



# Referrals from Nongovernmental Organizations

Annual Report, Fiscal Year 2022

*February 7, 2023*

Fiscal Year 2022 Report to Congress



**Homeland  
Security**

*U.S. Immigration and Customs Enforcement*

# Message from the Acting Director

February 7, 2023

I am pleased to present the following report, "Referrals from Nongovernmental Organizations," for Fiscal Year (FY) 2022 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:

The Honorable David Joyce  
Chair, House Appropriations Subcommittee on Homeland Security

The Honorable Henry Cuellar  
Ranking Member, House Appropriations Subcommittee on Homeland Security

Chair, Senate Appropriations Subcommittee on Homeland Security

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 blue ink, appearing to read "Tae D. Johnson".

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 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 FY 2022 with congressional guidelines regarding enrollment referrals from NGOs and community partners actively implementing ICE's ATD programs utilizing case management.



# Referrals from Nongovernmental Organizations, Fiscal Year 2022

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# I. Legislative Language

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. ICE shall submit an annual report on the number of NGO referrals that are submitted and the number of such referrals accepted into ATD programs that utilize case management programs.

## II. Background

Alternatives to Detention (ATD) is a monitoring program that uses technology and case management to improve compliance with release conditions, including attendance at 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, including a release on bond (unless an immigration judge or the Board of Immigration Appeals re-determines 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, must be removable from the United States, and must be in removal proceedings or pending removal proceedings, or subject to a final order of removal.

ATD is currently available in more than 260 locations nationwide to 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 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, and the types of technology used (telephonic, global positioning system, or SmartLink), and court and alert management used. 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.<sup>1</sup> To ensure that participants

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<sup>1</sup> 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 populations<sup>2</sup> who have significant challenges and would benefit from additional stabilization services. WSS are available at contractor sites, to include 121 active and pending 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.<sup>3</sup> 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 their assessment. If the NGO is recommending services, the NGO submits a Plan of Care/Treatment Plan for the ATD participant to ERO for services through 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 impacting the volume of referrals is the NGO community’s lack of resources necessary to handle all potential referrals. While the NGOs continue to expand through more locations and more hiring, they are able to handle only a fraction of new participants assigned to ATD - ISAP IV. 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 a virtual environment was both time-consuming and challenging, particularly for services requiring residence verifications to ensure that participant needs<sup>4</sup> had been met.

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<sup>2</sup> 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.

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

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

- 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 evaluations 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. NGOs appear to be understaffed as needed to support the mission. Those that have been cleared for referrals are overwhelmed and unable to supply the services as required.



### III. Results/Data Report

#### A. Current Providers

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

WSS Provider	Location	Total Number of Locations
<b>A Quarter Blue</b>	Los Angeles, CA	2
	Santa Ana, CA	
<b>Abraxas</b>	Chicago, IL	2
	Philadelphia, PA	
<b>Bethany Christian Services</b>	Atlanta, GA	33
	Bakersfield, CA	
	Boston, MA	
	Bronx, NY	
	Chicago, IL	
	Delray, FL	
	Denver, CO	
	Dover, DE	
	Fort Myers, FL	
	Fresno, CA	
	Grand Rapids, MI	
	Hartford, CT	
	Indianapolis, IN	
	Los Angeles, CA	
	Manhattan, NY	
	Marlton, NJ	
	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		

WSS Provider	Location	Total Number of Locations
	San Francisco, CA	
	Santa Ana, CA	
	Seattle, WA	
	Tampa, FL	
	York, PA	
<b>Centro Multicultural La Familia</b>	Detroit, MI	1
<b>Endeavors</b>	Atlanta, GA	47
	Bakersfield, CA	
	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, CA	
	Gadsden, AL	
	Harlingen, TX	
	Houston, TX	
	Indianapolis, IN	
	Los Angeles, CA	
	Manassas, VA	
	Manhattan, NY	
	Marlton, NJ	
	Miami, FL	
	New Orleans, LA	
	Newark, NJ	
	Norfolk, VA	
Omaha, NE		
Orlando, FL		
Providence, RI		
Provo, UT		

<b>WSS Provider</b>	<b>Location</b>	<b>Total Number of Locations</b>
	Queens, NY	
	Richmond, VA	
	Sacramento, CA	
	Salt Lake City, UT	
	San Antonio, TX	
	San Bernardino, CA	
	San Diego, CA	
	San Francisco, CA	
	Santa Ana, CA	
	Seattle, WA	
	Silver Spring, MD	
	South Houston, TX	
	Tampa, FL	
	Ventura, CA	
Washington, DC		
<b>Family Success</b>	Birmingham, AL	2
	Gadsden, AL	
<b>Golden State</b>	Fresno, CA	1
<b>International Institute of Los Angeles</b>	Los Angeles, CA	3
	San Bernardino, CA	
	Santa Ana, CA	
<b>Lutheran Social Services</b>	Baltimore, MD	13
	Detroit, MI	
	Grand Rapids, MI	
	Los Angeles, CA	
	Manassas, VA	
	Newark, NJ	
	Norfolk, VA	
	Omaha, NE	
	Richmond, VA	
	Salisbury, MD	
	Salt Lake City, UT	
	Silver Spring, MD	
Washington, DC		
<b>North Star Family Center</b>	Fresno, CA	5
	Phoenix, AZ	
	Sacramento, CA	
	San Bernardino, CA	
	Santa Maria, CA	

<b>WSS Provider</b>	<b>Location</b>	<b>Total Number of Locations</b>
<b>Project Help</b>	Fort Myers, FL	1
<b>Ser Familia</b>	Atlanta, GA	1
<b>Stars Behavioral Health Group</b>	Los Angeles, CA	2
	Santa Ana, CA	
<b>Survivors' Pathway</b>	Miami, FL	1
<b>Trauma Resolution Center</b>	Miami, FL	1
<b>U.S. Conference of Catholic Bishops</b>	Los Angeles, CA	6
	Miami, FL	
	Newark, NJ	
	Salt Lake City, UT	
	San Antonio, TX	
	San Diego, CA	
<b>Total</b>		<b>121</b>

## B. Referral Increase

FY 2022 has seen two new offices referring participants to WSS. Additionally, the vast majority of referring offices met or exceeded the number of referrals made in FY 2021.

<b>Office Totals by Fiscal Year</b>				
<b>Office</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>Total</b>
Atlanta	84	636	1,258	1,978
Bakersfield	-	852	164	1,016
Baltimore	33	189	339	561
Birmingham	-	-	330	330
Boston	30	293	306	629
Charleston	-	282	428	710
Charlotte	-	247	395	642
Chicago	-	386	943	1,329
Dallas	-	230	331	561
Delray	16	512	1,146	1,674
Denver	-	-	484	484
Detroit	-	12	349	361
Dover	-	216	371	587
El Paso	-	100	324	424
Fort Myers	-	50	574	624
Frederick	-	-	1	1
Fresno	-	363	1,602	1,965
Gadsden	-	296	242	538

<b>Office Totals by Fiscal Year</b>				
<b>Office</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>Total</b>
Grand Rapids	114	130	314	558
Harlingen	-	-	62	62
Hartford	23	225	491	739
Houston	48	185	572	805
Indianapolis	-	37	700	737
Los Angeles	68	752	5,064	5,884
Louisville	2	90	-	92
Manassas	39	470	225	734
Marlton	36	111	337	484
Miami	116	2,194	1,624	3,934
Newark	46	149	186	381
New Orleans	-	-	808	808
Norfolk	-	-	26	26
NY Bronx	-	192	810	1,002
NY Manhattan	-	137	569	706
NY Queens	-	186	1,127	1,313
Omaha	111	317	771	1,199
Orlando	14	351	598	963
Philadelphia	45	301	701	1,047
Phoenix	-	-	438	438
Pittsburgh	-	-	54	54
Providence	-	40	68	108
Provo	-	47	49	96
Richmond	-	247	1,280	1,527
Sacramento	-	-	466	466
Salisbury	-	46	92	138
Salt Lake City	7	298	461	766
San Antonio	16	242	311	569
San Bernardino	-	133	464	597
San Diego	-	109	17	126
San Francisco	-	93	275	368
Santa Ana	-	139	452	591
Santa Maria	-	-	114	114
Seattle	-	-	504	504
Silver Spring	49	280	487	816
South Houston	20	230	513	763
Tampa	-	-	633	633

<b>Office Totals by Fiscal Year</b>				
<b>Office</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>Total</b>
Ventura	-	263	207	470
Washington, D.C.	31	433	397	861
York	-	-	87	87
<b>Total</b>	<b>948</b>	<b>13,091</b>	<b>31,941</b>	<b>45,980</b>

### 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)/SSE<sup>5</sup> 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-site<sup>6</sup> or a G-site<sup>7</sup> automatically are provided with the MHSE/SSE referral.

As of September 30, 2022, a total of 32,173 unique individuals were referred to WSS and 45,739 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.

<sup>5</sup> 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, and 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.

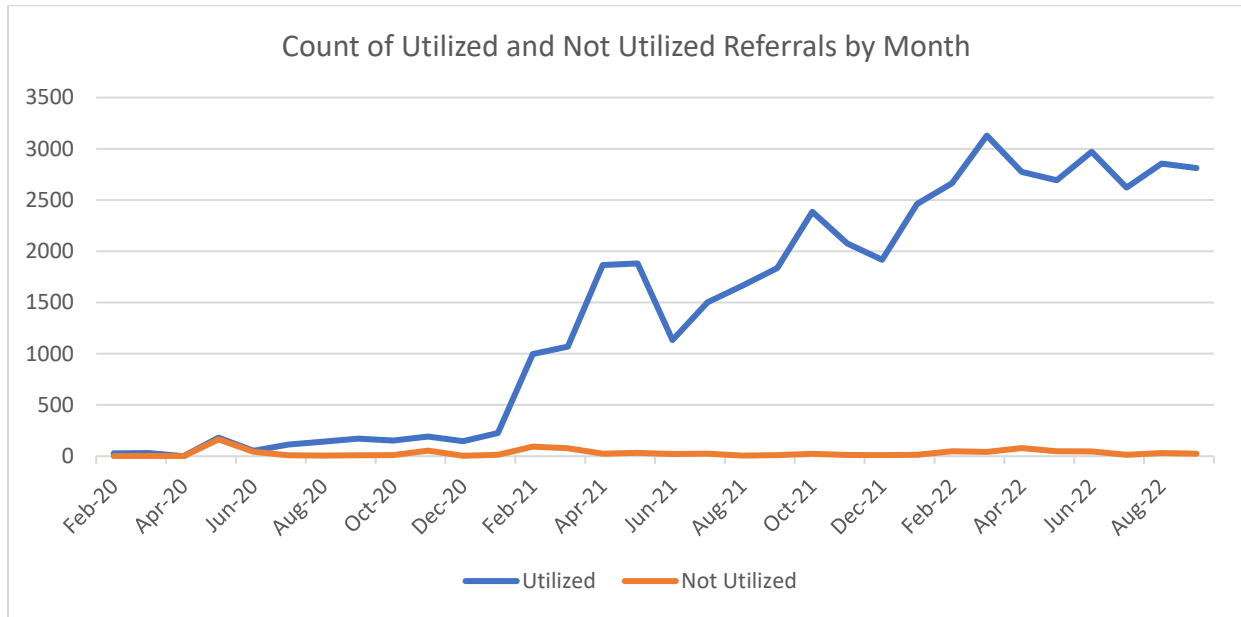
<sup>6</sup> C-Sites are standalone facilities operated by the contractor to monitor participants selected for the ATD program. C-Site participants are assigned to a contractor CS who performs case management, including home and office visits.

<sup>7</sup> 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.

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

<b>Referrals by Status Over Time</b>				
<b>Month/Year</b>	<b>Utilized</b>	<b>Not-Utilized</b>	<b>Total</b>	<b>Percent Utilized</b>
February 2020	28	-	28	100.0%
March 2020	30	2	32	93.8%
April 2020	-	-	-	-
May 2020	180	164	344	52.3%
June 2020	53	43	96	55.2%
July 2020	114	9	123	92.7%
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	146	4	150	97.4%
January 2021	226	13	239	94.6%
February 2021	998	93	1,091	91.5%
March 2021	1,069	77	1,146	93.3%
April 2021	1,865	25	1,890	98.7%
May 2021	1,881	33	1,914	98.3%
June 2021	1,133	22	1,155	98.1%
July 2021	1,501	25	1,526	98.4%
August 2021	1,664	5	1,669	99.7%
September 2021	1,836	10	1,846	99.5%
October 2021	2,386	23	2,409	99.0%
November 2021	2,076	12	2,088	99.4%
December 2021	1,917	11	1,928	99.4%
January 2022	2,462	14	2,476	99.4%
February 2022	2,664	48	2,712	98.2%
March 2022	3,129	42	3,171	98.7%
April 2022	2,774	79	2,853	97.2%
May 2022	2,693	48	2,741	98.2%
June 2022	2,971	47	3,018	98.4%
July 2022	2,622	14	2,636	99.5%
August 2022	2,855	30	2,885	99.0%
September 2022	2,812	25	2,837	99.1%
<b>Total</b>	<b>44,742</b>	<b>997</b>	<b>45,739</b>	<b>97.8%</b>

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:

Unique Referrals by Legal Stage <sup>8</sup>		
Legal Stage	Count	Percent
Pre-Order <sup>9</sup>	28,673	89.12%
Post-Order	2,644	8.22%
Appeal	850	2.64%
Unknown	6	0.02%
<b>Total</b>	<b>32,173</b>	<b>100.00%</b>

<sup>8</sup> Unique count of participants based on oldest assigned date.

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



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

<b>Total Unique Referrals by Compliance</b>		
<b>Compliance Metric</b>	<b>Count</b>	<b>Percent</b>
Success <sup>10</sup>	9,509	84.11%
Failure <sup>11</sup>	1,797	15.89%
<b>Total<sup>12</sup></b>	<b>11,306</b>	<b>100.00%</b>

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 terminated and not-utilized referrals terminated.

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

<b>Utilized Referrals by Compliance</b>		
<b>Compliance Metric</b>	<b>Count</b>	<b>Percent</b>
Success	9,261	84.55%
Failure	1,692	15.45%
<b>Total<sup>13</sup></b>	<b>10,953</b>	<b>100.00%</b>

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

<b>Referrals by Provider (NGO)<sup>14</sup></b>				
<b>Provider</b>	<b>Utilized Referrals</b>	<b>Not-Utilized Referrals</b>	<b>Total Referrals</b>	<b>% Share of Total Utilized Referrals</b>
Endeavors <sup>15</sup>	19,100	355	19,455	43%
Bethany Christian Services	14,859	299	15,158	33%
Lutheran Social Services	3,871	68	3,939	9%
North Star Family Center	2,502	17	2,519	6%
U.S. Conference of Catholic Bishops	1,523	172	1,695	4%

<sup>10</sup> 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.

<sup>11</sup> 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.

<sup>12</sup> Unique count of participants based on oldest assigned date. Terminations only. Pending Status Excluded.

<sup>13</sup> Unique count of participants based on oldest assigned date. Terminations only. Pending Status Excluded.

<sup>14</sup> Excludes Pending Status.

<sup>15</sup> The greatest number of referrals during FY 2022 was to the Endeavors NGO.

<b>Referrals by Provider (NGO) <sup>14</sup></b>				
<b>Provider</b>	<b>Utilized Referrals</b>	<b>Not-Utilized Referrals</b>	<b>Total Referrals</b>	<b>% Share of Total Utilized Referrals</b>
Stars Behavioral Health Group	1,005	33	1,038	2%
Survivors' Pathway	625	16	641	1%
Family Success	518	9	527	<1%
Project Help	244	1	245	<1%
Trauma Resolution Center	174	19	193	0%
Abraxas	108	-	108	0%
International Institute of Los Angeles	94	5	99	0%
A Quarter Blue	60	3	63	0%
Ser Familia	45	-	45	0%
Golden State	9	-	9	0%
Centro Multicultural La Familia	5	-	5	0%
<b>Total</b>	<b>44,742</b>	<b>997</b>	<b>45,739</b>	<b>100%</b>

The following table is a breakdown of referrals by type of service:<sup>16</sup>

<b>Type of Service</b>	<b>Utilized</b>	<b>Not-Utilized</b>	<b>Total Referrals</b>	<b>% Share of Total Utilized Referrals</b>
SSE <sup>17</sup>	30,979	344	31,323	68%
Individual Therapy	5,868	161	6,029	13%
Human Trafficking Education	2,495	131	2,626	6%
Child Abuse & Prevention	1,492	22	1,514	3%
Parenting Education	1,239	18	1,257	3%
Individual Rehabilitation	1,107	46	1,153	3%
Trafficking Screening	946	64	1,010	2%
Family Therapy	536	45	581	1%
Repatriation	80	166	246	1%
<b>Total</b>	<b>44,742</b>	<b>997</b>	<b>45,739</b>	<b>100%</b>

<sup>16</sup> Excludes Pending Status.

<sup>17</sup> 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 lifespan 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

<b>Abbreviation</b>	<b>Definition</b>
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
SSE	Supplemental Services Evaluation
WSS	Wraparound Stabilization Service(s)