

Dear Colleague,

Thank you for evaluating this child who is in the custody of the Office of Refugee Resettlement (ORR), a program administered by the U.S. Department of Health and Human Services (HHS). ORR is responsible for ensuring the child's health and safety while they are in Federal care. See 6 U.S.C. 279; 8 U.S.C. 1232, and 45 C.F.R. part 410. While in ORR custody, children are placed in government-funded care provider programs that are responsible for providing day-to-day care. We ask for your help in providing clear documentation of the health care you provide and any recommended follow-up that may be needed while the child is in ORR custody or after unification with their sponsor. Not all children will have access to health insurance or to highly specialized care after unification.

ORR's **Mental Health Assessment Form (MHAF)** must be completed by the evaluating healthcare provider by the conclusion of each visit with a psychiatrist, psychiatric nurse practitioner, physician assistant, licensed psychologist or any other community based licensed mental health provider (e.g., social worker). Please note the MHAF is a tool designed to capture relevant information collected during a comprehensive mental health encounter that will assist ORR in ensuring children receive the appropriate healthcare services. If the paper version of the MHAF is used, the completed form must be given to the care provider program staff member with the child at the end of the visit.

All sections of the MHAF must be completed by the evaluating healthcare provider at each visit. Responses must include as much detail as possible to ensure the child's needs are fully documented and addressed.

Section Specific Guidance:

- **Child and Visit Information -**
 - **Interpretation services:** If the evaluating healthcare provider or their staff are not fluent in the child's preferred language, ORR requires the use of a qualified interpreter either in-person or remotely.
- **Assessment and Plan -**
 - **Diagnosis referrals/Follow-up:** Specify recommended follow-up care, including referral details, timeframes (e.g., within 2 weeks, 4-6 months), and scheduled appointment dates (if applicable).
 - For urgent cases where ER evaluation or inpatient admission is needed, please clearly indicate that an **immediate referral** is required.
 - For residential treatment center (RTC) recommendations, only a licensed psychologists or psychiatrists are authorized to refer a child for placement and must clearly state reasoning (e.g., child is a danger to self or others). See 45 C.F.R. 410.1105(c)
 - **Medications:** If a medication is prescribed for a psychiatric diagnosis, informed consent must be discussed with the child and accompanying ORR care provider staff. Note, for children 14 years or older, the ORR care provider will discuss psychotropic medication assent prior to dispensing the medication. See 45 C.F.R. 410.1310.
 - **Increased level of supervision for mental health risk:** Care provider programs are required to provide line-of-sight and sound supervision for all children in ORR care. For children requiring additional supervision at the care provider program due to mental health concerns, specify the type (e.g., 24/7 monitoring), frequency (e.g., during waking hours, overnight), and duration of

supervision needed.

- o **Accommodation for continuous or intermittent physical/mental impairment affecting major life activities:** ORR expects healthcare providers to assess children at every evaluation for continuous and intermittent physical or mental impairments per appropriate published screening guidance (e.g., Bright Futures/American Academy of Pediatrics Recommendations) and determine any necessary accommodations to assist the child with the performance of major life activities. If any impairment has, or will, substantially limit at least one major life activity for **6 months or more**, ORR considers the child to have a disability. 'Substantial limitation' means more difficulty completing a major life activity than most children of similar age. This definition is intentionally broad rather than a strict standard. An impairment does not need to prevent, or significantly or severely restrict a major life activity, to be substantially limiting. Healthcare providers must clearly document on the MHAF the category of the affected major life activities, the impairment/diagnosis, the required accommodations and expected duration, including past and anticipated time.
- o **Travel restrictions:** The physical location of a child in ORR care may change quickly for a variety of reasons (e.g., unification with sponsor, turning 18 years of age, transfer to another care program, returning to country of origin). If the child has mental health needs that could delay or otherwise affect their ability to travel, document all restrictions or requirements needed to ensure safe transit. For example, "No travel until child is psychiatrically stabilized – improved mental status after psychiatric hospitalization; not acutely suicidal or homicidal". Note, a child may be fit to travel despite needing additional follow-up care (e.g., referrals, imaging) provided all urgent health needs have been addressed and an appropriate plan is in place to ensure their safety during travel.

Key Reminders:

- Please provide copies of **ALL health records** (office notes, imaging reports, lab results, etc.) either directly to care provider program staff or uploaded to ORR's electronic system of record by the end of the visit (or as soon as possible after the visit).
- Ensure that all information, including your signature and printed name, written on the paper version of the MHAF is **legible and complete**.

If you have questions about the MHAF, need additional guidance, or have concerns regarding the information collected, please contact the Division of Health in the ORR's Unaccompanied Alien Children Bureau (UACB) at ORRDHUAC@acf.hhs.gov. For more information about the UACB, visit: <https://acf.gov/orr/programs/uac>.

Thank you for your support and collaboration in providing high-quality care to the children in our care.

Acting Director, Division of Health
Unaccompanied Alien Children Bureau / Office of Refugee Resettlement
Administration for Children and Families / U.S. Department of Health and Human Services