

An Act to protect children's mental health services H.2115 (Representative Malia) / S.1297 (Senator Keenan)



What problem does this bill address?

Despite significant improvements in the availability of behavioral health care, it is still hard for many children and their families to get the care that they need. Some of the difficulties they face include:

- Finding the right point of entry to receive care;
- Long waits for outpatient and in-home care and lengthy stays in emergency departments or other non-psychiatric settings as clinicians try to find appropriate placement;
- Lack of coordination among care providers and/or state agencies;
- Difficulty in finding the appropriate authority to address a concern or resolve a conflict.

These issues have been compounded by the COVID-19 pandemic and the strains it has put on the children's behavioral health system. Families may not know where to turn for safe and effective treatments or who to talk to for their concerns.

What difference will this bill make?

This bill establishes the position of Children's Mental Health Ombuds in the Office of the Child Advocate (OCA). The Ombuds will receive, investigate, and resolve complaints filed on behalf of a child receiving mental health services. In addition, The OCA will report annually on request for assistance and complaints made on behalf of children who are unable to access mental health care across agencies and make recommendations for legislation, policy or programmatic changes related to the protection of the rights of children with mental health disorders.

The ombuds will be "hands on," helping families resolve problems they encounter when trying to access mental health care for their child. The ombuds will help families navigate the children's mental health care system, offer guidance and information, listen to their concerns, and assist in problem-solving and conflict resolution.

With a focus on equity:

There are long-standing disparities in access to healthcare faced by Black and brown communities. 10.3% of Black youth ages 12-17 have had a major depressive episode and Black youth are more likely to attempt suicide than white youth (9.8% vs. 6.1%).¹ However, Black communities are significantly less likely to get the care they need as a result of misdiagnosis, insurance concerns, lack of resources and mistrust in the healthcare system. Families attempting to access care for their children must be supported, and this bill ensures Black and brown families have an ally during this often complex process.

Why is this bill needed now?

COVID-19 has ravaged communities across the country. An already overburdened behavioral health system must now be prepared to meet the needs of children and youth experiencing the impacts of COVID-19. Fear of getting sick or loved ones getting sick, social isolation, major school interruptions, parental stress, and food and housing insecurity compound children's stress, deepening anxiety and depressive symptoms, amplifying behavioral challenges, and intensifying substance use.

As families attempt to access necessary services for their children, systems and staffing must be in place to receive them and help them navigate an often complex process.