

OHA Ombuds children's mental health spotlight

Spring, 2026

Five children in January

From October 1, 2025 - March 31, 2026, the Oregon Health Authority (OHA) Ombuds Office supported 25 youth ages 0-20 with complex mental health needs. Many of these children in crisis could not safely remain in their homes or communities because they were at high risk of harm to self or others, and local programs and services were not developed enough to meet their needs. When this happens, families take their children to the Emergency Department (ED), where they often remain for long stretches of time until a solution can be found – sometimes being placed in a foster care home, or in a hotel with Child Welfare staff. The OHA Ombuds Office more commonly responds to youth ages 14, 15, or 16 with these needs. However, in January alone, in five of the most complicated youth cases the Ombuds Office supported... **two children were 10 years old, and three of them were age 8.**

What the data say...

- In 2024, the total number of visits by youth age 0-17 for mental health crisis and substance use disorder in Emergency Departments was 13,597. Of those children, **3,341, or one quarter of them, were age 11 or younger;**¹
- From 2020-2024, there was a 15% increase in Emergency Department visits for children in mental health crisis and substance use disorder for those ages 7-11, **and a 72% increase children ages 0-6.**²
- In 2024, almost 8% of children ages 0-6 and almost 11% of children ages 7-11 **needed to be taken back to the ED again within 30 days.**³

What providers say...

- “It is exceedingly difficult to get **youth under 11** into any kind of inpatient treatment, and this is particularly true if they are youth with aggressive behaviors and/or developmental disabilities.”
- “We can try to arrange intensive outpatient care, but **with increased complexity those options may not always be sufficient.**”
- “These holes in the system are not ideal for hospitals, but the real impacts are to youth and families, who come to the ED needing help and often find that **they are unable to get the help they need.**”

1, 2, 3 Data source: Hospital Discharge Data, a database of records for every discharge from inpatient hospitals and EDs in Oregon, 2021-2025 Q1 update.



What do families tell us?

James' story

"When James was four, he and his sister were removed from their biological family and placed into foster care because of abuse and neglect. At the same time, he was diagnosed with autism. I got to know my son while he was in foster care and adopted him as a single parent when he was 7. At his school he was placed in an autism classroom away from his peers. They told me that he would never talk, get beyond 3rd grade or have friends. They told me his meltdowns were because of sensory overwhelm and autism, but I knew the trauma he had experienced. Because his sister could talk, she was diagnosed with PTSD. This allowed her to access play therapy to treat her trauma. James was not diagnosed because of his autism, so he never received any treatment for his PTSD. I taught him how to talk and found him a school that put him into a mainstream classroom where he could flourish. But by the time he turned 13 we were having repeated visits to the Emergency Department for his violent outbursts and unsafe behaviors – he had to be brought to the ED in restraints on a stretcher over and over. They kept sending him home and I had to keep taking him back. No facility would accept him for mental health treatment because they kept saying "it's just autism," like when he was little. But he has trauma too...untreated trauma that has never been addressed. He has internalized it his whole life without help. He was finally able to get into residential treatment but has to live in a group home now with intensive outpatient therapy and crisis response services. I wish when he was younger he could have received the treatment he needed to help him work through the abuse he suffered. I think it could have turned out so differently." – James' Mother

OHA Ombuds youth data: Mental Health & Behavioral Health

This report highlights feedback received by the Ombuds program for children and youth aged 0 to 26.

The bar chart below shows the most common reasons why families sought Ombuds assistances for mental and behavioral health services.

Total Feedback

29

Type of concerns (Categories)	Number of Concerns	Percent of Total
Access	9	36%
Interaction with Provider or Plan	9	36%
Consumer Rights	3	12%
Quality of Care	2	8%
CCO Operations	1	4%
Quality of Service	1	4%
Total	25	100%

Year, Quarter, Month

- ☐ 2019
- ☐ 2020
- ☐ 2021
- ☐ 2022
- ☐ 2023
- ☐ 2024
- ☒ 2025
 - ☐ Qtr 1
 - ☐ Qtr 2
 - ☐ Qtr 3
 - ☒ Qtr 4
- ☒ 2026
 - ☒ Qtr 1
 - ☐ Qtr 2
 - ☐ Qtr 3
 - ☐ Qtr 4

Benefit types (Medicaid topics)	Number of Concerns	Type of concerns	Percent of Total
Mental/Behavioral Health	22		88%
Residential Rehabilitation	3		12%
Total	25		100%



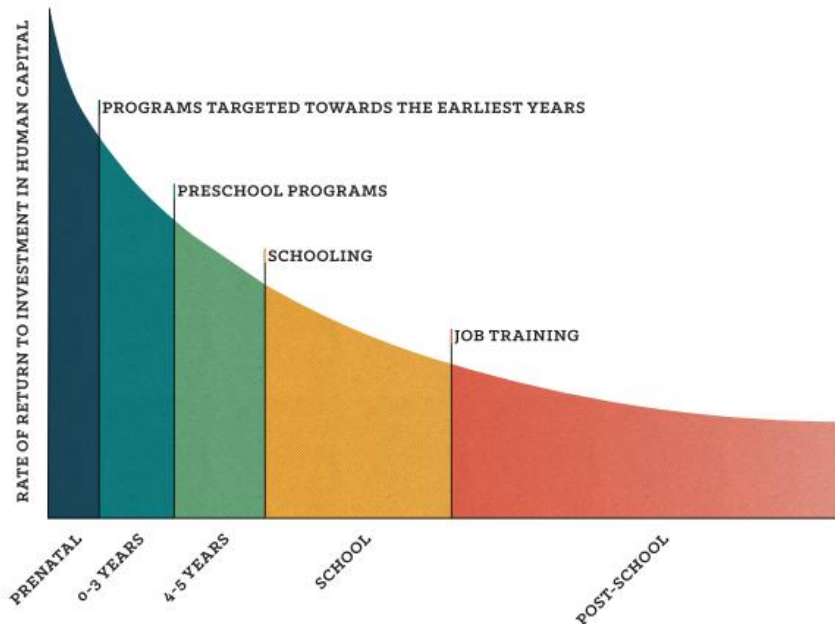
Adults in crisis equal children at risk plus time... *without sufficient intervention*

The 8- and 10-year-olds in crisis in these Ombuds cases did not get there overnight. As a state, we are failing to provide adequate intervention and support to Oregon's youngest at-risk children and their families. Adult mental health begins at birth and is actively directed by experiences in the critical developmental windows before children ever reach Kindergarten. What are we to make of this trend of younger children presenting with these kinds of intensive mental health needs? What does it forecast for Oregon's adolescents and adults within the next decade? And what should we do about it? Economic studies by James Heckman demonstrate the critical importance of investing in our youngest children. Without robust, urgent intervention for these children and their families, the trajectory for the health and wellbeing of Oregon's next generation – and economic outlook - is worrisome.

Heckman⁷ Equation

Return on Investment

Economic Impact of investing in early childhood learning



"Investing early in children yields the greatest returns. The Heckman Curve demonstrates that the highest economic and social benefits come from early skill development. This investment leads to lifelong success, increased productivity, and reduced societal costs."

<https://heckmanequation.org/>



Key considerations

*58% of all children in Oregon are on the Oregon Health Plan; **one third of all OHP members are under the age of 20.**⁴ Based on the trend of younger children presenting in mental health crisis with increased complexity and aggression, the OHA Ombuds Office recommends that legislators and policy makers seek answers to the following questions to inform decision-making and action.*

How do we assess the needs of Oregon's children ages 0-12 and how well they are met?

What does Oregon have in the way of programs and services for this age group, and what needs to be developed further?

What are we doing for parents and caregivers – what do they tell us they need?

What doesn't exist that should?

How are we centering equity in this work, knowing that American Indian/Alaska Native (AI/AN) children and children of color continue to be overrepresented in Child Welfare and Juvenile Justice?

How much money is spent on child versus adult mental health on OHP? How does Oregon's spending on children look compared to the Heckman Curve?

How do we advance funding for younger children so that Oregon's investments in its population more closely resemble the Heckman Curve?

Are our current cross-system governance structures sufficient to answer these questions and focus the action necessary to pursue this work?

The OHA Ombuds Office advocates for Oregon Health Plan members. We elevate member stories and data to advance system improvement through our reporting and recommendations. All member stories are shared with member permission.

Find our 2023 Children's Mental Health Report and Recommendations [here](#).

To learn more about our work or request a presentation, please contact us at: OHA.OmbudsOffice@odhsoha.oregon.gov or 1-877-642-0450 (message line only). We accept all relay calls.

You can get this document in other languages, large print, braille or a format you prefer free of charge.

⁴ <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Medicaid-enrollment.aspx#Dashboard>

