Overview of Mental Health & Neurodiversity Awareness - U.S.A.

Mental health conditions and neurodivergent traits (such as autism and ADHD) are common and impact millions of Americans of all ages. In recent years, public awareness has grown and stigma has begun to decrease, though challenges remain. **Approximately 1 in 5 U.S. adults (22.8%) experienced some form of mental illness in 2021**

nami.org

, and **1 in 6 U.S. youth (16.5%) had a mental health disorder** in a recent year

nami.org

. Campaigns by organizations like the National Alliance on Mental Illness (NAMI) emphasize that **no one is alone** in facing these issues

nami.org

. The concept of *neurodiversity* – recognizing and respecting neurological differences as natural variations – has gained traction. The neurodiversity movement emerged in the 1990s to **increase acceptance and inclusion of people with autism, ADHD, learning disabilities, and other neurological differences**

health.harvard.edu

. Thanks to advocacy and awareness efforts, many Americans now view mental health conditions and developmental disorders more openly, and a majority agree that having a mental health disorder is nothing to be ashamed of. However, stigma and misunderstandings persist, especially in workplaces and schools, indicating continued need for public education and acceptance initiatives.

Key Statistics on Mental Health and Neurodivergent Conditions

Prevalence of Mental Illness: About **57.8 million adults** in the U.S. experienced mental illness in 2021 (roughly 1 in 5 adults)

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. This includes a wide range of conditions from anxiety and depression to bipolar disorder and schizophrenia. Approximately **14.1 million adults (5.5%) had a serious mental illness** that substantially interfered with life activities

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. Among youth (age 6–17), **over 7.7 million (16.5%)** have experienced at least one mental health disorder in a year

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. Mental health issues often begin early – **half of all lifetime mental illnesses begin by age 14, and three-quarters by age 24**

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. Suicide remains a critical concern: it is the **2nd leading cause of death among youth ages 10–14**

nami.org

and 12th leading cause of death in the overall population (with variations by state and demographic).

Prevalence by State: Rates of mental illness vary across states. For example, the **prevalence of any mental illness among adults ranges from about 19.4% in New Jersey to 29.2% in Utah**

mhanational.org

. States with higher reported prevalence often coincide with higher needs for services. According to Mental Health America's state rankings, states like New Jersey, Florida, and Connecticut report the lowest adult mental illness rates (around 19–21%), whereas states such as Utah, Oregon, and Wyoming have some of the highest (around 27–29%)

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. It's important to note that higher recorded prevalence may reflect better screening and awareness in some states. On the youth side, the percentage of adolescents experiencing major depressive episodes or other disorders also varies by state, ranging roughly from 12% up to 20% in state-level analyses

nces.ed.gov

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ADHD: Attention-Deficit/Hyperactivity Disorder is one of the most common neurodevelopmental conditions. National parent surveys indicate about **10–11% of U.S. children (ages 5–17) have ever been diagnosed with ADHD**

cdc.gov

. Boys are more likely to be diagnosed than girls (13% vs 7%)

cdc.gov

. Among adults, ADHD is also prevalent – estimated lifetime prevalence around 8–9%

cdc.gov

(with roughly 4–5% affected at any given time). ADHD diagnosis rates vary significantly by state: roughly **6% of children in Nevada** have an ADHD diagnosis compared to **16% in Kentucky** (the range found in a CDC study)

cdc.gov

. Treatment patterns also vary: in some states, over 90% of children with ADHD receive some form of treatment, while in others this figure is closer to 60%

cdc.gov

. Across the country, about **1 in 5 children with ADHD receive no treatment at all**, highlighting gaps in care

cdc.gov

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Autism Spectrum Disorder (ASD): Autism diagnoses have increased over the past two decades, partly due to improved awareness and expanded criteria. The CDC estimates that **about 1 in 36 children in the U.S. is identified with ASD** (approximately 2.8% of 8-year-olds)

weforum.org

. This is up from about 1 in 150 two decades ago

weforum.org

. Autism occurs across all racial and socioeconomic groups and is **about 4 times more common in boys than girls**

cdc.gov

. There is regional variation in autism identification rates. For example, among CDC surveillance sites, prevalence ranged from roughly **1 in 43 children in Maryland to 1 in 22 in California**

cdc.gov

. Improved screening in some states likely contributes to higher reported rates. Overall, an estimated **17% of U.S. children have a developmental disability** (which includes autism, ADHD, intellectual disability, learning disorders, etc.) according to parent reports over 2009–2017

cdc.gov

– underscoring the broad scope of neurodiversity.

Other Neurodivergent Conditions: Learning disabilities (such as dyslexia), communication disorders, and intellectual disabilities also affect millions. For instance, specific learning disorders are estimated in roughly 8–10% of children nationwide. Intellectual and developmental disabilities (IDD) occur in around 1–2% of the population. While state-specific data for every condition are not always available, every state's education system reports the number of students receiving special education for categories like autism, learning disabilities, and other health impairments (which often include ADHD). In U.S. public schools, **over 7.3 million students (approximately 14–15% of all students) receive special education services under the IDEA law**

nea.org

. This percentage varies by state – for example, around 12% of students in Texas receive special education, compared to over 19–20% in states like New York or Maine

nces.ed.gov

, reflecting differences in identification and services.

Public Mental Health Services (Federal and State)

Providing mental health support is a shared responsibility of federal, state, and local agencies. Key public-sector resources include Medicaid, state mental health departments, school-based services, and community health centers:

- **Medicaid and Medicare: Medicaid is the largest payer for mental health services in the U.S.**

cms.gov

, covering many low-income adults, children, and people with disabilities. It finances an estimated **27% of all mental health spending, including care for over a quarter of adults with serious mental illness**

pmc.ncbi.nlm.nih.gov

. All state Medicaid programs cover behavioral health treatment to some extent. Under federal law, Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit entitles children and adolescents to any medically necessary services, which **explicitly includes coverage of autism treatment (e.g. ABA therapy) for beneficiaries under 21**

arcind.org

. Medicare (federal insurance for seniors and some with disabilities) also covers mental health services (like therapy, psychiatric visits, and inpatient care), though many younger adults with serious mental illnesses rely on Medicaid or state programs instead.

- **Federal Initiatives:** The Substance Abuse and Mental Health Services Administration (SAMHSA) oversees block grants that fund state mental health and substance use programs. SAMHSA also maintains the **988 Suicide & Crisis Lifeline** (launched nationally in 2022 for mental health emergencies)

nimh.nih.gov

and a National Helpline (1-800-662-HELP) for treatment referral. The **988 crisis line** provides free 24/7 counseling and connection to local crisis services

nimh.nih.gov

. Federally, laws like the Affordable Care Act have designated mental health an essential health benefit, expanding coverage. Additionally, the federal government supports community behavioral health through programs like Certified Community Behavioral Health Clinics (CCBHCs) and grants for school-based mental health.

- **State Mental Health Authorities:** Every state has a public mental health agency or department that plans and delivers services. Often titled "Department of Mental Health" or part of a larger health/human services department, these agencies fund and manage state psychiatric hospitals,

community mental health centers, crisis services, and housing or support programs. For example, the **Alabama Department of Mental Health serves over 200,000 residents with mental illness, developmental disabilities, and substance use disorders**

mh.alabama.gov

. State mental health departments typically provide a safety net of care for those with serious mental illnesses who are uninsured or underinsured, and they set standards for mental health clinics. Many states operate a network of regional or county-based mental health centers – especially important in rural areas. Public mental health services often include outpatient therapy, medication management, case management, peer support, and acute crisis stabilization. (See the **State-by-State Resources** section below for each state's agency contact.)

- **School-Based Services:** Schools are on the front lines of identifying and supporting youth mental health and developmental needs. Under the federal **Individuals with Disabilities Education Act (IDEA)**, public schools must provide special education and related services to students with eligible disabilities (including emotional disturbances, autism, intellectual disability, specific learning disabilities, and other health impairments such as ADHD). In practice, this means an individualized education program (IEP) with services like counseling, behavior intervention, speech therapy, or classroom aides for qualified students. In addition to IEPs, students with milder or non-qualifying conditions may receive accommodations through Section 504 plans (under the Rehabilitation Act) to support things like ADHD or anxiety (e.g. extended time on tests, adjusted seating). Schools also employ **school psychologists, counselors, and social workers** who provide counseling, teach social-emotional skills, and coordinate with families. However, resources can be limited – the **national student-to-school-counselor ratio is about 376:1** (far above the recommended 250:1)

schoolcounselor.org

, and in many states there is a shortage of school mental health professionals. Nonetheless, many districts are expanding mental health programming, sometimes partnering with community agencies or telehealth providers to offer on-site therapy. Nearly every state now has policies encouraging school-based mental health screenings, suicide prevention programs in schools, and training for teachers to recognize signs of mental distress.

- **Federally Qualified Health Centers (FQHCs):** FQHCs (community health centers) are nonprofit clinics that receive federal funding to provide primary care in underserved areas, and they play a growing role in mental health care.

Nationwide, **health centers provided mental health services to roughly 2.8 million patients in 2023**

bphc.hrsa.gov

, a number that has been rising annually. These centers integrate behavioral health with medical care – for example, a patient can receive depression screening and counseling in the same clinic as their regular doctor. Most FQHCs employ mental health counselors and often psychiatric nurse practitioners; some larger centers have psychiatrists on staff or substance abuse specialists. FQHCs typically serve Medicaid recipients, uninsured individuals, and others facing barriers to access. They offer care on a sliding fee scale. In addition, many health centers collaborate with schools (school-based health clinics) or offer tele-mental health to reach patients in remote areas. The federal government has incentivized FQHCs to expand behavioral health in response to the opioid crisis and rising suicide rates, including grants to implement medication-assisted treatment for addiction and hire more mental health professionals. Alongside FQHCs, many counties run public **community mental health clinics**, which similarly provide low-cost care – these originated from the Community Mental Health Act of 1963 and still form the backbone of public outpatient services in many states.

- **State Medicaid Programs:** Medicaid is administered by states within federal guidelines, so the specific mental health services covered can differ by state. All states cover basic inpatient and outpatient mental health treatment for Medicaid enrollees, and since the **Mental Health Parity** law and ACA, they must cover mental health at parity with physical health. Many states have specialized Medicaid programs or waivers for those with serious mental illness (for example, programs providing intensive community treatment to keep people out of institutions) or for children with severe emotional disturbances. Additionally, most state Medicaid programs now cover **applied behavior analysis (ABA) therapy for autism** and other evidence-based interventions for children, mandated by EPSDT

arcind.org

. It's worth noting that in states which expanded Medicaid under the ACA, uninsured rates for low-income adults (including those with mental health conditions) dropped significantly, improving access to treatment. Conversely, in states without expansion, many poor adults rely on limited state/local funds or go without care. Medicare (for ages 65+ or disabled) covers mental health as well, including outpatient psychotherapy and 190 days of lifetime psychiatric hospitalization, though many older adults also use community services or supplemental insurance for additional support.

Private Sector Mental Health Services

Outside of government programs, a broad private sector delivers mental health care – from large health systems to solo practitioners. These include:

- **Hospitals and Mental Health Networks:** Many large healthcare systems have dedicated psychiatric units or affiliated behavioral health networks. Private psychiatric hospitals (some for-profit, some nonprofit) operate in many states, offering inpatient care for acute crises and residential treatment. For example, companies like Universal Health Services (UHS) and Acadia Healthcare run psychiatric hospital networks across multiple states. Additionally, general hospitals often have psychiatric wards for short-term

admissions (for issues like suicidal ideation, psychosis, detoxification). **Outpatient clinic networks** have also grown – for instance, LifeStance Health (a national outpatient mental health company) provides therapy and psychiatry services in dozens of states via clinics and telehealth. These large groups can offer quicker access in areas with provider shortages. Many academic medical centers (e.g., Massachusetts General Hospital, UCLA, Emory) have renowned psychiatric departments that not only treat patients but also train providers and conduct research, often serving as centers of excellence for specific disorders.

- **Telehealth Platforms:** The COVID-19 pandemic greatly accelerated tele-mental health adoption. **By mid-2021, around 36–40% of all outpatient mental health and substance use visits were being conducted via telehealth** (vs. <1% pre-pandemic)

kff.org

. Numerous online therapy platforms now connect patients to licensed counselors or psychiatrists through video or text. Examples include **Talkspace, BetterHelp, Teladoc, MDLive**, and many others. These services offer convenience and privacy, and they have expanded mental health access, especially in rural communities or for individuals who prefer remote sessions. Some are covered by insurance or employers, while others are direct-to-consumer subscription models. Telehealth has proven particularly popular for mental health – as of 2021, **mental health conditions accounted for roughly 39% of all telehealth visits, by far the largest share for any medical category**

kff.org

. Regulations have evolved to allow interstate practice for telehealth in many cases (including psychology interjurisdictional compacts and telepsychiatry licensing flexibilities). Going forward, telehealth is expected to remain a significant part of mental health care delivery.

- **Private Outpatient Providers:** A huge portion of mental health care is delivered by private clinicians in office settings – psychologists, counselors, social workers, psychiatric nurse practitioners, and psychiatrists in individual or group practice. These providers may accept insurance or be private-pay only. Many middle-class Americans with insurance receive therapy or medication through private offices that bill their insurance (commercial or Medicare/Medicaid). Networks like **Psychology Today's therapist finder** or state licensure board directories list thousands of counselors and psychologists available. Wait times can be an issue, especially for psychiatrists (medical doctors specializing in mental illness), due to workforce shortages in many regions. To bridge gaps, **nonprofit counseling centers**

and church-affiliated clinics often offer low-fee therapy; also, **employee assistance programs (EAPs)** provide short-term counseling to employees of many companies for free.

- **Nonprofit Organizations and Support Networks:** Beyond formal clinical treatment, numerous nonprofits support individuals with mental health and neurodevelopmental conditions. **NAMI (National Alliance on Mental Illness)** is the largest grassroots mental health nonprofit, with affiliates in every state and many local communities. NAMI provides free peer-led support groups, classes (like Family-to-Family education for caregivers), public awareness events, and advocacy for better services

namitexas.org

. **Mental Health America (MHA)** is another national nonprofit with state chapters, focused on prevention, early intervention (they offer free mental health screenings online), and policy advocacy. Condition-specific nonprofits play crucial roles too. For example, **Autism Speaks** (a national organization) offers toolkits, an autism treatment provider directory, and funds research; the **Autism Society of America** has local chapters in many states that host parent support groups and resource fairs. **CHADD (Children and Adults with ADHD)** operates a nationwide network of support groups and local chapters for ADHD education

chadd.org

. These groups often fill gaps by providing community, information, and help navigating school or healthcare systems. Other notable nonprofits include **Depression and Bipolar Support Alliance (DBSA)** – running peer support groups, **ANAD** for eating disorders, the **ARC** for developmental disabilities, and various state-specific alliances. Many of these organizations have helplines or referral services. For example, NAMI's HelpLine (1-800-950-NAMI) answers questions and connects people to local resources, and Autism Society's affiliates often maintain state resource lists for autism services.

- **Specialized Clinics and Programs:** In the private sector, one can find specialty services for particular needs. For instance, **autism therapy providers** (often ABA therapy centers) operate in most states – some are large companies (e.g., CARD, Autism Learning Partners) with clinics and in-home services across regions. Likewise, there are dedicated **ADHD clinics** and coaching services, **substance abuse treatment centers** (from outpatient programs to residential rehab facilities), and specialty programs for eating disorders, trauma, etc. Many university medical centers have clinics focused on neurodiversity: e.g., the Center for Autism and the Developing Brain in New York, the MIND Institute in California, or ADHD specialty clinics within psychology departments. Private developmental pediatricians and

neuropsychologists help diagnose conditions like autism, ADHD, and learning disorders and then refer to therapies. Furthermore, **Applied Behavior Analysis (ABA)**, speech therapy, and occupational therapy providers support children with autism or developmental delays, often as private agencies that contract with schools or families (with funding from insurance or state programs). The availability of these services can differ widely by state and urban vs rural area – urban centers often have many private options, whereas rural areas may rely more on schools and telehealth or require travel to the nearest city for specialized care.

Services and Supports for ADHD and Neurodiversity

Both nationwide and in each state, there are targeted supports for people with ADHD and other neurodivergent conditions:

- **ADHD Services:** For children with ADHD, pediatricians are often the first point of care (diagnosing and prescribing medications). Beyond medical treatment, **behavioral therapy and parent training** are common supports (and are covered by Medicaid and many insurers, especially for younger children). Schools provide accommodations or special education as needed – an estimated 1 in 10 students with disabilities under IDEA are served under the “Other Health Impairment” category, which often includes ADHD. Many school districts teach organizational skills or have social workers help students with ADHD. Community organizations run **ADHD parent support groups** and skills workshops. **CHADD (Children and Adults with ADHD)** is a key resource – it provides evidence-based information and has local chapters in most states, offering support meetings and advocacy. CHADD

and similar groups often help parents navigate school services or adults to find coaching. **ADDA (Attention Deficit Disorder Association)** is another organization, focused primarily on adults with ADHD (providing webinars, peer support, and resources for workplace accommodation). In the private market, **ADHD coaches** have emerged – these are professionals who help individuals with ADHD develop time-management and organization strategies; coaching services (in-person or virtual) are available nationally. Additionally, specialized summer camps and after-school programs exist in many states for youth with ADHD or learning differences, helping build social skills in a supportive setting.

- **Autism and Developmental Disability Supports:** Every state has a system for supporting individuals with autism and other developmental disabilities, often administered by a **Developmental Disabilities (DD) agency or council**. For children, **early intervention programs** (under Part C of IDEA) provide therapies for toddlers with developmental delays (usually coordinated by state health or education departments). At school age, children with autism typically receive IEP services – these can include one-on-one aides, speech therapy, occupational therapy, social skills training, and specialized classrooms or schools for more severe needs. Many states also have **Autism Support Centers** or networks (sometimes run by nonprofits or universities) that help families coordinate care and find resources. For example, Massachusetts has Autism Support Centers in each region funded by the state, and Ohio has regional Autism Collaborative networks. **Autism Society** chapters in states (e.g., Autism Society of Ohio, Autism Society of Texas) provide family events, advocate for services, and maintain lists of providers. **Parent-to-parent support** is a strong component – many communities have parent mentors for those new to an autism diagnosis.

For adults with neurodevelopmental conditions, supports shift toward employment, housing, and community integration. State **Vocational Rehabilitation** agencies assist adults with disabilities (including ADHD, autism, learning disabilities) in job training and placement, and can fund coaching or college support. Under the ADA, colleges must provide disability accommodations – so most universities have an Office of Disability Services where neurodivergent students can get support (like notetakers, extended exam time, or quiet study spaces). Some colleges now have specialized programs for autistic students. In terms of daily life support, states administer Medicaid waiver programs that can provide services like habilitation, day programs, or personal aides for adults with autism or intellectual disabilities who qualify. Waiting lists exist in some states due to high demand.

There are also growing **neurodiversity advocacy and social groups**. For example, the Autistic Self-Advocacy Network (ASAN) operates nationally to advance the rights of autistic individuals. Locally, one might find meetups for autistic adults or neurodivergent professionals groups (sometimes in big cities or via online forums).

ADHD adult meetups and online communities are also prevalent. These peer-led groups offer a sense of community and shared experience outside of clinical settings.

- **Specific Programs by State:** Many states have unique initiatives. A few examples: Minnesota's "Fast-Tracker" online database helps find ADHD/Autism resources statewide; California's network of **Regional Centers** coordinates lifelong services for developmental disabilities; New Jersey has an Autism Registry and a mandated family support service for autism; Pennsylvania offers an Adult Autism Waiver providing specialized services; Virginia and some other states have **Neurodiversity Living Collective** projects to develop housing solutions. Additionally, law enforcement and first responders in several states undergo **Crisis Intervention Team (CIT) training** to safely interact with individuals who have mental illness or autism (helping reduce negative outcomes in those encounters). Public libraries and community centers in many areas host sensory-friendly events or social skills groups. As awareness increases, more public institutions (museums, airports, etc.) create accommodations (like sensory rooms or autism-friendly hours).

Importantly, **legal protections** underpin many of these services, ensuring access and non-discrimination – which we detail next.

Legal Protections and Policies Affecting Access to Care

A framework of federal and state laws protects the rights of individuals with mental health conditions and neurodevelopmental disorders, and mandates equitable coverage and accommodations:

- **Individuals with Disabilities Education Act (IDEA):** IDEA is the cornerstone law ensuring that children with disabilities (ages 0–21) receive a *Free Appropriate Public Education (FAPE)* in the least restrictive environment. Under IDEA Part B, school districts must identify students with disabilities and develop an **Individualized Education Program (IEP)** with tailored goals and services. This includes children with emotional or behavioral disorders, autism spectrum disorder, intellectual disability, specific learning disabilities (e.g., dyslexia), speech/language impairments, etc. ADHD can qualify under categories like "Other Health Impairment" if it impacts educational performance. Thanks to IDEA, **roughly 7.5 million students** receive special education services

disabilityscoop.com

– schools provide interventions (academic modifications, counseling, therapy, assistive technology) at no cost to families. Parents have legal rights to participate in planning and to due process if they disagree with school decisions. States monitor compliance, and federal funding helps support these programs. IDEA also covers infants and toddlers (Part C Early Intervention) – states must provide developmental services for babies and coaching for parents, since early help can markedly improve outcomes in autism, language delays, etc.

- **Americans with Disabilities Act (ADA):** The ADA is a broad civil rights law prohibiting discrimination on the basis of disability in employment (Title I), government services (Title II), and public accommodations (Title III). It **covers people with physical *and* mental disabilities, including psychiatric conditions and learning or developmental disorders**, as long as the condition substantially limits one or more major life activities. Under ADA Title I, **most employers (with 15+ employees) must provide reasonable accommodations to qualified employees with disabilities, including mental health conditions**

dol.gov

. For example, an employee with ADHD might get flexible scheduling or noise-cancelling headphones; someone with severe anxiety might get a modified workspace or remote work option. Employers cannot fire or refuse to hire someone solely due to a disability if they can do the essential job functions with accommodations. Title II of ADA ensures state and local government programs (like public schools, courts, libraries) are accessible – this overlaps with IDEA and 504 in schools. Title III requires businesses and nonprofits open to the public (restaurants, stores, hospitals, etc.) to avoid disability discrimination and provide reasonable modifications when needed (for instance, a grocery store assisting an autistic adult who is overwhelmed, or a clinic providing a quiet waiting area). **Colleges and universities** (even private ones) must also comply with ADA and the Rehabilitation Act, offering academic accommodations to students with documented disabilities (this might include note-taking services, priority registration, etc., for those with ADHD or psychiatric diagnoses). The ADA has been critical in shifting attitudes to recognize that mental health and neurodevelopmental disorders are legitimate disabilities with rights to access and inclusion.

- **Section 504 of the Rehabilitation Act:** Section 504 predates ADA and similarly prohibits discrimination in any program receiving federal funds (this includes all public schools and most private schools/universities, since they receive some federal aid). In K-12 schools, a “504 Plan” is a way to get accommodations for a student who does not need special education but has a disability affecting a major life activity (like learning). Many students with ADHD or anxiety have 504 plans for classroom accommodations, extended

test time, behavioral plans, etc. The rights under 504 mirror ADA – ensuring equal access. 504 is also invoked in contexts like standardized testing or licensing exams (to get accommodations), as those must comply with disability laws.

- **Mental Health Parity Laws:** Historically, insurance plans often imposed stricter limits on mental health coverage than for physical health (for example, fewer visits or higher copays for therapy). The **Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008** changed that. This **federal law requires that if an insurance plan offers mental health and substance use disorder benefits, they must be no more restrictive than medical/surgical benefits in terms of treatment limits, cost sharing, and coverage**

psychiatry.org

. For instance, an insurer cannot have a $2,000 annual cap on mental health visits if no similar cap exists for medical visits. Parity covers employer group plans and individual plans; the Affordable Care Act (2010) built on this by requiring that most plans *include* mental health/substance use coverage as an essential benefit (and those plans must follow parity rules). Parity also applies to Medicaid managed-care and CHIP plans. In practice, parity is enforced by federal and state regulators; there have been improvements (e.g., removal of annual session limits), though advocacy groups note continued issues with compliance (like narrow networks of mental health providers or stricter prior authorization). Many states have their own parity statutes augmenting the federal law. Overall, parity means insurance should cover depression or ADHD treatment on equal footing with diabetes or asthma treatment.

- **Affordable Care Act (ACA):** Beyond parity, the ACA (often called "Obamacare") made significant strides for mental health coverage. It expanded Medicaid eligibility in many states (benefiting low-income adults with mental illness who previously had no coverage). It also mandated that individual and small group insurance plans cover mental health and substance use services as one of 10 Essential Health Benefits. This guaranteed that millions of Americans gained coverage for therapies, psychiatric visits, and medications that might not have been included in cheaper pre-ACA plans. The ACA also prevents denying coverage for pre-existing conditions, which includes any history of mental illness or neurodevelopmental diagnosis – before this, individuals could be denied insurance or charged more for having conditions like bipolar disorder or autism. Another ACA provision, **Section 1557 nondiscrimination**, prohibits healthcare programs from discriminating on disability (among other factors), which bolsters rights to equal treatment for patients with mental or developmental disabilities in healthcare settings.

- **IDEA Transition and Post-Secondary Support:** Transition-age youth (18–21) with disabilities get help preparing for adult life under IDEA mandates. Schools must create transition plans by age 16, including job training, life skills, or college prep as appropriate. Many states have specific programs or additional laws to enhance transition services (for example, state vocational rehab often collaborates with schools before graduation). For college students, while IDEA doesn't apply in college, **ADA and 504 do** – colleges must provide reasonable accommodations and cannot discriminate. Some states have passed laws requiring mental health support on campuses, such as ensuring colleges have counseling centers and suicide prevention policies (e.g., Illinois' 2019 law for mental health leave for students, etc.). Additionally, the **Workforce Innovation and Opportunity Act (WIOA)** at the federal level incentivizes services for youth with disabilities to gain employment skills – each state VR agency uses some funds for programs like internship placements for autistic youth or coaching for young adults with serious mental illness.
- **Employment Protections:** In addition to ADA (which covers most private employers and state/local governments), the **Rehabilitation Act (Section 501 and 503)** provides similar protections in the federal workforce and for federal contractors. This means a federal government employee with PTSD or ADHD has rights to accommodations and an affirmative action program exists for hiring people with disabilities. Some states extend protections to smaller employers or have stronger laws (for example, California's Fair Employment and Housing Act covers employers with 5+ employees and explicitly protects against mental disability discrimination). **Family and Medical Leave Act (FMLA)** is another federal law – it allows employees to take unpaid, job-protected leave for serious health conditions, which can include mental health (either one's own or a family member's). This is crucial if someone needs time off for intensive treatment or a crisis.
- **Privacy and Rights in Treatment:** People receiving mental health services have rights to confidentiality and informed consent. The Health Insurance Portability and Accountability Act (**HIPAA**) protects medical privacy, including psychotherapy notes (with certain exceptions for safety). There are also laws in each state regarding **involuntary commitment** and treatment – generally one can only be hospitalized against their will if they pose a serious risk of harm to self or others, and they have rights to legal counsel and regular review in that process. Some states have adopted **Assisted Outpatient Treatment (AOT)** laws, allowing courts to mandate outpatient treatment for individuals with serious mental illness who have a history of repeated hospitalizations – these vary by state and come with legal safeguards. For children in schools, **FERPA** (Family Educational Rights and Privacy Act) protects the privacy of student education records, including evaluations for special education.

In summary, these laws (IDEA, ADA, 504, parity, etc.) collectively ensure that individuals with mental health conditions or neurodivergence have access to education, employment, healthcare, and community life on an equal basis. They provide routes to challenge discrimination or denial of services. Awareness of these rights is important for families and individuals to advocate for themselves – and many of the resources listed in the next section can help with understanding and using these protections.

Resources and Organizations by State

Below is a state-by-state listing of key public agencies and advocacy organizations relevant to mental health and neurodiversity. For each state, we include the state mental health authority (which often oversees public mental health and developmental disability services), the NAMI state organization (for support and advocacy), and additional resources such as autism or developmental disability agencies. Wherever possible, websites are provided for more information (and most have contact information like phone numbers listed on their sites). These resources can assist in finding local services, support groups, treatment referrals, and navigating state programs. *(Note: In addition to the state-specific resources, national hotlines and websites are available to everyone – for example, the 988 Crisis Lifeline, SAMHSA's treatment locator, and national organizations like Autism Speaks and CHADD. The entries below focus on in-state resources.)*

- **Alabama:** *Public Agency:* **Alabama Department of Mental Health (ADMH)** – oversees mental health, substance abuse, and developmental disability services (📋 **Website:** mh.alabama.gov). ADMH coordinates community mental health centers and crisis services statewide. *Advocacy/Support:* **NAMI Alabama** – state chapter of NAMI offering support groups, education, and advocacy (📋 **Website:** namialabama.org). *Neurodevelopmental:* **Autism Society of Alabama** – provides autism resources, support networks for families, and community education (📋 **Website:** autism-alabama.org). Alabama also has an Early Intervention program (through Alabama DHR) for infants/toddlers with developmental delays and a Developmental Disabilities Council advising on neurodiversity policy.

- **Alaska:** *Public Agency:* **Alaska Division of Behavioral Health** – part of the Dept. of Health, it manages Alaska's public mental health and substance use treatment system, including community behavioral health centers (📋 **Website:** dhss.alaska.gov/dbh). The **Alaska Mental Health Trust Authority** is a state corporation that funds innovative programs for mental illness, developmental disabilities, and more. *Advocacy:* **NAMI Alaska** – offers support and education for mental health conditions (📋 **Website:** namialaska.org). *Neurodevelopmental:* **Stone Soup Group** – an Alaska nonprofit supporting families of children with special needs (including autism/ADHD) with navigation and workshops (stonesoupgroup.org). The state also has **Key Coalition of Alaska** (developmental disabilities advocacy) and **Alaska Autism Resource Center** providing training and a library of resources.
- **Arizona:** *Public Agency:* **Arizona Department of Health Services – Division of Behavioral Health** (📋 **Website:** azdhs.gov) oversees state behavioral health, but services are largely delivered via Regional Behavioral Health Authorities (RBHAs) under AHCCCS (Medicaid). Arizona has a crisis line 1-844-534-HOPE. *Advocacy:* **NAMI Arizona** – with local affiliates throughout the state (📋 **Website:** namiaz.org). *Neurodevelopmental:* **AZ Department of Economic Security – Division of Developmental Disabilities (DDD)** supports individuals with autism, cerebral palsy, intellectual disability, etc. (des.az.gov/services/disabilities/developmental-disabilities). There are also active autism organizations like **Autism Society of Greater Phoenix** and **Southern Arizona Network for Down Syndrome/Autism**. **Raising Special Kids** is an Arizona nonprofit that helps families with IEP/504 navigation and resources.

- **Arkansas:** *Public Agency:* **Arkansas Department of Human Services – Division of Behavioral Health Services** (📋 **Website:** humanservices.arkansas.gov/about-dhs/dbhs) runs the state hospital and community programs, and a separate Division of Developmental Disabilities Services for neurodevelopmental supports. *Advocacy:* **NAMI Arkansas** – provides education programs like Family-to-Family and support groups (📋 **Website:** namiarkansas.org). *Neurodevelopmental:* **Arkansas Autism Resource & Outreach Center (AAROC)** – offers information, training, and support for autism (aaroc.org). The **Arkansas Support Network** and **Disability Rights Arkansas** are resources for broader developmental disability assistance and legal rights.

- **California:** *Public Agencies:* **California Department of Health Care Services (DHCS)** – Mental Health & Substance Use Disorder Services (oversees Medi-Cal behavioral health, implemented through county mental health plans) (📋 **Website:** dhcs.ca.gov/services/MH). **California Department of Developmental Services (DDS)** – runs the **Regional Center** system which coordinates services for people with developmental disabilities (including autism and intellectual disability) (📋 **Website:** dds.ca.gov). *Local structures:* Each county in CA has a Mental Health or Behavioral Health Department that provides public mental health clinics and crisis teams (e.g., Los Angeles County Department of Mental Health – the nation's largest county mental health department). *Advocacy:* **NAMI California** – (📋 **Website:** namica.org) supports a large network of local NAMI affiliates providing programs in communities. **Mental Health America of California** also advocates statewide. *Neurodevelopmental:* **Autism Society of California** (an alliance of local Autism Society chapters like Autism Society of Los Angeles, San Diego, etc.) and **FEAT (Families for Effective Autism Treatment)** groups are active. California also has numerous parent resource centers for special education (via Family Resource Centers Network of CA), and **Disability Rights California** offers legal advocacy. The state's rich provider network includes world-class programs (e.g., UCLA CART for autism, Stanford's Autism Center, UC Davis MIND Institute).

- **Colorado:** *Public Agency:* **Colorado Office of Behavioral Health** (in the Dept. of Human Services) – oversees community mental health centers, crisis services (statewide crisis line: 1-844-493-TALK), and treatment programs (📋 **Website:** cdhs.colorado.gov/behavioral-health). Colorado is transitioning to a new Behavioral Health Administration (BHA) to centralize mental health/addiction services. *Advocacy:* **NAMI Colorado** – (📋 **Website:** namicolorado.org) and **Mental Health Colorado** (mentalhealthcolorado.org) are two major advocacy organizations; the latter focuses on policy and public education. *Neurodevelopmental:* **Colorado Office of Early Childhood** coordinates early intervention for young children. **Developmental Pathways** and other Community Centered Boards help administer services for developmental disabilities. **Autism Society of Colorado** (autismcolorado.org) provides information and support groups. The state also has an active **CHADD Denver** chapter for ADHD and **PEAK Parent Center** for special education assistance.

- **Connecticut:** *Public Agency:* **Connecticut Department of Mental Health & Addiction Services (DMHAS)** – serves adults with serious mental illness and

addiction (📋 **Website:** portal.ct.gov/DMHAS). Children's mental health in CT is overseen by the Department of Children and Families (DCF – which runs programs for youth behavioral health). *Advocacy:* **NAMI Connecticut** – (📋 **Website:** namict.org) provides statewide programs and affiliate support. **Mental Health Connecticut** (mhconn.org) is another nonprofit focused on community education and housing supports. *Neurodevelopmental:* **Connecticut Department of Developmental Services (DDS)** handles autism and IDD waivers (ct.gov/dds). The **Autism Spectrum Resource Center (ASRC)** in Connecticut and **Autism Services & Resources Connecticut (ASRC)** offer family support and social programs. For ADHD, **CHADD of Connecticut** has local groups. Connecticut also has legal advocacy through **Disability Rights CT** and resources like **SPAN Connecticut** for special education rights.

- **Delaware:** *Public Agency:* **Delaware Division of Substance Abuse and Mental Health (DSAMH)** – serves adults with mental health and addiction needs (📋 **Website:** dhss.delaware.gov/DSAMH). Children's mental health is under a separate Division of Prevention and Behavioral Health Services (DPBHS). *Advocacy:* **NAMI Delaware** – (📋 **Website:** namide.org) offers support and education statewide (including programs in schools). *Neurodevelopmental:* **Delaware Division of Developmental Disabilities Services (DDDS)** supports eligible individuals with autism or intellectual disabilities (dhss.delaware.gov/ddds). **Autism Delaware** (autismdelaware.org) is a prominent nonprofit providing family navigators, adult services like employment support, and advocacy in Delaware. The state is small, so many services are centralized; Delaware has a 211 helpline that can direct to local mental health and DD resources.

- **Florida:** *Public Agencies:* **Florida Department of Children and Families (DCF) – Substance Abuse and Mental Health Office** – oversees state-funded mental health and addiction programs (📋 **Website:** myflfamilies.com/service-programs/samh). Services are administered through regional managing entities. Florida's Agency for Health Care Administration (AHCA) handles Medicaid (which covers many mental health services via managed care plans). *Advocacy:* **NAMI Florida** – (📋 **Website:** namiflorida.org) coordinates NAMI programs across dozens of local affiliates. **Florida Mental Health Advocacy Coalition** and **United Way 211** also connect people to services. *Neurodevelopmental:* **Florida Department of Education – Exceptional Student Education** handles special ed policy, and **Florida Agency for Persons with Disabilities (APD)** provides services for

developmental disabilities (apd.myflorida.com). There are **CARD (Center for Autism and Related Disabilities)** centers at several universities in Florida (e.g., UM-NSU CARD in Miami, CARD at USF, etc.) that offer free training and consultation to families and schools (florida-card.org). Additionally, **Autism Speaks Florida** and **Autism Society of Florida** are active. For ADHD, many local CHADD chapters exist (e.g., CHADD of Greater Orlando/Tampa).

- **Georgia:** *Public Agency:* **Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)** – responsible for public mental health services, crisis teams, and developmental disability supports (📋 **Website:** dbhdd.georgia.gov). They operate the Georgia Crisis & Access Line (GCAL: 1-800-715-4225). *Advocacy:* **NAMI Georgia** – (📋 **Website:** namiga.org) provides classes like Peer-to-Peer and various support groups statewide. **Mental Health America of Georgia** also does training and advocacy. *Neurodevelopmental:* Georgia's DBHDD includes an **Autism Initiative** and funds services for autism/IDD for those who qualify. **Georgia Department of Education – Special Education Services** provides IEP oversight. **Georgia Parent Support Network** and **Parent to Parent of Georgia** help families of children with disabilities. **Autism Society of Georgia** and regional autism centers (e.g., Emory Autism Center) are key resources. There's also **FOCUS + Fragile Kids** which assists families with children with special needs in Georgia.

- **Hawaii:** *Public Agencies:* **Hawaii Department of Health – Adult Mental Health Division** (📋 **Website:** health.hawaii.gov/amhd) runs community mental health centers and the state hospital for adults with serious mental illness; the **Child & Adolescent Mental Health Division** (CAMHD) serves youth with complex mental health needs (often via referrals from schools or child welfare). *Advocacy:* **NAMI Hawaii** – (📋 **Website:** namihawaii.org) offers support groups on Oahu and other islands (including for consumers and family members). *Neurodevelopmental:* **Hawaii Department of Health – Developmental Disabilities Division** provides case management and services for eligible individuals (health.hawaii.gov/ddd). **Special Parent Information Network (SPIN)** in Hawaii helps parents navigate special education. **Autism Society of Hawaii** and **Hawaii Autism Foundation** are two nonprofits providing resources and family events. Being an island state, telehealth and tight-knit community organizations play a big role; for example, the **Hawaii ADHD Center** (private clinic) and **Pacific Autism Center** offer specialized care, and smaller support groups exist on each island.

- **Idaho:** *Public Agency:* **Idaho Department of Health and Welfare – Division of Behavioral Health** – manages state mental health programs including regional behavioral health centers and crisis lines (📋 **Website:** healthandwelfare.idaho.gov/services-programs/behavioral-health). Idaho has regional Mental Health Boards that involve community input. *Advocacy:* **NAMI Idaho** – (📋 **Website:** namiidaho.org) and local NAMI affiliates (like NAMI Boise) provide support. Given Idaho's rural nature, much advocacy is around tele-mental health and improving access. *Neurodevelopmental:* **Idaho Department of Health – Family and Community Services** covers developmental disability services (for children, the Idaho Infant Toddler Program handles early intervention). **Idaho Parents Unlimited (IPUL)** is the Parent Training Information Center that assists with IEP/504 issues. **Autism Society of Idaho** is relatively small but active on social media sharing events. **Idaho Center for Autism** (private) in Boise and other local clinics provide therapy. The state has a **Developmental Disabilities Council** that works on policy and has a resource guide on their site.

- **Illinois:** *Public Agency:* **Illinois Department of Human Services (DHS) – Division of Mental Health** (📋 **Website:** dhs.state.il.us/page.aspx?item=29735) funds community mental health centers, a 24/7 crisis text line (text "NAMI" to 741-741), and state psychiatric hospitals. The **Division of Developmental Disabilities** in DHS handles autism/IDD waivers. *Advocacy:* **NAMI Illinois** – (📋 **Website:** namiillinois.org) with numerous active affiliates (e.g., NAMI Chicago is one of the largest). **Mental Health America of Illinois** and the **Illinois Mental Health Task Force** also contribute to policy improvements. *Neurodevelopmental:* **The Arc of Illinois** advocates for developmental disability services. **Illinois Autism Partnership** (through Easterseals) and **Autism Society of Illinois** provide training and family supports. The state's urban center, Chicago, has many resources (Lurie Center for Autism, UIC's Developmental Disability Family Clinics, etc.), whereas rural downstate areas rely more on small agencies and school co-ops. Illinois has a **Special Education Hotline** (through Equip for Equality, a disability rights group) for legal help with school issues.

- **Indiana:** *Public Agency:* **Indiana Division of Mental Health and Addiction (DMHA)** – part of FSSA, overseeing public mental health/substance abuse treatment and certifying community mental health centers (📋 **Website:** in.gov/fssa/dmha). Indiana has a network of 24 Community Mental Health Centers (CMHCs) that provide sliding-scale services. *Advocacy:* **NAMI Indiana** – (📋 **Website:** namiindiana.org) offers programs like Ending the

Silence in schools and works on criminal justice/mental health reforms. *Neurodevelopmental:* **Indiana Bureau of Developmental Disabilities Services (BDDS)** offers case management and waivers for individuals with autism/IDD (in.gov/fssa/ddrs). **Family Voices Indiana** and **INSOURCE** help parents of children with special needs. **Autism Society of Indiana** (autismsocietyofindiana.org) runs a resource hotline and parent mentoring. Also, Riley Hospital in Indianapolis has an Autism Center and developmental pediatric clinics serve many families. Indiana has CHADD chapters and strong parent support networks often organized via Facebook groups or school-based parent networks.

- **Iowa:** *Public Agency:* **Iowa Department of Health and Human Services – Division of Mental Health and Disability Services (MHDS)** – coordinates Iowa's regional mental health service system (the state is divided into MHDS Regions that plan local services) (📋 **Website:** hhs.iowa.gov/mhds). The state provides funding to regions to ensure core services like therapy, crisis response, and supported community living for mental illness or developmental disabilities. *Advocacy:* **NAMI Iowa** – (📋 **Website:** namiiowa.org) very active in advocacy at the legislature (e.g., pushing for Iowa's 988 rollout and more workforce funding) and supporting local affiliates. *Neurodevelopmental:* **Iowa's Area Education Agencies (AEAs)** offer support for children with disabilities in schools (each AEA has autism and behavior specialists). **ASK Resource Center** is Iowa's parent training center (askresource.org) assisting families on IEPs and transition. **Autism Society of Iowa** provides grants and hosts conferences. Rural parts of Iowa may utilize telehealth for psychiatry and ABA therapy due to provider shortages. The **University of Iowa Center for Disabilities and Development** is a major resource hub in the state for evaluations and research.

- **Kansas:** *Public Agency:* **Kansas Department for Aging and Disability Services (KDADS) – Behavioral Health Services** – oversees adult mental health, while the Kansas Department for Children and Families handles children's behavioral health (📋 **Website:** kdads.ks.gov for adult services). Kansas has 26 Community Mental Health Centers designated by law to serve each county. *Advocacy:* **NAMI Kansas** – (📋 **Website:** namikansas.org) supports affiliates and runs a yearly state conference. *Neurodevelopmental:* **Kansas Department of Health and Environment – Community Services** manages early intervention (tiny-k program) and the **Kansas Council on Developmental Disabilities** advises on IDD issues. **Autism Society of the Heartland** (covering Kansas City area) and **Autism Society of Kansas** are

volunteer-led organizations offering family activities. The KU Medical Center has a Center for Child Health and Development that is a go-to for autism evaluations in Kansas. A statewide **Families Together** organization helps with special education advocacy for parents.

- **Kentucky:** *Public Agency:* **Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID)** – part of Kentucky's Cabinet for Health and Family Services, it manages regional Community Mental Health Centers and services for individuals with developmental/intellectual disabilities (📋 **Website:** dbhdid.ky.gov). KY has 14 regional mental health boards that operate clinics (often branded "Compass Behavioral Health", "Pennyroyal Center", etc.). *Advocacy:* **NAMI Kentucky** – (📋 **Website:** namiky.org) and chapters like NAMI Louisville provide peer support and classes. **Mental Health America of Kentucky** also conducts training and outreach. *Neurodevelopmental:* **KY Office of Autism (within BHDID)** works on improving autism services. **Kentucky Autism Training Center** at UofL provides resources to educators and families. The **Arc of Kentucky** and **KY SPIN (Special Parent Involvement Network)** assist families with disabilities. Kentucky's rural Appalachian regions face service gaps; mobile crisis units and school-based services are critical there. Telehealth psychiatry via University of Kentucky and others is expanding to reach underserved counties.

- **Louisiana:** *Public Agency:* **Louisiana Office of Behavioral Health** (in the Dept. of Health) – oversees statewide mental health and addictive disorder treatment, including public clinics and hospitals (📋 **Website:** ldh.la.gov/behavioral-health). Louisiana delivers many services via Local Governing Entities (LGEs) which are regional human service districts. *Advocacy:* **NAMI Louisiana** – (📋 **Website:** namilouisiana.org) and strong affiliates like NAMI New Orleans (which also provides some direct services like supported housing). *Neurodevelopmental:* **Louisiana Office for Citizens with Developmental Disabilities (OCDD)** handles waivers and family supports for autism/IDD (ldh.la.gov/ocdd). **Families Helping Families** is a network of family resource centers across LA that help with special education and disability resources. **Autism Society of Louisiana** has presence in Greater New Orleans and Baton Rouge. Additionally, the **Extrordinary Lives Foundation** and local groups often organize events for ADHD and autism. Louisiana State University's Human Development Center serves as a resource/training hub.

- **Maine:** *Public Agency:* **Maine Department of Health and Human Services – Office of Behavioral Health** – manages mental health and substance use services (📋 **Website:** maine.gov/dhhs/obh). Given Maine's rural nature, the state contracts with community agencies for most services and has a statewide crisis line (1-888-568-1112). *Advocacy:* **NAMI Maine** – (📋 **Website:** namimaine.org) is very active, offering a Teen Text Support Line, suicide prevention training, and family respite program. *Neurodevelopmental:* **Maine DOE – Special Services** oversees special ed and the state has an **Office of Aging and Disability Services (OADS)** for adult autism/IDD support. **Mainely Autism** and **Autism Society of Maine** are key advocacy and support groups (autismsocietyofmaine.org has a referral directory). Maine also has a system of **"Community Support Networks"** for parents regionally, and providers like Spurwink Services offer specialized autism and behavioral programs statewide.

- **Maryland:** *Public Agency:* **Maryland Behavioral Health Administration (BHA)** – part of MD Dept. of Health, oversees public mental health and substance use disorder system (📋 **Website:** health.maryland.gov/bha). Maryland uses an opt-out Medicaid managed care system (Beacon Health) for mental health services accessible to all residents who qualify. *Advocacy:* **NAMI Maryland** – (📋 **Website:** namimd.org) coordinates many affiliates (for example, NAMI Montgomery County, NAMI Baltimore). **Mental Health Association of Maryland** also works on policy and training (especially around parity enforcement and veteran services). *Neurodevelopmental:* **Maryland Developmental Disabilities Administration (DDA)** provides lifelong services for autism/IDD (including Family Support Services and community waivers) (health.maryland.gov/dda). **Pathfinders for Autism** (pathfindersforautism.org) is a prominent nonprofit founded by parents, offering workshops, trainings (including for police), and a resource hotline in Maryland. The state also has the **Maryland Center for Developmental Disabilities** at Kennedy Krieger Institute, which offers services and research. For ADHD, there are CHADD chapters like CHADD of Greater Baltimore. Maryland's proximity to federal resources and Johns Hopkins/Kennedy Krieger means families have access to leading experts, but rural parts of Western and Eastern Maryland rely on smaller community providers.

- **Massachusetts:** *Public Agencies:* **Massachusetts Department of Mental Health (DMH)** – serves individuals with serious mental illness (primarily those requiring ongoing support/hospitalization) (📋 **Website:** mass.gov/orgs/department-of-mental-health). **Massachusetts Behavioral**

Health Help Line (new in 2023) is an entry point for all residents (833-773-2445). For others with mild/moderate needs, MassHealth (Medicaid) and private insurers cover outpatient treatment. **Massachusetts Department of Developmental Services (DDS)** oversees autism and IDD services, including the Autism Division which manages an autism waiver for children (📋 **Website:** mass.gov/dds). *Advocacy:* **NAMI Massachusetts** – (📋 **Website:** namimass.org) provides Compass helpline and extensive family programs; local NAMIs like NAMI Boston, NAMI Cambridge etc. are numerous. Additionally, **The National Alliance on Mental Illness of Massachusetts** works alongside other groups like **Massachusetts Association for Mental Health (MAMH)**, which focuses on policy. *Neurodevelopmental:* Massachusetts has strong support networks: **Autism Society of MA** (now Autism Connections under Pathlight) and **Asperger/Autism Network (AANE)** which is based in MA but serves nationally, giving support specifically for autistic adults and teens (aane.org). **Massachusetts Advocates for Children** runs a groundbreaking Autism Center that provides legal advocacy and training. The state also has a robust **special education parent advisory council (SEPAC)** system in each school district by law, ensuring parent voices in special ed. Families often leverage world-class institutions like Boston Children's Hospital or Mass General's Lurie Center for Autism for evaluations and care.

- **Michigan:** *Public Agency:* **Michigan Department of Health and Human Services – Behavioral Health and Developmental Disabilities Administration** – oversees the state's public mental health system which is delivered through regional **Community Mental Health (CMH) agencies** in each county (📋 **Website:** michigan.gov/mdhhs, navigate to behavioral health). The CMHs serve individuals with serious mental illness, children with serious emotional disturbance, and persons with developmental disabilities, and they manage Medicaid behavioral health waivers. *Advocacy:* **NAMI Michigan** – (📋 **Website:** namimi.org) coordinates affiliates across the state (Detroit, Grand Rapids, etc.), providing support and advocating on issues like mental health courts and insurance parity. **Mental Health Association in Michigan** also plays a role in education and advocacy. *Neurodevelopmental:* Michigan's CMH system also covers many autism services for Medicaid-enrolled children (Michigan was an early adopter of Medicaid-funded ABA therapy). **Michigan Department of Education – Office of Special Education** provides oversight for schools, and **Michigan Alliance for Families** helps parents navigate the IEP process. **Autism Alliance of Michigan** (aaomi.org) is a statewide nonprofit offering an autism navigator helpline and community inclusion initiatives. The **Arc Michigan** advocates for people with intellectual and developmental disabilities. Michigan also has

University Centers (like the University of Michigan Autism & Communication Disorders Center) contributing resources. In rural northern Michigan and the UP, access can be challenging, but CMHs often use telehealth or traveling clinics to extend services.

- **Minnesota:** *Public Agency:* **Minnesota Department of Human Services – Behavioral Health Division** – manages state-funded mental health programs, including grants to community mental health clinics and a statewide crisis line (**Crisis Text Line**: text “MN” to 741741) (📋 **Website:** mn.gov/dhs/people-we-serve/adults/health-care/mental-health). The state also has **Minnesota Department of Health – Children’s Mental Health** and county social services playing roles. *Advocacy:* **NAMI Minnesota** – (📋 **Website:** namimn.org) is highly regarded for its extensive classes (they train thousands of police in mental health crisis intervention, for example) and supportive programs like suicide prevention for youth. *Neurodevelopmental:* **Minnesota Department of Human Services – Disability Services Division** covers developmental disabilities and autism waivers (including the popular “CADI” waiver for children with autism). **The Arc Minnesota** provides assistance on housing, employment and hosts inclusive events. **Autism Society of Minnesota (AuSM)** (ausm.org) is a major resource, providing support groups (including for adults on the spectrum), educational workshops, and an annual autism conference. Minnesota also has innovative programs like **Fraser** (a large nonprofit provider of autism services and early intervention), and **PACER Center** – a parent training center nationally known for its work on bullying prevention for children with disabilities and assistive technology.

- **Mississippi:** *Public Agency:* **Mississippi Department of Mental Health (DMH)** – operates state behavioral health programs, including regional Community Mental Health Centers (CMHCs) across 14 regions (📋 **Website:** dmh.ms.gov). DMH also provides a helpline and resources for intellectual/developmental disability services. *Advocacy:* **NAMI Mississippi** – (📋 **Website:** namims.org) offers support groups and educational programs (e.g., in Jackson, Gulf Coast, etc.), and has been advocating for improved crisis services given MS’s challenges (Mississippi has historically ranked low in mental health access). *Neurodevelopmental:* **Mississippi Department of Rehabilitation Services** runs early intervention (First Steps) and some autism services. **Mississippi Council on Developmental Disabilities** and **The Arc of Mississippi** are advocacy bodies. **Autism Mississippi** (autismms.com) is a parent-founded nonprofit connecting families to

resources. The University of Mississippi Medical Center in Jackson has a Center for Advancement of Youth that addresses ADHD and autism. Due to limited providers, many families rely on school-based services and telehealth (the state has a partnership expanding tele-psych services to clinics).

- **Missouri:** *Public Agency:* **Missouri Department of Mental Health (MODMH)** – oversees Divisions of Behavioral Health and Developmental Disabilities, providing mental health treatment through 25+ Administrative Agents (community mental health centers) and developmental disability supports via regional offices (📋 **Website:** dmh.mo.gov). Missouri has a 988 crisis line implemented and several Crisis Access Points (like walk-in clinics). *Advocacy:* **NAMI Missouri** – (📋 **Website:** namimissouri.org) and strong affiliates like NAMI St. Louis and NAMI Kansas City provide local classes and support. **Missouri Coalition for Community Behavioral Healthcare** (representing providers) and **Mental Health America of Eastern Missouri** also contribute to public awareness. *Neurodevelopmental:* **Missouri Department of Mental Health – DD** provides autism and DD waivers and family support coordination. **Autism Speaks St. Louis chapter** and **Autism Society of Kansas City (covering MO/KS)** are active in the community. The **Thompson Center for Autism & Neurodevelopmental Disorders** at Mizzou (Columbia, MO) is a renowned clinic and resource hub for the state. Additionally, **Missouri Parents Act (MPACT)** helps parents with special education advocacy statewide.

- **Montana:** *Public Agency:* **Montana Department of Public Health and Human Services – Behavioral Health and Developmental Disabilities Division** – handles mental health services (primarily through contracts with local providers) and developmental disabilities services (📋 **Website:** dphhs.mt.gov/BHDD). Montana is largely rural/frontier, so the state supports initiatives like tele-psychiatry and integrated primary-behavioral care. *Advocacy:* **NAMI Montana** – (📋 **Website:** namimt.org) is active in education (they host an annual Montana Conference on Mental Illness) and provides support groups in several communities (e.g., Bozeman, Missoula). *Neurodevelopmental:* **Developmental Educational Assistance Program (DEAP)** and several regional nonprofits manage early intervention and autism supports in Montana. **The Arc Montana** and **Parents Let's Unite for Kids (PLUK)** are resources for families. For autism specifically, Montana has fewer providers; **Family Outreach** and **Billings Clinic's Autism program** serve as key resources. The state has been addressing a rise in youth suicide (one of

the highest rates nationally) with programs in schools focusing on mental health first aid and Native American community initiatives.

- **Nebraska:** *Public Agency:* **Nebraska Department of Health and Human Services – Division of Behavioral Health** – oversees regional Behavioral Health Authorities that contract with providers for mental health and substance abuse treatment (📋 **Website:** dhhs.ne.gov/behavioral_health). Nebraska has 6 behavioral health regions. The **Division of Developmental Disabilities** manages waivers for developmental disabilities. *Advocacy:* **NAMI Nebraska** – (📋 **Website:** naminebraska.org) has affiliates in Omaha, Lincoln, etc., offering regular support groups (including virtual ones covering the whole expansive rural areas). *Neurodevelopmental:* **Nebraska ASD Network** (supported by the Dept. of Education) connects parents and schools with autism training and regional coordinators (asdnetwork.nebraska.gov). **Autism Society of Nebraska** has chapters, notably in Omaha. **PTI Nebraska** is the Parent Training Institute for special education help. The Munroe-Meyer Institute at UNMC in Omaha is a major center for developmental disabilities (services and research). Nebraska's wide geography means many rural schools use teletherapy for speech and behavioral support; the state also has outreach from the Nebraska Youth Suicide Prevention Project.

- **Nevada:** *Public Agency:* **Nevada Division of Public and Behavioral Health – Behavioral Health Wellness and Prevention** (for rural regions) and **Southern/Northern Nevada Adult Mental Health Services** (for urban areas) – these entities provide state-run clinics, mobile crisis, and psychiatric emergency services (📋 **Website:** dpbh.nv.gov). Nevada's public system is somewhat split between urban centers (Las Vegas/Clark County and Reno/Washoe County have local agencies) and the state covering rural counties. *Advocacy:* **NAMI Nevada** – (📋 **Website:** naminevada.org) and affiliates like NAMI Southern Nevada work on stigma reduction and support (Nevada has had high prevalence of mental illness and lower access historically, so advocacy is crucial). *Neurodevelopmental:* **Nevada Aging and Disability Services Division** houses autism resources (including the Autism Treatment Assistance Program – ATAP – which helps families pay for autism services) (adsd.nv.gov). **FEAT of Southern Nevada** (Families for Effective Autism Treatment) and **Autism Coalition of Nevada** are active nonprofits. **Nevada PEP** (Parents Encouraging Parents) is the statewide parent training center (nvpep.org) assisting families with IEPs and behavioral strategies. For ADHD and learning disabilities, resources often come via school district programs and private clinics in Las Vegas/Reno; CHADD has a Las Vegas

chapter. The fast population growth in NV has challenged service capacity, but recent efforts are underway to expand community clinics and telehealth (UNLV opened a Mental Health Telemedicine Hub, for example).

- **New Hampshire:** *Public Agency:* **New Hampshire Department of Health and Human Services – Bureau of Mental Health Services** – contracts with 10 regional Community Mental Health Centers to provide services (📋 **Website:** dhhs.nh.gov/mental-health). NH also has a Bureau of Developmental Services for autism/IDD waivers. *Advocacy:* **NAMI New Hampshire** – (📋 **Website:** naminh.org) is very influential, particularly in suicide prevention (they coordinate the Connect Suicide Prevention program nationally) and family support. They have a Free statewide support line as well. *Neurodevelopmental:* **NH Family Voices** and **Parent Information Center** assist families with disabilities. **Autism Society of New Hampshire** and **Autism Center at UNH Institute on Disability** provide info and training. Because NH is small, many services are intertwined with neighboring states (some families go to Boston, MA for specialized care). Nonetheless, local resources like **Crotched Mountain Community Care** and **Gateways Community Services** help with autism therapies in-state. Additionally, the state has an "ABLE NH" organization focusing on inclusive education and community living for developmental disabilities.

- **New Jersey:** *Public Agencies:* **New Jersey Division of Mental Health and Addiction Services (DMHAS)** – part of NJ Department of Human Services, overseeing county-based mental health services and state psychiatric hospitals (📋 **Website:** nj.gov/humanservices/dmhas). NJ also has a robust system of **County Mental Health Boards** that plan local services. For youth, the **New Jersey Children's System of Care** (CSOC) under DHS provides a single point of access (PerformCare NJ) for youth mental health and developmental disability services. *Advocacy:* **NAMI New Jersey** – (📋 **Website:** naminj.org) offers support in multiple languages (NJ is very diverse), with programs like NAMI Chinese, South Asian, etc., and strong affiliate presence. **Mental Health Association in NJ** also runs a warmline and works on disaster response counseling. *Neurodevelopmental:* Under CSOC, NJ provides services for children with autism or IDD (like respite, in-home supports) and for adults, the **NJ Division of Developmental Disabilities (DDD)** offers waivers (nj.gov/humanservices/ddd). **Autism New Jersey** (autismnj.org) is a major statewide advocacy and information organization, running an annual conference and policy efforts (NJ has mandated insurance coverage for autism therapies since 2009). **ASPEN**

(Asperger/Autism Network) is a NJ-based nonprofit with support group chapters for Asperger's/autism profiles. Given NJ's high autism identification rate (one of the highest in the U.S.), the state has many providers and school programs specializing in autism. For ADHD, CHADD's national headquarters was historically in NJ, and there are local CHADD groups (like CHADD of Princeton). New Jersey's **Department of Education – Special Education** provides extensive guidance to school districts, as NJ has a high proportion of students with IEPs (about 18%).

- **New Mexico:** *Public Agency:* **New Mexico Behavioral Health Services Division (BHSD)** – part of the Human Services Department, coordinates the public behavioral health system, which is delivered via Medicaid managed care (Centennial Care) and tribal health providers (📋 **Website:** newmexico.gov/behavioral-health). New Mexico has a Behavioral Health Collaborative which brings together multiple state agencies to fund services. *Advocacy:* **NAMI New Mexico** – (📋 **Website:** naminm.org) has affiliates like NAMI Albuquerque and NAMI Santa Fe providing peer-led programs. They also focus on outreach to the large Hispanic/Latino and Native American populations with culturally competent materials. *Neurodevelopmental:* **New Mexico Developmental Disabilities Supports Division (DDSD)** provides services for autism/IDD (including the Medically Fragile Waiver and traditional DD Waiver) (nmhealth.org/about/ddsd). **Parents Reaching Out (PRO)** is the PTI that helps families navigate special education and early intervention. **Autism Society New Mexico** and the **New Mexico Autism Network** (connected with UNM) are key community resources. New Mexico faces provider shortages in vast rural areas; the state has utilized telehealth and an innovative program called **Project ECHO** (originated at UNM) to train local providers in specialties like child psychiatry. Also, many communities rely on integrated care through Indian Health Services or community health centers given the significant Native American population.

- **New York:** *Public Agencies:* **New York State Office of Mental Health (OMH)** – runs state psychiatric centers and oversees community mental health programs (📋 **Website:** omh.ny.gov). OMH funds a variety of services through county mental health departments, including clinics, ACT teams, and youth programs. The **New York State Office for People With Developmental Disabilities (OPWDD)** manages services for individuals with developmental disabilities (📋 **Website:** opwdd.ny.gov), including autism, through regional offices and nonprofit provider agencies. *Advocacy:* **NAMI New York State** – (📋 **Website:** naminy.org) and NAMI-NYC

(naminycmetro.org) are very active, given NY's large population. They offer helplines, extensive classes, and community education (e.g., NAMI NYC runs programs specifically for the unique stressors of the city environment). **Mental Health Association in NYS (MHANYS)** provides training (especially in Mental Health First Aid and for school curricula – NYS was one of the first to mandate mental health education in schools). *Neurodevelopmental:* New York has a wealth of resources but also a complex system. **OPWDD** provides eligible individuals with Medicaid waiver services (family support, respite, habilitation, etc.) – families must go through an intake to get an **NY "Front Door"** eligibility determination. **Autism Speaks** has a strong presence in NY with its national office historically in NYC. **Autism Society of the Greater Hudson Region** and others cover parts of the state. **INCLUDEnyc** (includenyc.org) is a nonprofit that helps NYC families of kids with disabilities navigate services and rights (available in multiple languages). For ADHD and learning disabilities, **CHADD of NYC** and **Learning Disabilities Association of NY** offer support. New York City itself has additional layers – e.g., NYC Department of Health has mental health initiatives (like NYC Well, a 24/7 helpline), and the NYC Department of Education runs special programs like District 75 for students with significant needs. Upstate New York has county-based programs and collaborations with academic centers like University of Rochester or SUNY Upstate.

- **North Carolina:** *Public Agencies:* **North Carolina Department of Health and Human Services (DHHS) – Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS)** – oversees policy for public behavioral health and developmental services, but delivery is via regional **Local Management Entities/Managed Care Organizations (LME/MCOs)** (📋 **Website:** ncdhhs.gov/divisions/mhddsas). These LME/MCOs (e.g., Cardinal Innovations, Alliance Health) manage Medicaid and state funding for mental health and IDD services in defined regions. North Carolina is transitioning to *Tailored Plans* under Medicaid for those with serious mental illness or IDD. *Advocacy:* **NAMI North Carolina** – (📋 **Website:** naminc.org) has affiliates across the state, providing peer support and actively engaging in legislative advocacy (for example, pushing for better crisis services in rural areas). **Mental Health America of Central Carolinas** and **NC Mental Health Coalition** also contribute. *Neurodevelopmental:* **Autism Society of North Carolina** (autismsociety-nc.org) is a large statewide organization providing direct services (like supported employment, social groups) and running autism-friendly summer camps, as well as advocacy. **The Arc of North Carolina** supports those with intellectual and developmental disabilities. The state's early intervention is called the **Infant-Toddler Program** (within NC DHHS). For education, **ECAC – Exceptional**

Children's Assistance Center is the PTI for special ed support. North Carolina also has TEACCH Autism Centers (affiliated with UNC Chapel Hill) throughout the state that offer clinical services and professional training, reflecting NC's historical leadership in autism intervention.

- **North Dakota:** *Public Agency:* **North Dakota Department of Human Services – Behavioral Health Division** – administers behavioral health policy and runs **Regional Human Service Centers** that provide direct mental health and substance use services in 8 regions (📋 **Website:** dhs.nd.gov/behavioral-health). North Dakota also has a **Developmental Disabilities Division** for case management of IDD services. *Advocacy:* **NAMI North Dakota** – (📋 **Website:** naminorthdakota.org) is relatively small but has a presence in Fargo, Bismarck, etc., and focuses on education programs. Given the rural and frontier nature of ND, much support also comes from faith-based and community groups. *Neurodevelopmental:* **North Dakota Center for Persons with Disabilities (NDCPD)** at Minot State University and **Pathfinder Services of ND** (pathfinder-nd.org) help families with special education and early intervention navigation. **Autism ND** (autismnd.org) is a coalition providing information on therapy providers and autism events. Resources are fewer due to low population; many families coordinate with providers in neighboring states (e.g., Minnesota) for specialized clinics. Telehealth is used for psychiatry and even some autism therapies (parent coaching models). The state has initiatives to improve services for Native American communities as well, particularly through partnerships with tribal health organizations.

- **Ohio:** *Public Agencies:* **Ohio Department of Mental Health and Addiction Services (OMHAS)** – oversees statewide mental health policy, operates psychiatric hospitals, and certifies community behavioral health agencies (📋 **Website:** mha.ohio.gov). Services are largely managed at the local level by county Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards which levy funds and contract with providers. **Ohio Department of Developmental Disabilities (DODD)** manages services for people with developmental disabilities (with county DD boards coordinating local supports) (📋 **Website:** dodd.ohio.gov). *Advocacy:* **NAMI Ohio** – (📋 **Website:** namiohio.org) has a strong presence; in addition to usual programs, they operate the "Peers & Police" CIT training and support a helpline. Many local NAMIs (Cleveland, Franklin County, etc.) provide robust services. **Mental Health America of Ohio** and the **Ohio Suicide Prevention Foundation** are also active. *Neurodevelopmental:* Ohio's county DD boards provide case management

and family support subsidies; the state also has an **Autism Scholarship Program** that allows parents to obtain funding for private autism education services. **Autism Society of Ohio** and more regional groups (Autism Society of Greater Cincinnati, Autism Society of Central Ohio) support families. Cleveland Clinic's Center for Autism and Nationwide Children's in Columbus are examples of major service providers. **Ohio Coalition for the Education of Children with Disabilities (OCECD)** helps with special ed advocacy. For ADHD, CHADD has multiple chapters (Cleveland, Columbus, etc.), and the state's many children's hospitals have ADHD clinics. Ohio's large urban-rural mix means while cities have many options, rural Appalachia in southeast Ohio relies on smaller community agencies and telemedicine partnerships (e.g., through Ohio University or Shawnee Mental Health Center).

- **Oklahoma:** *Public Agency:* **Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)** – operates state mental health facilities and funds community-based services like comprehensive community addiction recovery centers and mental health clinics (📋 **Website:** odmhsas.org). Oklahoma has implemented innovative programs like mental health telemedicine in police cruisers and the Oklahoma 988 hotline for crisis. *Advocacy:* **NAMI Oklahoma** – (📋 **Website:** namioklahoma.org) provides family and peer programs (with affiliates in Tulsa, OKC, etc.) and is involved in criminal justice reform efforts (Oklahoma has a high incarceration rate of people with mental illness). **Mental Health Association Oklahoma** runs housing and peer support programs, particularly in Tulsa. *Neurodevelopmental:* **Oklahoma Department of Human Services – Developmental Disabilities Services (DDS)** handles waivers for individuals with developmental disabilities (including autism). **Oklahoma Autism Network** (okautism.org) at the University of Oklahoma Health Sciences Center disseminates resources and hosts an annual statewide conference. **AutismOklahoma** is a nonprofit network offering community inclusion activities (like art programs and support groups in multiple cities). **SoonerStart** is Oklahoma's early intervention program for infants/toddlers with delays. Additionally, **Payne Education Center** in OKC focuses on dyslexia training for teachers, reflecting cross-over in the neurodiversity field.

- **Oregon:** *Public Agency:* **Oregon Health Authority (OHA) – Health Systems Division** – oversees mental health and substance use services, largely delivered via coordinated care organizations (CCOs) as part of the Oregon Health Plan (Medicaid) (📋 **Website:** oregon.gov/oha). Oregon also has **Community Mental Health Programs (CMHPs)** run by counties providing

safety net services. The **Oregon Department of Human Services – Office of Developmental Disabilities Services (ODDS)** manages IDD supports (📋 **Website:** dhs.oregon.gov). *Advocacy:* **NAMI Oregon** – (📋 **Website:** namioregon.org) provides statewide training and has affiliates particularly in Portland metro and the Willamette Valley. **Mental Health Association of Portland** advocates on issues like homelessness and addiction recovery. *Neurodevelopmental:* **Autism Society of Oregon** (autismsocietyoregon.org) is very active with support groups across the state and a helpline. **FACT Oregon** serves as the parent training and information center for special education (factoregon.org), empowering families in IEP meetings. For an often underserved group, Oregon has **Youth ERA**, a nationally recognized organization for peer support among youth with mental health challenges or neurodiversity. The state's culture of progressive healthcare has led to initiatives like early childhood mental health programs, and pilot programs for intensive in-home autism behavior support via OHA. However, Oregon also struggles with high needs in youth mental health (as reflected in some of the highest rates of youth depressive episodes), fueling recent investments in school-based health centers and mobile crisis for youth.

- **Pennsylvania:** *Public Agencies:* **Pennsylvania Department of Human Services – Office of Mental Health and Substance Abuse Services (OMHSAS)** – oversees county-administered mental health programs and Medicaid behavioral health managed care (HealthChoices) (📋 **Website:** dhs.pa.gov, see OMHSAS section). Each Pennsylvania county (or multi-county region) has a Mental Health/Intellectual Disabilities program office that plans and coordinates local services. **Office of Developmental Programs (ODP)** in DHS manages waivers and services for autism/IDD (including the Adult Autism Waiver) (📋 **Website:** dhs.pa.gov/Services/Disabilities-Aging/Pages/Autism-Services.aspx). *Advocacy:* **NAMI Pennsylvania** – (📋 **Website:** namipa.org) has affiliates in many counties (Philadelphia, Pittsburgh, etc.) that provide peer programs and work on issues like improving inpatient care and crisis response. **Mental Health Association in Pennsylvania** and local chapters (MHA of NYC, of Southwestern PA) complement these efforts. *Neurodevelopmental:* Pennsylvania has unique resources such as **ASERT (Autism Services, Education, Resources, and Training) Centers** – regional centers funded by ODP to connect individuals and families to autism supports (PAautism.org). **Autism Society of Pennsylvania** and more local Autism Societies (Greater Philadelphia, Greater Harrisburg) provide community support. For education, **PEAL Center** and **HUNE** (Hispanos Unidos para Niños Excepcionales in Philly) assist families with special ed rights. Pennsylvania's behavioral health system is somewhat decentralized due to county oversight; services can vary widely by county (for

instance, Philadelphia has a robust network with additional city-funded programs, while some rural counties have limited providers). Nonetheless, PA has some highly regarded programs like the **STAR Center at Western Psychiatric Hospital (UPMC)** for youth mood disorders, and an extensive network of licensed private academic schools for special education.

- **Rhode Island:** *Public Agency:* **Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)** – oversees mental health and substance use treatment programs and funds, as well as services for developmental disabilities (📋 **Website:** bhddh.ri.gov). As a small state, much is centralized; there is a single state hospital system (Eleanor Slater Hospital) and community mental health centers serving different regions (e.g., Providence Center, etc.). *Advocacy:* **NAMI Rhode Island** – (📋 **Website:** namirhodeisland.org) is active in education and runs an annual statewide walk for awareness. **Mental Health Association of RI** also provides information and advocates in the legislature. *Neurodevelopmental:* **Rhode Island Department of Human Services – Division of Developmental Disabilities** manages adult services, and the **Rhode Island Department of Health** runs Early Intervention for young children. **Rhode Island Parent Information Network (RIPIN)** is a one-stop center that helps families with special education, healthcare navigation, and runs a Parent Training and Information Center. **The Autism Project** (theautismproject.org) in RI offers social skills groups, summer camps, and training for caregivers and professionals. Rhode Island being small means key players know each other; there's a state Autism Work Group that coordinates efforts among BHDDH, Education, and community members. For ADHD and learning disabilities, **Learning Disabilities Association of RI** and local CHADD meetings (often held in school settings) provide support.

- **South Carolina:** *Public Agencies:* **South Carolina Department of Mental Health (SCDMH)** – operates a network of 16 community mental health centers (with clinics in every county) and several psychiatric hospitals, as well as school-based mental health counselors in many districts (📋 **Website:** scdmh.net). **South Carolina Department of Disabilities and Special Needs (DDSN)** serves individuals with autism, intellectual disability, traumatic brain injury, and spinal cord injury (📋 **Website:** ddsn.sc.gov). DDSN contracts with local Disabilities and Special Needs Boards in each county for service coordination. *Advocacy:* **NAMI South Carolina** – (📋 **Website:** namisc.org) provides NAMI programs and has affiliates like NAMI Charleston, NAMI Greenville etc. **Mental Health America of South Carolina** focuses on community education and operates a few clubhouse programs. *Neurodevelopmental:* **South Carolina Autism Society** (scautism.org) offers

information and advocacy; they have parent mentors and autism assistance programs. **Family Connection of SC** is a statewide parent network that supports families of children with special healthcare needs (including developmental delays). The state has the **Carolinas Center for ABA and Autism Treatment** and other private providers expanding to meet demand. South Carolina, like many southern states, has been improving early intervention and early childhood mental health supports (through programs like Nurse-Family Partnership and Project BEST for trauma-focused therapy training at MUSC). The coastal and midlands areas have more resources while rural pockets rely on county health departments and DHEC clinics.

- **South Dakota:** *Public Agency:* **South Dakota Department of Social Services – Division of Behavioral Health** – funds and oversees community mental health centers and substance abuse treatment programs (📋 **Website:** dss.sd.gov/behavioralhealth). The state has 11 Community Mental Health Centers covering all counties. The **Division of Developmental Disabilities** (within DSS) manages home and community-based services for IDD (dss.sd.gov/developmentaldisabilities). *Advocacy:* **NAMI South Dakota** – (📋 **Website:** namisd.org) provides support mainly via affiliates in Sioux Falls, Rapid City, etc., and through outreach at health fairs, etc. The state's small population means NAMI SD staff and volunteers cover large territories (they also do Ending the Silence presentations in schools). *Neurodevelopmental:* **South Dakota Parent Connection** is the PTI assisting with special education and connecting to resources. **LifeScape** in Sioux Falls is a major provider for children with disabilities (offering therapies, school, and residential services). **Autism Society of the Black Hills** and **Autism Society of SD – Sioux Empire** are two volunteer-led regional groups. Many families in SD also tap into remote resources (e.g., clinics in Minnesota or Colorado via telehealth or occasional travel). The state has prioritized tele-mental health especially for its rural and reservation communities, and works with Great Plains Tribal Chairmen's Health Board to address behavioral health in Native populations.

- **Tennessee:** *Public Agency:* **Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)** – plans and oversees state-funded mental health and addiction treatment, including operating Regional Mental Health Institutes (state hospitals) and licensure of community providers (📋 **Website:** tn.gov/behavioral-health). Many services are delivered through non-profits like Mental Health Cooperative or Alliance Healthcare in Memphis. **Tennessee Department of Intellectual and Developmental Disabilities (DIDD)** is a separate agency managing services for autism/IDD (📋 **Website:**

tn.gov/didd). *Advocacy:* **NAMI Tennessee** – (📋 **Website:** namitn.org) has affiliates in major cities and does extensive training for clergy and law enforcement to foster community support systems. **Tennessee Mental Health Consumers' Association** is a peer-run org offering recovery support. *Neurodevelopmental:* **Autism Tennessee** (autismtn.org) serves the mid-TN region with support groups and resources; other regions have groups like **Spectrum TN**. **The ARC Tennessee** advocates and provides some direct services for individuals with developmental disabilities and their families. **Disability Rights Tennessee** can assist with special education and access issues. Tennessee is known for initiatives like the School-Based Behavioral Health Liaison program (placing consultants in schools via TDMHSAS) and for incorporating ACEs (adverse childhood experiences) awareness in policymaking. In terms of healthcare, Vanderbilt Kennedy Center in Nashville is a major hub for autism and ADHD research and clinics that many families utilize.

- **Texas:** *Public Agencies:* **Texas Health and Human Services Commission (HHSC) – Behavioral Health Services** – oversees a vast array of mental health services, largely delivered through Local Mental Health Authorities (LMHAs) in each county or region (📋 **Website:** hhs.texas.gov/services/mental-health-substance-use). Texas has 39 LMHAs which operate clinics and crisis teams (for example, Metrocare in Dallas, Harris Center in Houston). **HHSC – Intellectual and Developmental Disability Services** manages waiver programs and state-supported living centers for IDD. *Advocacy:* **NAMI Texas** – (📋 **Website:** namitexas.org) coordinates a large network of affiliates (from big cities to small towns). They advocate on issues like mental health workforce and jail diversion. Additionally, **Mental Health America of Greater Houston** and **Texas Suicide Prevention Collaborative** are active in the state. *Neurodevelopmental:* Texas has many resources but also challenges given its size. **Texas Autism Council** advises HHSC and TEA on autism policy. **Autism Society of Texas** (texasautismsociety.org) provides information and has chapters/support groups in various areas. **TEA (Texas Education Agency) – Special Education** oversees IEP compliance and recently efforts to address past under-identification of students with disabilities in Texas schools. **Parent Training Centers** in Texas include **PATH Project** and **TEAM Project** which help families across different regions. For ADHD, major children's hospitals like Texas Children's in Houston and specialized centers (UT Dallas Callier Center) offer evaluation and treatment; CHADD has Houston and DFW chapters. One notable program: Texas's **ECI – Early Childhood Intervention** serves infants/toddlers with delays via local providers. Given rural West Texas has fewer providers, the state funds telehealth (like the West Texas Telebehavioral Health Network). Urban counties have additional initiatives, e.g., Dallas and Harris County have

mental health public defender offices to help divert individuals with mental illness from jail.

- **Utah:** *Public Agency:* **Utah Department of Human Services – Division of Integrated Services (which includes mental health)** – recently merged under **Utah Department of Health and Human Services**, it oversees public mental health and substance abuse services delivered by 13 local county/local mental health authorities (📋 **Website:** dsamh.utah.gov). Utah's public system emphasizes partnerships with religious communities and an extensive state crisis line (Utah Crisis Line 1-800-273-TALK, integrated with 988). *Advocacy:* **NAMI Utah** – (📋 **Website:** namiut.org) provides programs like Allies for Hope and has affiliates and NAMI On Campus clubs. **Utah Strong Recovery Project** (via DHS) offers crisis counseling after disasters, reflecting the state's proactive stance. *Neurodevelopmental:* **Utah State Board of Education – Special Education** supports local districts; **Utah Parent Center** (utahparentcenter.org) helps families with IEPs and disability resources. **Utah Autism Coalition** and **Autism Council of Utah** are collaborative bodies that include parents and professionals working to improve autism services. **Autism Speaks Utah** and **Utah Autism Academy** are present for direct services. Many families seek services through **University of Utah's Neurobehavior HOME Program** which provides integrated care for individuals with developmental disabilities, or private providers like Carmen B. Pingree Autism Center in Salt Lake City. Utah's strong family-oriented culture has also led to many peer-led support efforts, such as Facebook support groups for parents of children with ADHD/autism and church-supported respite programs.

- **Vermont:** *Public Agency:* **Vermont Department of Mental Health (DMH)** – oversees the state's community mental health system which is provided by designated agencies in each region (📋 **Website:** mentalhealth.vermont.gov). Small population allows a fairly cohesive system; DMH also runs a 24/7 Support Line and works with the Dept of Vermont Health Access for clinical services. **Developmental Disabilities Services Division** (within Department of Disabilities, Aging, and Independent Living) manages autism/IDD supports (📋 **Website:** dail.vermont.gov). *Advocacy:* **NAMI Vermont** – (📋 **Website:** namivt.org) provides support groups (including one of the highest per capita in the country) and education, often collaborating with the state on trainings like Mental Health First Aid. *Neurodevelopmental:* **Vermont Family Network** (vermontfamilynetwork.org) is the PTI offering support for families of children with special needs. **Green Mountain Self-Advocates** is an active peer-led

organization for people with developmental disabilities. There isn't a standalone Autism Society chapter, but Vermont Family Network includes an Autism Program that hosts an annual autism conference. Vermont, being largely rural, has an ethos of community-based care – services like CRT (Comprehensive Residential Treatment) for mental health and family-directed support for autism are well integrated. The University of Vermont Medical Center provides specialty care and collaborates with community providers for outreach.

- **Virginia:** *Public Agencies:* **Virginia Department of Behavioral Health and Developmental Services (DBHDS)** – oversees state hospitals and community services, but services are delivered through **Community Services Boards (CSBs)** that cover every locality for both mental health and developmental services (📋 **Website:** dbhds.virginia.gov). Virginia has 40 CSBs which one can contact for local mental health clinics, case management, and crisis. *Advocacy:* **NAMI Virginia** – (📋 **Website:** namivirginia.org) supports affiliates and statewide advocacy (Virginia has been focusing on expanding outpatient services and crisis stabilization units). **Mental Health America of Virginia** runs a Warm Line and recovery education. *Neurodevelopmental:* **Virginia Department of Education – Special Education** and **Virginia Department of Aging and Rehabilitative Services** (which includes vocational rehab and secondary transition services) are key state entities. **Virginia Autism Council** and **Autism Society of Northern Virginia / Central VA** are active groups providing resources and social programs (Northern VA, being part of the DC metro, has many resources, whereas rural Southside and Southwest VA have fewer). The **Arc of Virginia** offers advocacy and sponsors the **New Path Family Support program** for those on the DD waiver waitlist. Virginia also has **Parent Educational Advocacy Training Center (PEATC)**, a PTI that helps families statewide. For ADHD, CHADD of Northern Virginia and Richmond offer support, and given the high military population in VA, there are resources on bases and via TRICARE for military families dealing with ADHD/autism.

- **Washington:** *Public Agencies:* **Washington State Health Care Authority – Division of Behavioral Health and Recovery (DBHR)** – oversees publicly-funded mental health and SUD treatment (much of which is through Medicaid managed care organizations in regional service areas) (📋 **Website:** hca.wa.gov/about-hca/behavioral-health-recovery). Also, **Washington State Department of Social and Health Services – Developmental Disabilities Administration (DDA)** provides case management and services for eligible

individuals with developmental disabilities (📋 **Website:** dshs.wa.gov/dda). *Advocacy:* **NAMI Washington** – (📋 **Website:** namiwa.org) coordinates a broad network of affiliates; Washington was an early adopter of peer support certification and NAMI WA supports peer workforce development. **Youth 'n Action** and **Forefront Suicide Prevention (at UW)** are notable initiatives in the state. *Neurodevelopmental:* **Washington Autism Alliance (WAA)** (washingtonautismalliance.org) assists families in accessing insurance coverage and services (WA has strong insurance mandates for ABA therapy). **The Arc of Washington** and regional Arc chapters help with DD advocacy. Seattle area has many resources (Seattle Children's Autism Center, etc.), whereas eastern Washington is less resourced but organizations like **Parent to Parent** (P2P) networks and **Rural Alliance** try to fill gaps. The state's special education is monitored by the Office of Superintendent of Public Instruction (OSPI) which has an Ombuds for special ed concerns. Also, Washington has a prominent **Developmental Disabilities Council** that produces an annual services guide for families.

- **West Virginia:** *Public Agency:* **West Virginia Department of Health and Human Resources – Bureau for Behavioral Health** – oversees mental health and substance use programs, largely implemented by regional Comprehensive Behavioral Health Centers (📋 **Website:** dhhr.wv.gov/bbh). The Bureau for Behavioral Health also runs a 24-hour Behavioral Health referral line. **WV Bureau for Medical Services** (Medicaid) handles IDD waivers through the **IDD Waiver Program**. *Advocacy:* **NAMI West Virginia** – (📋 **Website:** namiwv.org) has smaller affiliates but works closely with the state (for example, training law enforcement in CIT and supporting school mental health summits). *Neurodevelopmental:* **West Virginia Birth-to-Three** is the early intervention system for infants/toddlers. **WV Parent Training and Information (WVPTI)** aids with special education rights. For autism, West Virginia has fewer formal organizations; **Autism Society of West Virginia** is relatively low-profile, but **Mountaineer Autism Project** advocates for autism insurance coverage and services. Many families connect through social media groups or seek services in neighboring states (PA, VA) for advanced care. However, WVU's Center for Excellence in Disabilities provides diagnostic clinics and a program called **TAKE (Through Autism Knowledge and Education)** for autism outreach. West Virginia's challenges with rural poverty and limited providers are met with telehealth expansion (tele-psych and even tele-ABA in some cases) and integrated care in primary clinics.

- **Wisconsin:** *Public Agencies:* **Wisconsin Department of Health Services – Division of Care and Treatment Services (DCTS)** – supports community mental health and addiction services (with counties playing a key role in direct service provision) (📋 **Website:** dhs.wisconsin.gov/dcts). Wisconsin's 72 counties each have a human services or community programs department responsible for mental health crisis and case management; many services are provided by private agencies under contract. **Division of Medicaid Services** handles the CLTS (Children's Long-Term Support) waivers which many families use for autism services. *Advocacy:* **NAMI Wisconsin** – (📋 **Website:** namiwisconsin.org) has affiliates statewide and focuses on outreach to underserved groups and promoting clubhouse drop-in centers. **Mental Health America of Wisconsin** runs suicide prevention training and a peer-run Warmline. *Neurodevelopmental:* **Wisconsin Board for People with Developmental Disabilities (BPDD)** fosters advocacy and grants for inclusive communities. **Autism Society of Greater Wisconsin** (covering most of the state outside Milwaukee) and **Autism Society of Southeastern Wisconsin** are very active in hosting conferences and family outings. Wisconsin has an Autism Insurance Mandate, and numerous providers offer in-home autism therapy funded by insurance or the CLTS waiver. **Wisconsin Family Ties** is a statewide org supporting families of kids with mental health needs. Also, the **Disability Rights Wisconsin** organization can assist with school or service access issues. A unique Wisconsin feature: county-based services can result in variation – some counties have comprehensive programs (like Milwaukee County's robust Behavioral Health Division and Children's Mobile Crisis), while others rely on regional consortiums. The state has invested in **Coordinated Specialty Care teams for early psychosis** and in expanding school mental health supports through recent legislation.

- **Wyoming:** *Public Agency:* **Wyoming Department of Health – Behavioral Health Division** – administers mental health and substance abuse programs, which are primarily delivered by contracted community mental health centers in each county (📋 **Website:** health.wyo.gov/behavioralhealth). Wyoming has only a few inpatient units and often sends patients out-of-state if needed. The **Behavioral Health Division** also includes Developmental Disabilities Section for waiver services. *Advocacy:* **NAMI Wyoming** – (📋 **Website:** namiwyoming.org) is relatively small but offers a few support groups and works on public awareness (given the sparse population, much is done virtually or by partnering with larger entities like NAMI Colorado for trainings). The state's suicide rate is among the highest, prompting local coalitions (like the Wyoming Association of Mental Health and Substance Abuse Centers) to emphasize prevention. *Neurodevelopmental:* **Wyoming Services for Independent Living (WSIL)** and **Parent Information Center of Wyoming**

provide guidance to families on disability services and education. **Ark Regional Services** in Laramie and **Wyoming Independent Living** help with adult services. There isn't a dedicated Autism Society chapter, but the **Wyoming Developmental Disabilities Council** and groups like **Hands Across Wyoming** share resources. Many families travel to Colorado or Utah for specialized pediatric neurodevelopmental evaluations. The state does have the **Wyoming Behavioral Institute** (private psych hospital) that runs some youth programs. Telehealth, including counseling and even neuropsychological assessment via secure video, is increasingly utilized to overcome the distance barrier in Wyoming.

(For U.S. territories such as Puerto Rico, Guam, etc., similar resources exist through territorial health departments and local chapters of national organizations, though they are not detailed here due to the focus on U.S. states.)

Each state above has its own nuanced system and programs, but all share the goal of improving mental health outcomes and supporting neurodiverse individuals to live fulfilling lives. For further details or services not listed, residents can contact their **state's mental health department or local 2-1-1 info line** for guidance. Remember that help is available – whether through public clinics, private providers, schools, or peer groups – and reaching out is the first step to accessing the support you or your loved one may need.

Sources:

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schoolcounselor.org

- Telehealth Utilization: Kaiser Family Foundation (analysis of Epic data)

kff.org

- Legal Protections: ADA (U.S. Dept of Justice, EEOC)

dol.gov

; Mental Health Parity (CMS)

psychiatry.org

; IDEA data (NCES)

nea.org

- State Agency and Resource Information: Official state department websites and reputable nonprofit organizations (as linked inline above)

mh.alabama.gov

, etc. Each state's section also draws on information from state health department portals and local advocacy group publications. (Readers can typically find up-to-date contact details for these resources via the provided websites or by calling national hotlines for referrals.)