ADMINISTRATION FOR CHILDREN & FAMILIES
Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/programs/orr

Refugee Mental Health Initiative within the Refugee Health Promotion Program

Policy Letter 22-06

Initially published November 10, 2021;
Revised December 8, 2021[1]
Revised January 27, 2025[2]

This Policy Letter (PL) announces the Refugee Mental Health Initiative (ReMHI) within the Refugee Health Promotion (RHP) program,[3] a Refugee Support Services (RSS) set-aside program. For information about funding allocations, please see the Dear Colleague Letter(s) on RHP Funding Allocations on the Office of Refugee Resettlement's (ORR) website.

Eligible Populations

ReMHI RHP program services may be provided to all ORR-eligible individuals[4] [5] who are within their first 5 years of eligibility. States[6] should prioritize ORR-eligible individuals who have the most persistent, pressing, or underserved mental health needs. Individuals may concurrently participate in more than one type of ReMHI RHP service.

Program Goal, Scope of Services, and Activities

Physical and emotional wellness is a foundation for successful resettlement and integration. However, a myriad of pre-migration and post-resettlement stressors may contribute to newly arrived refugees' emotional distress. The recent impacts of the COVID-19 pandemic and racial and social injustice in the United States may further compound mental health vulnerabilities. More support is necessary to address the mental health needs of refugee populations.

Within the framework of the RHP program as delineated in ORR Policy Letter 20-05, the goal of ReMHI is to build capacity within communities to address the mental health needs of refugee populations, including help overcoming stigmas associated with mental health care and creating opportunities for social engagement to reduce isolation. The approach should be client-centered, trauma-informed, strengths-based, and culturally and linguistically appropriate. ReMHI activities may include the following target areas:

- **Increasing mental health literacy**, through activities to:

[1] The only December 8, 2021 revision is annotated and described within footnote 4.

[2] January 27, 2025: Removed former section on equity and inclusion

[3] Pursuant to section 412(c) of the Refugee Act (8 U.S.C. § 1522(c)), Congress authorized the Director of ORR (hereinafter "Director") to enter into contracts to provide services to address specific needs recognized by the Director.

[4] On December 8, 2021, ORR struck the reference regarding "ORR Policy Letter 16-01" and inserted footnote 4 to provide a comprehensive description of ORR policy regarding eligibility determinations.

[5] For a description of ORR-eligible individuals, see ORR PL 16-01, its attached Documentation Guide, the ORR PL 16-01 FAQs, and ORR PL 22-02, as well as 45 CFR § 400.43.

[6] Throughout this PL, states refers to states and replacement designees (RDs, including Medical Replacement Designees) that receive RSS funding from ORR to administer the RHP program.

- Identify and conduct outreach to mainstream mental health providers versed in trauma-informed services to determine potential partners for the program.
- Develop a training curriculum for mainstream providers on refugee mental health and other trainings to respond to provider-specific needs; and/or partner with local refugee resettlement agencies and/or ethnic community based organizations to provide such trainings.
- Increase the pool of Mental Health First Aid (MFHA) instructors in the resettlement network by sponsoring certfication training fees; new MHFA instructors are expected to conduct trainings to build mental health capacity in refugee communities and refugee-serving providers.
- Conduct outreach and provide educational opportunities for refugees to learn about mental health and emotional wellness to decrease stigma about, and increase access to, services.

- **Coordinating mental health care,** through activities to:
  - Develop direct linkages between mental health service providers and refugee-serving organizations to ensure a well-coordinated referral process.
  - Develop and implement strategies to mitigate language barriers to mental health services. For example, funding refugee community health workers to be trained in medical interpretation, including interpreting in mental health.

- **Organizing wellness groups**, through activities to:
  - Host or facilitate community-based activities, targeted wellness group activities for specific interests and populations (e.g., meditation group, womens' sewing group, etc.), and other opportunities for relationship building amongst refugee populations to overcome feelings of isolation.

States must provide all services in accordance with 45 CFR Part 400. States should direct funding to localities with the greatest need for ReMHI services based on existing resources and the concentration of newly arrived ORR-eligible populations. To increase accessibility, services must be offered at a variety of times, including during the day, during the evening, during the weekend, or online.

Reporting and Monitoring

In addition to standard RPH activities, states must describe ReMHI activities in their state plans and should ensure appropriate mechanisms to assess the need for, and track, ReMHI services.

As well as for standard RHP activities, states must develop and track specific, measurable, achievable, relevant, and time-bound annual program outcomes for all ReMHI activities. States must report the number of program participants, the type and frequency of services provided, outcomes, accomplishments, and challenges in the ORR-6 Program Performance Report ("ORR-6") semi-annual schedules A and D, and submit the ORR-6 Annual Service Plan. States must also submit the annual RSS Sub-Grantee Report (OMB Clearance Number 0970-0556). These forms, instructions, and the reporting schedule are available on the ORR website.

States are required to submit data for all ORR-eligible population enrollments, including ReMHI enrollees, within ORR's State Arrival and Service Data Collection Process, using the ORR-5 data collection form. Instructions for the ORR-5 are also on the ORR website.

States must also submit the Standard Form (SF) 425 Federal Financial Report through the Payment Management System (PMS) on a quarterly basis. For questions regarding PMS, please contact the PMS Help Desk at 877.614.5533 or pmssupport@psc.gov.

As part of the RHP program, ORR will monitor the ReMHI activities through routine monitoring to ensure that states are in compliance with this policy letter and the services provided are in alignment with specific activities described in their respective state plan. During monitoring, ORR will review a state's annual program outcomes and progress towards each goal. Additionally, ORR will assess how services are provided, identify promising practices, and observe trends for further analysis and information sharing. States are responsible for monitoring sub-recipients for compliance and achievement of contract objectives as outlined in their approved state plan.

Resources

Please direct any questions about this PL to the Refugee Policy Unit at RefugeePolicy@acf.hhs.gov. We also encourage you to utilize ORR's Technical Assistance provider(s) for additional resources on serving refugees.

We appreciate all of your work to support this new initiative.

Sincerely,

Cindy Huang
Director
Office of Refugee Resettlement