



Referrals from Nongovernmental Organizations

First Quarter, Fiscal Year 2022

September 21, 2022

Fiscal Year 2022 Report to Congress



**Homeland
Security**

U.S. Immigration and Customs Enforcement

Message from the Acting Director

September 21, 2022

I am pleased to present the following report, “Referrals from Nongovernmental Organizations,” for the first quarter (Q1) of Fiscal Year (FY) 2022, which has been prepared by U.S. Immigration and Customs Enforcement (ICE).



This report was compiled pursuant to a requirement 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:

The Honorable Lucille Roybal-Allard
Chairwoman, House Appropriations Subcommittee on Homeland Security

The Honorable Chuck Fleischmann
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,

A handwritten signature in black ink, appearing to read 'Tae D. Johnson', written over a horizontal line.

Tae D. Johnson
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 are actively 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 Q1 of FY 2022 with congressional guidelines regarding enrollment referrals from NGOs and community partners that are actively implementing ICE's ATD programs that utilize case management.



Referrals from Nongovernmental Organizations First 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. The contract under which BI operates is called the Intensive Supervision Appearance Program (ISAP), and it 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, and 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 have access to these services, BI subcontracts with nongovernmental organizations (NGO) to

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.

provide assistance in fulfilling 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 functions are designed for vulnerable populations² who have significant challenges and would benefit from additional stabilization services. WSS functions are available at contractor sites, to include 82 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. Referrals to NGOs serve as a supplement to traditional case management services provided by the ATD - ISAP IV prime vendor.³

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 inhibitor to more referrals is the NGO community’s lack of resources necessary to handle all potential referrals. While the 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, specifically for services like residence verifications and ensuring that participant needs⁴ were being met.
- Cumbersome identification and referral process: Because of a substantial increase in program participants without a proportional increase in resources to manage the 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 rather than wait for the CS to identify a need.

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.

⁴ When conducting home visits, CSs can verify electricity, heat, air conditioning, running water, food, clothing, etc. This is much harder to do virtually.

III. Results/Data Report

A. Current Providers

WSS functions are provided in the following locations, as of December 31, 2021:

WSS Provider	Location	Total Number of Locations
A Quarter Blue	Santa Ana, CA	1
Bethany Christian Services	Atlanta, GA	23
	Bakersfield, CA	
	Boston, MA	
	Bronx, NY	
	Chicago, IL	
	Delray Beach, FL	
	Denver, CO	
	Dover, DE	
	Fresno, CA	
	Grand Rapids, MI	
	Hartford, CT	
	Los Angeles, CA	
	Manhattan, NY	
	Marlton, NJ	
	Miami, FL	
	Newark, NJ	
	Orlando, FL	
	Philadelphia, PA	
	Providence, RI	
	Queens, NY	
	Richmond, VA	
	San Bernardino, CA	
	San Diego, CA	
	Atlanta, GA	
	Bronx, NY	
	Charleston, SC	
	Charlotte, NC	
	Chicago, IL	
	Dallas, TX	
	Detroit, MI	
	El Paso, TX	

WSS Provider	Location	Total Number of Locations
Endeavors	Fort Myers, FL	29
	Gadsden, AL	
	Houston, TX	
	Indianapolis, IN	
	Los Angeles, CA	
	Manhattan, NY	
	Miami, FL	
	Newark, NJ	
	Omaha, NE	
	Orlando, FL	
	Provo, UT	
	Queens, NY	
	Richmond, VA	
	Salt Lake City, UT	
	San Antonio, TX	
	San Bernardino, CA	
	San Francisco, CA	
	Santa Ana, CA	
	Seattle, WA	
South Houston, TX		
Ventura, CA		
Family Success	Birmingham, AL	2
	Gadsden, AL	
International Institute of Los Angeles	Los Angeles, CA	3
	San Bernardino, CA	
	Santa Ana, CA	
Lutheran Social Services	Atlanta, GA	10
	Baltimore, MD	
	Detroit, MI	
	Grand Rapids, MI	
	Manassas, VA	
	Omaha, NE	
	Richmond, VA	
	Salisbury, MD	
	Silver Spring, MD	
Washington, DC		
North Star Family Center	Fresno, CA	1
Project Help	Fort Myers, FL	1

WSS Provider	Location	Total Number of Locations
Stars Behavioral Health Group	Los Angeles, CA	2
	Santa Ana, CA	
Survivors' Pathway	Miami, FL	1
U.S. Conference of Catholic Bishops	Houston, TX	9
	Los Angeles, CA	
	Louisville, KY	
	Miami, FL	
	Newark, NJ	
	Salt Lake City, UT	
	San Antonio, TX	
	San Diego, CA	
South Houston, TX		
Total		82

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 Year⁵				
Office	FY 2020	FY 2021	FY 2022 Through First Quarter (Q1)	Total
Atlanta	84	636	255	975
Bakersfield	-	852	17	869
Baltimore	33	189	58	280
Birmingham	-	-	26	26
Boston	30	293	62	385
Charleston	-	282	120	402
Charlotte	-	247	101	348
Chicago	-	386	243	629
Dallas	-	230	24	254
Delray	16	512	472	1,000
Denver	-	-	38	38
Detroit	-	12	46	58

⁵ WSS began February 2020. The numbers were reported by BI on December 31, 2021.

Office	FY 2020	FY 2021	FY 2022 Through Q1	Total
Dover	-	216	48	264
El Paso	-	100	55	155
Fort Myers	-	50	176	226
Fresno	-	363	385	748
Gadsden	-	296	60	356
Grand Rapids	114	130	100	344
Hartford	23	225	88	336
Houston	48	185	92	325
Indianapolis	-	37	164	201
Los Angeles	68	752	1,167	1,987
Louisville	2	90	-	92
Manassas	39	470	62	571
Marlton	36	111	59	206
Miami	116	2,194	347	2,657
Newark	46	149	154	349
NY Bronx	-	192	189	381
NY Manhattan	-	137	71	208
NY Queens	-	186	255	441
Omaha	111	317	89	517
Orlando	14	351	86	451
Philadelphia	45	301	95	441
Providence	-	40	20	60
Provo	-	47	23	70
Richmond	-	247	271	518
Salisbury	-	46	7	53
Salt Lake City	7	298	164	469
San Antonio	16	242	58	316
San Bernardino	-	133	67	200
San Diego	-	109	4	113
San Francisco	-	93	68	161
Santa Ana	-	139	73	212
Seattle	-	-	92	92
Silver Spring	49	280	93	422
South Houston	20	230	112	362
Ventura	-	263	47	310
Washington, D.C.	31	433	81	545
Total	948	13,091	6,384	20,423

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)/Supplemental Services Evaluation (SSE) 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 December 31, 2021, a total of 15,122 unique individuals were referred to WSS and 20,423 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 initially attends an 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:

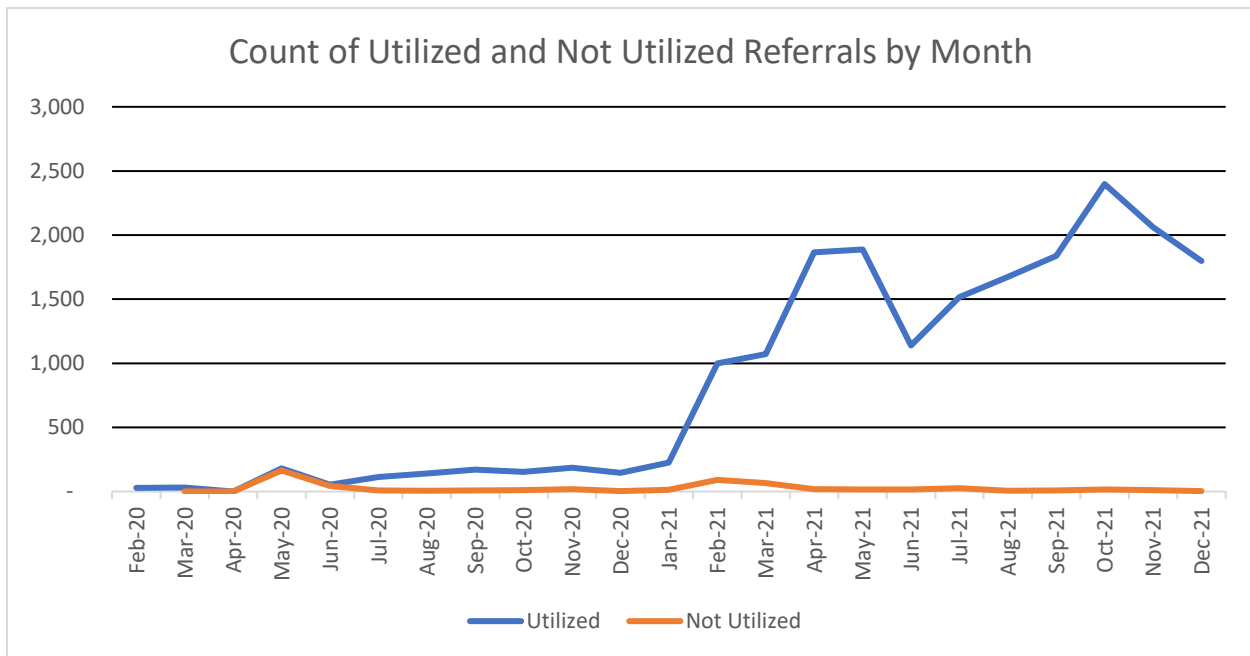
⁶ C-Sites are standalone facilities operated by the contractor to monitor participants selected for the ATD program. C-Site participants are assigned to a contractor CS who performs case management, including home and office visits.

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.

Referrals by Status Over Time⁸				
Month/Year	Utilized	Not-Utilized	Total	Percent Utilized
February 2020	28	-	28	100%
March 2020	30	2	32	94%
April 2020	-	-	-	-
May 2020	180	164	344	52%
June 2020	53	43	96	55%
July 2020	114	9	123	93%
August 2020	142	5	147	97%
September 2020	171	9	180	95%
October 2020	153	10	163	94%
November 2020	187	18	205	91%
December 2020	147	4	151	97%
January 2021	226	13	239	95%
February 2021	999	92	1,091	92%
March 2021	1,072	67	1,139	94%
April 2021	1,866	19	1,885	99%
May 2021	1,888	16	1,904	99%
June 2021	1,139	15	1,154	99%
July 2021	1,516	25	1,541	98%
August 2021	1,673	5	1,678	100%
September 2021	1,837	8	1,845	100%
October 2021	2,398	15	2,413	99%
November 2021	2,063	10	2,073	100%
December 2021	1,798	3	1,801	100%
Total	19,680	552	20,232	97%

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.

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



The following table is a breakdown of referrals by legal stage (prior to or following an order of removal) through FY 2022 Q1:

Unique Referrals by Legal Stage		
Legal Stage	Count	Percent
Pre-Order ⁹	13,228	87.48%
Post-Order	1,436	9.50%
Appeal	452	2.99%
Unknown	6	0.04%
Total¹⁰	15,122	100.00%

Totals may not add correctly because of rounding.

The following table is a breakdown of unique referrals by compliance through FY 2022 Q1:

Total Unique Referrals by Compliance		
Compliance Metric	Count	Percent
Success ¹¹	2,722	87.02%
Failure ¹²	406	12.98%
Total	3,128	100.00%

⁹ Approximately 87 percent of WSS referrals are Pre-Order participants at the time of first assigned date.

¹⁰ Unique count of participants based on 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.

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 Q1:

Utilized Referrals by Compliance		
Compliance Metric	Count	Percent
Success	2,577	87.39%
Failure	372	12.61%
Total¹³	2,949	100.00%

The following table shows referrals broken down by provider through FY 2022 Q1:

Referrals by Provider (NGO) ¹⁴				
Provider	Not-Utilized Referrals	Utilized Referrals	Total Referrals	% Share of Total Utilized Referrals
A Quarter Blue	3	13	16	0%
Bethany Christian Services ¹⁵	191	7,659	7,850	39%
Endeavors	126	7,036	7,162	36%
Family Success	1	182	183	1%
International Institute of Los Angeles	4	63	67	0%
Lutheran Social Services	24	2,323	2,347	12%
North Star Family Center	-	650	650	3%
Project Help	1	85	86	0%
Stars Behavioral Health Group	30	522	552	3%
Survivors' Pathway	1	245	246	1%
U.S. Conference of Catholic Bishops	171	902	1,073	5%
Total	552	19,680	20,232	100%

¹³ Unique count of participants based on oldest assigned date. Terminations only. Pending Status excluded.

¹⁴ Excludes Pending Status.

¹⁵ The greatest number of referrals during FY 2022 has been to Bethany Christian Services, an NGO that currently services the second-most locations.

The following table is a breakdown of referrals by type of service through FY 2022 Q1:¹⁶

Type of Service	Not-Utilized	Utilized	Total Referrals	% Share of Total Utilized Referrals
Supplemental Services Evaluation ¹⁷	344	14,076	14,420	71%
Individual Therapy	63	2,788	2,851	14%
Human Trafficking Education	60	1,126	1,186	6%
Trafficking Screening	46	691	737	4%
Individual Rehabilitation	10	426	436	2%
Family Therapy	28	275	303	1%
Child Abuse & Prevention	-	173	173	1%
Parenting Education	1	125	126	1%
Total	552	19,680	20,232	100%

¹⁶ Excludes Pending Status.

¹⁷ The majority of referrals have been for SSEs.

IV. Analysis/Discussion

While ICE is intent on ensuring that all participants have the opportunity to address their immigration claims while moving through the immigration court process, ICE also is interested in ensuring that those individuals and families who have particular needs, whether social, emotional, or familial, are matched with appropriate resources. While WSS has great potential to meet participant and family needs, ICE does not yet have enough data to determine whether or not WSS assists participants in improving compliance rates with court hearings, immigration obligations, or compliance with final orders of removal. ICE currently is developing metrics and methodologies to conduct comparative analyses that cover the lifespan of an immigration case, which can take several years.

V. Conclusion

As stated previously, ICE looks forward to working with its partners to expand and improve referrals for enrollment in ATD and case management services. Several steps were taken to streamline the referral process, to broaden service offerings, and to increase not just an individual's ability to comply with his/her release conditions, but also his/her access to needed services. Because of the current rate at which cases are processed through immigration court, it may be several years before ICE is able to draw a truly comparative conclusion and to determine whether WSS are appropriate for long-term success.

Appendix: Abbreviations

Abbreviation	Definition
AMO	ATD Monitoring Officer
AOR	Area of Responsibility
ATD	Alternative 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
Q1	First Quarter
SSE	Supplemental Services Evaluations
WSS	Wraparound Stabilization Service(s)