	164	344	52.3%	
June 2020	53	43	96	55.2%	
July 2020	114	9	123	92.7%	

⁵ The SSE includes an assessment by the NGO/service provider who will decide if mental health services are needed, and if so, will develop individualized treatment plans for the participant. Services provided directly through WSS include trauma-informed education and care, human trafficking screenings, trafficking group educations, family and individual therapy and rehabilitation, SSE; parenting education sessions; child abuse prevention orientation, and repatriation support services as necessitated based on an individual needs assessment.

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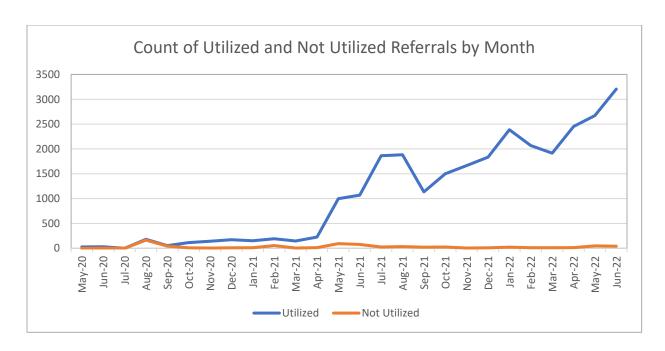
⁶ C-Sites are standalone facilities operated by the contractor to monitor participants selected for the ATD program. C-Site participants are assigned to a contractor CS who performs case management, including home and office visits.

⁷ G-Sites are locations where the contractor works within the local ICE ERO office. G-Sites are limited to a capacity of 250 participants, with two CSs who perform the same functions of a C-Site CS.

⁸ Includes Human Trafficking Education, which doesn't require ICE approval. Pending status excluded. Month/Year based on Assigned Date.

Referrals by Status Over Time ⁸				
Month/Year	Utilized	Not-Utilized	Total	Percent Utilized
August 2020	142	5	147	96.6%
September 2020	172	9	181	95.0%
October 2020	152	11	163	93.3%
November 2020	191	54	245	78.0%
December 2020	147	4	151	97.4%
January 2021	226	13	239	94.6%
February 2021	998	93	1,091	91.5%
March 2021	1,070	77	1,147	93.3%
April 2021	1,863	25	1,888	98.7%
May 2021	1,883	33	1,916	98.3%
June 2021	1,135	22	1,157	98.1%
July 2021	1,500	25	1,525	98.4%
August 2021	1,665	5	1,670	99.7%
September 2021	1,835	9	1,844	99.5%
October 2021	2,387	23	2,410	99.0%
November 2021	2,069	11	2,080	99.5%
December 2021	1,916	11	1,927	99.4%
January 2022	2,452	13	2,465	99.5%
February 2022	2,672	48	2,720	98.2%
March 2022	3,206	41	3,247	98.7%
April 2022	2,828	70	2,898	97.6%
May 2022	2,740	40	2,780	98.6%
June 2022	2,874	17	2,891	99.4%
Total	36,528	877	37,405	97.7%

It is important to note that for the April-June 2020 timeframe, while WSS were paused because of the COVID-19 pandemic, NGOs were developing solutions to create a "telehealth"-style service capability to continue providing services.



The following table is a breakdown of referrals by legal stage (prior to or following an order of removal) through FY 2022 Q3:

Unique Referrals by Legal Stage				
Legal Stage	Count	Percent		
Pre-Order ⁹	23,559	89.22%		
Post-Order	2,185	8.27%		
Appeal	660	2.50%		
Unknown	1	0.00%		
Total ¹⁰	26,405	100.00%		

The following table is a breakdown of unique referrals by compliance through FY 2022 Q3:

Total Unique Referrals by Compliance					
Compliance Metric Count Percent					
Success ¹¹	6,811	84.33%			
Failure ¹²	1,266	15.67%			
Total ¹³	8,077	100.00%			

⁹ Approximately 89 percent of WSS referrals are Pre-Order participants at the time of first assigned date.

¹⁰ Unique count of participants based off oldest assigned date.

¹¹ Success Rate: Of those discontinued from the program, the percent of individuals who were compliant with ATD terms and conditions at the time of discontinuation.

¹² Failure Rate: Of those discontinued from the program, the percent of individuals who were not compliant with ATD terms and conditions at the time of discontinuation.

¹³ Unique count of participants based off oldest assigned date. Terminations only. Pending Status Excluded.

Although WSS is relatively new and ICE is still in the early stages of monitoring compliance trends for participants, the preliminary data suggests that participation in WSS increases compliance, specifically when comparing utilized referrals that were terminated and not-utilized referrals that were terminated.

The following table shows referrals utilized by compliance through FY 2022 Q3:

Utilized Referrals by Compliance				
Compliance Metric Count Percent				
Success	6,623	85.35%		
Failure	1,137	14.65%		
Total ¹⁴	7,760	100.00%		

The following table shows referrals broken down by provider through FY 2022 Q3:

Referrals by Provider (NGO) 15					
Provider	Utilized Referrals	Not-Utilized Referrals	Total Referrals	% Share of Total Utilized Referrals	
Endeavors ¹⁶	15,060	290	15,350	41%	
Bethany Christian Services	12,309	270	12,579	34%	
Lutheran Social Services	3,333	68	3,401	9%	
North Star Family Center	2,169	4	2,173	6%	
U.S. Conference of Catholic Bishops	1,479	171	1,650	4%	
Stars Behavioral Health Group	797	30	827	2%	
Survivors' Pathway	495	11	506	1%	
Family Success	430	9	439	1%	
Project Help	204	1	205	1%	
Trauma Resolution Center	110	15	125	<1%	
International Institute of Los Angeles	75	5	80	<1%	
A Quarter Blue	49	3	52	<1%	
Ser Familia	18	-	18	0%	
Total	36,528	877	37,405	100%	

15 Excludes Pending Status.

¹⁴ Unique count of participants based off oldest assigned date. Terminations only. Pending Status Excluded.

¹⁶ The greatest number of referrals during FY 2022 was to the Endeavors NGO.

The following table is a breakdown of referrals by type of service: 17

Type of Service	Utilized	Not-Utilized	Total Referrals	% Share of Total Utilized Referrals
SSE ¹⁸		344		69%
33E	25,265	344	25,609	09%
Individual Therapy	5,137	127	5,264	14%
Human Trafficking				
Education	2,043	125	2,168	6%
Child Abuse & Prevention	1,060	11	1,071	3%
Trafficking Screening	898	60	958	2%
Individual Rehabilitation	844	40	884	2%
Parenting Education	797	10	807	2%
Family Therapy	441	31	472	1%
Repatriation	43	129	172	0%
Total	36,528	877	37,405	100%

Excludes Pending Status.
 The majority of referrals have been for SSEs.

IV. Analysis/Discussion

ICE remains committed to ensuring that all ATD program participants have the opportunity to address their immigration claims during the immigration court process. ICE also understands the importance of ensuring that individuals and families with social, emotional, or familial needs are matched with appropriate resources. WSS has great potential to meet participant and family needs; however, ICE does not have enough data to determine the impact of WSS on participant compliance rates for court hearings, immigration obligations, or compliance with final orders of removal. ICE is developing metrics and methodologies to conduct comparative analyses that cover the lifecycle of an immigration case, which can span several years.

V. Conclusion

ICE looks forward to working with its partners to expand and improve referrals for enrollment in ATD and case management services. ICE has taken several steps to streamline the referral process, to broaden service offerings, to increase participant access to needed services, and to improve participant compliance with release conditions. Based on the rate at which cases are processed through immigration court, it may be several years before ICE is able to conduct a comparative analysis to determine whether WSS are appropriate for long-term success.

Appendix: Abbreviations

Abbreviation	Definition
AMO	ATD Monitoring Officer
AOR	Area of Responsibility
ATD	Alternatives to Detention
BI	BI Incorporated
COVID-19	Coronavirus Disease 2019
CS	Case Specialist
DHS	Department of Homeland Security
ERO	Enforcement and Removal Operations
FY	Fiscal Year
HQ	Headquarters
ICE	U.S. Immigration and Customs Enforcement
ISAP	Intensive Supervision Appearance Program
MHSE	Mental Health Screening and Evaluation
NGO	Nongovernmental Organization
Q3	Third Quarter
SSE	Supplemental Services Evaluation
WSS	Wraparound Stabilization Service(s)