



Lutheran Immigration and Refugee Service

Family Placement Alternatives:

Promoting Compliance with Compassion and Stability through Case Management Services

I. Introduction

Alejandra¹, her husband and three children lived in the capitol of El Salvador. She managed a small business in the central market while her husband had a stable job as a security officer. They were content with their life until they were targeted by gang members, threatened and ultimately, her husband was murdered by gang members. Seeing no alternative, Alejandra and her three children fled the gang's spiraling threats. They arrived to the United States seeking asylum, and turned themselves into Customs and Border Protection.

Upon release from custody, the family travelled to Chicago to reunite with Alejandra's brother. Having sold all their possessions to pay for the journey to the United States, they were forced to live on the brother's charity. Alejandra had no previous understanding of the United States or the immigration system, nor English skills. Upon their arrival, she and the children were overwhelmed by the trauma of the violent death of her husband, and the children's father.

To support Alejandra and other families like hers, Lutheran Immigration and Refugee Service undertook a pilot program for 10 families in May – October, 2015. The pilot, titled Family Placement Alternatives (FPA), was implemented by a local operating partner, the Interfaith Committee for Detained Immigrants (ICDI). The program operated in Chicago for families released from immigration custody, and provided them with case management services for six months. While the ten families are not a representative sample, the FPA was intended to demonstrate the viability of a case management model for families as a human-centric alternative to detention. This report discusses the program and the learning that could be applied to a larger, formal case management based alternative to detention program.

II. Background/ Rationale

Since the 1990s, LIRS has been heavily engaged in advocating for and piloting community based alternative to detention models in the United States for migrants and asylum seekers. According to the International Detention Coalition, alternatives to detention (ATDs) can include “any legislation, policy or practice that allows for asylum seekers, refugees and migrants to reside in the community with freedom of movement while their migration status is being resolved or while awaiting deportation or removal from the country.” In the U.S. immigration system, the underlying rationale for restricting migrants' liberty in detention facilities is to ensure compliance with removal proceedings and where applicable, ultimate removal from the United States. In light of this, alternatives to detention programs must demonstrate success at ensuring

¹ All client names have been changed to protect privacy.

ongoing immigration compliance in order to represent a viable alternative to detention. Successful compliance must begin with clear information regarding the individual's rights and responsibilities upon release from detention, including guidance as to how to successfully meet those responsibilities.

With generous support from the Oak and Ford Foundation, LIRS designed Family Placement Alternatives as a small pilot program to provide community-based case management services to families leaving immigration detention. Community based support refers to a holistic social service approach to meeting the immediate and long term needs of individuals released from custody. The Family Placement Alternatives (FPA) pilot program was created on the assumption that if families released from detention are provided case management, legal and social support, have their basic needs met, and are provided with orientation to their immigration release terms, they will comply with their immigration requirements while simultaneously able to enjoy their freedom.

In early 2014, growing numbers of families, primarily from Central America, arrived at the United States' border with Mexico seeking protection. In response, the Obama Administration announced in June 2014 that they would significantly expand the use of family immigration detention. From July 2014 through May 31, 2015, 6,381 women and children spent time in a family immigration detention facility.² On July 13, 2015, the Department of Homeland Security (DHS) announced that detained mothers with children, who pass credible or reasonable fear interviews, are able to provide a verifiable address, and do not present a threat to public safety or national security, would be considered for release from detention.³ This announcement coupled with a judicial order in a lawsuit finding that immigration detention is not appropriate for children⁴ have led to high numbers of families being apprehended, booked into immigration detention, and released. As of December 2015, there are three family detention centers operating in the United States with the capacity to hold nearly three thousand women and children. The largest facility, in Dilley, Texas, has capacity for 2,400 women and children. And as of September 2015, approximately 50 families a day were passing their credible or reasonable fear interviews across the three facilities, making them eligible for release.

One such family consists of Claudia, a mother from Honduras who fled to the United States with her two year old son. Claudia fled Honduras to escape physical and sexual abuse against herself and her son. The abuse was perpetrated by her brother-in-law who belongs to a local gang and threatened to kill the entire family. In one instance, the brother-in-law attempted to sexually abuse the toddler, and flung him against a wall causing internal bleeding and a broken collarbone. Claudia attempted to move to other parts of Honduras, but the perpetrator continued to find her family. She then decided to flee to the United States. Once in the U.S., Claudia and

² ICE Statement, June 23, 2015, accessed at: http://www.ksat.com/news/ice-statement_2015073008401534

³ DHS Secretary Johnson Testimony to Congress, 7/14/15. Available at: <http://www.dhs.gov/news/2015/07/14/written-testimony-dhs-secretary-johnson-house-committee-judiciary-hearing-titled->

⁴ Women's Refugee Commission. Flores Settlement and Family Detention. July, 2015. Found: <https://womensrefugeecommission.org/images/zdocs/Flores-Settlement-and-Family-Detention-July-2015.pdf>

her son were put in family detention in Texas, and were later released to LIRS' pilot program. Her husband who followed them at a later date, was detained in the North East.

After being placed in the LIRS pilot program, the two-year-old son received much needed medical care for intestinal issues after being denied medical attention while in family detention for two months. He required hospitalization and surgery to address his intestinal problems, medical treatment that the child received only upon release from detention, through the support of the Case Manager. Further, Claudia was able to utilize services through the pilot program to get in contact with her husband and be loaned bond money to obtain his release. Claudia and her son were separated from her husband for more than 6 months, and their court dates were set separately, in separate states, which caused stress within the family due to the separation and ongoing uncertainty about their future. The husband was finally released on bond, and was reunited with his wife and child in Chicago. The family Case Manager reported that the boy refused to let go of his father's hand during the home visit. Had Claudia and her son remained in detention throughout the duration of their immigration proceedings, the child would have lacked for necessary medical intervention, and the parents would not have been able to connect. Claudia's story illustrates the benefits of community based services, in contrast to detention, particularly for young children.

III. Family Placement Alternatives Program Design

LIRS designed and funded the program with generous grants from the Oak and Ford Foundations. The initial program design included the hiring of a Manager for Family Placement Alternatives position at LIRS, a masters level social worker with strong program management experience to design the program, including program evaluation. The FPA was intended to achieve several key outcomes:

- Enroll ten families in the pilot project.
- Families and the Case Manager write a Family Service Plan to identify needs.
- Client families identify psychosocial needs and access services as needed.
- Families comply with the immigration conditions of release.
- Families feel socially supported by contact with the Case Manager.
- Families feel stable and prepared to self-manage upon program closure.
- Families have stable housing.

The onsite Case Manager in Chicago who implemented the client services maintained several key records. Each family's needs were evaluated with an initial client intake form, and a deeper evaluation was conducted to finalize a Family Service Plan (FSP). This also formed the basis for a client social history document. All of these documents were shared with LIRS staff to inform overall understanding of the clients' needs and case management interventions. LIRS staff then travelled to Chicago upon the conclusion of the program and interviewed seven of the ten enrolled families, as well as all ICDI staff who worked on the program. The written materials and the various interviews led to the findings and recommendations of this report.

Primary program goals were:

- Demonstrate whether case management alternative can meet compliance objectives;

- Provide high quality services to families and demonstrate positive outcomes for well-being; and
- Test a community based model for families to learn about the types and levels of inputs needed for implementation

Evaluations of previous community-based alternatives to detention (ATD) programs have found that a range of factors promote higher compliance rates. These include the presence of family and community ties, regular communication with and trust in a Case Manager, an understanding of the immigration process, stability around basic needs, and representation by legal counsel.⁵ These data indicate that with support, most individuals comply with immigration obligations while they are invested in and waiting for the outcome of an immigration application, particularly an asylum application. During this phase of their legal proceedings, case management can serve as a critical tool to orient individuals regarding the US immigration system and their responsibilities, as well as reducing barriers to compliance such as transportation or psychosocial instability.⁶

The FPA pilot was initially based on the assumption that ICE would follow these earlier models, directly referring a small number of eligible families to the program, rather than detaining them. However, ICE did not agree to directly refer and release families from detention into the case management program. As a result, LIRS conducted extensive community outreach to social and legal service providers to identify recently released families who might be eligible to participate in the pilot program, observing many challenges for families and providers in the course of this outreach. Ten families were formally enrolled in the program and continue to receive services in the Chicago metropolitan area. Given clients were not enrolled directly into the program, several had been released on other “alternative” programs such as ankle monitors prior to reaching Chicago. This confounder posed an unexpected opportunity for learning, discussed in greater detail below.

Community Support Learning

The Family Placement Alternatives (FPA) program was designed based on the learning from LIRS’ previous community based alternative to detention, the Community Support Initiative. The Community Support Initiative is a community-based alternative to immigration detention that is led by civil society and utilizes a holistic social service approach to accompany individuals during their release from ICE custody through the completion of their immigration proceedings. By working with an individual’s strengths and building critical community connections, the program ensures that every participant understands the government’s expectations of them and is equipped to meet those expectations.

LIRS did not design the Community Support Initiative to be implemented in exactly the same way in every community. Implementing partners collaborated locally to identify and screen potential participants, typically from their detention site, to provide case management services, to provide housing, as needed, and to provide legal services. However, in thinking about the potential to scale up a service model, direct funding for either of these services contributes

⁵ Sampson, R., Mitchell, G. and Bowring, L. (2011). *There are alternatives: A handbook for preventing unnecessary immigration detention*. Melbourne: The International Detention Coalition.

⁶ *Ibid.*

significantly to program costs. In the absence of direct funding for either legal or housing services, the lack of these services places burdens on the Case Manager to creatively build services or to persistently contact those few existing services in their community.

Based upon the learning from Community Support, and in light of the information that these families overwhelmingly possess community ties in the United States, the FPA was narrowed to provision of case management services only. The goal was to facilitate referrals to housing and legal services, as needed, rather than funding these services directly. The challenge of this approach is the overall lack of these services for this client population.

Implementation Partner, ICDI, and Chicago Context

The Interfaith Committee for Detained Immigrants (ICDI) is a non-profit, faith-based organization of staff and volunteers called to respond actively and publically to the suffering of all individuals and communities affected by immigration detention, deportation, and post-detention through pastoral care, advocacy, public witness and other activities. ICDI was launched by two (Catholic) Sisters of Mercy who had previously worked with Central American refugee populations in the 1990s. ICDI now coordinates four primary programs: jail visitation, immigration court watch, Broadview (a weekly prayer vigil and accompaniment program at the local deportation processing facility), and the Post Detention Accompaniment Network (PDAN). The PDAN program accompanies men, women and families who are released from detention. This includes housing through two group homes, one for men and the other for women, and case management services. Significantly, as an LIRS Community Support partner, ICDI has coordinated services for individual adults facing removal for four years making them a leader in services for this population. ICDI's various programs offer a continuum of services to support and accompany migrants as they confront immigration removal and detention systems.

ICDI operates from a strong faith base, with several leaders who are religious sisters and brothers. Most notably, the organization has developed relationships with diverse religious institutions across the Chicago region and beyond. They are a trusted partner in the region for providing services to vulnerable migrants and accompanying them on their journeys through the immigration system.

Standards for Case Management

Case management is an integral component to the successful transition of migrant families out of detention, as well as assisting families as they navigate their immigration requirements. The standards put forth by LIRS in this pilot program adhere to a holistic approach for providing support to asylum seeking families.

LIRS's model for case management is designed to be a process of empowerment; enabling families and individuals to take action and improve their life situations. As an organization that has strongly advocated against detention and believes there is no humane way to detain families, LIRS and its partners recognize the ways in which detention can traumatize families. Because of this, LIRS and its partners have emphasized physical and emotional safety—such as maintaining

privacy, confidentiality, and respecting cultural differences—and continue to make trauma-informed training an integral part of case management.

The Case Managers' client agency-centric approach laid the foundation for clients to begin their long road to stability. Examples include not solely identifying goods or services needed by clients, rather, through example instructing clients to maneuver and identify solutions to their own problems. The case manager accompanied clients for their first and, if needed, second interviews with BI Incorporated, or to find a winter coat, or to enroll children at school, using these opportunities as “teachable” moments. Absent a family member willing and adept in navigating the complexities of the new United States institutional system, the Case Manager plays an imperative role, far beyond a simple referral agent. Relatedly, the Case Manager's bilingual, bicultural experience as a woman, mother and Latina provided a shared language, understanding and compassion to overcome barriers for this population.

The case management commitment for the pilot program strongly adheres to the Code of Ethics put forth by the National Association of Social Workers (NASW), which states that the primary mission of the social work profession is “to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty . . . *“Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.”*⁷ LIRS has identified detention as a key environmental force that creates “problems in living,” particularly for vulnerable populations such as families who have fled their home countries.

The standards for social work case management⁸, as outlined by NASW, capture the ethical practice and values Case Managers should possess. A few of those standards that informed design of this program are highlighted below, and discussed in their application to the FPA.

Ethics and Values – *“The social work case manager shall adhere to and promote the ethics and values of the social work profession using the NASW Code of Ethics as a guide to ethical decision making in case management practice.”* One key ethical issue that could be presented in a program of this type is if participants are enrolled into social work programs on an involuntary basis. Social work literature discusses the particular challenge of working with involuntary populations and the burdens that it places on building a trusting relationship.⁹ One advantage of the design of this program was its voluntary nature. However, in an involuntary program, this issue would require careful design.

Cultural and Linguistic Competence – *“The social work case manager shall provide and facilitate access to culturally and linguistically appropriate services, consistent with the NASW Standards for Cultural Competence in Social Work Practice.”* In the FPA, the Case Manager was bilingual and bicultural, with native fluency in Spanish and comfort in Latin American culture. She was able to relate easily to the majority of the families

⁷ National Association of Social Workers. “Code of Ethics.” <http://www.socialworkers.org/pubs/code/code.asp>

⁸ <http://www.socialworkers.org/practice/naswstandards/CaseManagementStandards2013.pdf>

⁹ Engaging Involuntary Clients. *

enrolled in the program. This history allowed for strong trust and connection to build between the Case Manager and their clients.

Assessment – *“The social work case manager shall engage clients – and, when appropriate, other members of client systems – in an ongoing information-gathering and decision-making process to help clients identify their goals, strengths, and challenges.”* This standard informed the development of the initial intake form and the Family Service Plan document, both of which invited participating heads of households to identify their own needs and goals. This input informed the Case Manager’s prioritization of needs and service referrals.

Service Planning, Implementation, and Monitoring – *“The social work case manager shall collaborate with clients to plan, implement, monitor, and amend individualized services that promote clients’ strengths, advance clients’ well-being, and help clients achieve their goals. Case management service plans shall be based on meaningful assessments and shall have specific, attainable, and measurable objectives.”* As discussed above, the Case Manager included clients in their own plan, and based her work on the identified goals articulated by the client and the Case Manager together. The Case Manager and the program structure was designed to engage clients at each stage of the process. The initial intake for example began by asking program participants to articulate their own goals for services and initial steps of managing their basic needs. Most participants articulate their initial set of goals as being focused on securing an attorney, obtaining a work permit, and getting into safe, stable housing. These initial goals were measurable and were reported at intervals of the program.

Advocacy and Leadership – *“The social work case manager shall advocate for the rights, decisions, strengths and needs of clients and shall promote clients’ access to resources, supports, and services.”* The advocacy concept as it applies to social workers is another prong that is relevant to this population and program. Since these asylum seekers are ineligible for neither government services and benefits, nor a work permit, they are caught in an instable situation while waiting years for case adjudication. In this context, in order to achieve the programmatic goals of stability for these families, the program needs to identify and often generate new resources. The program has been able to draw upon ICDI’s expertise as a faith and volunteer based organization.

IV. Case Management Services through the FPA

Participants overwhelmingly identified their needs upon initial intake as securing a lawyer to help navigate the complex immigration proceedings, securing a work permit, and for several of them, more stable housing. All participating families demonstrated the need for mental health services, but most heads of household did not identify this as being among their primary initial needs.

Case management services through this program ultimately led to:

- 10 of 10 families fully complied with their immigration obligations during the program.
- 10 of 10 families received orientation on the importance of full compliance.
- 9 of 10 families received referrals for material needs including food pantries, clothing banks, etc.
- 8 of 10 families secured legal representation.
- 2 of 5 families with unstable housing received subsidized housing through a faith based organization.
- 7 of 10 families received support on school enrollment for their school-aged children.
- 6 of 7 families in need of medical services received appropriate referrals.
- 7 of 10 families received referrals for therapy or other mental health services.

One of the primary needs that was identified by virtually every family in the program was the need for various material goods. Having fled their countries, most of the enrolled families arrived to the United States with often one bag or even less of material goods. Thus, their immediate needs often included clothing, furniture and basic household items, a bicycle for transportation, toys, books or activities for their children, and school supplies. In response to this, the Case Manager made a range of referrals to clothing banks, thrift stores (including the arrangement of vouchers for modest amounts of free items), churches and other social services. ICDI was able to leverage some of their volunteer base and faith communities to generate substantial donations for several of the families. All but one family (nine of the ten) in the program received and utilized referrals for material needs. Most of this was by accessing existing services, but ICDI's additional connections with churches willing to further support this population was invaluable.

Both the Case Manager and the enrolled families agreed that securing legal representation was of particular importance. Nearly all heads of household were scheduled for and attended at least one immigration court hearing during their time in the program. At the time of these hearings, most participants lacked an attorney. They expressed significant hesitation and uncertainty about what would occur in court and their desire for assistance from counsel. The Case Manager also placed a significant emphasis on arranging for legal counsel. However, even with an aggressive case management approach, securing legal representation for these families proved challenging. At the time of program closure, 8 of the 10 families had full legal representation for their case.

The presence of family and community ties for the enrolled families did not consistently lead to stable housing. One of the referred families was a family who had entered from a country in Africa, seeking asylum directly upon arrival at O'Hare Airport. That family was lacking in community ties and thus was enrolled into the family case management services but also required immediate attention to their housing. All other families were accessing housing upon enrollment into the program, most typically with family members. However, not all of that housing was adequate and appropriate. Over the course of the program, 4 other families reported instability or concerns with their housing. Housing in their relatives' existing apartments and houses was often insufficient to comfortably hold an entire additional family unit. For other families, the quality of the relationships or the space itself was problematic. This led to the Case Manager successfully referring one additional family to housing resources, by seeking support from a local church partner. The church donated a small apartment within their church building

on a long term basis to allow the family to move out of the dirty, cramped basement space that was inadequate for healing from the severe trauma from which they had fled. In the new space, the family felt safe and more stable, allowing them to focus on other challenges confronting them.

Since all enrolled families had children, the issue of school enrollment was a high priority for the families and the Case Manager. One finding was that school enrollment was a challenging process for many of these families, involving securing documentation from their countries of origin regarding schooling to date for the children, identifying bilingual or other appropriate programs as feasible, and arranging for vaccinations for all. The Case Manager spent multiple days at some of the schools, advocating for the families. Ultimately, 7 of 10 families received support with the school enrollment process from the Case Manager. Absent case management services, some of these families likely would have navigated the school enrollment process successfully, but the Case Manager's facilitation moved this forward more quickly and yielded better matches of children to appropriate programs.

In addition to the primary basic needs discussed above, enrolled families had significant medical and mental health needs. These needs were often identified at the initial intake phase, though some emergency problems emerged further into the service delivery period, such as one family in which two family members broke bones and needed emergency services. One of the starkest examples of this was one toddler who had been detained in the Karnes family detention facility for three months with his mother. During their time in detention, the family had requested medical attention for the child, without success. Following enrollment into the case management program, the toddler finally was hospitalized and underwent surgery. Of the 10 families in the program, 7 families required some type of medical attention during the program of which 6 received needed medical support and one was unable to access services.

Finally, in the initial assessment meetings, the Case Manager indicated that all 10 families were in need of mental health services. The families were fleeing significant trauma including murders of husbands and mothers, severe domestic violence, and other traumatic events. While many of them were clearly flagged by the Case Manager as needing mental health support to process the events that had led them to flee their countries of origin, many of the individuals themselves were not prepared to access services. This creates a complex cycle, whereby the untreated trauma creates barriers to other services and stability, but accessing mental health services before becoming stabilized becomes nearly impossible. Ultimately, most (7 of 10) participating families received referrals for mental health services. Due to confidentiality we are uncertain how many were utilizing the referrals by the end of the program, however, one-on-one interviews with clients suggested very low number.

In response to this, the Case Manager did initiate an ongoing support group for the participating families. The support group was not yet in operation at the time of program evaluation, but the strong interest from enrolled families does point to a need for greater support and connection than was available for families, even with intensive case management services.

Client Profiles

Alejandra, the mother from El Salvador mentioned in the opening of this report, entered the U.S. with her 19-year-old daughter and two sons aged 16 and 7. Alejandra and her children left El Salvador after the murder of her husband by a local gang, who then threatened the rest of the family, particularly the 19 year old daughter. Having only an elementary school education, Alejandra managed a small business of a produce stand at the market, which she had operated successfully for more than ten years. Her husband also had stable employment as a security officer for the marketplace. Because of this role, he was targeted and murdered one day while at work. The daughter, who was very close to her father, saw his body first. After the funeral, the daughter went back to work at their market stand, where she received daily threats and taunting from gang members. The gang members presented the family with an ultimatum—pay for their safety or the gang members would kill them all.

Seeing no alternative, Alejandra fled to the United States with her three children. She sold her booths and possessions to travel to the U.S. where she allowed the family to be taken into custody by CBP. Due to her age, the daughter was separated from Alejandra and her two sons. The 19 year old who was removed from the rest of the family was placed in the Hutto facility in Texas, causing emotional distress within the family. Alejandra and the two younger children relocated to Chicago to live with her brother, where she was enrolled into the Family Placement Alternatives program.

After being admitted to the program, it was identified that the family needed therapy to address the death of their husband and father, past traumatic experiences, and the subsequent deportation of the 19 year old. The two sons were given proper medical care and enrolled in school, and Alejandra was also enrolled in English language courses, which she was eager to take. Alejandra has been working on finding a lawyer to take up her asylum case, and continues to go to her immigration appointments. The trauma that Alejandra experienced in El Salvador colors her ability to navigate life in the United States—making support and services arranged through a Case Manager critical to her and her family.

V. Program Learning

Enrollment/ role of MOU

In June 2013, LIRS entered into a memorandum of understanding with ICE to formalize a referral process between the community-based organizations and three local ICE Field Offices (New York, Newark, and San Antonio) to identify and screen people with an enumerated list of vulnerabilities for release and enrollment. The agreement was extended to Minneapolis and Chicago in 2014. Under the agreement, the community-based organizations referred individuals to ICE for release from custody. ICE officers were also encouraged to identify people who they were willing to release, but who needed the support offered by the program to manage their release, especially if the individual did not have a place to live. The program staff screened each referral from ICE for program eligibility as well as program capacity to meet the individual's needs.

Every individual who is released from immigration custody while their proceedings are pending has an obligation to appear at all of their asylum interviews, immigration court hearings, or ICE reporting appointments. Depending on the ultimate decision regarding their immigration application, they may also be obligated to appear for removal. People require a certain level of stability and information to meet these obligations. In the family program under discussion here, ICE did not commit the same effort to identify referrals of families, rendering it difficult to identify appropriate referrals into the program.

The Chicago Field Office of ICE/ERO, with support from national ICE headquarters, did support this initiative. LIRS and ICE entered into an extension of the existing MOU for the pilot program for adults, expanding the population served to include families, and extending the agreement through the end of 2015. With this context, the Chicago Field Office did share flyers regarding the program with families who attended their check-in meetings following their release from custody. This led to at least one referral into the FPA.

Ultimately, several of the enrolled participants were referred not by ICE, but rather by the immigration court system within the Department of Justice, known as the Executive Office for Immigration Review (EOIR). The Case Manager built a relationship with one of the court translators, who then identified several families in need of support. Other referrals were made by legal and social service agencies operating in the border region who screened the families in transit to Chicago, including the Refugee and Immigrant Center for Education and Legal Services (RAICES) and Catholic Charities.

Client Enrollment

Ultimately, the enrolled families represent a wide spectrum of backgrounds (*see Table 1*). Included in the cohort was a family that arrived to the airport from southern Africa seeking asylum, along with several families from Mexico and Central America who arrived at a land port of entry. Families included a male head of household and a grandmother caring for her grandchildren after the murder of their mother. Families range in size from one child to five children. A few of the families travelled with additional adult family members who were separated through their encounter with immigration enforcement authorities. Two of the families were separated from their loved ones as they fled the trauma in their country of origin and hope to reunite in the future, including one woman whose spouse followed several months later, was detained in an ICE adult detention facility and finally was released ten months after she had entered the United States. Families have a variety of socioeconomic backgrounds, including one enrolled head of household with a college degree and one who had operated a small business for many years in her country of origin. Others lack

Table 1. Family Demographics

Country of Origin		
Central America		5
Mexico		4
Southern Africa		1
Head of Household		
Average Age	Female	Male
34.2 years	9	1
Children		
Age Range	3-19 years old	
Average Age	11.6 years old	

education and employment experience on account of years of severe domestic violence that prevented them from developing skills and experience outside of the home.

However, all families demonstrated a key characteristic – they believe they have a claim for asylum in the United States and are motivated to take the steps to pursue that application and comply with all requirements. All families arrived here seeking protection and have risked various discomforts and hazards to find safety and protection for their families.

ISAP/ Compliance

To ensure compliance with immigration reporting requirements, heads of households for many families released by either ICE or CBP are enrolled in the Intensive Supervision Assistance Program (ISAP III), a private contract that utilizes a range of tools to promote compliance, including electronic monitoring through GPS tracking devices on participants' ankles. ISAP III is operated by BI Incorporated, a subsidiary of the GEO Group, Inc., which operates many immigration detention and criminal justice facilities. Electronic monitoring is intended to ensure that family heads of household appear for their legal proceedings and regularly check in with ICE. ICE has recently awarded a contract to GEO Care, a subsidiary of the GEO Group, Inc., to establish a pilot program to assist a small number of families in five destination cities. GEO may partner with social service organizations to deliver these services.

Six of the ten participants in the FPA were enrolled in ISAP III simultaneously with the FPA program. For these cases, it is difficult to draw conclusions regarding the ways in which the FPA and ISAP III contributed to their compliance and addressing obstacles to compliance.

The ISAP III program places significant requirements on program participants. The FPA participants who were also enrolled in ISAP reported significant challenges with the BI operated program, ISAP. All participants in ISAP who were also enrolled in the FPA were on ankle monitors for at least some portion of time following their release from custody. Reported experiences with ankle monitors include reports of painful, improperly fitted monitors, which have been difficult to have removed. Further, even when monitors are adjusted, they can be humiliating and complicated to manage since they require regular charging to continue functioning. The charging requires participants to spend time with the devices plugged into walls, impeding their movements for regular periods. Further, participants have reported both discomfort with the sense that they can be tracked at all times, and that BI workers can speak to them at any point through the device, including while in public and with their children.

In addition to the ankle monitor, participants are required to comply with BI's program in other ways. Participants are asked to comply with a range of other requirements, including being available for home visits which often requires the individual to remain at home all day, waiting for the case worker to arrive. Home visits are augmented with office visits which can require many hours of waiting beyond a set appointment time. For mothers with children, this can be particularly burdensome as it requires either long waits with the children or for lengthy child care arrangements. Participants feel that the ankle monitors invade their privacy, including

individuals expressing the concern that their movements are tracked and their conversations can be listened to by way of the ankle monitor.

Throughout the duration of this program, enrolled participants maintained perfect compliance. As stated, it is difficult to determine how much of this can be attributed to the FPA and what role the ISAP program played.

Program Costs

One of the critical questions for a community-based alternative to detention is the cost of the program, as compared to both detention and to other versions of alternatives to detention.

This program ultimately cost the equivalent of \$50.34 per family per day of services. The greatest costs were the case management services themselves, which were designed in this program at a ratio of 10 families to 1 Case Manager. This ratio could be improved upon in a scaled up program, or by augmenting a Case Manager with support staff to conduct more of the initial community and cultural orientation, handle transportation, and other support activities that do not require the Case Manager's skills.

In addition to the direct cost of case management, other associated program costs included supervision for the Case Manager, substantial travel mileage, telephone use and administrative costs. Supervision included recruitment, training and ongoing management of the program. Other costs included telephone and computer use and administrative overhead including the accounting and financial management of the program and other office support.

Mileage was considerable since families lived across the greater Chicago metropolitan area, into adjacent counties. Since many of the households did not have sufficient funds for regular travel, and some lacked access to strong public transportation options, the Case Manager ultimately travelled on a regular basis to many of the households. While many client interactions were conducted over the telephone, in person meetings were necessary and yet time consuming and costly. Program design before the project was launched left open the option for the Case Manager to meet with enrolled families in either an office or home setting. Overwhelmingly however, the Case Manager selected to meet with participating families in their own housing environments which minimized the difficulty of transportation and child care for them, while allowing a deeper understanding of their home situation and needs. Some meetings also occurred in conjunction with trips to other service providers, seeking legal services, material goods or other referrals. This approach would likely shift over a longer term program but was the approach that best leveraged needs and minimized barriers in the short term.

Finally, in order to provide the needed services this program did include the use of a client emergency fund, which represented 14% of the total program costs and was exhausted by the close of the pilot. The fund was to be utilized as a last resort if families were unable to provide for themselves and the Case Manager was unable to find free services or resources. The Case Manager and ICDI did significant work through their existing networks of social service

agencies, churches and the faith community and the family's own connections with support systems.

However, the families' needs were substantial, as a combination of both being new to the United States and most typically, joining relatively low income family members in this country. The emergency fund was a critical source of support for a wide range of issues, from large to small. Emergency funds were applied to emergency medical costs, transportation needs, to purchase basic household goods, and even to pay household bills. For example, emergency funds were applied towards a down payment on a rental for one family in a particularly desperate rental housing situation where the Case Manager determined that they needed to move out for the mental health of the children, a separate incident from the story discussed earlier in which a family moved into church supported housing. In another case, funds were used for the electricity bill when the family did not have a means to pay themselves. While the program could have operated without such a fund, families would have faced considerably greater obstacles that may have interfered with their ability to maintain compliance. The impact of a program without a comparable fund cannot be determined, and this program suggests that the lack of these material goods may have negatively impacted compliance.

One family for example was in a challenging housing situation where their host family was acting in a controlling manner, refusing to let the family leave the house freely. The Case Manager became concerned at these dynamics and determined that a change was critical to the family's safety and health. She was able to address this through an existing church relationship with ICDI that allowed her to identify an appropriate housing placement donated by a church. The family moved into a building attached to a church in the northern suburbs of Chicago, where the church is further supporting the family with connections, clothing, and other basic needs. This kind of support is only possible through an organization like ICDI that has built strong trust with a range of churches and faith based actors.

To successfully meet even the basic needs of this vulnerable population, the Case Manager and program support need to generate resources. The lack of services calls for creativity and the willingness to seek out and build up support systems for these vulnerable migrants.

Conclusion

While the learning from a small pilot of ten families is limited, there are several lessons that did emerge that can inform future alternative to detention or case management programs for families or adult migrants.

One of the key lessons of this program is that the identification and enrollment of individuals is most efficiently done while in detention, or upon immediate release, with identification by Immigration and Customs Enforcement. In the absence of an MOU, program staff struggled to identify and enroll appropriate families. The double enrollment of families into both the ISAP III and FPA renders analysis of the compliance data from the pilot impossible.

However, an unexpected learning due to dual enrollment in ISAP III and this program was the critical need of intensive case management in the first months of orientation. Just as we cannot accurately determine if compliance was due to enrollment in ISAP III, we cannot determine that ISAP III alone furthered compliance. We cannot discount the value case management by a culturally competent and compassionate case manager plays in compliance. An ankle monitor is unable to apply creativity and problem solving skills to the many challenges faced by vulnerable families like the ones noted in this report. These multifaceted barriers challenge compliance. Not because families choose to betray compliance, but because primary needs must be met before attention can turn to the logistics of immigration compliance.

Faith based organizations are ideal entities to manage these cases, though require suitable training in the issues and challenges facing these vulnerable migrants.

Case management is an initial safety net to ensure vulnerabilities don't eclipse compliance and that young people's resiliency is supported by swift normalization through school enrollment. The quality of the case manager appears to matter as much as the types of services being provided. Clients with tenuous family ties overwhelmingly indicated that the case manager served as a "life-line" through initial entry. In the context of trauma this nominal upfront cost can mean the difference between building resilient future members of society, sending them back to an uncertain fate, or initiating a new life at a deficit.

This pilot has affirmed our assumptions that case management is an effective tool to both assure compliance and treat people with dignity. We further illustrated that the costs can be mitigated when embedded within the context of a well-respected and practiced service provider, and that creativity and compassion are critical qualities of an effective case manager and health and housing costs can be substantial.

Annex: Summary of Findings

In February of 2015, Lutheran Immigration and Refugee Service (LIRS)¹⁰, implemented Family Placement Alternatives (FPA), a small pilot program to provide community-based case management services to families leaving immigration detention. Community based support refers to a holistic social service approach to meeting the immediate and long term needs of individuals released from custody. The FPA pilot program, implemented by the Interfaith Committee for Detained Immigrants (ICDI) in Chicago, IL, was created on the assumption that if families released from custody are provided case management, have their basic needs met, and are provided with orientation, they will comply with their immigration requirements while living in the local community. Interviews with the Case Manager and participants validated these assumptions, identifying work and legal support as their greatest needs. Absent work authorization, participants relied on service referrals. The program operated for six months with one supervised Case Manager serving ten families in the greater Chicago area.

Compliance: The underlying rationale for restricting migrants' liberty in detention facilities is to ensure compliance with removal proceedings and where applicable, ultimate removal from the United States. In light of this, alternatives to detention programs must demonstrate success at ensuring ongoing immigration compliance in order to represent a viable alternative to detention. Successful compliance must begin with clear information regarding the individual's rights and responsibilities upon release from detention, including clear guidance on how to successfully meet those responsibilities. In the six months of operating the Family Placement Alternatives program, the ten families enrolled in the program were oriented by the ICDI Case Manager and **fully complied** with their immigration obligations. A critical note is that 6 of 10 program participants were simultaneously enrolled in ISAP, ICE's Intensive Supervision Appearance Program, making it difficult to determine which factors best promoted compliance. A formal agreement with ICE regarding program referrals would have allowed for clearer compliance data.

Services: ICDI currently operates multiple programs in the Chicago area to serve immigrants released from immigration custody as they bridge into long term stability. ICDI's approach to this is to leverage strong support from their volunteer and faith base, including a wide range of churches and service providers in the region with whom they have built relationships over many years. Case management services led to:

- 10 of 10 families fully complied with their immigration obligations during the program.
- 10 of 10 families received orientation on the importance of full compliance.
- 9 of 10 families received referrals for material needs including food pantries, clothing banks, etc.
- 8 of 10 families secured legal representation.

¹⁰ Since the 1990s, LIRS has been heavily engaged in community based alternative to detention models piloted in the United States for migrants and asylum seekers, including the implementation of the Community Support model for adults released from detention, a program that has operated since 2012. LIRS has long been a leader in efforts to end the practice of family detention and has published two reports with the Women's Refugee Commission on the practice of family detention: *Locking up Family Values* and *Locking Up Family Values, Again*.

- 2 of 5 families with unstable housing received subsidized housing through a faith based organization.
- 7 of 10 families received support on school enrollment for their school-aged children.
- 6 of 7 families in need of medical services received appropriate referrals.
- 7 of 10 families received referrals for therapy or other mental health services.

Cost: The program cost the equivalent of \$50.34 per participating family per day in the program. Significant efficiencies could be built into a larger program, thereby reducing costs per family. The largest cost was the salary for a Case Manager, and supervision for that Case Manager to provide these services. However, 14% of the costs included an emergency fund that proved to be an essential part of the program. The emergency fund provided for clothing, furniture, emergency rent assistance, emergency utility assistance, travel costs and other basic needs. While this support could be eliminated from such a program, as discussed above, meeting basic needs is a clear barrier to compliance that must be addressed in order to manage a successful program. A full half of program participants experienced housing instability which is a challenge to address absent financial support or identifying free – often faith based – services.