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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970-0509]

Proposed Information Collection Activity; Mental Health Assessment Form and Onsite Health Intervention Form

AGENCY: Office of Refugee Resettlement, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for Public Comments.

SUMMARY: The Administration for Children and Families (ACF) Office of Refugee Resettlement (ORR) is requesting a 3-year extension with changes of the Mental Health Assessment Form and Onsite Health Intervention Form (formerly Public Health Investigation Form: Non-TB Illness, and Public Health Investigation Form: Active TB, OMB #0970-0509, expiration 9/30/2026). Proposed revisions include merging two forms (Public Health Investigation Forms, Active TB and Non-TB Illness) into the single Onsite Health Intervention (OHI) Form. The proposed restructuring and revisions will improve transparency, lessen burden, improve data quality, and ensure alignment with ORR requirements. In addition, to ensure continuity of care, the request has been revised to include the sharing of health information with the

Department of Homeland Security (DHS) in specific circumstances.

DATES: *Comments due* **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].**

ADDRESSES: In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above. You can obtain copies of the proposed collection of information and submit comments by emailing infocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Unaccompanied alien children in ORR custody are placed in care provider programs until unification with a qualified sponsor. Care providers ensure children receive a range of services including routine and emergency medical, dental, and mental health care. Care provider staff are expected to implement all recommended treatment plans (e.g., referrals to specialists, medication administration, accommodation for physical or mental impairments that impact daily living activities) as directed by the evaluating healthcare provider. Care provider staff are also expected to respond to reported or observed non-emergency healthcare concerns (including

exposures to specific reportable communicable illnesses) through triage with a licensed healthcare professional or administration of over-the-counter medications as indicated by the child's primary healthcare provider's standing orders. If a child with a health condition that requires daily management or accommodation (e.g., medication, durable medical equipment) is identified for repatriation by DHS, relevant information from their established treatment plan must be shared with DHS to ensure continuity of care. See "Proposed Changes" for more information. Data from scheduled mental health assessments and onsite health interventions is captured through the following forms under OMB# 0970-0509:

- Mental Health Assessment Form
- Onsite Health Intervention Form (Formerly, Public Health Investigation Form: Active TB, and Public Health Investigation Form: Non-TB Illness)

The Mental Health Assessment Form (MHAF) has a corresponding instructional "Dear Colleague" letter that healthcare providers are expected to read at the initial visit with the child. The forms are used as worksheets by healthcare providers and care provider staff to compile information that would otherwise have been collected during the health assessment or onsite health intervention. Once

completed, care provider staff transcribe the information from the form into ORR's secure, electronic system of record. Although the MHAF is not completed during emergency or urgent care visits, hospitalizations, or admissions to an out-of-network facility (e.g., residential treatment center), care providers are required to complete the respective form in ORR's electronic system of record by extracting relevant data from health records.

Data is used by ORR to monitor and support the health of unaccompanied alien children while in care, for case management of identified illnesses/conditions, and to ensure care provider compliance with ORR requirements. Finally, ORR has updated the stated uses of data sharing to include providing relevant health information to DHS when a child with healthcare needs is identified by DHS for repatriation.

Proposed Changes

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. The MHAF would also be revised to:

- **reduce duplicate documentation** by removing the History section requirement for follow-up mental health visits,
- **improve compliance and care tracking** by strengthening the disabilities and accommodations field and adding a field for all ordered or completed labs and imaging, and
- **improve data quality** through clearer instructions by visit type, a healthcare provider acknowledgement and signature section authorizing record sharing with ORR, replacement of fixed diagnosis choices with free-text fields, and broader field reformatting.

The related Dear Colleague Letter would also be updated to reflect these MHAF changes.

In addition, language was updated to expand the purposes of data to include sharing relevant health data captured on the MHAF with DHS when a child in ORR custody has healthcare needs and is identified by DHS for repatriation. Shared information includes:

- Child's identifying information (name, alien number, date of birth)
- Active diagnoses or concerns that require management
- Allergies
- Current medications and dosages
- Isolation/Quarantine requirements
- Health-related accommodations (including durable medical equipment needs)
- Health-related ravel restrictions

The purpose of sharing this data is to ensure children receive healthcare services and accommodation as recommended by their treating healthcare providers. Prior to sharing mental health information with DHS, ORR will request consent from the child.

Respondents: Mental health professionals (psychiatrists, psychiatric nurse practitioners and physician assistants, licensed psychologists, social workers, and any other community-based licensed mental health provider) and care provider staff.

Annual Burden Estimates

The overall annual burden of response and recordkeeping time decreased by 32.7 and 43.9 percent, respectively.

The decrease is attributed to a significantly lower census of unaccompanied alien children in ORR care which reduced the number of respondents and responses per respondent. In addition, the average burden hours per response decreased for each form because unnecessary fields were removed and skip patterns were introduced for fields that are only needed for specific types of visits.

Estimated Response Time for Respondents:

Instrument	Respondent	Total Number of Respondents	Annual Number of Responses Per Respondent	Average Burden Hours Per Response	Annual Burden Hours
Mental Health Assessment Form	Mental health professionals	250	12.3	0.13	399.8
Onsite Health Intervention Form	Care Provider Staff	150	402	0.09	5,427
Estimated Total Annual Burden Hours:					5,826.8

Estimated Recordkeeping Time

Instrument	Respondent	Total Number of Respondents	Annual Number of Responses Per Respondent	Average Burden Hours Per Response	Annual Burden Hours
Mental Health Assessment Form completed by a mental health professional	Care Provider Staff	150	20.5	0.17	522.8
Mental Health Assessment		150	5.5	0.21	173.3

Form not completed by a mental health professional (information obtained via health records)					
Onsite Health Intervention Form		150	402	0.07	4,221
Estimated Total Annual Burden Hours:					4,917.1

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: These information collections are related to and funded by the ORR Unaccompanied Alien Children Bureau

(UACB), are authorized by the statutes and regulations listed below, and are being conducted by ORR UACB.

- **Homeland Security Act (HSA), 6 U.S.C. 279** – Transferred responsibilities for the care and placement of unaccompanied alien children from the Commissioner of the former Immigration and Naturalization Service to the Director of ORR.
- **Unaccompanied Children Program Foundational Rule, 45 CFR Part 410** – Establishes a uniform set of standards and procedures concerning the placement, care, and services provided to unaccompanied alien children in ORR care that is consistent with ORR's statutory duties. § 410.1306(g) and 410.1307 require care provider programs to ensure children are provided with routine and emergency healthcare services while in care.
- ***Lucas R. et al v. Becerra et al*** **(Case No. 2:18-CV-05741 DMG PLA) Psychotropic Medication Settlement Agreement** – Establishes standards for monitoring the administration of psychotropic medication to children in ORR custody and care.

Mary C. Jones,
ACF/OPRE Certifying Officer.

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