



Referrals from Nongovernmental Organizations

First Quarter, Fiscal Year 2023

July 26, 2023

Fiscal Year 2023 Report to Congress



**Homeland
Security**

U.S. Immigration and Customs Enforcement

Message from the Deputy Director and Senior Official Performing the Duties of the Director

July 26, 2023

I am pleased to present the “Referrals from Nongovernmental Organizations” report for the first quarter (Q1) of fiscal year (FY) 2023, prepared by U.S. Immigration and Customs Enforcement (ICE).

This report was compiled pursuant to direction in House Report 117-396 and the Joint Explanatory Statement accompanying the FY 2023 Department of Homeland Security (DHS) Appropriations Act (P.L. 117-328).

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

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

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

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

The Honorable Katie Britt
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,

**PATRICK J
LECHLEITNER**

Patrick J. Lechleitner
Deputy Director and
Senior Official Performing the Duties of the Director
U.S. Immigration and Customs Enforcement



Digitally signed by PATRICK J
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Date: 2023.07.26 13:29:17 -04'00'

Executive Summary

The Joint Explanatory Statement accompanying the FY 2023 DHS Appropriations Act (P.L. 117-328) 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 Q1 of FY 2023 with congressional guidelines regarding enrollment referrals from NGOs and community partners actively implementing ICE's ATD programs that utilize case management.



Referrals from Nongovernmental Organizations First Quarter, Fiscal Year 2023

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I. Legislative Language

This report responds to the direction set forth in the House Report 117-396 and in the Joint Explanatory Statement accompanying the Fiscal Year (FY) 2023 Department of Homeland Security (DHS) Appropriations Act (P.L. 117-328).

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.

House Report 117-396 states:

ATD Referrals.—ICE shall continue to submit quarterly reports to the Committee until the ATD referrals guidelines are finalized.

II. Background

Alternatives to Detention (ATD) is a monitoring program used to ensure compliance with release conditions and provide important case management services for non-detained noncitizens. 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, 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 the support of a government contractor, currently BI Incorporated (BI), which 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.¹ To ensure participants 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.

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.

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 109 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 through more locations and more hiring, they are able to handle only a fraction of new participants assigned to ATD - ISAP IV. Challenges include:

- 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 all new participants are given an appropriate evaluation for supplemental services, ICE Headquarters–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.

III. Results/Data Report

A. Current Providers

WSS functions are provided in the following locations, as of December 31, 2022:

WSS Provider	Location	Total Number of Locations
A Quarter Blue	Santa Ana, CA	2
	Ventura, CA	
Abraxas	Chicago, IL	4
	King Of Prussia, PA	
	Philadelphia, PA	
	York, PA	
Bethany Christian Services	Atlanta, GA	33
	Bakersfield, CA	
	Boston, MA	
	Bronx, NY	
	Chicago, IL	
	Delray, FL	
	Denver, CO	
	Dover, DE	
	Fort Myers, FL	
	Fresno, CA	
	Fort Lauderdale, FL	
	Hartford, CT	
	Jacksonville, FL	
	King Of Prussia, PA	
	Los Angeles, CA	
	Manhattan, NY	
	Marlton, NJ	
	Memphis, TN	
	Miami, FL	
	Newark, NJ	
	Orlando, FL	
Philadelphia, PA		
Pittsburgh, PA		
Providence, RI		
Queens, NY		
Richmond, VA		
San Bernardino, CA		

WSS Provider	Location	Total Number of Locations
	San Diego, CA	
	San Francisco, CA	
	Seattle, WA	
	Stockton, CA	
	Tampa, FL	
	York, PA	
Centro Multicultural La Familia	Detroit, MI	1
Endeavors	Atlanta, GA	42
	Birmingham, AL	
	Bronx, NY	
	Charleston, SC	
	Charlotte, NC	
	Chicago, IL	
	Dallas, TX	
	Denver, CO	
	Detroit, MI	
	El Paso, TX	
	Fort Myers, FL	
	Frederick, MD	
	Gadsden, AL	
	Grand Rapids, MI	
	Harlingen, TX	
	Houston, TX	
	Indianapolis, IN	
	Los Angeles, CA	
	Manassas, VA	
	Manhattan, NY	
	Marlton, NJ	
	Miami, FL	
	New Orleans, LA	
	Newark, NJ	
	Omaha, NE	
	Orlando, FL	
	Phoenix, AZ	
	Provo, UT	
Queens, NY		
Richmond, VA		
Salt Lake City, UT		
San Antonio, TX		
San Bernardino, CA		

WSS Provider	Location	Total Number of Locations
	San Diego, CA	
	San Francisco, CA	
	Santa Ana, CA	
	Seattle, WA	
	Silver Spring, MD	
	South Houston, TX	
	Tampa, FL	
	Ventura, CA	
	Washington, DC	
Family Success	Birmingham, AL	2
	Gadsden, AL	
Golden State	Bakersfield, CA	2
	Fresno, CA	
Lutheran Social Services	Baltimore, MD	11
	Detroit, MI	
	Fort Myers, FL	
	Los Angeles, CA	
	Manassas, VA	
	Newark, NJ	
	Richmond, VA	
	Salisbury, MD	
	Salt Lake City, UT	
	Silver Spring, MD	
	Washington, DC	
North Star Family Center	Fresno, CA	5
	Phoenix, AZ	
	Sacramento, CA	
	San Bernardino, CA	
	Santa Maria, CA	
Project Help	Fort Myers, FL	1
Stars Behavioral Health Group	Los Angeles, CA	2
	Santa Ana, CA	
Survivors' Pathway	Miami, FL	1
Trauma Resolution Center	Miami, FL	1
U.S. Conference of Catholic Bishops	Louisville, KY	2
	San Antonio, TX	
Total		109

B. Referral Increase

FY 2023 has seen six new offices referring participants to WSS: Fort Lauderdale, Jacksonville, King of Prussia, Louisville, Memphis, and Stockton. Due to increased size of the ATD program, FY 2023 is on pace to have more referrals than in FY 2022, based on the first quarter data.

Office Totals by Fiscal Year⁴					
Office	FY 2020	FY 2021	FY 2022	FY 2023 Through Q1	Total
Atlanta	89	635	1,258	289	2,271
Bakersfield	-	852	169	224	1,245
Baltimore	33	191	337	84	645
Birmingham	-	5	334	181	520
Boston	30	286	314	125	755
Charleston	-	282	429	155	866
Charlotte	-	240	389	68	697
Chicago	-	384	946	295	1,625
Dallas	-	233	331	105	669
Delray	16	510	1,146	191	1,863
Denver	-	-	485	323	808
Detroit	-	12	348	102	462
Dover	-	215	370	104	689
El Paso	-	100	324	43	467
Fort Myers	-	45	574	149	768
Frederick	-	-	1	91	92
Fresno	-	363	1,601	410	2,374
Fort Lauderdale	-	-	-	1	1
Gadsden	-	294	242	57	593
Grand Rapids	114	130	314	1	559
Harlingen	-	-	57	13	70
Hartford	23	226	491	133	873
Houston	48	179	572	71	870
Indianapolis	-	37	699	138	874
Jacksonville	-	-	-	3	3
King Of Prussia	-	-	-	31	31
Los Angeles	68	717	5,056	578	6,419
Louisville	2	89	-	5	96
Manassas	38	423	229	52	742
Marlton	36	104	337	165	642

⁴ WSS began in February 2020. The numbers were reported by BI, Inc. on January 2, 2023, filtered for all referrals made on or before December 31, 2022.

Office Totals by Fiscal Year⁴					
Office	FY 2020	FY 2021	FY 2022	FY 2023 Through Q1	Total
Memphis	-	-	-	1	1
Miami	116	2,185	1,624	319	4,244
New Orleans	-	-	185	43	228
Newark	46	155	820	185	1,206
Norfolk	-	-	26	-	26
NY Bronx	-	192	808	143	1,143
NY Manhattan	-	141	567	132	840
NY Queens	-	219	1,127	272	1,618
Omaha	112	320	771	234	1,437
Orlando	14	347	595	227	1,183
Philadelphia	45	301	701	362	1,409
Phoenix	-	-	443	180	623
Pittsburgh	-	-	54	69	123
Providence	-	38	72	4	114
Provo	-	43	49	15	107
Richmond	-	247	1,289	206	1,742
Sacramento	-	-	466	88	554
Salisbury	-	32	91	41	164
Salt Lake City	7	296	460	97	860
San Antonio	16	241	309	104	670
San Bernardino	-	132	464	120	716
San Diego	-	109	17	2	128
San Francisco	-	95	275	70	440
Santa Ana	1	150	450	217	818
Santa Maria	-	-	125	81	206
Seattle	-	-	504	144	648
Silver Spring	49	285	487	127	948
South Houston	20	240	514	85	859
Stockton	-	-	-	29	29
Tampa	-	-	633	221	854
Ventura	-	271	207	168	646
Washington, D.C.	29	438	397	115	979
York	-	-	90	104	194
Total⁵	952	13,029	31,973	8,392	54,346

⁵ The ATD - ISAP TotalAccess database that provides these totals is a living database. Therefore, these totals are subject to change as the system is updated, including historical data. All data in this report are as of December 31, 2022.

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 Service Evaluation (SSE)⁶ 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 services are provided as quickly as possible. Specifically, ICE completed a contract modification to ensure all participants who are enrolled into C-site⁷ or a G-site⁸ automatically are provided with the MHSE/SSE referral.

As of December 31, 2022, a total of 38,193 unique individuals were referred to WSS and 54,210 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 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 Time⁹				
Month/Year	Utilized	Not Utilized	Total	Percent Utilized
February 2020	28	-	28	100.0%
March 2020	30	2	32	93.8%

⁶ 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.

⁷ 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.

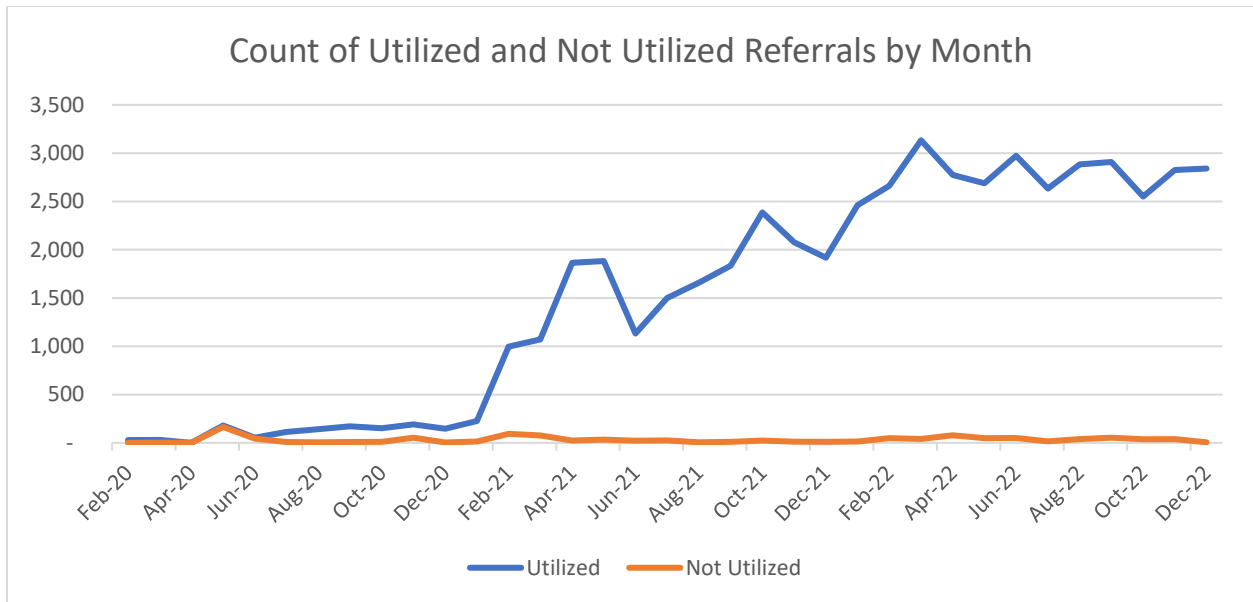
⁸ G-Sites are locations where the contractor works within the local ICE ERO office. G-Sites are limited to a capacity of 250 participants, with two CSs who perform the same functions of a C-Site CS.

⁹Includes Human Trafficking Education which doesn't require ICE approval. Pending status excluded. Month/Year based off Assigned Date.

Referrals by Status Over Time⁹				
Month/Year	Utilized	Not Utilized	Total	Percent Utilized
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	97.3%
January 2021	226	13	239	94.6%
February 2021	996	93	1,089	91.5%
March 2021	1,071	76	1,147	93.4%
April 2021	1,865	24	1,889	98.7%
May 2021	1,883	34	1,917	98.2%
June 2021	1,132	22	1,154	98.1%
July 2021	1,500	25	1,525	98.4%
August 2021	1,660	5	1,665	99.7%
September 2021	1,834	10	1,844	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	2,461	14	2,475	99.4%
February 2022	2,662	48	2,710	98.2%
March 2022	3,133	41	3,174	98.7%
April 2022	2,775	79	2,854	97.2%
May 2022	2,689	49	2,738	98.2%
June 2022	2,974	50	3,024	98.3%
July 2022	2,633	16	2,649	99.4%
August 2022	2,884	39	2,923	98.7%
September 2022	2,908	53	2,961	98.2%
October 2022	2,551	37	2,588	98.6%
November 2022	2,826	39	2,865	98.6%
December 2022	2,840	6	2,846	99.8%
Total	53,090	1,120	54,210	97.9%

It is important to note that for the period immediately following the early stages of the COVID-19 pandemic (April-June 2020) timeframe, WSS were suspended to comply with pandemic mitigating orders. During this time, NGOs sought a solution and approval to provide mental

health services in a virtual setting. These telehealth-style solutions were ultimately approved for use in the ISAP contract and later adopted as a permanent offering. In August 2020, virtual offering was adopted through the ISAP IV contract.



The following table is a breakdown of referrals by legal stage through FY 2023 Q1:

Unique Referrals by Legal Stage ¹⁰		
Legal Stage	Count	Percent
Pre-Order of Removal	34,046	89.14%
Post-Order of Removal	3,060	8.01%
Appeal of Removal Order	1,087	2.85%
Total	38,193	100.00%

¹⁰ Unique count of participants based off oldest assigned date.

The following table is a breakdown of unique referrals by compliance through FY 2023 Q1:

Total Unique Referrals by Compliance¹¹		
Compliance Metric	Count	Percent
Success ¹²	12,399	83.71%
Failure ¹³	2,413	16.29%
Total¹⁴	14,812	100.00%

Although WSS is relatively new and ICE is still in the early stages of monitoring compliance trends for participants, the preliminary data suggests 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 2023 Q1:

Utilized Referrals by Compliance		
Compliance Metric	Count	Percent
Success	12,128	84.08%
Failure	2,296	15.92%
Total¹⁵	14,424	100.00%

The following table shows referrals broken down by provider through FY 2023 Q1:

Referrals by Provider (NGO)¹⁶					
Provider	Utilized Referrals	Not-Utilized Referrals	Total Referrals	% Share of Total Utilized Referrals	Utilization Rate
Endeavors	22,758	423	23,181	43%	98.2%
Bethany Christian Services	17,579	322	17,901	33%	98.2%
Lutheran Social Services	4,377	68	4,445	8%	98.5%
North Star Family Center	3,007	35	3,042	6%	98.8%
U.S. Conference of Catholic Bishops	1,528	172	1,700	3%	89.9%
Stars Behavioral Health Group	1096	35	1131	2%	96.9%
Survivors' Pathway	742	17	759	1%	97.8%
Family Success	584	13	597	1%	97.8%
Abraxas	429	-	429	1%	100.0%

¹¹ Total Unique Referrals by Compliance is the number of unique participants who were referred to one or more WSS types but does not necessitate the participant utilizing the referral.

¹² 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.

¹³ 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.

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

¹⁵ Unique count of participants based on oldest assigned date. Terminations only. Pending Status excluded.

¹⁶ Excludes Pending Status.

Referrals by Provider (NGO)¹⁶					
Provider	Utilized Referrals	Not-Utilized Referrals	Total Referrals	% Share of Total Utilized Referrals	Utilization Rate
Project Help	293	1	294	1%	99.7%
Trauma Resolution Center	244	25	269	0%	90.7%
Golden State	244	1	245	0%	99.6%
International Institute of Los Angeles	94	5	99	0%	94.9%
A Quarter Blue	61	3	64	0%	95.3%
Ser Familia	45	-	45	0%	100.0%
Centro Multicultural La Familia	9	-	9	0%	100.0%
Total	53,090	1,120	54,210	100%	97.9%

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

Type of Service	Utilized Referrals	Not-Utilized Referrals	Total Referrals	% Share of Total Utilized Referrals	Utilization Rate
SSE	36,932	343	37,275	70%	99.1%
Individual Therapy	6,824	189	7,013	13%	97.3%
Human Trafficking Education	2,867	151	3,018	5%	95.0%
Child Abuse & Prevention	1,758	34	1,792	3%	98.1%
Parenting Education	1527	31	1558	3%	98.0%
Individual Rehabilitation	1397	53	1450	3%	96.3%
Trafficking Screening	1004	66	1070	2%	93.8%
Family Therapy	607	50	657	1%	92.4%
Repatriation	174	203	377	<1%	46.2%
Total	53,090	1,120	54,210	100%	97.9%

¹⁷ Excludes Pending Status.

IV. Analysis/Discussion

ICE remains committed to ensuring all ATD program participants have the opportunity to address their immigration claims during the immigration court process. ICE understands the importance of ensuring individuals and families with social, emotional, or familial needs are matched with appropriate resources. ICE has implemented steps to consider referrals from NGOs and community partners and continues to consider those referrals regularly. While NGO and community partner referrals are considered, ICE is not obligated to enroll each one. Rather, ICE conducts an individualized case review, taking into account all factors, and makes a determination on whether or not enrollment is appropriate. ICE is initiating an evaluation of the data related to referrals and is conducting analysis on the impact of NGO and community-based services to determine whether or not it makes financial and/or operational sense to continue.

V. Conclusion

ICE acknowledges the legislative intent of the language and has acted accordingly to ensure that NGO and community-based partner recommendations are reviewed and considered. All of those participants assigned to ATD - ISAP are considered for participation in WSS and may be referred for a SSE. The NGOs and community-based partners conduct those SSEs and recommend appropriate services for the participant to which ICE authorizes services for over 90 percent of those recommendations. 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, broaden service offerings, increase participant access to needed services, and improve participant compliance with release conditions.

Appendix: Abbreviations

Abbreviation	Definition
AMO	ATD Monitoring Officer
AOR	Area of Responsibility
ATD	Alternatives to Detention
BI	BI Incorporated
CS	Case Specialist
ERO	Enforcement and Removal Operations
FY	Fiscal Year
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)