



# Referrals to Nongovernmental Organizations

First and Second Quarters, Fiscal Year 2021

*March 30, 2022*

Fiscal Year 2021 Report to Congress



**Homeland  
Security**

*U.S. Immigration and Customs Enforcement*

# Message from the Acting Director

March 30, 2022

I am pleased to present the following report, “Referrals to Nongovernmental Organizations,” for the first and second quarters of Fiscal Year (FY) 2021, 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 2021 Department of Homeland Security (DHS) Appropriations Act (P.L. 116-260).

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,



Tae D. Johnson  
Acting Director  
U.S. Immigration and Customs Enforcement



# Executive Summary

The Joint Explanatory Statement accompanying the FY 2021 DHS Appropriations Act incorporates the language set forth in House Report 116-260, and directs ICE to consider referrals for enrollment in Alternatives to Detention (ATD) and case management services from nongovernmental organizations (NGO) and community partners, and actively collaborate with these organizations to establish criteria for such referrals, guidelines for submission, and criteria for how ICE will consider such enrollment referrals. Additionally, the Joint Explanatory Statement also directs ICE to report to the Committees on progress in establishing these guidelines within 60 days of the date of enactment of the Act and quarterly thereafter until the guidelines are finalized.



# Referrals to Nongovernmental Organizations First and Second Quarters, Fiscal Year 2021

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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) 2021 Department of Homeland Security (DHS) Appropriations Act (P.L. 116-260).

The Joint Explanatory Statement states:

*ATD and Case Management Services.*—ICE shall consider enrollment referrals from nongovernmental organizations (NGOs) and community partners, and actively collaborate with these organizations to establish criteria for such referrals, guidelines for submission, and criteria for how ICE will consider such enrollment referrals. ICE shall submit a report to the Committees on progress in establishing 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 flight-mitigation tool that uses technology and case management to ensure 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 94 locations nationwide for eligible participants residing within all 24 ICE areas of responsibility (AOR). The program allows U.S. Immigration and Customs Enforcement (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), and 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 (telephonic, global positioning system, or SmartLink) and court and alert management to use. Case management levels and technology assignment 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 facilitated 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 contract.<sup>1</sup> To

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<sup>1</sup> Under ATD - ISAP, the contractor refers participants to local resources based upon the participant's individual needs. Service referrals under ATD - ISAP include, but are not limited to, assistance with school enrollments, medical care as needed (vaccinations, referrals to emergent care centers, etc.), food assistance, clothing assistance, immigration attorney referrals using the approved Department of Justice list of low- to no-cost attorneys, etc. Any costs incurred through the use of the referred services are not paid for by the U.S. Government. Services provided directly through wraparound stabilization services (WSS) include trauma-informed individual therapy, human trafficking screening, trafficking group education, family therapy, and individual rehabilitation.

ensure that participants have access to these services, BI subcontracts with NGOs to provide assistance in fulfilling these needs and to help with participant stabilization. These functions are known as WSS.

## Wraparound Stabilization Services

### 1. *Criteria*

WSS functions are designed for vulnerable populations<sup>2</sup> who have significant challenges and would benefit from additional stabilization services. WSS functions are available at contractor sites, to include 54 locations covering all AORs, and all services are voluntary. WSS screenings for possible need for additional services and education groups are offered to all C-site<sup>3</sup> participants.

### 2. *Services Provided*

WSS provides participants access to a number of services not available under the base ATD – ISAP IV contract. These services are provided by licensed professionals and subject matter experts.

WSS currently include:

- Trafficking Screening
  - Confirms the type, frequency, and complexity of trauma;
  - Completes trauma symptoms checklist or post-traumatic stress disorder index for adults or adolescents as appropriate;
  - Screens participants using a trafficking identification tool;
  - Determines a participant’s eligibility for legal relief and services if the screening reveals that the participant currently is being trafficked or has a history of being trafficked; and
  - Provides a quarterly report of the type, frequency, and complexity of trauma reported by the participant.
- Trauma-Informed Individual Therapy
  - Provides a course of treatment using a clinical trauma treatment model;
  - Develops and provides weekly individual therapy sessions; and
  - Provides a quarterly report of individual branch site progress and accumulated branch site progress with a focus on symptom reduction.
- Trafficking Group Education – The group sessions include no more than 10 participants per session. The education sessions include the following topics:
  - Introduction of human trafficking;
  - Forms of Exploitation (labor trafficking, sex trafficking);
  - Human trafficking and human smuggling;
  - Victim populations;
  - Recognizing the signs of human trafficking; and

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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, those suffering from post-traumatic stress disorder, etc.

<sup>3</sup> C-sites are BI contractor-leased locations that have their own office space, equipment, etc. They are not co-located with the government as they are in G-sites.

- Questions and Answers (regarding human trafficking and human smuggling).
- Family Therapy
  - Development of treatment plan; and
  - Therapeutic interventions provided to the participants and their family members consistent with the participants' treatment plan.
- Individual Rehabilitation
  - Development of treatment plan; and
  - Assistance with maintaining or restoring the participant's daily living skills, and medication compliance, as well as leisure and community activities in accordance with the participant's treatment plan.
- Mental Health Screening and Evaluation<sup>4</sup>/Supplemental Services Evaluations
  - Mental health screening;
  - Development of treatment plan; and
  - Assistance with accessing medical, educational, social, prevocational, vocational, rehabilitative, or other community services in accordance with the participant's treatment plan.

### 3. *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 biggest, single inhibitor to more referrals is that the NGO community does not have the resources necessary to handle all potential referrals. While it continues to expand through more locations and more hiring, it is only able to handle a fraction of new participants assigned to ATD – ISAP. Other challenges are being addressed.

- 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 the 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 needs<sup>5</sup> were being met.
- Transparency: The NGOs providing WSS were concerned that their concerns were not being raised through the contractor or that they were not being given all pertinent information. Beginning in April 2021, to streamline communication between all stakeholders and to provide clarification on contract matters, HQ – ATD began participating in biweekly partner calls led by BI, which included NGO subcontractors. These calls promote information-sharing and better communication among the stakeholders and are intended to facilitate a smoother referral process and to explore a

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<sup>4</sup> HQ – ATD is using a contract modification to change Mental Health Screening and Evaluation to Supplemental Services Evaluation. The former language holds a stigma and suggest that there is something 'wrong' with the participant. Further, HQ – ATD will be working with BI and subcontractors/NGOs to expand services intended to be provided beyond mental health.

<sup>5</sup> When conducting home visits, CSs can verify electricity, heat, air conditioning, running water, food, clothing, etc. This is much harder to do virtually.



wider variety of services for participants. ICE HQ – ATD was able to address these concerns and to help build stronger working relationships.

- Messaging program capabilities: Initially, ICE was unable to message properly the full menu of available services under this program. In an effort to devote specific resources to fulfill the unique program requirements of the specialized Extended Case Management Services (ECMS), ICE HQ – ATD began cross-training all ATD monitoring officers (AMO) to be able to message and apply the concepts of the ECMS nationwide.
- 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 currently is developing guidance to refer all new participants for an evaluation automatically rather than wait for the CS to identify a need.

### III. Results/Data Report/Expenditure Plan

#### A. Current Providers

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

<b>WSS Provider</b>	<b>Location</b>	<b>Total Number of Locations</b>
<b>Bethany Christian Services</b>	Atlanta, GA	17
	Bakersfield, CA	
	Boston, MA	
	Chicago, IL	
	Delray, FL	
	Dover, DE	
	Grand Rapids, MI	
	Hartford, CT	
	Los Angeles, CA	
	Marlton, NJ	
	Miami, FL	
	Newark, NJ	
	Orlando, FL	
	Philadelphia, PA	
	Queens, NY	
San Bernardino, CA		
San Diego, CA		
<b>Lutheran Social Services of the National Capitol Region</b>	Manassas, VA	4
	Washington, DC	
	Silver Spring, MD	
	Baltimore, MD	
<b>U.S. Conference of Catholic Bishops</b>	Newark, NJ	6
	San Diego, CA	
	Louisville, KY	
	Salt Lake City, UT	
	Miami, FL	
	San Antonio, TX	
<b>Endeavors</b>	Atlanta, GA	15
	Charleston, SC	
	Charlotte, NC	
	Dallas, TX	
	El Paso, TX	
	Gadsden, AL	
	Houston, TX	
	Los Angeles, CA	
Omaha, NE		

<b>WSS Provider</b>	<b>Location</b>	<b>Total Number of Locations</b>
	Salt Lake City, UT	
	San Antonio, TX	
	San Bernardino, CA	
	Santa Ana, CA	
	S. Houston, TX	
	Ventura, CA	
<b>Star View Community Services</b>	Los Angeles, CA	2
	Santa Ana, CA	
<b>North Star Family Center</b>	Fresno, CA	1
<b>International Institute of Los Angeles</b>	Los Angeles, CA	1
<b>Total Locations</b>		<b>46</b>

## B. Referral Increase

FY 2021 year-to-date (YTD), through March 31, 2021, already has seen a 251-percent increase in the total number of referrals, as compared to FY 2020. FY 2021 also saw the addition of 15 new offices referring participants to WSS that made no referrals in FY 2020. Of the 21 offices that made referrals in FY 2020, six have seen a percent change of more than 350 percent: Delray, Louisville, Miami, Orlando, Salt Lake City, and San Antonio. From the additional new offices and these high-performing offices alone, there has been a year-over-year referral increase of 1,938 participants.

<b>Office Totals by Fiscal Year<sup>6</sup></b>				
<b>Office</b>	<b>FY 2020</b>	<b>FY 2021 YTD</b>	<b>Total</b>	<b>Percent Change</b>
Atlanta	84	176	260	110%
Bakersfield	-	70	70	-
Baltimore	33	16	49	-52%
Boston	30	108	138	260%
Charleston	-	374	374	-
Charlotte	-	113	113	-
Chicago	-	2	2	-
Dallas	-	4	4	-
Delray	16	114	130	613%
Dover	-	69	69	-
El Paso	-	38	38	-
Fresno	-	52	52	-
Gadsden	-	76	76	-
Grand Rapids	114	78	192	-32%
Hartford	23	95	118	313%
Houston	48	22	70	-54%

<sup>6</sup> WSS began February 2020. The numbers were reported by BI on March 30, 2021.

<b>Office Totals by Fiscal Year<sup>6</sup></b>				
<b>Office</b>	<b>FY 2020</b>	<b>FY 2021 YTD</b>	<b>Total</b>	<b>Percent Change</b>
Los Angeles	68	105	173	54%
Louisville	2	13	15	550%
Manassas	39	127	166	226%
Marlton	36	47	83	31%
Miami	116	658	774	467%
Newark	46	14	60	-70%
NY Queens	-	29	29	-
Omaha	111	195	306	76%
Orlando	14	65	79	364%
Philadelphia	45	86	131	91%
Salt Lake City	7	80	87	1043%
San Antonio	16	94	110	488%
San Bernardino	-	43	43	-
San Diego	-	80	80	-
Santa Ana	-	46	46	-
Silver Spring	49	86	135	76%
South Houston	20	39	59	95%
Ventura	-	16	16	-
Washington, D.C.	31	97	128	213%
<b>Total</b>	<b>948</b>	<b>3,327</b>	<b>4,275</b>	<b>251%</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/Supplemental Services Evaluation (MHSE/SSE) to the ECMS AMO with the oversight of the ECMS Section Chief for review and approval of the request. The receiving ECMS AMO reviews 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 ECMS 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 now is working to streamline 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 is undertaking a contract modification to

ensure that all participants who are enrolled into a C-site<sup>7</sup> or a G-site<sup>8</sup> are provided automatically with the MHSE/SSE referral.

As of March 31, 2021, a total of 3,242 unique individuals had been referred to WSS and 4,419 total WSS referrals had been made. Approximately 85 percent of participants referred for WSS have utilized the services. It is important to note that participants in WSS most likely will receive 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. In other words, a client who initially attends a Mental Health Assessment (MHA) may receive Individual & Family Therapy later.

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<sup>9</sup></b>				
<b>Month/Year<sup>10</sup></b>	<b>Utilized</b>	<b>Not Utilized</b>	<b>Total</b>	<b>Percent Utilized</b>
February 2020	28	0	28	100%
March 2020	30	2	32	94%
April 2020	-	-	-	-
May 2020	178	168	346	51%
June 2020	48	43	91	53%
July 2020	114	9	123	93%
August 2020	140	8	148	95%
September 2020	170	8	178	96%
October 2020	152	9	161	94%
November 2020	188	14	202	93%
December 2020	145	5	150	97%
January 2021	222	14	236	94%
February 2021	924	93	1,017	91%
March 2021	833	177	1,010	82%
<b>Total</b>	<b>3,172</b>	<b>550</b>	<b>3,722</b>	<b>85%</b>

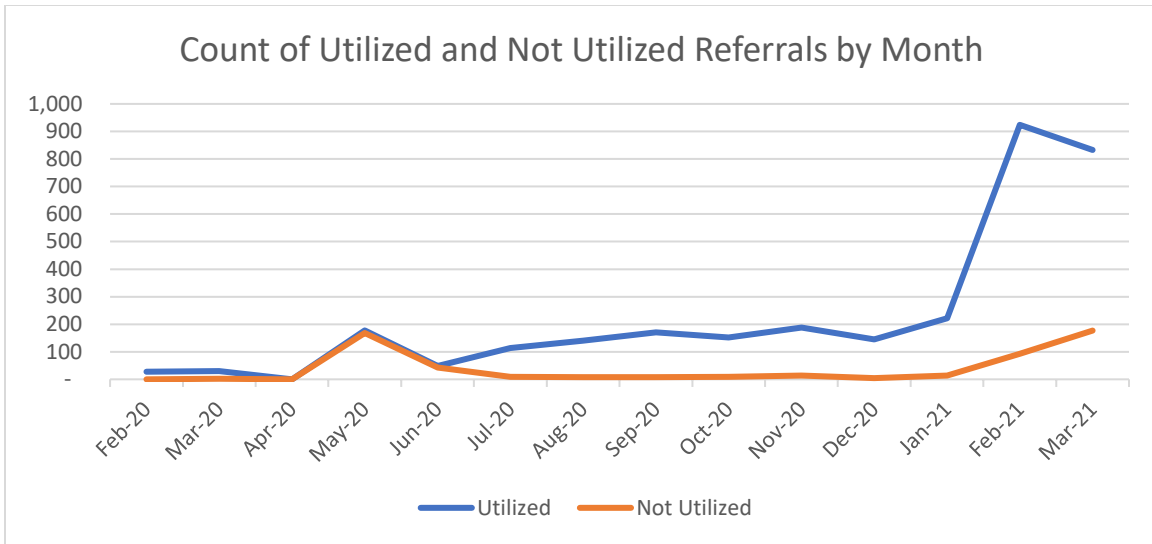
It is important to note that for the April-June 2020 timeframe, while WSS were paused because of the COVID-19 pandemic, NGOs were developing solutions to create a “telehealth” style service capability to continue providing services.

<sup>7</sup> C-Sites are standalone facilities operated by the contractor to monitor participants enrolled in the ATD program. C-Site participants are assigned to a contractor CS who performs case management, including home and office visits.

<sup>8</sup> G-Sites are locations where the contractor works within the local 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.

<sup>9</sup> Includes Human Trafficking Education, which doesn't require ICE approval. Pending status excluded. Month/year based on Assigned Date.

<sup>10</sup> WSS functions were suspended early in the beginning of the COVID-19 pandemic before resuming in late May 2020.



The following table is a breakdown of referrals by legal stage (prior to or following an order of removal) through the second quarter (Q2) of FY 2021:

Referrals by Legal Stage		
Legal Stage	Count	Percent
Pre-Order <sup>11</sup>	2,480	76.50%
Post-Order	585	18.04%
Appeal	177	5.46%
<b>Total<sup>12</sup></b>	<b>3,242</b>	<b>100.00%</b>

The following table is a breakdown of unique referrals by compliance<sup>13</sup> through FY 2021 Q2:

Total Unique Referrals by Compliance		
Compliance Metric	Count	Percent
Success	120	71.43%
Failure	48	28.57%
Absconder <sup>14</sup>	[40]	[23.81%]
<b>Total<sup>15</sup></b>	<b>168</b>	<b>100.00%</b>

<sup>11</sup> Approximately 77 percent of WSS referrals are Pre-Order participants at the time of first-assigned date.

<sup>12</sup> Unique count of participants based on oldest assigned date.

<sup>13</sup> This compliance rate is based upon a final determination made by ICE when closing out the noncitizen participant's case and no longer requires participation. While there may be missteps by a participant along the way that suggest noncompliance (failing to charge a global positioning system unit, missing a scheduled visit, etc.), this is the overall determination. Factors considered include but are not limited to complying with release conditions, attending court hearings, and departing the United States if so required.

<sup>14</sup> Absconder is a subset of failure. An absconder is a noncitizen participant who is not complying with requirements and cannot be located by ICE and/or the contractor. A noncitizen participant who is noncompliant may not be complying with release conditions (fails to charge their unit, fails to check in, refuses to attend scheduled appointments) but can be located by ICE and/or the contractor. At that time, ICE has the option to continue with ATD participation as is, to increase or decrease ATD participation to include program termination, or to detain.

<sup>15</sup> Unique count of participants based off oldest assigned date. Terminations only. Pending Status excluded.

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

**The table below shows referrals utilized by compliance through FY 2021 Q2:**

<b>Utilized Referrals by Compliance</b>		
<b>Compliance Metric</b>	<b>Count</b>	<b>Percent</b>
Success	86	77.48%
Failure	25	22.52%
Absconder	[22]	[19.82%]
<b>Total</b>	<b>111</b>	<b>100.00%</b>

**The table below shows not-utilized referrals by compliance through FY 2021 Q2:**

<b>Not-Utilized Referrals by Compliance</b>		
<b>Compliance Metric</b>	<b>Count</b>	<b>Percent</b>
Success	34	59.65%
Failure	23	40.35%
Absconder	[18]	[31.58%]
<b>Total</b>	<b>57</b>	<b>100.00%</b>

**The table below shows referrals broken down by provider through FY 2021 Q2:**

<b>Referrals<sup>16</sup> by Provider (NGO)</b>				
<b>Provider</b>	<b>Not-Utilized Referrals</b>	<b>Utilized Referrals</b>	<b>Total Referrals</b>	<b>% Share of Total Utilized Referrals</b>
Bethany Christian Services <sup>17</sup>	141	1,537	1,678	48%
Lutheran Social Services	25	674	699	21%
Endeavors	227	546	773	17%
U.S. Conference of Catholic Bishops	147	268	415	8%
Stars Behavioral Health Group	16	129	145	4%
North Star Family Center	0	55	55	2%
International Institute of Los Angeles	0	11	11	0%
<b>Total</b>	<b>556</b>	<b>3,220</b>	<b>3,776</b>	<b>100%</b>

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

<sup>17</sup> The greatest number of referrals to date have been to Bethany Christian Services, an NGO that currently services the most locations.

The table below is a breakdown of referrals by type of service through FY 2021 Q2:<sup>18</sup>

Type of Service	Not Utilized	Utilized	Total	Percent of Total Utilized
Mental Health Assessment <sup>19</sup>	459	2,143	2,602	67%
Individual Therapy	34	649	683	20%
Human Trafficking Education	13	235	248	7%
Family Therapy	22	84	106	3%
Individual Rehabilitation	1	74	75	2%
Trafficking Screening	27	35	62	1%
<b>Total</b>	<b>556</b>	<b>3,220</b>	<b>3,776</b>	<b>100%</b>

Upon further analysis, of the 2,143 MHAs that were utilized by participants, 672 led to later utilization of other services (31.36 percent), and 46 stemmed from prior utilization of other services (1.91 percent). Generally, the contractor or NGO identifies a concern, refers the participant for an initial MHA, and then the participant may get more targeted referrals. However, procedurally, not all WSS referrals start with an MHA and not all utilized MHAs lead to other referrals.

## D. Expenditure Plan

### WSS Funds Spent By Fiscal Year

Service Type	Gov't FY 2020	Gov't FY 2021 (As of 3/31/2021)	Total
Trafficking Screening	\$2,043	\$619	\$2,662
Trauma Informed Individual Therapy	\$111,442	\$635,642	\$747,084
Trafficking Group Education	\$750	\$6,150	\$6,900
Family therapy	\$6,132	\$18,530	\$24,662
Individual Rehabilitation	\$40,170	\$109,906	\$150,076
Collateral Service	\$71	-	\$71
Targeted Case Coordination	\$355	-	\$355
Mental Health Screening	\$58,538	\$168,144	\$226,682
<b>Total</b>	<b>\$219,501</b>	<b>\$938,991</b>	<b>\$ 1,158,492</b>

### ISAP III Services (not used anymore)

Collateral Service (not used anymore)	\$71.00	\$0.00	<b>\$71.00</b>
Targeted Case Coordination (not used anymore)	\$355.34	\$0.00	<b>\$355.34</b>
<b>Total ISAP III (not used anymore)</b>	<b>\$426.34</b>	<b>\$0.00</b>	<b>\$426.34</b>

<sup>18</sup> Excludes Pending Status.

<sup>19</sup>The majority of referrals have been for MHAs.



The following table is the amount of WSS spending by contract though FY 2021 Q2:

<b>Contract</b>	<b>WSS Spending</b>
ISAP IV (Through March 2021)	\$1,082,884
ISAP III	\$75,608
<b>Total</b>	<b>\$1,158,492</b>

## IV. Analysis/Discussion

While ICE is intent on ensuring that all participants have the opportunity to address their immigration claims and concerns while moving through the immigration court process, ICE is also 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.

**WSS vs. Non-WSS  
Absconder Counts (2/1/2020 - 3/31/2021)**

Absconder Count	WSS Referred		Non-WSS	Overall
	Not Utilized	Utilized		
Absconder	17	27	9,040	9,084
Non-Absconder	37	89	17,160	17,286
<b>Total</b>	<b>54</b>	<b>116</b>	<b>26,200</b>	<b>26,370</b>

Data from ISAP IV Participants Report from BI; data as of 12/6/2021 filtered for data only through FY 2021 Q2.

Data from WSS Referrals from BI; data as of 12/12/2021 filtered for data only through FY 2021 Q2.

**WSS vs Non-WSS  
Absconder Rates (2/1/2020 - 3/31/2021)**

Absconder Rate	WSS Rates		Non-WSS	Overall Rate
	Not Utilized	Utilized		
Absconder	31.48%	23.28%	34.50%	34.45%
Non-Absconder	68.52%	76.72%	65.50%	65.55%

Data from ISAP IV Participants Report from BI, data as of 12/6/2021 filtered for data only through FY 2021 Q2.

Data from WSS Referrals from BI, data as of 12/12/2021 filtered for data only through FY 2021 Q2.

In the first 13 months of WSS being employed within the ATD program, it appears that participants who both were referred to and utilized at least one WSS had a lower likelihood of absconding. This is not a highly reliable datapoint because of the low number of participants who had been referred to a WSS prior to being terminated. This dataset will become more reliable as there are more referrals and subsequent terminations.

## 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. A number of steps are being 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. Due to 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 or not WSS is appropriate for long-term success.

## Appendix: Abbreviations

<b>Abbreviation</b>	<b>Definition</b>
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
ECMS	Extended Case Management Services
ERO	Enforcement and Removal Operations
FY	Fiscal Year
HQ	Headquarters
ICE	U.S. Immigration and Customs Enforcement
ISAP	Intensive Supervision Appearance Program
MHA	Mental Health Assessment
MHSE/SSE	Mental Health Screening and Evaluation/Supplemental Services Evaluations
NGO	Nongovernmental Organization
Q2	Second Quarter
WSS	Wraparound Stabilization Service(s)
YTD	Year-to-Date