HUMANE APPROACHES TO RECEIVING ASYLUM SEEKING FAMILIES AT THE BORDER

Applied Policy Project

PREPARED BY

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Disclaimer: The author conducted this research as a part of the Frank Batten School of Leadership and Public Policy at the University of Virginia. This paper is submitted in partial fulfillment of graduation requirements for the Masters in Public Policy degree. The judgments, analysis, and conclusions are solely those of the author, and are not necessarily endorsed by the Batten School, the University of Virginia, the American Immigration Council, or by any other agency.

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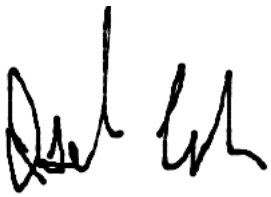
On my honor as a student, I have neither given nor received unauthorized aid on this assignment.



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Executive Summary:

There is currently an unprecedented humanitarian and logistical challenge at the United States (US) southern border. In March of 2019, more than 53,000 individuals traveling in family units with a child under 18 years old came to the US across the southern border. To give this number some context, this is an almost 500% increase compared to the same figure in March of 2018 (US CBP, 2019). The vast majority of these individuals are from the Northern Triangle (Guatemala, Honduras, or El Salvador) and have come to the US to claim asylum, a type of humanitarian protection similar to refugee status. When these families tell Customs and Border Patrol (CBP) officers they fear for their lives if they return to their home country, they initiate the asylum process, which currently takes about three years to complete due to an extensive backlog in the US immigration courts system (Lu & Watkins, 2019). Under American and international law, the US government must allow these families to present their asylum claims and remain in the US until those claims are adjudicated. While these families wait to present their asylum claims to an Immigration Judge (IJ) to determine if they can stay in the US permanently, they live throughout the country, usually with the support of family or friends.

The policy alternatives outlined in this report address how the US should manage these families while they are residing in the US awaiting their final determination hearing. During these roughly three years that families are waiting, Immigration and Customs Enforcement (ICE) has an interest in ensuring these families will comply with their legal obligations. We also have a societal interest in treating these families humanely as they are a particularly vulnerable population, fleeing extreme violence and poverty in the Northern Triangle. This report will most heavily consider each policy alternative's impact on asylum-seekers' well-being. Policy alternatives will also be analyzed based on their scalability, cost, administrative feasibility, and political feasibility.

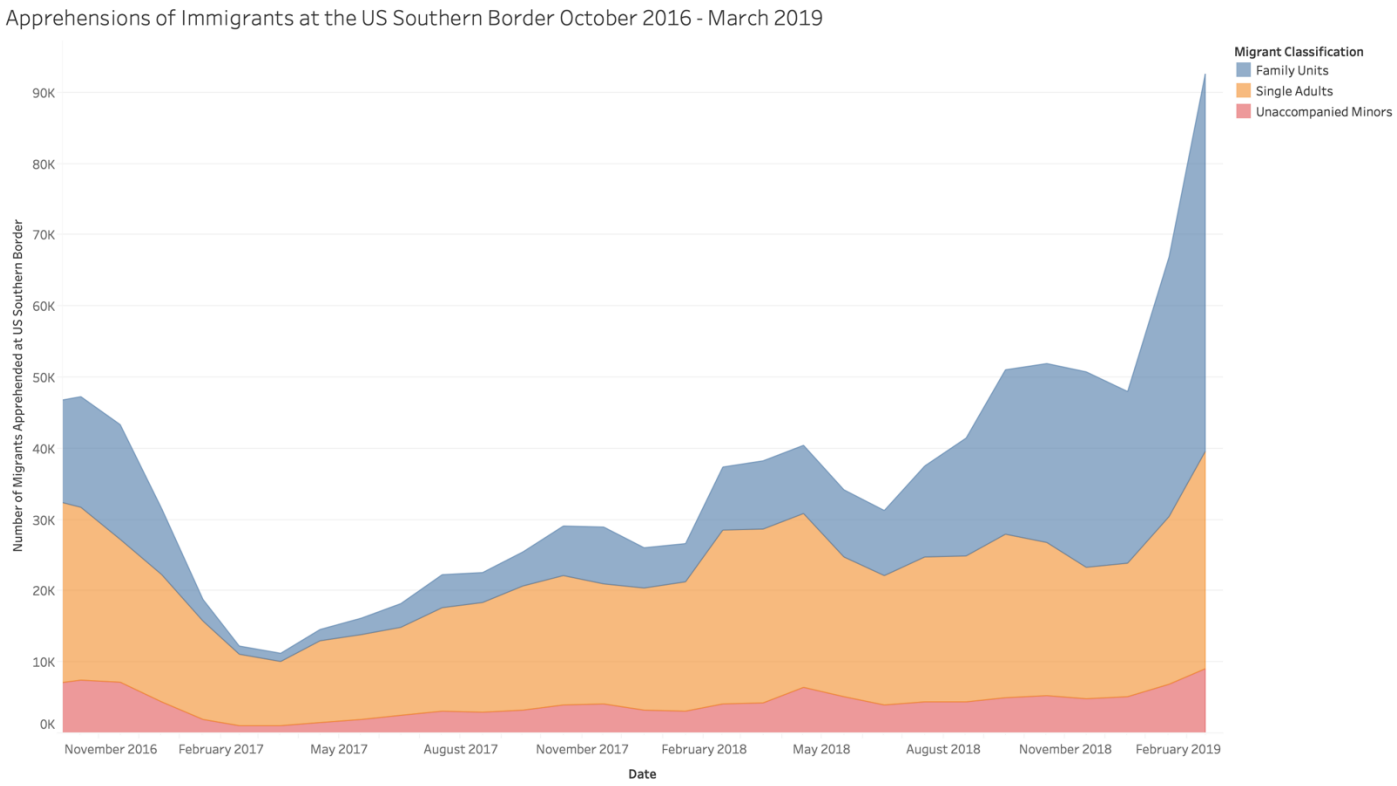
After considering multiple policy alternatives such as expanding ICE's capacity to detain families, converting detention centers into open centers, and increasing electronic surveillance of families, this report recommends that the Department of Homeland Security (DHS) prioritize establishing Community Management Programs (CMPs). CMPs involve non-governmental organizations (NGOs) acting as case managers for asylum-seeking families to help them navigate the asylum process and ensure they comply with their legal obligations, but also to connect them with community resources, such as medical care and legal services. While pilot programs of CMPs have been relatively small in terms of participants, CMPs can be scaled to reach families across the US, rather than just at the southern border. This option is also significantly less costly per family per day than detention. This option leverages existing relationships between DHS and NGOs, but requires them to collaborate in a new, potentially challenging way given their differing missions and dynamics with this population.

A final consideration for this report is that due to influx of asylum-seeking families, and the subsequent strain on the asylum system, DHS will likely need to implement multiple policies in several areas of the asylum process. This report recommends where DHS should prioritize its resources to meet this challenge humanely.

Problem Definition:

In the first five months of Fiscal Year (FY) 2019, there has been a 300% increase in the number of families apprehended at the US southern border compared to the same period in FY2018.[1] In February 2019, 36,174 families were apprehended at the southern border, representing more than 54% of total border apprehensions for the month of February. This figure increased again in March 2019 when more than 53,000 family crossed the southern border, representing more than 57% of total border apprehensions for the month of March. As can be seen in Figure 1, families have dramatically grown as a percentage of total border apprehensions in the past year. In December 2018, 95% of these families were from Guatemala, Honduras, and El Salvador, a region known as the Northern Triangle that experiences extremely high levels of violence (CBP, 2019). While the exact number is not available, the vast majority of these families voluntarily surrender to Border Patrol Agents in order to claim asylum.

Figure 1: Apprehensions at the Southern Border, by Month



Data Source: CBP, 2019

[1] Customs and Border Patrol (CBP) publishes monthly statistics on how many migrants CBP officers apprehend at or near the US southern border. Apprehensions can mean that CBP intercepted these migrants trying to enter the US avoiding CBP detection or they presented themselves to CBP officers when they entered the US.

In March 2019, a total of 92,600 migrants crossed the southern border without authorization. This is an 11-year high for the month of March, though the number of border crossings is nowhere near record-breaking figures that occurred in 2000, nearly double current levels. That being said, the demographic of who is crossing the border, asylum-seeking families from non-contiguous countries, presents new challenges to the US border processing system. In 2000, the vast majority of migrants entering the country were single men from Mexico seeking economic opportunity in the US. They could be detained in adult detention centers that can hold up to 50,000 immigrants indefinitely, put in a fast-track deportation process called Expedited Removal, and deported. Today, a Honduran mother and her young children who present their asylum claim to a CBP Agent require, and are legally entitled to, a different process that's capacity cannot meet current demand humanely or effectively. There are currently 3,000 beds in family detention centers in the US, but in March 2019, 4,117 migrant families arrived in a single day. Aside from detention centers' lack of capacity, the other aspects of family detention centers, such as a lack of proper health care, make them unsuitable for migrant families. With the help of pro-bono legal projects, thousands of asylum-seeking families have demonstrated they have a credible fear for their lives if they return to their home countries and are now in a years-long line to present their claims in front of an IJ. This report will present policy alternatives of how to humanely and effectively process asylum-seeking families as they arrive at the southern border and initiate the asylum process, which takes between two and four years to complete (Dickerson, 2019).

Current systems and infrastructure at the US southern border cannot humanely or effectively process the growing number of asylum-seeking families from the Northern Triangle entering the US, up almost 500 percent from this time last year.

Introduction

Why are families coming to the US from the Northern Triangle?

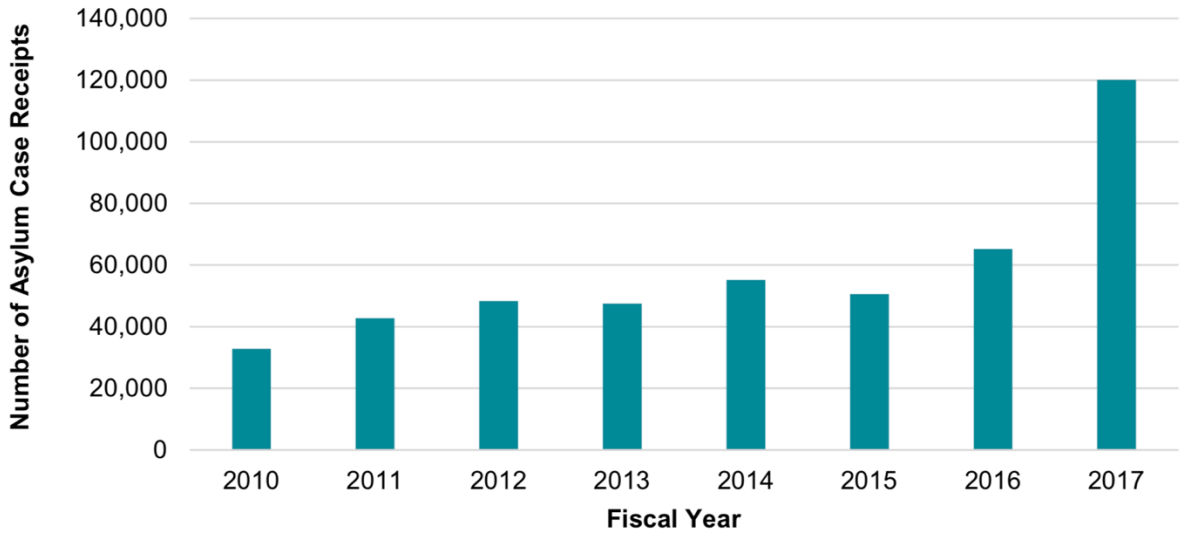
Countries in the Northern Triangle have some of the highest murder rates in the world, facing what Doctors without Borders have called "unprecedented levels of violence outside a war zone." In 2013, the United Nations Office on Drugs and Crime ranked Honduras and El Salvador first and fourth, respectively, for the highest murder rates in the world. Since that study, reports show that violence has only worsened in the area. For example, El Salvador's murder rate in 2015 was 103 per 100,000 people, roughly 20 times the murder rate in the US. There is widespread criminal activity in the region, including organized crime, extortion, sexual and gender-based violence, and forced recruitment into gangs. Transnational gangs have been prevalent in the area for decades, but conditions have worsened significantly in recent years, driving many families to seek asylum elsewhere. In 2015, Doctors Without Borders interviewed migrants from the Northern Triangle traveling through Mexico to the US. Of them, half left their country of origin for at least one reason related to violence. Almost 40% of respondents cited attacks or threats to themselves or their families as their reason for leaving and more than 40% reported having a relative who was killed in the previous two years (Surinyach, 2017). Government institutions in the region, such as police

and the criminal justice systems, are not equipped to protect citizens, with as many of 95% of crimes going unpunished in some areas (Labrador & Renwick, 2018).

Increase in Asylum Cases

The number of asylum applications that are awaiting a decision by an IJ has increased substantially in recent years. Between FY2010 and FY2016, asylum cases from individuals who presented themselves at the southern border almost doubled from 33,000 to 65,000. This number almost doubled again in FY2017, rising to 120,000 cases. The drastic increase in these claims is largely due to the higher number of migrants from the Northern Triangle area, according to data that tracks the country-of-origin of asylum claims. In FY2015 and FY2016, El Salvador was the most frequent country of origin, with Guatemala and Honduras joining the top five list as well. Between FY2014 and FY2016, the number of defensive asylum cases in the US by Salvadoran applicants rose from 7,000 to 18,000 and Guatemalan and Honduran applications each rose from about 4,000 to 11,000. In 2017, the US immigration courts received nearly 120,000 asylum claims from migrants who were facing deportation. This was a fourfold increase from 2014 (Miroff & Van Houten, 2018). Thus far in FY2019, the most common countries of origin for migrants presenting asylum claims are Honduras, Guatemala, and El Salvador in that order. That means asylum-seekers from the Northern Triangle will continue to make up the majority of asylum cases before IJs in the coming years (USCIS, 2019).

Figure 2: Defensive Asylum Case Receipts 2010-2017



Sources: Executive Office for Immigration Review (EOIR), *Statistics Yearbooks*, FY2014–FY2016 (Washington, DC: U.S. Department of Justice, multiple years), www.justice.gov/eoir/statistical-year-book; EOIR, "Defensive Asylum Applications" (dataset, U.S. Department of Justice, July 10, 2018), www.justice.gov/eoir/page/file/1061981/download.

Source: Migration Policy Institute, 2018

Today, there are more than 800,000 pending cases awaiting a ruling from an IJ. To put this figure in context, nationally, IJs close slightly fewer than 200,000 cases each year. In 2018, asylum-seekers accounted for about half of new immigration cases, adding 159,590 cases to the backlog. Of the 800,000 pending cases, more than half (434,498) involve immigrants from the Northern Triangle. On average, immigration cases take 578 days, or about a year and a half, to complete.

However, asylum cases on average last nearly twice as long, about three years, partly because these cases are more complicated to adjudicate (Lu & Watkins, 2019).

Background

The US Asylum Process

Immigrants coming to the US may seek asylum protection if they have suffered persecution or fear they will face persecution due to race, religion, nationality, membership to a particular social group, or political opinion in their country of origin. The definition of asylum is intentionally broad to encompass several identities that may cause someone to be persecuted. For example, gender has been considered a "social group" so that in the past, women who have suffered gender-based violence and fear for their lives may be granted asylum status. Asylum-seekers differ from refugees because refugees seek protection from outside of the US while asylum-seekers begin their process either after they have presented themselves at a port of entry at the border of the US, or they have been apprehended by CBP agent within 100 miles of the border, detained, put into removal proceedings, and then claimed they fear persecution or death in their home country if they return.

When immigrants present themselves or are apprehended at the border by a CBP Officer, they are put into an expedited removal process. This is a fast-tracked deportation process in which an immigration officer can immediately order their deportation without the asylum-seeker seeing an IJ, unless they tell an immigration official they are afraid to return to their home country (Shepherd & Murray, 2017).

If the immigrant tells the immigration officer they fear for their lives if they return to their home country, the asylum process is initiated. In this process, the asylum-seekers must first undergo a Credible Fear Interview (CFI) conducted by an Asylum Officer (AO) to determine if individuals have a credible fear of persecution or torture if they return to their home country (USCIS, 2015).

If the AO determines they ***do*** have a credible fear, the individual may present their case before an IJ in an immigration court, called a final determination hearing. This hearing for asylum-seekers, often occurs three years after their initial asylum claim, given the large backlog in the immigration courts system. Immigrant families are usually released on bond or under electronic surveillance while waiting for their hearing in front of an IJ, though this is not always the case and there is no data to know which percentage of immigrants are released into each form of surveillance (Schoenholtz et al, 2007).

If the AO ***does not*** find that an individual has a credible fear of persecution or torture, the asylum applicant may request that an IJ review that decision as an appeal process. However, the vast majority of asylum-seeking families from the Northern Triangle are passing their CFI.

Final Determination Hearing

The definition of asylum is broad and protects several identities that may cause someone to be persecuted, such as gender or one's family that cause someone to be the victim of domestic violence or gang violence. In June 2018, former US Attorney General Jeff Sessions narrowed the definition to win protection in the US, saying "generally, claims by aliens pertaining to domestic

violence or gang violence perpetuated by nongovernmental actors will not qualify for asylum." This significantly narrows the possibility for asylum-seekers from the Northern Triangle gain asylum at their eventual hearing (Benner & Dickerson, 2018). Already, only about 15% of asylum-seekers from the Northern Triangle have been winning their asylum cases in front of an IJ (Department of Justice, 2016). This report will focus on asylum-seekers' experiences prior to this final stage, though it is important to note that many of these asylum-seekers will eventually be returned to their countries given this policy change.

International Asylum Policy

Many other countries offer asylum status as a form of humanitarian relief, and many have similar challenges to the US. The Universal Declaration of Human Rights was adopted in 1948 and guarantees the right to seek asylum. Since then, more regional human rights conventions and rules have expanded this right. The 1951 Convention relating to the Status of Refugees is the most comprehensive international convention on refugee law, providing an international definition for a refugee and outlining their rights. For example, one of the most basic principles of international refugee law is non-refoulment, that countries cannot return a refugee to a country where their "life or freedom would be threatened on account of their race, religion, nationality, membership of a particular social group or political opinion" (International Justice Resource Center, 2019). The 1951 Convention provides overarching goals and guidelines for the international community when developing their asylum and refugee policies, but it does not define how countries should determine who meets the definition of a refugee. Therefore, the asylum process across countries varies significantly (International Justice Resource Center, 2019).

Family Detention and Alternatives to Detention Internationally

Several other developed countries struggle with how to process family asylum-seekers with minor children. The EU has a relatively uniform policy on asylum and family detention: governments may detain families with children during removal proceedings for the "shortest appropriate period of time" and only as a last resort. The families must also be detained separately from others in order to guarantee "adequate privacy" (Women's Refugee Commission, 2014). Similar to in the US, these countries aim to avoid prolonged family detention, but it is often difficult to know to what degree these protocols are being followed.

EU countries have established various protocols in order to process asylum-seeking families, though most EU countries have significantly fewer families presenting asylum claims compared to the US. In terms of the volume of asylum-seekers, Germany is most similar to the US. Germany received 185,853 asylum applications in 2018, similar to the almost 160,000 cases received in the US. In Germany, individuals seeking asylum are rarely detained, and no children were detained between 2015 and the first half of 2018. One factor that may impact Germany's policies is that the backlog for an asylum-seeker to see an IJ is significantly shorter, with migrants waiting 7.9 months on average for their cases to be decided (Asylum in Europe Germany, 2019).

Other countries that receive significantly fewer asylum-seekers annually offer more government support to asylum-seekers than in the US. In Sweden, asylum-seekers choose between living with family or friends, or living in government provided housing while awaiting their final determination. The government provides asylum-seekers with a living allowance to cover day to

day expenses. Sweden forbids families to be separated due to detention, and in practice, children are rarely detained (Asylum in Europe Sweden, 2019).

In Belgium, between 2008 and 2016, families were placed in "open family units," rather than detention centers. In these open centers, families could leave for many reasons, like to meet with legal counsel or run errands. Families were also issued coupons to purchase food from local businesses. The families had a "coach" to educate them about their rights and their responsibilities and also support their needs (UNHCR, 2011). This policy changed in November of 2016 when Belgium re-opened family detention centers because too many, about 39%, of families disappeared from open centers (Global Detention Project, 2019). However, closed detention centers operate on a smaller scale than in the US: between August 2018 and January 2019, only 19 children were detained (Asylum Information Database Belgium, 2019).

EU nations detain families at lower rates than the US, though on average they also receive significantly fewer asylum claims and have shorter wait times for asylum-seekers to have their final determination. Wealthier EU nations that receive around 25,000 asylum applicants a year, such as Sweden and Belgium, have tried models that aim to support asylum-seekers more as they wait for their final determination, though these policies have had mixed success and sustainability.

Family Detention in the US

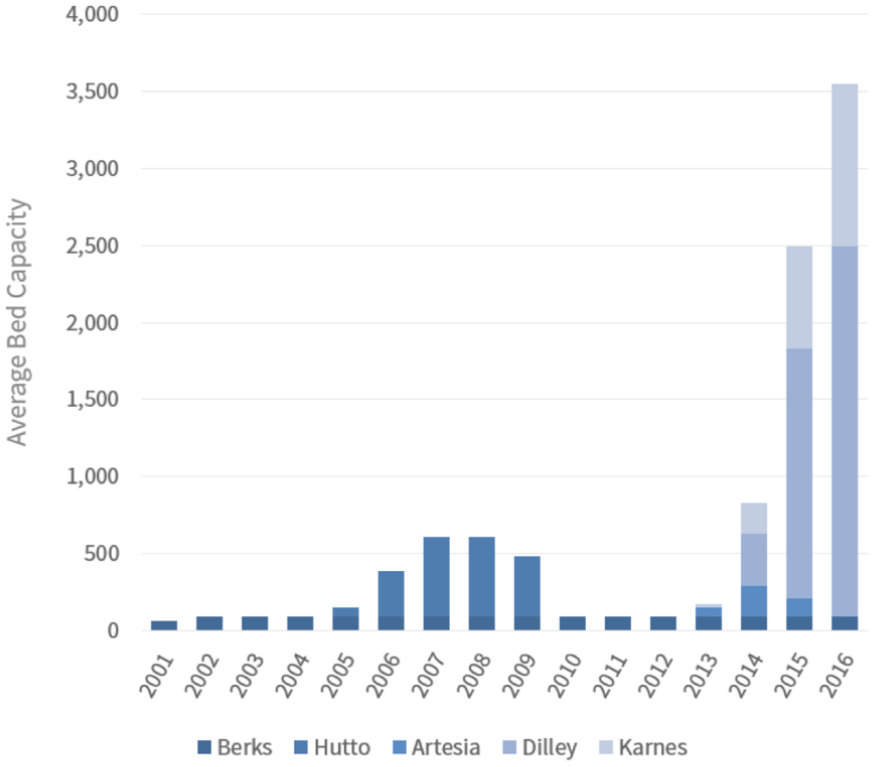
When families are apprehended or present themselves to a CBP officer at or within 100 miles of the border and are put into expedited removal proceedings, most are moved into a family detention center awaiting their CFI. According to attorneys at the border, the amount of time that families at the border are detained varies. While the US government is required to limit family detention to 20 days due to a 1997 court mandate, most families are detained for two to eight weeks awaiting their CFI (K. Murdza, personal communication, February 27, 2019).

The US government has been detaining families since 2001, though the number of families detained has increased dramatically since 2014. In response to an influx of asylum-seeking families in 2014, the US government increased its capacity to detain families by creating large detention centers in Karnes City, Texas and Dilley, Texas (Preston, 2014).

There are currently three family detention centers in the US; Berks Family Residential Center in Berks, Pennsylvania, Karnes Residential Center in Karnes City, Texas and South Texas Family Residential Center in Dilley, Texas. These facilities are run by private prison corporations. There is not current data available for how many families are being held in each detention center, but Dilly, Texas is the largest facility with 2,400 beds followed by the facility in Karnes with 830 beds (Bernwanger, 2018). While the detention center in Berks has 96 beds, recent reports indicate only about a dozen families who have particularly complicated cases are being held there (K. Murdza, personal communication, February 27, 2019).[2] As is displayed in Figure 3, family detention capacity has increased significantly over the past few years, and today, immigration authorities can detain about 3,000 members of asylum-seeking families at any given time.

[2] Berks has limited capacity to handle recently arrived families given it is located in Pennsylvania. It will be excluded from most analysis in this report.

Figure 3: Monthly Average Bed Capacity in US Family Detention Facilities, 2001-2016



Source: Ingrid Eagly, Steven Shafer & Jana Whalley, *Detaining Families: A Study of Asylum Adjudication in Family Detention*, 106 Calif. L. Rev. 785 (2018), https://doi.org/10.15779/Z38WH2DF26.

Source: Migration Policy Institute, 2018

Even with this increased capacity, recently many migrant families have been released from custody almost immediately after presenting themselves at the southern border, given the number of families entering the US far exceeds the capacity of detention centers. Officials have also stated that they lack the capacity to transport migrants to the detention centers (Sacchetti & Miroff, 2019).

Temporary Detention Centers

There have been several other recent instances in which the current infrastructure at the US southern border hasn't been adequate to manage the number of immigrants entering the country. For example, in 2014 when tens of thousands of unaccompanied children were coming to the US from the Northern Triangle, the Department of Health and Human Services (HHS) worked with the Department of Defense (DoD) to open an emergency shelter at an Air Force base in San Antonio, Texas to accommodate 1,000 children (Cowan, 2014).[3] This was one of three temporary shelters that HHS operated on military installations with a total capacity for 7,700 children. These shelters helped relieve overcrowding at CBP's border facilities (White House, 2014).

[3] When unaccompanied children cross the US southern border, they are transferred to HHS, rather than DHS. They remain in HHS custody until HHS can find their parents or a suitable guardian for the child. While this process differs from how DHS processes family units, temporary detention for these populations does not differ much.

CBP border facilities are currently overcrowded. In response, on April 17, 2019, DHS announced it entered into a $37.3 million contract to build and operate two new temporary detention centers through the end of 2019. The two temporary detention centers will be completed on April, 30 2019 in the El Paso and Rio Grande Valley. Each temporary detention center will hold up to 500 individuals who are seeking asylum. Acting Secretary of DHS, Kevin McAleenan, told reporters the new facilities would be used to temporarily house Central American families and children who are detained at the southern border. He would not comment on how long families would be detained there (Fernandez, 2019).

Conditions in the Detention Centers

Detention centers have drawn criticism from doctors, immigrant rights activists, and formerly detained families for a variety of inadequate conditions. According to the former President of the American Academy of Pediatrics, who visited the Dilley detention center, several children in the center had serious untreated medical issues. Dilley also lacked specialized care for children, babies, and breastfeeding mothers (Kraft, 2019). In early March 2019, advocates filed a complaint with the DHS Office of the Inspector General identifying 16 babies under the age of one who were in detention at Dilley with insufficient baby formula. Usually, families with children under the age of one are allowed to bypass detention because detention centers are not equipped to hold infants (Smith, 2019). Human Rights Watch conducted a study of 15 deaths of immigrants in detention from December 2015 to April 2017 and found in all but one of those deaths, there was evidence of subpar and dangerous practices, "including unreasonable delays, poor practitioner and nursing care, and botched emergency response." Though this study did not focus specifically on deaths in family detention centers, advocates and attorneys who work in family detention centers also express deep concerns with the health conditions in detention centers (Human Rights Watch, 2018).

The Psychological Effects of Detention on Families

The detention of children has sparked outrage from the American medical community, citing the long-term damage these policies have on children's health and well-being (Wood, 2018). Children in detention or those who are separated from their families are also likely being subjected to toxic stress, the chronic release of stress hormones that cause architectural organ damage leading to lifelong development and health problems. For example, children who are exposed to high adversity are three times as likely to develop lung cancer, 3.5 times more likely to develop heart disease, and have a life expectancy of up to 20-years less than individuals who did not experience high levels of adversity as children (Felitti et al, 1998). Before asylum-seeking families even reach the US and are subjected to detention or separation, they likely have already experienced high levels of violence and adverse circumstances in their home countries and on their journey to the US (Keller et al, 2017). These experiences, combined with separation, detention, and pervasive uncertainty, are what doctors call the "perfect storm" for the development of severe toxic stress and long-term damage of children. For these reasons, the American Academy of Pediatrics have said that no amount of time in detention is "safe for children" (Smith, 2019).

Pro-Bono Projects at Family Detention Centers

NGOs, including the American Immigration Lawyers Association and Council Immigration Justice Campaign, operate large scale pro-bono projects at family detention centers to represent families in detention. At Dilley, the Dilley Pro Bono Project provides representation to nearly

every family as they navigate their CFI. These lawyers help asylum-seekers prepare evidence for the CFI so that 98% of families pass their CFI in Dilley. The Immigration Justice Campaign also operates a pro-bono project at the Karnes Family Detention Center that has a similarly high success rate at helping detained families pass their CFI. In 2018, the Immigration Justice Campaign represented 15,296 families detained in Texas (American Immigration Lawyers Association, 2018).

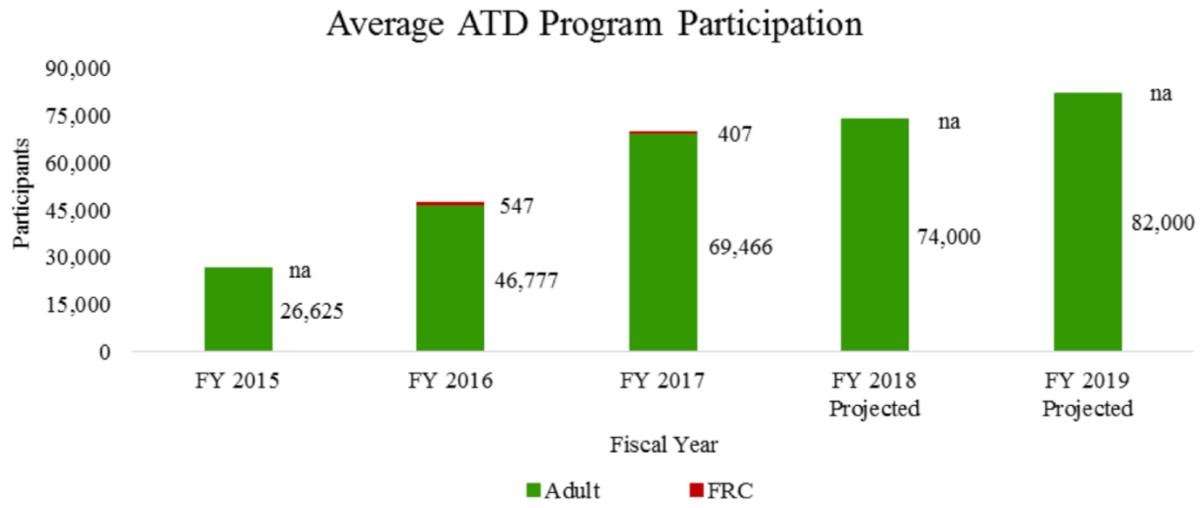
What happens after families are released from detention?

Families are released in the US either after being detained for a few weeks before their CFI or after being processed at the border when family detention centers are full. When asylum-seeking families are released, they are typically enrolled in ICE's Intensive Supervision Appearance Program (ISAP III), also known as Alternatives to Detention (ATDs). ICE has already piloted several different types of ATDs to release asylum-seekers from detention and supervise them to ensure they return for their later hearings before an IJ.

Under ISAP III, ATD officers decide which monitoring technology options to employ to ensure immigrant families' compliance with future court dates. These vary from ankle bracelets, to GPS tracking, telephonic reporting, and home and office visits. ATD officers decide which level of supervision to assign to immigrant families based on circumstances such as stage in the removal process, community and family ties, compliance history, and humanitarian concerns. According to advocates working with asylum-seeking families in the family detention center in Dilley, it's unclear exactly what factors ICE or CBP use when determining which type of supervision a family should receive. For example, advocates previously believed that if individuals entered the US at a port of entry, they would not be given an ankle bracelet and would instead receive a less intensive form of ATD, like telephone check-ins. However, recently many individuals are being processed at the border quickly by CBP, released to family and friends somewhere in the US with a "Notice to Appear" at an ICE field office close to where they will be residing, and then are enrolled in an ATD (K. Murdza, personal communication, April 26, 2019). Though data is unavailable about which type of surveillance most families receive, about 45% of individuals in ISAP had GPS ankle monitors, 53% checked-in with ICE using biometric voice verification systems through phone calls, and about 2% used facial recognition apps (Long et al, 2018).

The first iteration of ISAP began in 2004 as a 5-year pilot program in 10 cities. Since, Congress has renewed 5-year contracts to expand the program in 2008 and 2014 to enroll more immigrants and operate nationally (DHS Office of the Inspector General, 2015). Since FY2014, these programs have grown rapidly, as can be seen in Figure 4 below. As of July 2018, there were 84,500 participants in ICE's ISAP program, more than triple the enrollees in November 2014. If Congress chooses to continue ATDs, they will need to renew DHS's contract with Behavioral Interventions (BI) in October of 2019 (Long et al, 2018).

Figure 4: Average ATD Program Participation FY 2014-2019



Source: DHS FY 2018 Budget, 2017

When families are released with their form of supervision, they overwhelmingly go to live with families or friends throughout the US to await their final determination court date. According to an advocate who works with families at Dilley, 99% of their clients have a family member or friend who is ready pay for their bus ticket and receive them (K. Murdza, personal communication, February 27, 2019). This experience is typical; most migrants who come to the US from the Northern Triangle have someone to receive them. When families are immediately released by CBP and have yet to arrange with the person receiving them, volunteer organizations at the border offer temporary housing. One example of this is "Annunciation House" in El Paso, a faith-based organization that is struggling to find temporary housing for families in churches, converted nursing homes, and over 100 donated hotel rooms (Dickerson, 2019).

The Role of NGOs in Supporting Asylum-Seeking Families

In addition to the aforementioned work of pro-bono projects in family detention centers and the Annunciation House in El Paso to temporarily house recent arrivals, NGOs play a major role across the country in assisting to immigrants connect with community legal services, especially the most vulnerable immigrants such as asylum-seeking families. These NGOs operate across the country, though are most concentrated in areas with large immigrant populations. Many NGOs help immigrants are faith-based.

Prior to 2002, DHS had multiple formal partnerships with NGOs, called Community Management Programs (CMPs), in which NGOs would monitor the whereabouts of and provide case-management services for immigrants waiting for their court dates. Organizations such as the Vera Institute for Justice, Catholic Charities of New Orleans, and the Lutheran Immigration and Refugee Services (LIRS) operated small scale (ranging from 64 to 500 enrollees) case management programs in which more than 90% of enrollees appeared for all of their case obligations (Justice for Immigrants, 2017).

In June of 2013, ICE signed a Memorandum of Understanding (MOU) with the LIRS initiating community-based alternatives as a pilot program. ICE would screen asylum-seekers in detention and release them into the care of a local partner of LIRS. The local partner organization would assign them a case manager who would connect them with community support services such as legal services, medical health care, or housing. The program was small, providing services for 73 clients, many of whom were asylum-seeking families. The program prioritized families with few community ties (LIRS, 2014). The pilot program expired after a year but LIRS began another, similar pilot in Chicago also with asylum-seeking families (LIRS, 2016).

With the exception of the LIRS program, after 2001, when the former Immigration and Naturalization Service (INS) transitioned to become ICE, they prioritized ATD contracts with private companies that offered electronic surveillance, such as GEO Group, rather than NGOs. In 2016, ICE contract with a subsidiary of GEO Group, a private prison company, to fund an ATD program called the Family Case Management Program (FCMP) that resembled these CMPs. For a year and a half, in five cities, case managers worked with 952 participants to connect them with legal representation, guide them through the asylum process and their legal obligations, and helped them find housing, healthcare, and schools for their children. The program prioritized particularly "vulnerable families," such as pregnant or nursing mothers, families with infants, families with medical and mental health concerns, and those who only spoke indigenous languages. These families were primarily Central American women and children. FCMP was highly successful at ensuring compliance with families' legal requirements: 99.3% of enrollees attended their immigration court hearings and 99.4% attended their appointments with ICE. Though the exact number of enrollees who were ordered to be deported during the program is not available, FCMP was effective at ensuring compliance for families who were ordered to be deported. Additionally, FCMP sub-contracted with community-based organizations who had experience with the local immigrant populations, such as faith-based organizations. It is unclear why ICE decided to terminate the program, given its original contract was for five years (Women's Refugee Commission, 2018).

Evaluative Criteria

The below policy alternatives will be evaluated based on the follow criteria. The point value of each criterion is included in its description.

Asylum-Seeker Well-being

This criterion will focus on the mental and physical health of the asylum-seekers throughout the process, and the conditions they are exposed to. This criterion will be most difficult to measure as it is most subjective. Ideally, this criterion would utilize a mix of income, life satisfaction, and freedom satisfaction as has been established as a standard measure of migrant well-being in other literature (Nikolova, 2014). However, due to lack of data and the short time frame migrants have been in the US, this report is unable to use such measures. Instead, this criterion will be applied

based on a number of factors that would likely impact an asylum-seeker's well-being. They are as follows:

1. The option adheres to the American Medical Association's (AMA) guidelines surrounding asylum-seeking families. In June, 2017 the AMA voted to oppose family detention or family separation, citing the distress, depression, and anxiety the practice causes (AMA, 2017).
2. The option allows parents autonomy to parent their child in as normal of circumstances as possible, in a community-based environment.
3. The option allows or supports asylum-seekers to connect with medical services that would likely increase their health and well-being.
4. The option supports asylum-seekers to fulfill their legal obligations throughout the asylum process.
5. This option monitors asylum-seekers in a manner that is more humanitarian than punitive.

Scoring: Alternatives will be awarded points based on the degree to which the policy fulfills each statement. Each statement will be evaluated on a range of 0-3, for a maximum score of 15 points total for the alternative.

Scalability

The alternatives will be analyzed based on their geographic and capacity scalability. When asylum-seekers are released from either CBP or ICE custody, they disperse across the country to live with relatives or friends awaiting their final determination. This criterion will also assess the option's ability to respond quickly to changes in the volume of asylum-seeking families at the southern border given the number of asylum-seeking families increased almost 500% in just the last year.

1. This option can be implemented beyond the area close to the border in order to reach asylum-seekers throughout the US waiting for their hearing.
2. This option can quickly adapt to the number of asylum-seeking families presenting claims.

Scoring: Alternatives will be awarded points based on the degree to which the policy fulfills each statement. Each statement will be evaluated on a range of 0-5, for a maximum score of 10 points total for the alternative.

Cost

This criterion will evaluate the costs of the option, such as the cost of detention, supervision, and support of families. This criterion will evaluate three costs of each option. Two cost calculations will be included in the body of this report:

1. The cost per family per day.
2. The cost per family from when they are apprehended by CBP to when they have their final determination with an IJ. This cost will assume it takes three years for a family to proceed through this process given the average asylum case takes approximately that long to reach a final verdict (Lu & Watkins, 2019).

When analyzing the options' costs for the outcomes matrix and final recommendation, the average cost per family per day will be most heavily considered. This is because there is a higher level of uncertainty regarding the average cost for a family enrolled in each option from apprehension to the final determination, given its unknown what percentage of families will actually be enrolled in ATDs, which ATD they would be enrolled in, and at what cost.

A third cost estimate will be included in the Appendices of this report:

3. The estimated total cost of the option over a scope of three years. These costs will be calculated from June 1, 2019 to June 1, 2022.[4]

The estimated total cost is included in Appendix A2, B2, C2, D2, and E2 because their estimates have a high degree of uncertainty given it is outside the scope of this report to predict future levels of migration to the US for this population.

Scoring: Alternatives will be evaluated on a range of 0-5 based on the average cost per family unit per day for a maximum score of 5 points total for the alternative.

Administrative Feasibility

This criterion will be used to analyze how difficult it would be to implement a policy given the current capacity of ICE and CBP operations at the border. Some factors that will shape the options' administrative feasibility will be how much the alternative would require new training, staff, or facilities, how much coordination the option will require between different agencies or organizations, and how much the change differs from current process.

1. This option requires a limited amount of new infrastructure, staff, or training.
2. This option primarily involves coordination within DHS and therefore does not require high levels of coordination without outside entities.
3. This option builds off of existing procedure.

Scoring: Alternatives will be awarded points based on the degree to which the policy fulfills each statement. Statements 1 and 2 will be evaluated on a range of 0-2 and statement 3 is evaluated on a range of 0-1, for a maximum score of 5 points total for the alternative.

Political Feasibility

This criterion will be defined by how the alternative aligns or diverges from the previous decisions and statements of key decision makers at DHS and the White House. These leaders' stances will impact the likelihood of the policy options reaching implementation. One of the most important factors in determining an option's political feasibility will be the option's ability to ensure asylum-seeking families comply with requirements and future court hearings and meetings. President Trump and other officials in his administration have consistently outlined this as a priority of the

[4] In calculating the net present value of the costs of the options, June 2020 to June 2021 will be considered year one and June 2021 to June 2022 will be considered year two.

administration's immigration policy. Lastly, most of these options would require increased funding from the US Congress in DHS's annual appropriation bill in order to be sustainable. Options will receive a score between 0 (least politically feasible) and 3 (most politically feasible). The three stakeholders whose likely stance will be most considered are President Trump, Acting DHS Secretary Kevin McAleenan, and the US Congress.

Scoring: Alternatives will be awarded points based on the option's expected reception from the aforementioned stakeholders. The alternatives will be evaluated on a range of 0-3, for a maximum score of 3 points total for the alternative.

Policy Alternatives

All of the policy alternatives will apply specifically to individuals who are presenting asylum claims at the US southern border in a family unit with a child under 18. The US asylum process is overwhelmed at multiple points and many facets of the system will need to be updated to increase the country's capacity to process the current demand. For this reason, it's important to acknowledge at which point in the process the policy alternatives intervene, and which issues are outside of the scope of the policy alternatives.

The following policy alternatives do not directly address the push or pull factors that are causing families to come to the US to present asylum claims. The policy alternatives also do not attempt to address the immigration court backlog or increasingly narrow criteria by which families can qualify for asylum. Instead, they address how to manage families who are living in the US as they wait between two and four years to see an IJ for their final determination. Currently, the "normal process" does not have the capacity to manage the volume of asylum-seeking families.

A final important caveat of the following policy alternatives is that with the possible exception of Policy Alternative 3, none of the alternatives can be feasibly expanded to enroll every asylum-seeking family unit given their current capacity and the current volume of families. For this reason, all policy alternatives include an estimate for how many families they could enroll at one time, or in a given month, and then assume the other families will be enrolled in an ATD.

Policy Alternative 1: Increase Capacity of Family Detention Through New, Temporary Centers

Proposed Policy Change:
This option involves increasing family detention capacity from its current level of 3,000 beds in permanent structures to approximately 10,000 beds by building temporary structures, as has been proposed by the Trump administration in its FY 2020 proposed budget (The White House, 2019). DHS would rely on DoD to construct temporary detention centers for families, that could hold 7,000 additional individuals. According to a Trump Administration official, in November of 2018, DHS asked DoD to provide up to 8,000 family detention beds at two new sites, though it does not appear DHS ended up officially making this request (Nakamura & Miroff, 2018). This option would involve DHS directing DoD to construct temporary detention centers on a military

installation to hold more families and then reimbursing DoD. The temporary detention center may also be constructed on CBP or ICE property, similar to the most recent temporary shelter that was built in April of 2019 (Fernandez, 2019). After construction is complete, the family detention capacity in the US will be 3,000 beds in permanent facilities (Dilley, Karnes, Berks) and 7,000 beds in temporary tent structures.

What does this policy look like for an asylum-seeking family?
Families apprehended by CBP at the southern border would be transferred to ICE custody in either a permanent detention center (Dilley or Karnes) or to a temporary detention center that will be constructed either on CBP or ICE property, or on a military installation. Families would be in detention for about 20 days awaiting their CFI with an AO. The vast majority of families will pass this CFI and then be released to connect with family or friends in the US to await their final determination hearing roughly three years later.[5] When families are released from detention, they are likely enrolled in ISAP III in either telephonic or GPS monitoring.

Scope of the Option:
Estimated Enrollment Capacity at one time: 4,000 families[6]
Estimated Enrollment Capacity each month: 6,000 families
Estimated Duration of Detention: 20 days
Estimated Duration in ATD: 2 years, 11 months

Evaluating Option 1 Outcomes:

Asylum Seeker Well-being: **Low (2)**
This option violates the AMA's policy that asylum-seeking families and children should never be detained due to detention's harmful physical and psychological effects. This option does not allow parents the autonomy to rear their children in a normal setting or with community support. The option does connect families with basic medical services in the detention center, though the AMA has called on ICE to revise their medical standards in detention centers, citing data that demonstrated that substandard care in detention centers has led to preventable deaths (AMA, 2017). This option does help asylum-seekers by connecting them with legal services before their CFI due to large pro-bono legal projects that operate at family detention centers. However, these projects only provide legal counsel through the CFI, and this option does not help asylum-seekers connect with legal representation after they are released (K. Murdza, personal communication, February 27, 2019). Additionally, while these pro-bono projects operate in current family detention centers, its unknown if they could expand their capacity to provide legal services to families in new detention facilities. Finally, given families' basic freedoms and mobility are limited in detention, this option is significantly more punitive than humanitarian.

Scalability: **Low (2)**
While temporary detention beds are easier to build than a permanent detention structure, this option allows for minimal flexibility to adapt to the flow of asylum-seekers as it would still create a cap

[5] Families in temporary detention centers may have reduced access to pro-bono lawyers, given pro-bono projects may take some time to begin operating in new, temporary detention centers. This may impact families' ability to pass their CFI.
[6] Assuming the average family size is 2.5 individuals and 10,000 individuals could be detained at one time

on how many families could be held at any one time. However, this cap can be adjusted relatively quickly with the temporary shelters considering that in June of 2018, DoD officials said they could increase detention capacity by 2,000 family detention beds within 45 days of receiving orders (Hennigan & Elliott, 2018). This option has little capacity to expand much beyond the US southern border as DHS prefers that these facilities are located in border states.

Cost: **High (1)**
This option has three primary costs:

1. The cost of operating currently existing family detention centers in Dilley, Karnes, and Berks with a capacity of about 3,000 individuals in family units.
2. The cost of constructing and operating temporary shelters with the capacity to hold 7,000 additional individuals in family units.
3. The cost of enrolling families in ATDs after they are released from detention and are awaiting their final determination hearing.

In order to calculate the costs of this option, I converted the number of individuals in family units in detention into family units. This helps standardize cost comparisons within and across the policy options, because for ATDs and CMPs, the costs are presented as cost per family unit rather than cost per individual in a family unit.

Current Family Detention Centers: The low cost per family member per night ($162) comes from the reported average total cost of detaining an individual in a family detention center as reported by DHS's FY 2017 Budget Request (DHS, 2016). The high cost per family member per night ($319) comes from the reported average total cost of detaining an individual in a family detention center as reported by DHS in 2018 (Urbi, 2018). These detention centers have a capacity to hold 3,000 individuals, or 1,200 family units.

Temporary Family Detention Centers: The low cost per family member per night in a temporary detention center ($152) comes from the average cost per bed for constructing and operating the most recently constructed temporary shelters in April of 2019 (Fernandez 2019). The high cost per family member per night in a temporary detention center ($405) comes from an estimate of the nightly cost of HHS operating temporary detention centers for unaccompanied children on DoD bases (Jordan, 2018). These temporary detention centers have a capacity to hold 7,000 individuals, or 2,800 family units. Though there are opportunity costs of using military installations for temporary detention centers, rather than for a military or other function, calculating these opportunity costs is outside the scope of this report because data on the rental rate of these instillations is unavailable.

ATDs: This option assumes that when families are released from detention after an average of 20 days, they will enter an ATD for about 2 years and 11 months. This calculation assumes that 70% of families are given some form of telephonic monitoring, which costs about $.18 per family per day, and 30% of families are given an ankle bracelet, which costs about $4.74 per family per day (DHS Office of the Inspector General, 2015).

In order to calculate the average cost per family unit from apprehension to final determination, I assume families spend 20 days in detention, then are released to an ATD for the remaining approximately 2 years and 11 months.[7]

Average Cost per Family Unit per Day in Detention[8]	$1,002.32
Average Cost per Family Unit from Apprehension to Final Determination[9]	$21,632.81

Administrative Feasibility: **Moderate (5)**
This option builds on the existing asylum process so it would not require a significant amount of new training for current staff, though it would require training new staff to work in the temporary detention centers. This option requires coordination between DHS and DoD during construction, though ICE would be in charge of day-to-day operations in the temporary detention center. The option would require slightly more coordination between CBP and ICE than currently exists in order to transport families from the border to the new facilities. Though this option would expand an existing process, that dysfunctional due to the volume of migrants. While that may be largely due to a lack of capacity in detention centers, which would be partly remedied by the temporary shelters, there are other logistical concerns that would impact administrative feasibility, such as insufficient capacity to transport families to these detention centers.

Political Feasibility: **High (3)**
President Trump and high-ranking officials at DHS would likely support this policy as the Trump administration's policies have shown a strong preference towards detention. This policy aligns with the President's proposed budget and previous requests to the DoD. Though House Democrats have tried to cap the number of detention beds in DHS's budget, this policy could likely still be funded through transferring or reprogramming funds within the DHS budget, as has been done multiple times when DHS exceeded their detention budget in the past (DHS Transfer and Reprogramming Notifications, 2019). House Democrats will likely oppose this policy as they have largely been opposed to increasing family detention.

Policy Alternative 2: Convert Detention Centers to Open Centers

Proposed Policy Change: This policy alternative involves converting current family detention centers in Karnes and Dilley to open centers that resemble Belgium's former model for "detaining"

[7] For the estimated total cost of this option, please see Appendix B2 and the corresponding sheets "Option 1: Increase Detention" and "Option 1: Calculations for ATD."
[8] This option is calculated from the weighted average cost of a family in either a permanent or temporary detention center. For more details of this calculation, please see Appendix B1.
[9] This figure uses the previous calculation, assumes a family is detained for 20 days, then is enrolled in an ATD. To estimate the cost of the ATD, I use a weighted average cost of an ATD for the approximately remaining 2 years and 11 months that a family will be enrolled in an ATD. For more details of this calculation, please see Appendix B1.

asylum-seeking families.[10] In these open centers, families are technically "detained" while awaiting their CFI, but they are allowed to leave the centers for many reasons, including attending school, meeting with legal counsel, running errands, or attending religious ceremonies. Rather than having guards operate the detention centers, families have a "coach" who educates them about their rights and their responsibilities, but also supports them in connecting with medical or legal resources. Families sign a contract with their coach, showing they understand the consequences if they do not attend their mandatory interviews with officials, which could vary based on their offense (UNHCR, 2011). In the short term, individuals who currently work in family detention centers would be retrained in order to shift their primary responsibilities from providing high levels of supervision over families to providing more of a case manager role while the family is in the open center. In the longer term, NGOs may choose to take on this role.

Asylum-seeking families would stay in these open centers while awaiting their CFI. Though open centers would offer families more freedom than the current detention centers, they likely could only be "detained" in these centers for 20 days due to the aforementioned legal constraints. At that time, families who have passed their CFI would likely be released into an ATD until their final determination hearing.

What does this policy look like for an asylum-seeking family?
Families apprehended by CBP at the southern border would be transferred to ICE custody at an open center located at Dilley or Karnes. Families would be at the open center for about 20 days awaiting their CFI with an AO. The vast majority of families will pass this CFI and then be released to connect with family or friends in the US to await their final determination hearing roughly three years later. When families are released from detention, they are likely enrolled in ISAP III in either telephonic or GPS monitoring.

Scope of the Option:
Estimated Enrollment Capacity at one time: 1,200 families[11]
Estimate Monthly Enrollment Capacity: 1,800 families
Estimated Duration in Open Centers: 20 days
Estimated Duration in ATD: 2 years, 11 months

Evaluating Option 2 Outcomes:

Asylum Seeker Well-being: **Medium (8)**
This option somewhat adheres to the AMA's guidelines for treating this population in that families would have more freedoms, but the facilities would still resemble a detention center, which could be harmful to the health and well-being of families. This option allows parents more autonomy over their children's schedules and provides them with more opportunities to parent their children in a community-setting if, for example, they chose to leave the center to attend religious services. However, the open center still would not resemble a community setting. This option would somewhat support asylum-seekers ability to connect with medical services that would increase their health and well-being. The open centers, much like current detention centers, would provide

[10] The open centers will be located in Karnes and Dilley because they are closest to the southern border. Also, as permanent structures they could be most appropriately adapted to this new model.
[11] Assuming the average family size is 2.5 individuals and 3,000 individuals could be in open centers at a time.

medical services, though these services have been widely criticized as sub-par. Coaches may be able to help connect families with medical services outside of the detention center, but it is uncertain what options for medical services families would have in the immediate area of the centers. This option supports families to fulfill their legal obligations in that coaches educate families about their legal rights and responsibilities, and pro-bono projects operating in Dilley and Karnes would likely continue to help represent families in their CFIs. However, this option does not help families secure legal representation after they leave the open center and await their final determination hearing. This option somewhat monitors families in a way that is more humanitarian than punitive in that families would work with "coaches" rather than guards supervising them. However, families would still be housed in facilities that provide some supervision and may resemble detention conditions. This option's impact on asylum-seeker well-being is somewhat uncertain because it would depend on the degree to which the individuals working in these centers adjust their role to be more like coaches than security guards.

Scalability: **Low (1)**
Given there is limited space in the detention centers that will be converted to open centers and that simply changing the structure of the centers will not increase their capacity, this option cannot adapt to the changing number of migrants quickly. This option has limited ability to support asylum-seekers throughout the US given the detention centers are located in Texas near the border. However, while families are in the open centers, their coaches may be able to connect them with resources in their future destinations.

Cost: **Medium- High (2)**
This option has two primary costs:

1. The cost of converting and operating currently existing family detention centers in Dilley, Karnes as open centers with a capacity of about 3,000 individuals in family units.
2. The cost of enrolling families in ATDs after they are released from the open centers and are awaiting their final determination hearing.

In order to calculate the costs of the option, I converted the number of individuals in family units in detention into family units in order to calculate to standardize cost comparisons across the options.

Operating Open Centers: The low-cost estimate per family member per night ($84) is half of the estimated average total cost of detaining an individual in a closed, permanent family detention center as reported by DHS's FY 2017 Budget Request (DHS, 2016). The high cost per family member per night ($160) is half of the reported average total cost of detaining an individual in a family detention center as reported by DHS in 2018 (Urbi, 2018). In order to estimate the costs of operating open centers, I used the ratio of Belgium's spending on open centers versus closed family detention centers, given they operated within a short time period. In Belgium, open centers cost approximately half per person per night to operate than closed detention centers. Belgium's daily cost per bed in family detention centers was to relatively comparable to that of the US, at about $200 (UNCHR, 2011). The open centers have a capacity to hold 3,000 individuals, or 1,200 family units.

ATDs: This calculation is the same as Option 1's ATD calculation.

In order to calculate the average cost per family unit from apprehension to final determination, I assume families spend 20 days in open centers, then are released to an ATD for the remaining approximately 2 years and 11 months.[12]

Average Cost per Family Unit per Day in Detention[13]	$305
Average Cost per Family Unit from Apprehension to Final Determination[14]	$7,686.71

Administrative Feasibility: **Low-Medium (2)**
This option does not require new physical infrastructure, but does require individuals who currently work as guards in detention centers to be retrained as "coaches." While some of their responsibilities would be similar, for example ensuring the safety of asylum-seeking families and generally monitoring their whereabouts, they would require additional training in providing more case management services to families. This option somewhat builds off existing procedure in that families would be taken to Dilley and Karnes centers while awaiting their CFI. However, as has been previously discussed, those steps of the asylum process have been under significant strain due to the high number of asylum-seekers. This option does not require ICE or CBP to coordinate with outside entities.

Political Feasibility: **Low (1)**
The Trump Administration has not commented on a policy option like open centers in the past. We expect this option to get relatively low support from President Trump as the current administration favors options that provide higher levels of supervision. This option offers a moderate level of supervision - more than some ATDs, but less than current family detention. In addition, the Trump Administration would likely be wary of the high number of asylum-seeking families that disappeared from open centers in Belgium, given the administration prioritizes options that ensure compliance with legal obligations.

Policy Alternative 3: Increase Capacity of Alternatives to Detention through ISAP III Program with Lowest Level of Supervision

Proposed Policy Change: This option involves two primary changes to the current asylum process: First, asylum-seeking families would not be transported from CBP facilities at the border to ICE custody in family detention centers for their CFI. Instead, CBP and ICE would work together at CBP's processing centers at the border to collect basic information from families and then directly enroll them into an Alternative to Detention (ATD). In order to enroll every family that crossed

[12] For the estimated total cost of this option, please see Appendix C2 and the corresponding sheets "Option 2: Open Centers" and "Option 2: Calculations for ATD."
[13] This option is average cost of a family in an open center. For more details of this calculation, please see Appendix C1.
[14] This figure uses the previous calculation, assumes a family is in an open center for 20 days, then is enrolled in an ATD. To estimate the cost of the ATD, I use a weighted average cost of an ATD for the approximately remaining 2 years and 11 months that a family will be enrolled in an ATD. For more details of this calculation, please see Appendix C1.

the border in March of 2019, ISAP III's capacity would need to be expanded from its current enrollment of over 84,000 to increase by approximately 21,231 enrollees each month.[15]

Currently under ISAP III, ATD officers decide what monitoring technology options to employ in order to ensure immigrant families' compliance with future court dates. These include ankle bracelets, GPS tracking, telephonic reporting, and home and office visits. ATD officers decide which level of supervision to assign to immigrant families based on circumstances such as stage in the removal process, community and family ties, compliance history, and humanitarian concerns. Despite these guidelines, advocates who work closely with this population say that the risk assessments to determine what level of surveillance an individual will receive are unpredictable and not uniform (K. Murdza, personal communication, April 26, 2019).

In order to best respond to the influx of asylum-seeking families, this option would try to first enroll families in the mobile app for monitoring. ICE already utilizes a mobile phone app called SmartLINK, which was developed by a contracted company called Behavioral Interventions. The app sets up calendar events for check-ins between asylum-seekers and officers, reminds them of upcoming dates, and allows for communication between officers and the immigrants within the app. The app also allows the immigrant to complete self-check ins with a biometric measure, such as a photo of themselves (NG, 2018). Lastly, the app lists agency-approved resources for asylum-seekers to access, such as health, legal, and community services. Asylum-seekers who do not have a mobile phone with internet access would be monitored with other forms of biometric telephonic monitoring, which consists of immigrants calling an automated system that verifies their identity through biometric voice recognition technology (Behavioral Interventions, 2014). If the head of an asylum-seeking family does not comply with the requirements set out by their officer, they may be moved to a more restrictive form of electronic surveillance, such as a GPS ankle monitor. In order to implement this option, DHS would expand its existing contract with BI.

What does this policy look like for an asylum-seeking family?
Families apprehended by CBP at the southern border will not be detained. ICE or CBP officers will immediately enroll them in ISAP III either at the CBP processing center at the border or at an ICE field office closest to their final destination within a week. This report estimates that the majority (70%) of families will be enrolled in telephonic monitoring, either through the SMARTLink App or by telephone check-ins, and 30% will be given an ankle monitor. The families will have consistent check-ins via their form of ATD as they live in the US awaiting their final determination hearing.

Scope of the Option:
Estimated Enrollment Capacity: 21,231 families[16]
Estimated Duration in ATD: 3 years

[15] ISAP only monitors one adult in the family. An estimated 21,231 family units would be enrolled each month assuming the average family size is 2.5 individuals.
[16] Because this option has the strongest ability to scale up and it operates as the "overflow" for other options, this report assumes that all families could be enrolled in ISAP within their first month of entering the US. In practice, this has a high degree of uncertainty and would be logistically challenging.

Evaluating Option 3 Outcomes:

Asylum Seeker Well-being: **Low-Medium (6)**
This option adheres to the AMA's recommendation that asylum-seeking families are not detained. For the most part, this option allows parents the autonomy to parent their children in relatively normal circumstances in a community-based environment. However, some forms of GPS monitoring limit families' ability to travel, which could prevent them from connecting with other family members or support systems. Additionally, ankle monitors must be charged every six-hours while the monitor is still attached to one's body. Those who have had ankle monitors have noted this disrupts their daily schedules, which may be especially burdensome for parents of small children. This option allows asylum-seekers to access medical services out of a detention setting where they can likely receive better care, but does not do much to connect families with these resources outside of a list on SMARTLink's app that some families may have access to. While ATDs have a high rate of ensuring compliance with asylum-seekers' legal obligations to check-in with officials and attend their court hearings, they do little to connect asylum-seeking families with legal services that would help them navigate the asylum process, and improve the chances for families with legitimate claims to be granted asylum at their final hearing. Finally, this option's approach to monitoring families resembles the ways in which the American criminal justice system monitors individuals who have been convicted of crimes – such as through the use of ankle bracelets, frequent check-ins, and limits on how far individuals may travel. For example, ankle bracelets carry a societal stigma that is associated with criminality (National Immigration Forum, 2019).

Scalability: **High (10)**
This option has a relatively strong ability to adapt to the changing number of migrants because the infrastructure needed to monitor them, such as the SMARTLink app or even an ankle bracelet, are not difficult to scale up quickly. Additionally, because this option relies significantly on technology, each officer may supervise a large number of migrants. For example, between October 1st and December 7th, 2018, ATD programs had 273 FTE employees for an estimated population of around 84,000 immigrants. This means each official could monitor slightly over 300 families (DHS Office of the Chief Financial Officer, 2019). Despite the personnel and technology components of this option seeming relatively scalable, the ISAP III population grew by only 26,000 participants between 2017 and 2018 (NG, 2018). It is unclear if this level of growth is due to the program's constraints or other factors. This option has strong geographic scalability because the various technological and GPS monitoring systems allow for the system to operate throughout the US.

Cost: **Low (5)**
This option has one primary cost:

1. The cost of enrolling families in ATDs when they present asylum-claims and are awaiting their final determination hearing.

ATDs: This option assumes that when families enter the US, they are immediately entering an ATD. This calculation assumes that 70% of families are given some form of telephonic monitoring, which costs about $.18 per family per day, and 30% of families are given an ankle bracelet, which costs about $4.74 per family per day. Both costs represent the average daily per

family cost the contractor charges ICE for operating each type of monitoring (DHS Office of the Inspector General, 2015).

In order to calculate the average cost per family unit from apprehension to final determination, I assume families are enrolled in an ATD for 3 years. [17]

Average Cost per Family Unit per Day in an ATD[18]	$1.55
Average Cost per Family Unit from Apprehension to Final Determination[19]	$1,616.96

Sensitivity Analysis:
For the above calculations, I assumed 70% of families would be enrolled in telephonic monitoring and 30% would be enrolled in ankle bracelet monitoring. While both types of monitoring are significantly lower cost than my other policy options, ankle bracelets are more than 26 times more expensive each day than telephonic monitoring. For this reason, I wanted to calculate how average costs would change if ICE decided to rely more heavily on telephonic monitoring (20% ankle bracelets, 80% telephonic monitoring) or more heavily on ankle bracelets (40% ankle bracelets, 60% telephonic monitoring). If ICE were to rely more heavily on telephonic monitoring, we would expect the average daily cost per family to be $1.09. If ICE were to rely more heavily on ankle monitors, we would expect the average daily cost per family to be $2.00. Overall, the cost remains significantly lower than the other alternatives, though it's important to acknowledge that costs can vary significantly if the ratio of monitoring options is adjusted.[20]

Administrative Feasibility: **High (4)**
This option has relatively high administrative feasibility because it expands an existing program that has been operated and consistently grown since 2004. Therefore, DHS and BI already have experience in operating and expanding this program. However, this option will differ from the current process somewhat in that it will eliminate the CFI and expand the number of families who are transitioned into an ATD at a border processing center while in CBP custody, versus in ICE custody in detention centers. This will require ICE, CBP, and BI to develop a modified procedure to adjust. This option does require both ICE and CBP to coordinate in order to operate the program, though ICE and BI already have an established relationship and have experience working together.

Political Feasibility: **Medium (2)**
This option has medium political feasibility as the Trump Administration has repeatedly said they would prefer to detain immigrants, rather than "catch and release" immigrants, meaning allowing individuals to wait in the US for their court date. Due to limits on how long families can be detained, it would be impossible for the administration to avoid releasing families before their final

[17] For the estimated total cost of this option, please see Appendix D2 and the corresponding sheets "Option 3: ATDs."
[18] This option is weighted average cost of a family in an ATD assuming 70% are enrolled in telephonic monitoring, and 30% have an ankle monitor. For more details of this calculation, please see Appendix D1.
[19] To estimate the cost of the ATD, I use a weighted average cost of an ATD for the approximately 3 years that a family will be enrolled in an ATD. For more details of this calculation, please see Appendix D1.
[20] For the estimated total cost of this option with this sensitivity analysis, please see Appendix D3 and the corresponding sheets "Option 3A: ATDs" and "Option 3B: ATDs."

determination. While, the Trump Administration would likely publicly be reluctant to expand ATDs, the White House's 2020 Proposed Budget requests funding to expand the scope of ATDs to 120,000 enrollees (White House 2020 Budget, 2019). Democrats in Congress would likely support expanding ATDs as they have typically favored ATDs over increasing detention.

Policy Alternative 4: Initiate Community Management Programs

This option would involve ICE formalizing its partnership with NGOs who already deliver many services to immigrants in the US and who have already mobilized to respond to the influx of asylum-seeking families. ICE could formalize these partnerships through three primary means:

- Enter MOUs with NGOs that work with asylum-seeking families
- Expand existing MOUs with NGOs that work with asylum-seeking families
- Enter contracts to fund pilot programs with NGOs that work with asylum-seeking families

Under this option, ICE would formalize its relationship with NGOs like LIRS and the Annunciation House in order provide basic support for asylum-seekers near the border, and then transition to provide case management services as they connect with family across the US to wait for their final determination hearing.

Regardless of the which of the three above means ICE formalizes its relationship with the NGOs, the basic services provided by the NGOs would be similar. When families are being processed on the border, CBP would work with ICE to identify where families are planning to go while awaiting their final determination. ICE would then reach out to its field office closest to that family's destination. That field office would alert the local partner NGOs about the incoming family. The families would be assigned a case manager who would connect them with social services to meet their immediate and longer-term needs until their final determination. The case manager would connect them with legal, medical and mental health services, help them find housing and enroll the children in school.

The NGOs would likely be in consistent contact with the family, as they are connecting them with social services, but would be required to contact families at least every 90 days. Upon contact, they would alert their closest ICE field office that family was accounted for. In the case that a family cannot be contacted, NGOs may be in a better position than ICE to locate them, given their close relationship and experience with these communities.

For some NGOs, this program would operate similarly to the Family Case Management Program (FCMP) that ICE piloted in 2016 and 2017, which was operated by GEO Group, but subcontracted to community and faith-based organizations. Unlike the FCMP program, this option would contract with NGOs directly, rather than with GEO Group, as they have more of an established relationship with this population. Other NGOs may prefer to enter into MOUs with ICE in which ICE would identify families to release into the care of the NGOs. These MOUs would likely be more flexible and require NGOs to report less information to ICE, but they would not receive funding for their services.

What does this policy look like for an asylum-seeking family?
Families apprehended by CBP at the border will not be detained. ICE or CBP officers will immediately enroll them in a CMP by alerting the local partner NGO located near the family's destination. The NGO will contact the family within a week of their arrival in their destination and assign them a case manager. The case manager will work with the family while they wait for their final determination hearing.

Scope of the Option:
Estimated Enrollment Capacity: 2,123 families[21]
Estimated Duration in a CMP: 3 years

Evaluating Option 4 Outcomes:

Asylum Seeker Well-being: **High (15)**
This option adheres to the AMA's guidelines surrounding asylum-seeking families in that it avoids detention. Of all the options, this option allows parents the autonomy to rear their child in the most normal circumstances as possible and even facilitates parents' ability to raise children in a community-based environment by connecting them with other communities, such as through schools or faith-networks. Case managers would connect families with medical, mental health, and legal services, in order to fulfill their legal obligations throughout the asylum process. Lastly, this option treats families as members of the community they chose to reside in, and has minimal aspects that are punitive or criminalize them.

Scalability: **Medium (7)**
This option's ability to adapt to the number of migrants is medium. Pilot programs that have resembled the case manager model, such as the FCMP or LIRS's pilot programs, have operated on a small scale, ranging from 10 families to 952 families, compared to the current flows of families at the southern border. That being said, reports from these pilot programs do not indicate they were discontinued due to their inability to scale up. Additionally, NGOs have already expanded their role in helping asylum-seeking families in response to the influx of families. This means they may have more capacity now than in the past to work with families. It would likely take ICE a few months to negotiate MOUs with multiple NGOs but if they worked directly with larger groups such as Catholic Charities USA or LIRS, who could mobilize their partner organizations, this may reduce the time it would take to establish NGOs and begin enrolling individuals in the program. This option has strong geographic scalability in that there are NGOs across the country who already work to help immigrant populations. These NGOs are concentrated in states with large immigrant populations where we would expect most asylum-seekers to go.

Cost: **Low (4)**
This option has one primary cost:

1. The cost of enrolling families in CMPs when they present asylum-claims at the US southern border and are awaiting their final determination hearing.

[21] I assume that about 10% of newly arrived families each month could be enrolled in these programs, given the scope of similar pilot programs was small.

CMPs: This option assumes that when families enter the US, they are immediately entering a CMP. The low-cost estimate per family member per day ($39) comes from the estimated average daily cost per family enrolled in the FCMP program operated by ICE in 2016-2017, adjusted to 2019 dollars (Women's Refugee Commission, 2018). The high cost per family member per day estimate ($50) comes from the cost of a 2015 LIRS pilot case management program in 2019 dollars. After the pilot was complete, LIRS published a report with this average cost per family per day. In the report, LIRS also noted that this cost per family per day could likely be lower if there were more families participating in the program and if they hired case managers who had experience working with the community, but didn't necessarily have their Master's in Social Work like the case manager in the pilot (LIRS, 2017).

In order to calculate the average cost per family unit from apprehension to final determination, I assume families are enrolled in a CMP for three years.[22]

Average Cost per Family Unit per Day in a CMP[23]	$44.50
Average Cost per Family Unit from Apprehension to Final Determination[24]	$46,443.98

Administrative Feasibility: **Low-Medium (2)**

Though community management programs have been piloted in the past, this option does not build off a robust existing policy and will therefore require a significant amount of new training, relationship building, and adapting pilot programs' protocols and process. This option also requires communication and coordination between ICE, CBP, and several NGOs. However, ICE already has a relationship with several of these NGOs, so while ICE may need to develop relationships with new NGOs, they could begin by building off their existing relationships.

Political Feasibility: **Low (1)**

This option has low political feasibility because President Trump would likely oppose this community-based option given it does not rely on monitoring tools that have been typically favored by his administration, such as detention or electronic surveillance. However, he has not spoken publicly on alternatives of this nature. The new acting Secretary of DHS, Kevin McAleenan, in his former role as acting Commissioner of CBP, worked and coordinated with NGOs at the border often and spoke highly of their role in ensuring the safety and well-being of immigrants when they were released from CBP custody. In late April of 2019, McAleenan met with the Executive Director of Catholic Charities of the Rio Grande, an organization that provides shelter and help to families after they are released from CBP custody. The Executive Director, Sister Norma Pimentel, expressed optimism that McAleenan was listening to her organization as they moved forward finding solutions to the influx of asylum-seekers (Fernandez, 2019). For this reason, McAleenan may be open to formalizing DHS's partnerships with these groups. Though

[22] For the estimated total cost of this option, please see Appendix E2 and the corresponding sheets "Option 4: Low Estimate" and "Option 4: High Estimate."

[23] This cost estimate averages the high and low-cost estimates per family per day. For more details of this calculation, please see Appendix E1.

[24] This estimate uses the previous daily cost over three years. For more details of this calculation, please see Appendix E1.

some NGOs may not want to enter into contracts with ICE, several organizations submitted applications for ICE's request for proposals for the FCMP in 2016, showing some organizations' willingness to work with ICE in a similar program (D. Tegeler, Personal Community, April 30, 2019).

Outcomes Matrix

The outcomes matrix below has been adapted to standardize the scale that each alternative is evaluated on. In the matrix, options are evaluated on a scale of 0 to 5 where 0 is the least optimal, and 5 is the most optimal. The row below the criteria displays the original "point" values of each criterion. For example, alternatives' impacts on asylum-seeker well-being were originally evaluated on a scale of 0 to 15, following the points system that can be found in the above evaluative criteria section. In this matrix, the evaluations were standardized until the "total" column, when each criterion was recalculated based on its original point value, similar to its weight. In order to see the below matrix with each alternative's point values, please see Appendix F.

	Asylum Seeker Well-being	Scalability	Cost (per family per night)	Admin. Feasibility	Political Feasibility	Total
Max. points	15	10	5	5	3	38
Opt. 1: Expand Family Detention	**Low-.67.** Violates AMA recommendation does not connect families to medical or legal services	**Low-1** Temporary shelter capacity can be adjusted, but not geographic-ally scalable	**High-1** $1,002 family/ day	**Medium-3** Builds on existing procedure, some coordination required	**High-5** Favored by President & DHS officials, Opposed by House Democrats	**7.2**
Opt. 2: Transition to Open Centers	**Medium-2.66** Coaches help families connect with services, will depend on implementation	**Low-.5** No flexibility in capacity or location, coaches may be able to connect families with non-local resources	**Med-High-2** $305 family/ day	**Low-Med-2** No new infrastruc-ture, but requires new training. Limited coordination required.	**Low-1.66** President typically favors more monitoring, lower compliance in international open centers may worry officials	**9.2**
Opt. 3: Increase ATDs	**Low- Med-2** Avoids detention but criminalizes families & does not connect them with medical or legal services	**High-5** Capacity and location of telephonic or GPS monitoring is flexible	**Low-5** $1.55 family/ day	**High-4** Builds on existing procedure, limited coordination required	**Medium-3.33** Included in 2020 White House proposed Budget, Support from House Democrats	**17.8**
Opt. 4: Comm. Mgmt. Programs (CMPs)	**High- 5** Avoids detention, connects families with medical and legal services	**Medium-3.5** Current need far exceeds pilot programs' capacity, strong geographic scalability	**Low- 4** $44.50 family/ day	**Low-Med- 2** Requires new processes & coordination, builds on current relationships	**Low- 1.66** Likely opposition from the President but Sec. of DHS may be open to option	**19.1**

Recommendation and Implementation: Community Management Programs

Why Community Management Programs:

This report recommends that DHS, specifically leaders of ICE and CBP, create formal partnerships with NGOs who work with asylum-seeking families through contracts and MOUs in order respond to the unprecedented flow of asylum-seeking families entering the US. These families have diverse needs and will likely be in the US for approximately three years awaiting their final determination hearing. CMPs promote asylum-seeker well-being far more than the other alternatives on a number of measures. CMPs would avoid subjecting these vulnerable families to the physical and psychological harm of family detention, connect them with services to meet critical needs, such as medical and legal services, and treat this population as they are – parents and children seeking humanitarian relief – rather than criminals.

Though programs similar to CMPs, such as the FCMP and LIRS's programs, have only been piloted on a significantly smaller scale than the current demands of the asylum system, NGOs that serve this population are currently mobilized at unprecedented levels to serve this population. For example, Annunciation House in Texas has been taking in a record number of families to adjust to the current need (Miroff & Van Houten, 2019). In addition to this, CBP has been consistently communicating with Annunciation House in order to alert them about incoming families. This communication serves as an informal model for collaboration between NGOs and DHS that could form the basis of CMPs. In addition to work near the US southern border, NGOs across the country, such as the Asylum Seeker Advocacy Project, are working to support families and connect them to legal services. Though not all of these organizations will want to work in formal partnerships with ICE, this a unique moment in which NGOs are mobilizing and expanding their capacity in new ways that could lead to new partnership models. This section will offer a few next steps for DHS to consider in order to initiate these partnerships and to launch CMPs.

Identifying Potential Partners:

In order to initiate potential partnerships for CMPs, leaders at CBP and ICE should work together to identify which NGOs they already have strong and well-established relationships with. ICE also should reach out to its field offices that are experiencing the greatest growth of asylum-seeking families residing in their areas awaiting their final determination hearing. These field offices would report which NGOs they are currently working with. In addition to these methods of identifying potential partners, below is a list of some characteristics of NGOs that may be most willing to enter into contracts with DHS:

- Applied to the FCMP Request for Proposals in 2016
- Were subcontractors during the FCMP
- Currently have MOUs with local ICE offices

Additionally, in order to identify organizations that would be most effective at scaling CMP nationally, ICE and CBP should prioritize organizations that have national partners. For example,

LIRS has partners in 14 states that help immigrants access legal services, and partners in 23 states that work to help refugees (LIRS Our Partners, 2019).[25] One strength of CMPs is that they have the potential for strong geographic scalability. By tapping into NGO networks that have partners across the country, ICE and CBP can speed up the process of scaling up this option. After CBP and ICE leaders identify these potential partners, they should convene their leaders in order to initiate these relationships.

Potential Challenges:

Are NGOs' mission of helping migrants and ICE's mission to enforce US immigration laws too divergent for these partnerships to be viable?

Many NGOs that provide direct services to asylum-seeking families have been outspoken opponents of several of DHS's policies surrounding the asylum process. For this reason, some NGOs may be hesitant to enter into contracts with ICE and CBP in which NGOs are responsible for reporting certain information to ICE about their clients.

One way to mitigate this is to offer NGOs the option to enter either an MOU or contract with ICE depending on their preferred degree of the partnership. For organizations that do not feel comfortable entering into a contract with ICE, and therefore assuming the responsibility of reporting when they have contact with families, they could enter into an MOU with ICE. This would mean they would not receive DHS funding for each family they serve, but ICE would refer clients to them for case management. This option would likely appeal to organizations that are wary of having a reporting obligation to ICE, but are open to increasing their coordination with ICE to serve asylum-seeking families. ICE officials could decide to what degree they would need to monitor families who are being served by an NGO through an MOU relationship. As NGOs and ICE increase their coordination through these NGOs, they could potentially increase mutual trust and enter into contracts in the future.

Potential Unintended Consequences:

Negative: One potential negative consequence of this policy is that it could undermine asylum-seeking families' trust in NGOs who serve this population, which could mean this population receives less overall support from NGOs. For example, if an NGO must report to ICE that a family has not met their contact requirements and ICE orders that family be removed, that could impact the NGO's work with other families who may or may not be enrolled in the program. One way to mitigate this could be for NGOs to be extremely transparent about what information they are obligated to report to ICE. Given that compliance rates in pilot CMPs were so high, this concern will hopefully be minimal in practice.

Another potential negative consequence of ICE contracting with these NGOs is that it may crowd out private donations to these NGOs for doing similar work. Many NGOs currently operate on donations from foundations or private citizens. For example, after the sharp rise in family separations in the summer of 2018, a Facebook fundraiser raised more than $20 million for

[25] LIRS is an example of a potential partner organization. This report does not claim to know if LIRS would be interested in this partnership.

organizations that worked to reunite separated families (Guynn, 2018). If DHS began funding some of these organizations, others may be less likely to donate to them.

Positive: Even if only a relatively small percentage of asylum-seeking families can be enrolled in CMPs, enrolled families may communicate valuable information they learn from their case managers to other families who are not enrolled in the program, leading to positive spillover effects. For example, one family may learn about affordable local medical or legal services from their case manager and share that information with other families through various community connections, such as Spanish-speaking churches. This would increase this population's knowledge of helpful resources, even for individuals who do not have a case manager.

Program Evaluation:

In order to evaluate if CMP is successful and should be renewed or expanded in the future, DHS should establish some evaluation metrics for NGOs to collect and report. Some potential metrics could include comparing CMP enrollees' performance to those who are not enrolled in a CMP on the following:

1. Compliance metrics:
    - The rate of asylum-seeking families appearing for their case manager check-ins and final determination hearing
    - The rate at which asylum-seeking families who are ordered removed from the US, leave the US
2. Well-being metrics:
    - The percentage who obtain legal counsel
    - The percentage who report excellent or good health
    - The percentage who have stable housing

These metrics will help future administrations and leaders at DHS make informed decisions about the benefits and areas for growth of CMP, as well as to identify which partners are most effective for future contracts.

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Appendices

Appendix A1: Cost Evaluative Criteria Assumptions and Calculations

All of my costs will only focus on asylum-seeking families from the Northern Triangle, crossing the US southern border and initiating the asylum process.

Each alternative's cost per day per family and cost per family when they are apprehended by CBP to when they have their final determination with an IJ will be calculated slightly differently. Please see later appendices for each alternative for how each is calculated. There are few consistent assumptions for the total low and high total cost estimates for each option between June 2019 and June 2022.

Appendix A2: Total Cost of the Policy Options

Assumptions:
The options' total cost analysis will assume the monthly net change in asylum-seeking family units who are awaiting their final determination is +17,943 family units.

This figure relies on three main assumptions.

1. The number of individuals who are entering the US at the southern border and presenting asylum claims in family units remains at their March 2019 levels (53,077)
2. Family units consist of an average of 2.5 individuals, therefore I assume 21, 231 family units will present asylum claims each month.
3. 3,288 family units will complete their final determination hearings each month and therefore leave ICE supervision.

Total number of individuals in family units entering in March 2019 = 53,077
Assumption: The number of families entering the US and initiating the asylum process will remain constant.
Assumption: Average family has 2.5 individuals.
Number of family units who will initiate the asylum process each month = 53,077/2.5 = 21,231 distinct family units entering the US each month

I will also assume that each month 3,288 family units leave ATD programs because their asylum cases have been decided. There are 395 immigration judges in the US, this figure does not change over the next three years. They decide an average of 495 cases a year for a total number of 195,525 cases decided each year (Lu and Watkins, 2019). This means, 16,293 cases are decided each month and those individuals are no longer monitored by ICE in any way. Of those 16,293 cases a month, I assume 20% involve a family unit that exits an ATD program for a monthly decrease of 3,288 family unit ATD enrollees.

Therefore, the net monthly change in family units under ICE supervision is the number of family units entering the US each month (21,231) minus the number of family units who are exiting each month (3,288). The resulting net monthly change in family units under ICE supervision who are awaiting their final determination hearing is 17,943.

For Options 1, 2, and 4, the predicted number of family units who will enter the US each month exceeds the capacity of the policy alternative. For example, if an average of 6,000 family units can be detained in Option 1, then 15,231 family units will enter the US that month and not be detained. This analysis will assume that any families that exceed the capacity of the alternatives will be enrolled in an ATD and will remain enrolled in that ATD until their final determination hearing. Of individuals enrolled in an ATD, I assume 70% are enrolled in telephonic monitoring and 30% have a GPS ankle monitor.

Appendix B1: Average Costs for Option One

Average cost per day per family in current detention centers:
Low average cost per day per individual in Dilley, Karnes, and Berks converted to 2019 dollars: $167.54
This figure comes from the DHS FY 2017 budget which explicitly states this is the average daily cost of a family detention bed

High average cost per day per individual in Dilley, Karnes, and Berks converted to 2019 dollars: $319
This figure comes from DHS official estimate of the average cost per day per family detention bed in 2019 dollars (Urbi, 2018).

Average family size: 2.5 people
Low total cost per family per day: Low cost per bed*average family size = $418.85
High total cost per family per day: High cost per bed estimate*average family size= $797.5
Average: $608.18 a night per family

Average cost per family per day in a temporary detention center:
Low cost estimate per individual per day: $152
This figure came from the cost of DHS's 2019 contract for two new temporary detention centers, divided by the number of beds the shelters have, divided by the duration of the contract to get the average cost per individual per night (Fernandez, 2019).
Total contract cost: $37.2 million
Number of beds: 1000
Duration of contract: 246 days
Low cost estimate of temporary shelters: $152 per migrant per night.

High cost estimate per migrant per day: $405
This figure came from a statement by Former Texas Congressman O'Rourke, citing the costs of temporary tent shelters near El Paso that were operated by HHS to care for unaccompanied minors. ICE officials did not dispute this estimate. This estimate is likely somewhat high, because the costs of operating a detention center for only children are likely higher than for families (Jordan, 2018).

Low cost estimate per family per day: $152(2.5) = $380
High cost estimate per family per day: $405(2.5) = $1,962.50
Average cost estimate per family per day in temporary detention = $1,171.25

Average cost estimate per family per day in detention (temporary or permanent facility) = $1,002.32
=.3($608.18) + .7($1,171.25)
= $1,002.32
Weights reflect likelihood of a migrant ending up in each type of detention, multiplied by the cost of that type of detention.

Average cost per family from entering the US until final determination hearing:
Cost of time in detention: duration of detention * cost per night of detention
Cost of time in detention: 20 days * 1,002.32 a night per family
Cost of time in detention: $20,046.48

Cost of time in ATD: Cost of 2 years and 11 months in an ATD
The average cost of telephonic and ankle bracelet monitoring come from a 2015 DHS Office of the Inspector General report on ICE's ATDs. This was the only source available that presented the cost a contractor charges for each type of ATD. I adjusted these estimates to 2019 dollars (DHS Office of the Inspector General, 2015). The average daily cost of telephonic monitoring is $.18, the average cost of an ankle monitor is $4.74 per family.
Average cost of first year in ATD: (.7)(.18)+(.3)(4.74) = $1.55 * 345 days = $534.75
Year 2: ((.7)(.18)+(.3)(4.74))(365)/(1.05)= 538.81
Year 3: ((.7)(.18)+(.3)(4.74))(365)/$(1.05)^2$ = 513.15
Total Cost of ATD: $1,586.71
Average cost per family from entering the US until final determination hearing:
=$20,046.48+ $1586.33 = *$21,632.81*

Appendix B2: Total Cost of Option One, June 2019 and June 2022

Corresponding Sheet: Option 1 Increase Detention and Option 1 Calculations for ATD
3 primary costs:

1) Operating current detention centers at Dilley, Karnes, and Berks at 3000 bed capacity

Using same low and high cost estimates as above, I calculated the annual costs:
Daily per person cost estimate * capacity of shelter * 365 = average annual cost in year 1
Using that same formula, I discounted at 5% to find the average annual cost in year 2 and 3, then added the annual costs for years 1-3 to get the cost over three years of operating the three detention centers:

Low cost estimate: $493,599,384
High cost estimate: $940,119, 155

Assumptions: Detention centers will operate at capacity for the next three years.

2) Cost of constructing and operating temporary shelters for 7000 additional people

Year 1:
Low cost estimate of temporary shelters: $152 a per migrant per night. Please see how this cost is Appendix B1.

High cost estimate of temporary shelters: $405 per migrant per night. Please see how this cost is Appendix B1.

I calculated the cost for the first year of scaling temporary detention up to 7000 beds by multiplying the low and high average costs per migrant per night by the capacity of the detention centers (7000) by the length of a year (365).

Low estimate in year 1: 387,925,650

High estimate in year 1: 1,034,596,150

Years 2 and 3:
Using the same low and high per migrant per day estimates from the year 1 calculations, I assumed that years 2 and 3 would cost 10% less per migrant per day because the temporary shelters would have already been constructed. Therefore, these contracts would likely cost less.

Year 2 and 3 low cost estimates per day per migrant: $136
Year 2 and 3 high cost estimates per day per migrant: $365
I then converted these costs into cost per family unit, rather than per individual, and made the same calculations as above for year 1 but discounting at 5% for years 2 and 3.

Year 2 low cost estimate: $315,406,349
Year 2 high cost estimate: $846,660,952
Year 3 low cost estimate: $300,386,999
Year 3 high cost estimate: $806,343,764
Low total operating cost for years 1-3: $1,003,718,998
High total operating cost for years 1-3: $2,687,600,867

3) Cost of ATDs for individuals who a) are not detained due to too few detention beds b) are released from detention after 20 days

Assumption: 6,000 families can be detained each month
Detention capacity: 10,000 individuals in family units/average size of family units = 4,000 family units.
Family units can and will be detained for 20 days therefore an average of 6,000 family units will move through the detention centers each month.

Assumption: 21,231 family units enter the US each month.
Total number of individuals entering in family units: 53,077
Average family size: 2.5 individuals
Average number of family units entering the US each month: 53,077/2.5 = 21,231 family units

Therefore, of the 21,231 family units that enter each month, 15,231 will enter an ATD due to lack of capacity at detention centers, or because they are released after spending 20 days in detention.

Assumption: 3,288 family units will leave an ATD each month (See appendix A)

Calculating the annual cost of families in ATDs:
Net change in the number of families in ATDs each month: 15,231 – 3,288 = 11,943 families

Average cost per family per day in an ATD: (.18)(.7) + (4.74)(.3) = $1.55

Average Monthly Total Cost = average cost per family unit per day * (former month's enrollment total + net monthly change in enrollment) * (number of days in the month)

I calculated this for each month then added the month totals for the annual cost in years 1, 2, and 3. I discounted years 2 and 3 by 5%.

Total cost of ATDs in year 1: $50,992,692.7
Total cost of ATDs in year 2: $125,170,966
Total cost of ATDs in year 3: $192,878,377.6
Total cost of operating ATDs: $369,042,036

Total Cost of Policy Alternative 1 between June 2019 and June 2022:
Low: $1,920,203,737
High: $4,123,320,735
Average: $3,021,762,236

Appendix C1: Average Cost of Alternative Two

These estimates are half of the estimated low and high costs of current family detention centers. Belgium's open centers cost approximately half of their closed family detention centers. Belgium's closed family detention centers closely resembled US family detention centers (UNCHR, 2011). For this reason, I assume US open centers will cost roughly half of closed family detention centers. Please see Appendix B for the cost estimates of the closed detention centers in the US.

Low estimate of cost per person per day in open centers: $84
High estimate of cost per person per day in open centers: $160

These calculations are very similar to Appendix B, but open centers only have a daily capacity of 3,000 migrants in family units.

Average cost per family from entering the US to final determination hearing:
Low average cost per family unit for time in open centers= low cost estimate per member of family per day * 2.5 average family size * 20 days
=$4,200
High average cost per family unit for time in open centers= low cost estimate per member of family per day * 2.5 average family size * 20 days
=$8,000
Average cost per family unit for time in open centers = $6,100

Cost of time in ATD: Cost of 2 years and 11 months in an ATD
Average cost of first year in ATD: (.7)(.18)+(.3)(4.74) = $1.55 * 345 days = $534.75
Year 2: ((.7)(.18)+(.3)(4.74))(365)/(1.05)= 538.81
Year 3: ((.7)(.18)+(.3)(4.74))(365)/$(1.05)^2$ = 513.15
Total Cost of ATD: $1,586.71
Average cost per family from entering the US to final determination hearing:
=$6,100+ $1,586.71 = $7,686.71

Appendix C2: Total Cost of Option Two, June 2019 to June 2022

Corresponding Sheet: Option 2 Open Center and Option 2 Calculations for ATD

Two primary costs:

1) Operating current detention centers at Dilley, Karnes, and Berks at 3000 bed capacity, converted to open centers

Using same low and high cost estimates as above, I calculated the annual costs:
Daily per person cost estimate * capacity of shelter * 365 = average total cost in year 1 (June 2019 to June 2020)

Using that same formula, I found the net present value of the total annual cost in years 2 and 3, discounted at 5%, then added the annual costs for years 1-3 to get the cost over June 2019 to June 2022 of operating the three detention centers:

Low cost estimate: $262,288,429

High cost estimate: $499,559,733

Assumption: open centers will operate at capacity for the next three years.

2) Cost of ATDs for individuals who a) are not detained due to too few detention beds b) are released from detention after 20 days

Assumption: 1,200 families can be detained each month
Detention capacity: 3,000 individuals in family units/average size of family units = 1,200 family units.
Family units can be detained for 20 days therefore an average of 1,800 family units will move through a detention center each month.

Assumption: 21,231 family units enter the US each month.
Total number of individuals entering in family units: 53,077
Average family size: 2.5 individuals
Average number of family units entering the US each month: 53,077/2.5 = 21,231 family units

Therefore, of the 21,231 family units that enter each month, 19,431 will enter an ATD due to lack of capacity at detention centers, or because they are released after spending 20 days in detention.

Assumption: 3,288 family units will leave an ATD each month (See Appendix A)

Calculating the annual cost of families in ATDs:
Net change in the number of families in ATDs each month: 19,431 – 3,288 = 16,143 families

Average cost per family per day in an ATD: (.18)(.7) + (4.74)(.3) = $1.55

Average Monthly Total Cost = average cost per family unit per day * (former month enrollment + net monthly change in enrollment) * (number of days in the month)

I calculated this for each month then added the month totals for the annual cost in years 1, 2, and 3. I discounted years 2 and 3 by 5%.

Total cost of ATDs in year 1: $68,925,315.1
Total cost of ATDs in year 2: $169,189,894
Total cost of ATDs in year 3: $260,708,000.4
Total cost of operating ATDs: $498,823,209

Total Cost of Policy Alternative 2 between June 2019 and June 2022:
Low: $761,111,638
High: $998,382,942

Appendix D1: Average Costs for Option Three

The average cost of telephonic and ankle bracelet monitoring come from a 2015 DHS Office of the Inspector General report on ICE's ATDs. This was the only source available that presented the cost a contractor charges for each type of ATD. I adjusted these estimates to 2019 dollars (DHS Office of the Inspector General, 2015).

Average Daily Cost Estimate:
If 70% of families get telephonic monitoring and 30% get ankle monitors
(.18)(.7) + (4.74)(.3) = $1.55 per family per day

Average Cost per family for duration of time before final determination:
Year 1: ($1.55)(365) = $565
Year 2: ((.7)(.18)+(.3)(4.74))(365)/(1.05)= 538.81
Year 3: ((.7)(.18)+(.3)(4.74))(365)/$(1.05)^2$ = 513.15
Average Total cost: $1,616.96

Appendix D2: Total Cost of Option Three, June 2019 to June 2022

Corresponding Sheet: Option 3: ATDS
This was completed very similarly to my analysis of the average total cost over three years for ATDs in Appendices B and C. Please refer to those appendices to see the process for those calculations with a few different assumptions:

Expected increase in enrollment of new families in ATDs each month is 21,231 family units because in this option, all families are immediately enrolled in ATDs. The average estimated number of families exiting ATDs remains the same at 3,288 families.

Estimated Total Cost in Year 1: $100,852,664
Estimated Total Cost in Year 2: $191,468,108.5
Estimated Total Cost in Year 3: $279,620,114.2
Estimated Total cost between June 2019 and June 2022: $571,940,887

Appendix D3: Sensitivity Analysis

Corresponding Sheets: Option 3A: ATDs, Option 3B: ATDs
For option 3, I assumed 70% of families would be enrolled in telephonic monitoring and 30% would be enrolled in ankle bracelet monitoring. While both types of monitoring are significantly lower cost than my other policy options, ankle bracelets are more than 26 times more expensive each day than telephonic monitoring. For this reason, I wanted to calculate how total costs would change if ICE decided to rely more heavily on telephonic monitoring (20% ankle bracelets, 80% telephonic monitoring) or more heavily on ankle bracelets (40% ankle bracelets, 60% telephonic

monitoring). The total costs over three years can be seen in Sheet Option 3A ATDs and Option 3B ATDs, respectively. Overall, the cost remains significantly lower than the other alternatives.

Low Cost estimate: If 80% of families get telephonic monitoring and 20% get ankle monitors (.18)(.8) + (4.74)(.2) = $1.09 per family per day

Low total cost estimate over 3 years: $391,132,641

High Cost Estimate: If 60% of families get telephonic monitoring and 40% get ankle monitors (.18)(.6) + (4.74)(.4) = $2.00 per family per day

High total cost estimate over 3 years: $717,754,784

Appendix E1: Average Costs for Option Four

Cost per family per day:
Low cost estimate per family per day: $39. This estimate comes from the average cost per family per day (adjusted to 2019 dollars) for the Family Case Management Program that ICE contracted with Geo Cares in 2016 and 2017.

High cost estimate per family per day: $50. This estimate comes from the cost of a 2015 LIRS pilot case management program converted to 2019 dollars. After the pilot was complete, LIRS published a report with this average cost per family per day. In the report, LIRS also noted that this cost per family per day could likely be lower if there were more families participating in the program and if they hired case managers who had experience working with the community, but didn't necessarily have their Master's in Social Work like the case manager they hired for the pilot (LIRS, 2016).

Average cost per family per day: $44.50

Average cost per family enrolled in a CMP until their final determination hearing:
Year 1: $44.50 * 365 days: $16,242.50
Year 2: $44.50 * 365 days (discounted at 5%) where t =1: $15,469.05
Year 3: $44.50 * 365 days (discounted at 5%) where t = 2: $14,732.43

Total: $46,443.98

Appendix E2: Total Cost of Option Four, June 2019 to June 2022

Corresponding Sheet: Option 4 Low Estimate and Option 4 High Estimate
In order to calculate the total cost of the option, I assumed 10% of family unit arrivals would be enrolled in the CMP program each month (total of 2,123 families each month). I also assumed families enrolled in the CMP would remain in the CMP until their final determination. The rest of families would be enrolled in ATDs (60% in telephonic monitoring, 30% in ankle bracelets). I used the same calculations as the previous appendices regarding the net change of families enrolled in monitoring each month.

In order to calculate the annual costs of the program, I multiplied the estimated daily cost per family of each option by the number of families enrolled each month, by the number of days in that month. I then aggregated the monthly costs to find the annual cost. For years 2 and 3, I found the net present value of the cost using a 5% discount rate. I did this for the low and high cost estimates separately.

Low cost estimate year 1: $268,791,343.5
Low cost estimate year 2: $659,650,812.8
Low cost estimate year 3: $1,016,327,455

Total Low-cost estimate June 2019 to June 2022: $1,945,000,000

High cost estimate year 1: $343,048,449
High cost estimate year 2: $841,874,794.2
High cost estimate year 3: $1,297,068,271
Total high cost estimate June 2019 to June 2022: $2,482,000,000

Average total cost estimate June 2019 to June 2022: $2,213,500,000

Appendix F: Outcomes Matrix with Point Values

Below is my original outcomes matrix with the policy alternative's point values. This matrix is not scaled so that each criterion is on a scale from 0-5 like the outcomes matrix in the body of the report.

Outcomes Matrix:

	Asylum Seeker Well-being Max: 15 points	Scalability Max Points: 10	Cost Max Points: 5	Administrative Feasibility Max: 5	Political Feasibility Max: 3	Total:
Expand Family Detention	Low 2	Very Low 2	High 1	Medium 3	High 3	11
Transition to Open Centers	Medium 8	Low 1	Low-Medium 2	Low-Medium 2	Medium 1	14
Increase ATDs	Low-Medium 6	Very High 10	Low 5	High 4	Medium 2	27
Community Management Program	High 15	High-Med 7	Low 4	Low-Medium 2	Low 1	29