

***Department of Health and Human Services
Administration for Children and Families
Office of Management and Budget #: 0970-0509***

Summary: ACF announced proposed updates to mental health assessment and health intervention forms used for unaccompanied children in Office of Refugee Resettlement (ORR) care. ORR is proposing updates to streamline and strengthen health documentation by combining the two Public Health Investigation Forms into a single expanded Onsite Health Intervention Form that would cover quarantine for communicable disease exposure, triage with a licensed healthcare professional, and medication-related standing orders. ACF indicated the changes are intended to improve data quality and support continuity of care. The notice also states that ORR will request a child's consent before sharing mental health information with the Department of Homeland Security (DHS) when a child with healthcare needs is identified for repatriation. Comments are due by September 25, 2026. See 91 Fed. Reg. 46935-36 (July 27, 2026).

ACA's Response:

The American Counseling Association (ACA), the world's largest nonprofit association representing over 62,000 mental health counselors and counselors-in-training across various practice settings, appreciates the opportunity to submit comments in response to the Administration for Children and Families' (ACF) notice, *Proposed Information Collection Activity; Mental Health Assessment Form and Onsite Health Intervention Form*, (OMB No. 0970-0509; FR Doc. 2026-15087). The proposed changes aims to improve data quality and support continuity of care for unaccompanied children in Office of Refugee Resettlement (ORR) care by streamlining and strengthening related to health documentation. In 2025, the Health Resources and Services Administration's (HRSA) *State of the Behavioral Health Administration* report identified 154,019 mental health counselors nationwide; the Substance Abuse and Mental Health Services Administration (SAMHSA) *NSDUH Annual National Report* estimated over 57.3 million adults in the U.S. received mental health treatment in 2025, including 4.6 million adolescents who experienced moderate or severe anxiety symptoms and 3.7 million who had a major depressive episode in the prior year. These figures underscore why forms documenting children's mental health care should support accurate records, meaningful consent, and continuity of care.

ACA appreciates ACF's efforts to streamline health documentation, reduce duplicative requirements, and improve efficiency and quality of care. ACA supports federal efforts to ensure children receive appropriate and continuous healthcare, including mental health care services and necessary accommodations. ACA recommends that ACF provide additional clarity on how the Mental Health Assessment Form (MHAF) changes will be implemented and we have concerns about the sharing of health information with the Department of Homeland Security (DHS). ACF should address these concerns through safeguards consistent with ORR's existing requirements to protect case files from unauthorized disclosure and to communicate with children in their preferred language and in a manner they understand.

- Reducing administrative burden and improving data quality. The Federal Register notice states that a mental health professional or care provider staff will complete the MHAF as a worksheet and that care provider staff will then transcribe the information into ORR's electronic system. ACA recommends that ACF clarify whether the care provider staff who transcribe information from the MHAF into ORR's electronic system are the same individuals who complete the form. If a licensed mental health professional completes the MHAF outside of ORR's electronic system and another individual later transcribes the information, ACF should justify how this process reduces burden and improves data quality. Additional transcription may increase the risk of errors, omissions, or misinterpretation of

clinical information. Re-entering the same clinical information creates another opportunity for error and may not reduce work for the treating provider. ACA encourages ACF to consider an electronic process that allows treating providers to directly enter clinical information into ORR's system or otherwise validate the transcription before it becomes part of the child's record.

- Consent and minor's developmental capacity. ACA appreciates the recognition that consent should be requested before mental health information is shared with DHS. Minors in ORR custody vary in age and developmental capacity, so ACF should clarify how it will determine whether a minor can provide informed consent, including how it will assess age, maturity, language, literacy, disability, and clinical circumstances. ACF should also explain what happens when a minor is too young/unable to consent and when they decline. A child cannot make a meaningful choice unless the request is explained in the language and manner the child understands. Any consent should be voluntary, documented, and explained in the child's native or preferred language and in a manner the child can understand. ACF should also clarify who will obtain consent and whether that individual has the appropriate training to obtain informed consent from minors.
- Scope and access to mental health information. ACA supports sharing the information needed to ensure continuity of care when a minor is being repatriated. ACF should clarify what information will be shared with DHS and ensure that only information necessary for the minor's ongoing healthcare and accommodations is disclosed. Sharing only the information needed for ongoing care gives DHS the information required to manage medication, equipment, or accommodations without exposing unrelated diagnoses or history. The notice identifies categories of information that may be shared but does not identify the specific DHS component that would receive the information, how access would be approved or audited, how long DHS would retain the information, or whether it may be redisclosed. ACA recommends that ACF identify the authorized DHS recipient, require role-based access and an audit trail, and prohibit use or redisclosure for immigration enforcement or other non-care purposes. ORR's current Privacy Act notice permits sharing with DHS for the limited purpose of continuity of medical care, states that mental health and behavioral information may not be used for immigration enforcement and requires an express written advisory barring other uses and subsequent disclosures. ACF should incorporate those limitations expressly into the information collection and any DHS transfer protocol. ACF should also clarify which DHS personnel will have access to this information and limit access to those with a legitimate need to know basis, this includes establishing an approval process verifying why the personnel needs access to this information.
- ACA is concerned that unnecessary disclosure of a minor's mental health diagnosis or behavioral health history could lead to unintended consequences, including how the minor is perceived or treated during repatriation. A diagnosis or behavioral health history alone should not be viewed as an indication that a minor poses a risk or requires increased supervision or any other adverse immigration decisions. ACF should clarify what safeguards will be in place to prevent the expanded sharing of mental health information from negatively affecting the minor.