



Executive Summary of Repatriation Program

October 1- 2007 - September 30, 2008

INTERNATIONAL SOCIAL SERVICE - UNITED STATES OF AMERICA BRANCH (ISS-USA)

COOPERATIVE AGREEMENT: # 06RR151665 Award Number: 90RR0003/02

Summary:

In general, the repatriation program demographics appeared very similar to last year. However, repatriates arrived from more countries and were returned to more states as compared to last year. Awareness about the program is clearly increasing as ISS received three times as many inquiries by phone or email about the program as compared to last year. On average case planning took 3-4 weeks. As demonstrated by the case summaries of difficult cases, the majority of the challenges existed in developing the repatriation plan, together with the state coordinator and local providers. The ultimate outcome for the repatriation program is to assist the individual or family to become self-sufficient on or before 90 days. ISS closed cases, from the point of arrival, on average within 68 days. Although 25 percent of cases involved mental illness, only a small handful of repatriates were returned with a certificate of mental illness. Financial, medical, travel and shelter assistance were the top services provided to repatriates. The greatest on-going challenges of the program involve working with States to develop plans that are in the best interest of unaccompanied minors repatriating to the U.S. and negotiating third party rates and long term care for medically ill repatriating adults.

Program Statistics:

A total of 267 Repatriation cases were opened in the ISS-USA repatriation data base. This includes repatriation services to 351 individuals, 23 of whom did not repatriate due to their cases being cancelled. Of the 328 people served, 219 were adults, 109 were children and 19 of the 109 children were *unaccompanied children*. In all, 33 percent of all individuals served through the U.S. Repatriation program in 2007-8 were children. The average age of adults was 43 years with a range of 19 to 83. The average age of children was 13 years with a range of 2 to 18.

Information	2006-7	2007-8
# Repatriation Cases	250	267
# Individuals	317	328
# Adults	220	219
# Children	78	90
# Unaccompanied Children	19	19
Average age of adults	45	43
Average age of children	10	13
# Resettlement Cases	152	127
# Fare Share	69	103
# Both	12	8
# Cancelled cases	17	16
# pending cases	0	13

There were **267** *opened cases*, **127** were resettlement cases, **103** were fare share and **8** were both fare share and resettlement. **16** cases were opened but later cancelled (approximately **6** percent). There are **13** open cases waiting to be repatriated.

Repatriates arrived from a total of **73** countries as compared to 61 countries in the last contract year. They were resettled to a total of **45** states (including Puerto Rico) as compared to 38 states in the last contract year. The most common departure countries and the most common states of final destination are summarized below from most to least.

	STATE	COUNTRY
1	California-36	Mexico-46
2	New York-29	Philippines-18
3	Florida-28	UK(Great Britain) -15
4	Texas-21	Thailand-14
5	Illinois-12	Israel-14
6	Pennsylvania-10	Turkey, Australia-9
7	N. Carolina-8	England-8
8	MA, MI, TN-7	China-6
9	AZ, GA, OR-6	DR, France, Spain-5
10	LA, MD, MN, OH, VA, WA-5	Canada, Egypt, Norway, Singapore, S. Africa-4

This data pertains to resettlement cases only (cancelled & fare share only cases are not included in this analysis)

Case planning: On average it took **18.58** days from the date the case was opened until arrival in the U.S. which is a little down from the average of 21 days in the last contract year.

Case closure: On average, for all cases opened during the contract year, it took **68.32** days from date of arrival to date of closing cases. This reflects the hard work on the caseworkers to close cases in a timely manner on or before 90 days when appropriate.

Inquiries: There were **136** inquiries made: **101** by the Department of State about repatriations, **21** by individuals about repatriations and **14** by Department of State for assistance with other international social work matters. The number of inquiries increased by three times as compared to last year **n=42**.

This information pertains to ALL repatriation cases, including Fare share.

Reasons for repatriation:

The primary reason for the repatriation was a lack of funds. Please note that when entering data on a repatriation case, the case work supervisor is able to enter more than one reason. Primarily repatriates return for two major reasons; lack of funds or mental illness. More than half of the people who are returning due to mental illness also experienced a lack of funds. Of those cases that were repatriated, (n= **267**) almost **25** percent involved mental illness (n= **66**). Of the **66** cases involving mental illness, **10** had a certificate of mental illness. Because of calm weather, ISS-USA did not repatriate a single person due to natural disaster. Some repatriates returned for medical reasons in addition to destitution.

Although many repatriates received a range of services, the caseworkers usually recorded the *primary* services provided for each case. These services included: local escorts (**65**), shelter (**109**), food (**32**), and

medical assistance (121), Financial (155), Travel (118). Medical assistance consists of wheelchair, ambulance, hospital and medical costs.

***Repatriation Costs:** The average cost per case was \$1,017.07. The average cost for resettlement assistance was \$295.87, the average cost for fare share was \$236.02 and the average cost for administrative services was \$485.17. Of course these costs varied widely with the highest cost being \$6,599.00 (administrative services) and the lowest being \$4.86 (resettlement assistance).

The first column reflects the totals in each category. The second column reflects the averages for the number of cases that used services in each category.

Medical costs	<u>\$12,471.35</u>	<u>Avg. \$157.87</u>
Transportation	<u>\$10,602.20</u>	<u>Avg. \$134.21</u>
Rent	<u>\$20,964.30</u>	<u>Avg. \$265.37</u>
Cash assistance	<u>\$11,176.33</u>	<u>Avg. \$141.47</u>
Escorts	<u>\$4,159.20</u>	<u>Avg. 52.65</u>

The number one cost for repatriates was Rental costs, followed by Medical and Cash assistance costs.

24 waivers were requested, 3 were deferred, 2 are pending, and 19 were granted in the 2007-8 contract year. There were 191 cases referred to PSC for collection totaling \$116,354.32,

PROGAM ACCOMPLISHMENTS

- Provided updated program materials, including all conference materials from the 2007 Repatriation Program Training in Atlanta, GA on the ISS-USA website;
- Partnered with HHS and DOS on issues of training, procedure, policy and enhancement of services to unaccompanied minors and severely mentally ill repatriates.
- ISS developed a survey on survey monkey to solicit feedback from State repatriation partners. A sample of the survey, as well as a summary of some key findings is presented as Attachment A. When a case is closed, the ISS caseworker sends a link to the repatriation partner, asking for feedback. To date, we have received 25 responses, typically from our partners who have worked on more than 4 cases. However, we ask all partners to complete the survey, and have not received much feedback from partners are new to the program.
- ISS-USA participated in a site visit conducted by ORR in July 2008. Much of the site visit focused on reviewing case files to ensure that documents were properly filed and that case files were complete. Financial procedures were reviewed, and collection procedures were enhanced and have been documented. All relevant staff handling collection matters have been trained.
- Solicited competitive bids for medical escorts to ensure the availability of the best services for the most affordable prices.
- Enhanced debt waiver procedures and significantly decreased the amount of time it takes to process debt waivers. Debt waiver procedures were documented, and all staff responsible for providing debt waiver services was trained using the debt waiver procedure manual. A copy of the manual was provided at the site visit.
- Procedures for fare share cases have been documented and provided at the site visit, and all relevant staff managing fare share cases has been trained.

- Procedures for the completion of monthly and quarterly reports to HHS have been documented, and all staff who prepares these reports has been trained. A copy of the procedures was provided at the site visit.
- Disbursement procedures have been documented, reviewed by HHS, provided at the site visit, and all relevant staff has been trained.
- Search of client's current address procedures have been documented, and all relevant ISS staff has been trained. A copy of these procedures was provided at the site visit.
- Procedures for on-going travel have been documented, and relevant ISS staff has been trained, and a copy of the procedures was provided at the site visit. ISS staff is better quipped to ensure the lowest prices for air travel and hotel stays for repatriates when necessary.
- Repatriation reimbursement procedures have been documented, and relevant ISS staff has been trained on the procedures and a copy of these procedures was provided at the site visit.
- Increased frequency of financial and case management reporting to ORR through weekly and monthly reports to Repatriation Program Manager and regular case management conference calls.
- Decreased the amount of time for approval of requests for reimbursement from states/local service providers, and of high cost cases.
- Continued to reinforce with states that medical service providers must bill at the allowable third-party rate until other benefits become active.
- Continued to advocate that certain states and local governments uphold their obligation under their signed agreements with HHS to provide the highest level of care to U.S. citizens being repatriated to their state or county.
- Continued to educate the general public about the U.S. repatriation program at a number of national and international conferences and through publications in which ISS-USA was a lead contributor.

Summary of Feedback from Repatriation Partners

- 1) There were 25 respondents
- 2) 28 % reported that they were working with a mentally ill individual
48 % reported that they were working with a destitute individual
4 % reported that they were working with an unaccompanied minor
8 % reported working with a destitute minor
12% reported working with someone with a medical issue
- 3) 88% reported that this was NOT their first repatriation case
12 % reported that it was their first repatriation case
- 4) Of those that worked on repatriation cases, over half of the respondents had worked on more than 6 cases, and the other third, 4-6 cases.
- 5) Despite the majority of respondents being veterans of the repatriation program, the welcome package was sent to almost half of the respondents.
- 6) 91.7 % of respondents reported that the ISS-USA caseworker provided adequate information for the client's arrival.
- 7) It was reported that in 100% of cases, the ISS-USA caseworker was available for questions or updates.
- 8) 72% reported being regularly updated about changes to the repatriation program
- 9) 88% reported that they were able to provide follow-up to the client prior to case closing
- 10) 100 % reported that their agencies are supportive of their work in the repatriation program
- 11) In terms of services provided:
 - 50 % provided on-ward transportation
 - 37.5% provided temporary hospitalization
 - 50% over night lodging and shelter
 - 75 % provided a copy of the US repatriation program information sheet and letter about repayment agreements
 - 54.2% obtained a signature on the HHS/ACF repayment from
 - 50 % provided other services
- 12) Within the first 90 days: the following services were reported by respondents:
 - 57% provided cash assistance
 - 52.4% completed an application for benefits
 - 47.6% sought admission into nursing home or hospital
 - 28.5% resettled person with family or friends
 - 47.6% moved person to permanent housing
 - 9.5% obtained foster care placement
 - 57.1% provided transportation
 - 76.2% initiated referrals to other services
 - 38.1% obtained signed receipts for all services
 - 28.6% provided other services
- 12) After 90 days, the following services were reported by respondents:
 - 56.3% repatriation repayment agreement
 - 62.5% provided receipts for cash assistance or third party payments
 - 68.8% provided documentation for services rendered
 - 56.3% completed billing to submit to ISS/HHS for reimbursement
 - 12.5% completed the form SSA 3955
 - 50% completed monthly summary of repatriation case expenses

43.8% completed monthly summary of case activity

43.8 % provided other services

There were only 5 Comments and Suggestions which included:

- 1) Adding “deportation” to the list of reasons for repatriation
- 2) Two people reported ISS was helpful and responsive
- 3) One person was concerned about a repatriate that acted out behaviorally upon arrival and needed police/psychiatric intervention
- 4) One person commented on the need for temporary passport to be extended in order to provide on-going services

Case summaries of four challenging cases which highlight some of the many challenges that we encounter on a daily basis as we repatriate U.S. citizens are described below.

The case of a mentally ill adult, Mr. H.: When a State Refuses to Participate

This case involved a 45 year old U.S. Citizen who spent most of his life in Germany. (Mother is a U.S. citizen). Mr. H. had been incarcerated for killing his girlfriend. He had served out his sentence and the German government decided to deport him. He had no ties to any state in the U.S. since he lived in Germany since he was a small child. He spoke very little (if any) English. He had a history of alcohol abuse and mental illness. Mr. H requested to resettle in New York. His point of entry would be the Newark NJ airport.

The ISS-USA caseworker sent a referral for repatriation assistance to NJ Division of Family Development Transitional Services Unit. The services that were requested included meeting Mr. H at the airport, and providing a mental health evaluation to make sure he was fit to travel to the final destination. The caseworker also sent a referral to Lutheran Social Services in New York requesting assistance with Mr. H in finding shelter and an appropriate program to get him re-established.

Obstacles:

1. The NJ Division of Family Development issued a statement that they could not accommodate Mr. H. The ISS-USA caseworker and supervisor had to send numerous emails to NJ to attempt to resolve this issue. The caseworker and supervisor had a telephone conference with NJ social services and mental health officials who continue to refuse to provide services or assist in any way.
2. Medical report and psychiatric diagnoses was sent but they were in German. It took several days and numerous requests by email to get a translated summary. This information is critical for the receiving states in order to plan appropriately. Lack of adequate background information on a client causes significant delays and more time spent making arrangements for case.
3. The ISS-USA caseworker had to ensure case management on the ground by finding a private emergency psychiatric team to agree to meet Mr. H in NJ for a port of entry mental health evaluation. The caseworker also called local interpreters to find one who would be there to assist in interpreting mental health evaluation questions since Mr. H limited English language skills.
4. The caseworker and supervisor had a teleconference with Deputy Commissioners of Mental Health in NY to see if transportation could be arranged to NJ to transport Mr. H to NY. NY mental health services could only come to the NY/NJ border and not into NJ. This was determined after several phone calls to Lutheran Social Services and the Deputy Commissioner's Office.
5. Due to jurisdictional issues, and NJ's lack of cooperation, the caseworker arranged for the medical escort to accompany Mr. H from NJ airport to Bellevue Hospital in NY.
6. Since Mr. H had no ties to NY or NJ, the caseworker wrote numerous emails to persuade states to assist with his resettlement.

The Case of JHY: Short planning time for an unaccompanied minor:

This case involves JHY, a 13-year-old boy abandoned by his father in Korea. He lived in AZ with his father and stepmother. His father brought him to Korea and left him alone in front of their relatives' house. JHY's uncle and aunt didn't know of the child's arrival and they found the child waiting alone for them at night. JHY's father said to the relatives that he would come back to Korea to pick up the boy one year later, but he did not show up on the day he promised. JHY has not attended school and stayed at a

house without doing anything. The whereabouts of his birth mother are not known and his 18-year-old brother is living with friends in AZ. JHY's family has a history with CPS in Phoenix, AZ.

The caseworker referred the case to the Repatriation coordinator in AZ. The coordinator transferred the case to the Child Protective Services (CPS) since this case involved child abuse/neglect. The U.S. embassy bought a ticket from Korea to San Francisco airport and requested the ISS-USA to arrange for a worker to meet JHY at the San Francisco airport. The caseworker requested CPS-AZ to purchase a ticket from San Francisco to Arizona. CPS agreed, however, they were not able to go to San Francisco airport to pick up JHY. CPS said they usually use an escort service provided from the airline in this type of the case. CPS purchased the ticket for JHY from San Francisco airport to Phoenix, AZ. The caseworker contacted the Repatriation coordinator in San Mateo County to request that her worker to assist the child in connecting to the flight to Phoenix at the airport in San Francisco. The Repatriation worker met JHY and his escort (the US consular officer in Korea) at the San Francisco International airport and assisted JHY in connecting to the flight to Phoenix, AZ. The CPS worker met the child upon his arrival in Phoenix and placed him in temporary foster care. When the caseworker contacted CPS to follow up on the case, the worker informed the caseworker that CPS returned JHY to his parents' home since both the child and the parents wanted it. CPS informed caseworker that they will keep the case open for a while to follow up on this family to ensure the child's safety.

This case involved 27 email messages, 32 phones calls, and it all had to be done in the space of 5 days (the case was opened May 19, and the child arrived May 24).

The Case of the children P.: An Example of Ongoing Training Needed in Every Aspect of a Case:

This case involves two American citizen minors, ages 2 and 4, who were in a foster care in Canada. The children's U.S. citizen parents were arrested in Canada for immigration violations and outstanding U.S. charges. The U.S. embassy in Canada requested an urgent home study on the maternal grandparents of the children who resided in Nebraska. The children's' father was still in custody in Canada and the mother had been deported to the U.S.

Obstacles:

1- In processing the case the ISS-USA office sent the case to the Nebraska Repatriation coordinator. This was the first time the Nebraska coordinator worked on an unaccompanied minor repatriation. As a result, the caseworker had to work very closely with the NE coordinator and provided extra training.

2- In the process of coordinating assistance for this case, several questions arose regarding legal custody of the children. As the questions were submitted, the caseworker provided answers and assistance. However, as more questions were submitted it became apparent to the caseworker that a conference call was needed to provide clarification and ensure all parties had a complete understanding of the process.

3-Due to the geographic location of the maternal grandparents, the Health and Human Services office had to contact an external provider to conduct the home study. The grandparent's house was three hours away from the private contractor.

4- Result of the home study:

The grandparent's home needed minor repairs. Because minor home improvements were needed it was determined in the home study that it was not safe to place the children with the grandparents at this time, until such improvements were made.

5- On Friday July 11, 2008 the caseworker received email from NE stating that the Grandparents had rented a bus and driven to North Dakota to pick up the children.

6- On Friday July 11, 2008 the caseworker made numerous calls to those involved in the process to inform them of this recent development and the children were not to be placed with the grandparents until the improvements were made. In order for social services (in Canada) to release the children to the grandparents, they needed a letter from health and human services in NE stating that either the improvements were made, or that they were not significant enough to prevent the placement of the children with the grandparents.

7- On Friday July 11, 2008 conference calls were conducted with everyone involved with the case in NE. ISS received a letter with clarification of the home study from NE that approved the grandparent's home, and emailed the letter to all concerned parties so that the children could then be released to the grandparents.

8- On Saturday July 12, 2008 two social workers from Canada met the grandparents and handed over the children, into their care.

The Case of the G. children: Mixed Status Unaccompanied Minor Repatriation, to a State without an HHS Contract Refusing to Cooperate:

This case involves four children, ages, 10, 8, 7 and 2 who were in the care of DIF in Mexico. The children were removed from their mother's care on December 26, 2007 after a finding that they were being neglected by their substance-abusing mother who often left them alone for weeks or more. DIF notified Post on Feb. 22, 2008 about this case. The children's mother, MAAG, is a Mexican citizen with no prior legal residence in the U.S. The father of the three older children, AS, lives illegally in Houston, TX and may have been recently incarcerated for unknown crimes. The father of the youngest child, PRR, lives in Mexico. When he was located, he expressed a willingness to take the youngest child. He was, however, unsure whether the mother would allow this. Both Post and DIF believed that none of the parents were able to care for the children at this time, and their plan was to repatriate all four children to TX as soon as possible. According to information provided by the oldest girl to the DIF social worker, the children had been in Mexico for approximately 2 years. The children were currently in foster care provided by DIF in Monterrey. The plan was for DIF social workers to escort the children to Bridge in Laredo, Texas as soon as there was a plan to take the children into custody in the U.S. DIF requested approximately two weeks of lead time to make the necessary arrangements to repatriate the children. During the planning, the children were safe and well cared for in a DIF foster home in Monterrey and could remain there temporarily until reception arrangements were finalized.

Obstacles:

- 1) CPS Laredo did not want to work with Catholic Social Services, a subcontracting repatriation service provider and did not respond to the referral.
- 2) CPS Laredo Texas did not want to take full custody of the children; they did not open the case even with the hotline report, and were unwilling to pre-assign a case worker to meet the children at the bridge. In addition, the state of TX was overwhelmed with children in foster care related to the polygamy abuse charges, so there were extenuating circumstances as to why they were unresponsive and at first, uncooperative. The ISS caseworker contacted the hotline (45 minutes on the phone), various CPS case workers, CPS Laredo General Counsel, immigration and border patrol officers and coordinated with Catholic Social Services to supervise the transfer of custody.

- 3) There was also a period of time when the DOS worker handling the case was out of the office with no replacement for several days which brought progress to a standstill on this case.
- 4) On the day of the arrival with all the phone calls and emails (over 30) to coordinate, more than 8 hours were spent on this case in just one day. In the end, the custody transfer of the children by CPS officers at Bridge # 2 went smoothly. The children arrived safely and in good health, and are now in custody of CPS Texas.
- 5) The case required 6 weeks of planning before the children were able to be received.

