

2026

MENTAL HEALTH ADVOCACY GUIDE



NAMIGA.ORG

LEAD ADVOCACY ORGANIZATIONS CONTACTS



FOUNDING PARTNERS

Georgia Parent Support Network, Georgia Mental Health Consumer Network, Mental Health America of Georgia, NAMI Georgia



GEORGIA MENTAL HEALTH
POLICY PARTNERSHIP

FOUNDING PARTNERS

American Foundation for Suicide Prevention,
Mental Health America of Georgia, NAMI Georgia



**American
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for Suicide
Prevention**

Georgia

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THE CARTER CENTER
MENTAL HEALTH PROGRAM

Waging Peace. Fighting Disease. Building Hope.

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JUST DO IT!

Enforce Parity and Protect Georgia’s Children

MENTAL HEALTH DAY AT THE CAPITOL Schedule-at-a-Glance

**WEDNESDAY,
FEBRUARY 18, 2026
8:00AM – 4:00PM**

8:00 am	Registration
9:00 am	Program Begins
11:45 am	Walk to Capitol
1:00 pm	Press Conference
1:30 pm	Meet Your legislators





Behavioral Health
Services Coalition



2026

MENTAL HEALTH DAY AT THE CAPITOL

The Behavioral Health Services Coalition invites you to stand united with fellow advocates as we raise our voices for mental health.

Meet Your Legislators

LET YOUR VOICE BE HEARD



DATE

February 18th, 2026

📍 Georgia Freight Depot,
65 M.L.K. Jr Dr SW
Atlanta, GA 30303



TIME

8AM – REGISTRATION

9AM – PROGRAM BEGINS

11:45AM – WALK TO CAPITOL

1PM – PRESS CONFERENCE

1:30PM – MEET YOUR LEGISLATORS



CONTACT US:

INFO@GMHCN.ORG

*Register
Now* >>>



SCAN HERE

TO ENTER THE CAPITOL BLDG.

***YOU MUST BRING A GOVERNMENT ISSUED I.D.**

INFORMATION & DIRECTIONS

You must have a state issued ID Card to enter the Capitol

STREET ADDRESS

206 Washington Street
111 State Capitol
Atlanta, GA 30334

Phone: 404-656-1776

Fax: 404-657-7332

MAILING ADDRESS

The Office of the Governor
206 Washington Street
Suite 203, State Capitol
Atlanta, GA 30334

FROM THE SOUTH: Take I-75/85 North to Exit 245 (Capitol Avenue). At the end of the exit ramp, continue straight through the stop sign. At the first traffic light, turn left onto Hank Aaron Drive. (The name will change to Capitol Avenue). The State Capitol is on your left.

FROM THE NORTH: Take I-75/85 South to Exit 248A (MLK, Jr. Drive) and veer right onto MLK, Jr. Drive. The Capitol will be on your left.

FROM THE EAST: Take I-20 West to Exit 58A (Capitol Avenue). Turn right and continue on Capitol Avenue. The Capitol will be approximately one mile down on the left.

FROM THE WEST: Take I-20 to Exit 56B (Windsor Street/Spring Street/Stadium). At the third light, turn left onto Central Avenue. Go to Mitchell Street and turn right. Go one block and the capitol will be on the left.

WAYS TO GET TO & FROM THE CAPITOL



MARTA

- › The Georgia State Capitol building is only one block away from the Georgia State MARTA Station on the blue/green rail line. If you are coming from the red or gold rail line, exit at the Five Points Station and follow the signs to the Eastbound platform. Get on the first eastbound train and ride one stop to the Georgia State Station. Take the Piedmont Avenue exit out of the station and turn left on Piedmont Avenue. The Capitol is located one block south of the MARTA station. MARTA has eight (8) bus routes that serve Capitol Hill. For more information and route planning, contact MARTA at 404-848-5000.
- › MARTA maps and trip planner tools are available at www.itsmarta.com.



RIDESHARE

- › Uber or Lyft ridesharing services are available throughout Atlanta via their respective phone apps.



PARKING

Freight Depot parking lot will be closed due to construction

- › Buses and 15-passenger or larger vans are allowed to park on the west side of Washington Street in front of the Capitol on most weekdays. Capitol events or security threats may make this space unavailable. In those cases, buses will be rerouted by Capitol security.
- › Public parking is available in several locations surrounding the Capitol. Parking fees vary by lot. Certain lots may be closed due to the legislative session. The following lots are always open to the public if spaces are available:
 - Steve Polk Plaza Parking is located on M.L. King, Jr. Drive, one block from the Capitol.
 - A surface lot is located on Memorial Drive, one block from the Capitol.
 - Underground Parking: A parking garage is located on the north side of Martin Luther King, Jr. Drive, two blocks from the Capitol.



ADDITIONAL ACCESSIBILITY INFORMATION

- › The Georgia Building Authority and the state ADA Coordinator's Office guide for all accessibility information can be found at <https://ada.georgia.gov/helpful-resources/mobility-and-accommodations/accessibility-capitol-hill>.

TIPS FOR MEETING WITH YOUR GA GENERAL ASSEMBLY

You must have a state issued ID Card to enter the Capitol



KNOW GMHPP'S KEY DATA POINTS

- » Review the talking points and recommendations in the back of this Day at the Capitol Guide and on GMHPP's Legislative Priorities flyer.
- » As a group, choose the 1-2 issues you plan to highlight in your meetings. Make sure the issues you choose align with GMHPP's current legislative priorities.



BE FLEXIBLE

- » Legislators' schedules can change quickly, so you may end up meeting with a different person or having more or less time than expected.
- » If asked about topics outside of GMHPP's key asks, bring the conversation back to your key points or say "I do not know" and offer to connect with GMHPP for follow up.



KNOW YOUR AUDIENCE

- » FIND YOUR LEGISLATOR:
<https://pluralpolicy.com/find-your-legislator/>
- » Review information on your Senator and Representative by clicking on their name in your search results.
- » Identify any shared interests, experiences, or connections that can help build rapport and support a more engaging conversation.



KEEP POLITICS OUT OF IT

- » Mental health does not discriminate based on political party. We are a nonpartisan organization looking for bipartisan solutions.
- » Respect your legislator's political views, even if they differ from your own.
- » Do not get angry or raise your voice.



PLAN MEETING ROLES

- » If meeting as a group, gather before the meeting starts to determine roles: who will take the lead, who will make certain points, and who might share a story.
- » Meetings may be brief and not everyone will have a chance to speak at length.
- » If your group is large, expect that your role may be to introduce yourself, then observe or tweet/post on social media.
- » Remember: Facts inform and stories inspire. But keep any personal story to 90 seconds or less.



BUILD A CONNECTION

- » You may be meeting with the legislator or their staff; treat both with equal respect.
- » Invite your legislator to a local mental health program or other event.
- » Politics is local: ask for a contact to send a formal invitation or to schedule a future meeting.



END ON A POSITIVE NOTE

- » Thank the legislators and their staff for their time—and their support (if applicable).
- » Remind the lawmakers of the Mental Health Guide and Legislative Priorities sheet, which has already been sent to them and their staff.
- » **Ask the legislator if you can take a photo of the group (or screenshot if via Zoom) and share on social media. Use the hashtags #JUSTDOIT and #TOGETHERFORMENTALHEALTH and tag the lawmaker in your posts.**



BE AWARE OF TIME

- » Legislators' schedules are tight so arrive early for your appointments.
- » Practice your story and your ask in advance, to keep the meeting efficient and to-the-point. (You will be more relaxed, too.)



FOLLOW UP TO HAVE A GREATER IMPACT



SEND A THANK YOU

- › Send a short follow-up email within a few days of your legislative meetings. You can search for your legislators' contact information here: www.legis.ga.gov/find-my-legislator.
- › Attach any photos that you may have taken with the legislator or their staff.
- › Thank the office staff for their time and their service. Reiterate the importance of quality, affordable mental health care. Offer to be a resource if they have any further questions.
- › Include a link to the 2026 Mental Health Guide. <https://namiga.org/advocate/advocacy-virtual-folder/>



SHARE YOUR EXPERIENCE ON SOCIAL MEDIA

- › Members of legislature pay close attention to social media, so **tweet them or post on their Facebook wall and let them know that mental health is important to you. Tag them in your photos and include the hashtags #JUSTDOIT and #TOGETHERFORMENTALHEALTH in your captions.**
- › Share your experience with other advocates. In addition to posting on social media, you can send a brief description of your experience and any photos/screenshots to advocacy@namiga.org. Partner organizations may feature you in their newsletters, on their websites, and/or on their social media pages.
- › Use the tags #MHDC, #TOGETHERFORMENTALHEALTH, #JUSTDOIT and #GARecovers.



KEEP IT GOING

- › If you aren't getting ActNow advocacy alerts, email advocacy@namiga.org to request.
- › Follow or like your legislators on X, Facebook and Instagram.
- › Learn more about your legislators by exploring their legislature websites. Find here: www.legis.ga.gov/find-my-legislator.
- › Research to see if they have personal websites. Sign up for their newsletters.
- › Invite your legislators to local mental health programs.
- › Attend legislators' events in your district to further build your relationship, like public forums.

Barriers to Mental Health Treatment



On average, there is an 8-10 year delay between the first appearance of symptoms and intervention. Why does it take so long? Here are some barriers that can lead to treatment delay.

LACK OF AWARENESS

- Many individuals are unaware of the signs of mental illness or dismiss their experiences as normal stress.
- People may not know where to seek help or what services are available.

STIGMA

- Negative stereotypes about mental illness deter individuals from seeking help, as they fear judgment or discrimination.
- Internalized beliefs about mental illness lead to feelings of shame, guilt, or unworthiness.
- In some communities, mental health issues are seen as taboo, leading to a lack of support or open conversation.

FEAR OF CONSEQUENCES

- Individuals worry that disclosing mental health issues could impact their job security or career advancement.
- Parents may fear losing custody of their children if they admit to mental health struggles.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

- SDOH factors include housing instability, food insecurity, and exposure to violence. They significantly influence access to and quality of mental health care. The factors frequently overlap—such as being from a low-income household, minority, and rural community—compounding challenges to accessing care.

ACCESS BARRIERS

- In the U.S., over 150 million people live in federally designated mental health professional shortage areas.
- Rural and high-need areas face acute shortages of qualified providers. Even in areas with providers, the demand often exceeds supply, leading to delays in care.
- Lack of reliable transportation can prevent individuals, especially in rural areas, from attending appointments.

TELEHEALTH DIGITAL DIVIDE

- While telehealth has expanded access, individuals without reliable internet or technological literacy remain excluded.
- Older adults or those in low-income households may struggle to navigate telehealth platforms.

SYSTEMIC BARRIERS

- Mental health services are often siloed from general healthcare, making coordination difficult.
- Public mental health programs frequently face budget cuts, reducing service availability.
- Insurance companies and government programs may impose restrictions on the type or duration of care covered.

FINANCIAL BARRIERS

- Therapy sessions, medication, and hospitalizations can be expensive, especially for uninsured individuals.
- Many insurance plans limit coverage for mental health services or exclude specific treatments.
- Low-income individuals are disproportionately affected, as they may prioritize basic needs over healthcare.

CULTURAL AND LINGUISTIC BARRIERS

- Non-native English speakers may face challenges finding bilingual providers who can communicate effectively.
- Therapists who do not understand a patient's cultural background may struggle to provide effective care.
- 12% of Georgian and 15% of Georgia's workers are foreign-born and need/deserve access to culturally and linguistically responsive care.¹

Mental Health in Georgia

Many Georgians struggle with their mental health.

It is more important than ever to build a stronger mental health system that provides the care, support, and services needed to help people build better lives.

1,836,000

adults in Georgia have a mental health condition. That's more than **3x** the population of Atlanta.



1 in 5 U.S. adults experience a mental illness each year.

More than **1 in 20 U.S. adults** experience a **serious mental illness** each year.



1 in 6 U.S. adolescents aged 12-17 experience a **major depressive episode** each year.

159,000 Georgia adolescents experience a **major depressive episode** each year.

475,000 Georgia adults have a **serious mental illness**

1 in 6 of the more than **12,000 people** in Georgia **who are unhoused** have a **serious mental illness**.

1 in 9 adolescents aged 12-17 have **serious thoughts of suicide** each year.

113,000 Georgia adolescents have **serious thoughts of suicide** each year.



1 in 20 adults have **serious thoughts of suicide** each year.

410,000 Georgia adults have **serious thoughts of suicide** each year.



18%

of youth aged 0-17 in Georgia have **experienced 2+ adverse childhood experiences**, which are linked to mental illness and substance misuse in adulthood.

1,624 lives were **lost to suicide** in Georgia in 2022.

GEORGIA is facing a mental health crisis.

More than **5,000,000** people in Georgia live in a community without enough mental health professionals.

2x

more likely for a Georgian to be **forced out-of-network** for mental health care than for primary care.

74,356

calls were made to Georgia's **988 Suicide & Crisis Line** call centers in 2023.

The need to address access to mental health care in Georgia is urgent.

1 in 2,077

ratio for school psychologists to students in Georgia's K-12 public schools. This is **4 times worse** than the recommended ratio of one school psychologist for every 500 students.

457,000

adults in Georgia reported needing mental health treatment but not receiving it between 2018-2019. **Cost is a prevailing factor** in not receiving treatment.

Georgians deserve to get the mental health care they need, when they need it.



NAMI Georgia is part of NAMI, National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Learn more at namiga.org. For data citations, visit nami.quorum.us/mhpolicystats/.

This fact sheet was compiled based on data available in March 2025.

MENTAL HEALTH 101

What is MENTAL HEALTH?

Mental health includes emotional, psychological, social, and spiritual well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

What is MENTAL ILLNESS?

Mental illness refers to a broad range of conditions that affect a person's thoughts, emotions, behavior, and overall functioning. These conditions can vary in severity, duration, and impact on daily life. Mental illnesses are diagnosable health conditions, often defined by specific sets of symptoms and criteria. Many mental illnesses can be managed or treated through therapy, medication, lifestyle changes, or support systems.

CAUSES of Mental Illness

The causes of mental illness typically involve a combination of biological, psychological, and social and environmental factors:

- **Biological factors:** Genetics (though heredity is not destiny), neurotransmitter imbalances (serotonin, dopamine, norepinephrine), brain structure and function, physical health conditions, and prenatal factors. (Harvard Health Publishing, 2020).
- **Psychological factors:** Trauma (physical, emotional and sexual), unresolved grief or loss, and cognitive factors (negative thought processes, low self-esteem). (American Psychological Association, 2021).
- **Social and environmental factors:** Adverse childhood experiences (exposure to violence, housing insecurity), social isolation, discrimination (racism, sexism), stigma, and cultural expectations. (Centers for Disease Control and Prevention, 2020).

TYPES of Mental Illness

- **Mood Disorders**
(depression, bipolar disorder)
- **Anxiety Disorders**
- **Thought Disorders**
(schizophrenia, schizoaffective disorder)
- **Personality Disorders**
- **Neurodevelopmental Disorders**
(ADHD, ASD)
- **Trauma-Related Disorders** (PTSD)
- **Obsessive-Compulsive Disorders**
- **Substance Use Disorders**
(alcohol or drug dependence and addiction)
- **Eating Disorders**
(Anorexia Nervosa, Bulimia Nervosa)

American Psychiatric Association, 2022



ENFORCING PARITY & PROTECTING COVERAGE

Mental health parity means insurers must cover mental health and substance use care on the same terms as physical health care—no extra red tape, no harsher limits, no second-class coverage. Georgia advanced that principle with the Mental Health Parity Act (2022), affirming that mental health/substance use disorder treatment is as essential as care for heart disease, cancer, or diabetes.

Yet insurers are failing to implement parity as the General Assembly unanimously required. Many families face delays, improper denials, and administrative hurdles—driven by restrictive prior authorization, narrow networks, and coverage criteria that contradict the Parity Act’s requirements. To fulfill the Parity Act’s promise, Georgia must enforce the law, hold insurers accountable, and reinvest dollars recovered through enforcement (penalties, recoupments, and settlements) back into care—expanding the workforce, strengthening services, and improving access statewide.

That is how parity moves from principle to practice: fewer barriers, faster care, and real accountability for families across Georgia.



Mental health parity means insurers must cover mental health and substance use care on the same terms as physical health care—no stricter limits, no extra hurdles, and no second-class coverage. Simply put: plans cannot make it harder to get treatment for depression than it is for diabetes.

1. JUST DO IT: TURNING PARITY INTO PRACTICE

Key Data

Financial risk: Since 2022, Georgia has received more than \$12 billion in federal Medicaid funding. That funding depends on meeting Medicaid’s legal requirements, which expressly require managed care organizations to comply with Georgia’s Parity Act definitions. When parity and pediatric coverage rules are not enforced, Georgia risks federal findings, corrective action, and potential federal clawback—on top of the downstream costs pushed onto hospitals, schools, communities, and child welfare services.

Human cost: children in crisis still can’t receive care.

- › **Capacity gap:** Georgia has **less than half** the youth crisis capacity it needs statewide.
- › **The access gap is not inevitable:** A Children’s Healthcare of Atlanta/ Emory analysis found that about **60%** of youth discharged from CHOA emergency departments after a behavioral-health crisis were **unable to obtain medically necessary follow-up care** in the community. But when CHOA actively helped families secure appointments and offered to pay, **fewer than 4%** still failed to receive the medically necessary care clinicians recommended—showing there is no basis for MCOs to blame provider shortfalls. The providers exist, MCOs choose not to pay for them.
- › **Zero access to a standard of care:** As of late 2024, referred youth could find **no**

in-network Dialectical Behavior Therapy (DBT) providers under any of the Georgia Medicaid plans. DBT is the gold standard intervention for suicidality and self-harming and has been for decades.

Why It Matters

Years after the **Parity Act** passed unanimously, many insurers and Medicaid plans still do not apply the evidence-based clinical standards the law requires. Families are told a crisis is not “imminent” enough, or that chronic suicidality is a “baseline”—results that flow from restrictive authorization rules, narrow networks, and internal coverage criteria that fail to comply with state and federal requirements.

This is not a paperwork gap; it is a coverage failure that shifts risk and cost to emergency rooms, schools, and law enforcement. Georgia has both the authority and the obligation to act. By enforcing the **Parity Act** as written, holding payers accountable, and reinvesting dollars recovered through enforcement (**penalties, recoupments, settlements**) into workforce and youth supports, the state can protect children, reduce avoidable crises, and fulfill the promise of the **Parity Act**.

2. ENFORCING PARITY – COST EFFECTIVE & SUSTAINABLE

Key Data

Parity enforcement is not new spending. It ensures premiums and Medicaid capitation payments (fixed per-member payments) actually purchase care—rather than being lost to denials, delays, and unusable networks that force families out of network. This maximizes existing dollars.

Minimal premium impact. Studies of parity implementation generally find premium effects around 1–2%—typically modest and often temporary as networks strengthen and crisis-driven costs fall.

Reduce systemic waste. Strong enforcement cuts some of the system’s most expensive inefficiencies:

- › **Emergency utilization:** reduces ER visits and avoidable hospitalizations when untreated conditions escalate into crisis.
- › **Administrative churn:** reduces the costs of repeated denials, appeals, and re-submissions.
- › **Out-of-network leakage:** curbs expensive “single case agreements” (**one-off contracts to pay an out-of-network provider**) when in-network rosters don’t function.

Why It Matters

Parity enforcement is a compliance strategy, not a cost driver. When insurers follow evidence-based standards and maintain usable networks, people get timely outpatient care instead of waiting for a crisis. That shifts spending from high-cost emergencies to sustainable, ongoing treatment.

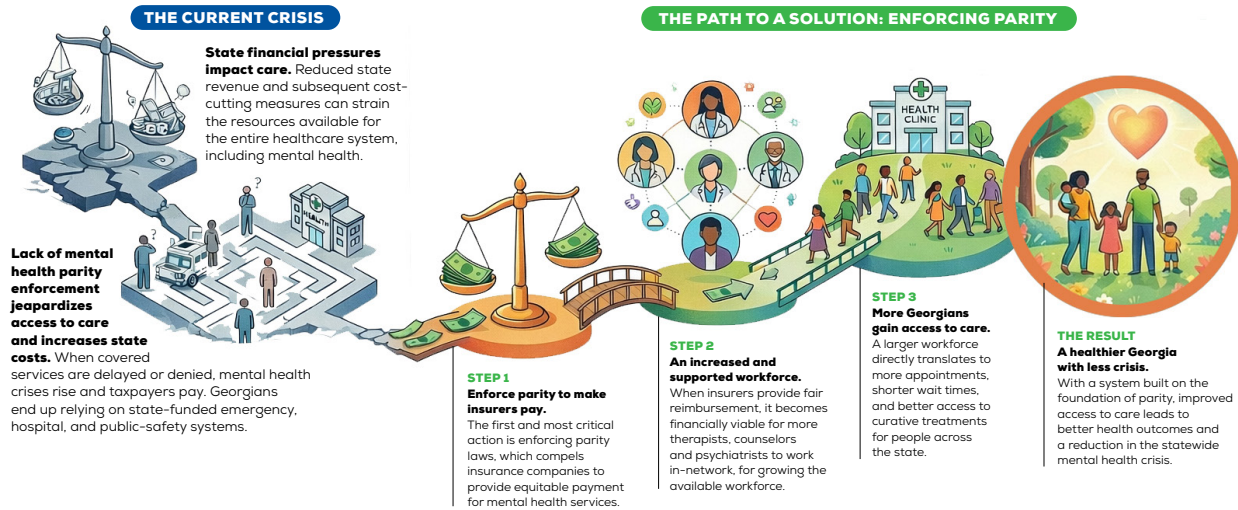
Bottom line: enforcing parity protects taxpayers and strengthens Georgia’s behavioral-health system by ensuring that dollars spent deliver actual care.

SOLUTIONS

- › Support stronger oversight mechanisms to ensure compliance with mental health parity requirements.

Parity: The Foundation for Georgia's Mental Health Care

Achieving parity means that insurance coverage for mental health and substance use disorders is equal to coverage for physical health.



- › Raise awareness of the importance of provider reporting in identifying mental health parity violations.
- › Emphasize the need for effective accountability measures to uphold mental health parity protections.

3. HOUSING AS HEALTHCARE STABILIZING LIVES & BUDGETS

Key Data

- › **Olmstead/ADA obligations:** Under federal community-integration requirements, Georgia committed to serve approximately **9,000** adults with serious mental illness through community-based supports, including supportive housing. Today, only about **2,000** have housing vouchers—leaving a large access and compliance shortfall.
- › **Funding shortfall:** The Georgia Housing Voucher program faces an annual gap of about **\$18 million**. As rents rise, this gap constrains capacity and slows new placements for people ready to transition from hospitals, homelessness, or other unstable settings.
- › **Cost of failure:** Without stable housing, treatment is harder to sustain—driving costly, repeat cycles of crisis across emergency rooms, inpatient beds, shelters, and county jails.

Why It Matters

Housing is the foundation of recovery. Treatment “sticks” when people have a safe place to live and the supports that keep them stable—tenancy assistance, case management, and benefits navigation. When housing is unavailable,

the system becomes crisis-driven by default: manageable conditions worsen, avoidable arrests and hospitalizations increase, and the burden shifts to law enforcement and hospitals. Housing is not only a social good; it is a clinical necessity and a cost-control strategy.

SOLUTIONS

Georgia’s Housing Voucher Program faces a \$18 million gap that limits access to stable housing for people with severe mental illness—closing this gap is essential for recovery and reducing costly cycles of crisis care.

- › **Capacity expansion:** release new vouchers to reduce the waiting list and speed placements.
- › **Supportive services:** fund the case management and tenancy supports required to maintain housing stability.
- › **Accountability:** public reporting on placements, retention, and cost offsets (e.g., reductions in ER use and jail days).

4. REINVEST PARITY PENALTIES INTO CARE

Key Data

- › **\$20 Million Opportunity:** Georgia is seeking to collect more than \$20 million in penalties from insurers for parity violations.
- › **Lost Impact:** Currently, these funds are typically swept into the general fund. While the insurers pay a price, the behavioral health system receives no direct benefit.

Why It Matters

The Consequence: When parity is violated, families suffer and the state absorbs

downstream costs (ER visits, school disruption). Simply collecting fines without reinvesting them fails to repair the specific harm caused by the violations.

Bottom Line: Penalties should repair the harm, not just punish the violator. By locking enforcement recoveries into a Reinvestment Fund, Georgia turns regulatory failures into system solutions—improving access for families and strengthening the state’s long-term compliance infrastructure.

SOLUTIONS

A Behavioral Health Reinvestment Fund:

Establish a **dedicated fund** that automatically directs parity penalties, sanctions, and recoupments into expanding behavioral health capacity. This ensures enforcement dollars are used to fix the system, not just penalize bad actors.

Strategic Investments for the Fund:

- › **Youth Crisis Capacity:** Funding specifically for crisis stabilization units and step-down services to reduce ER boarding.
- › **Workforce & Access:** Incentives for providers to join insurance networks and training for high-demand, evidence-based care (e.g., Dialectical Behavior Therapy).
- › **Enforcement Infrastructure:** Financing the complex audits required to monitor network adequacy and prior-authorization algorithms.
- › **Community Supports:** Expanding school-based mental health and supportive services that stabilize long-term recovery.



PROTECTING GEORGIA'S KIDS – SAFETY, SUPPORT & SUICIDE PREVENTION

Georgia’s children are our future, and the strongest investment we can make is **building their resilience** from the start – not just responding when crisis strikes. A proactive, **future-ready** approach helps students develop the **skills to learn and adapt** before challenges overwhelm families and schools. Our youth protection priorities focus on three key issues: preventing youth suicide, expanding early intervention, and strengthening school safety by **integrating behavioral regulation practices** alongside physical security.

Early action isn’t just compassionate – it is smart and fiscally responsible. It improves academic outcomes, strengthens families, reduces strain on crisis systems, and protects Georgia’s economy. By investing in prevention, **skill-building**, and safe school environments today, we build a **more competitive, resilient, and hopeful future** for every Georgia child.

pseudo-medical concept called “**baseline suicidality**.” This dangerous practice allows insurers to **refuse treatment to chronically suicidal youth by claiming their distress is “normal” for them**—a practice that is clinically indefensible and illegal under Georgia’s Parity Act. Furthermore, these same **networks often lack clinicians trained in evidence-based interventions** like Dialectical Behavior Therapy (DBT), the gold standard for treating chronic suicidality, leaving families with no in-network options to save their children.

Georgia’s children deserve timely intervention, access to evidence-based specialists, and the full benefit of care promised under law.

1. GIVING EVERY CHILD A STRONG START

Key Data

- › Mental health conditions—including **suicide and overdose**—are a leading cause of **pregnancy-related death** in the first year after childbirth.
- › **90% of a child’s brain develops before age 5**, making early childhood the most effective time to build emotional regulation skills.
- › **Intervening in early childhood yields the highest economic return**, reducing the need for special education and juvenile justice involvement later.

Why it Matters

The foundation for a healthy, productive life is laid well before a child is born. Because maternal distress directly impacts infant attachment and development, strength-building must start in the prenatal period—**protecting the child by first protecting the mother.**

Waiting for a behavioral crisis in middle school misses the most critical window for prevention. We must look beyond the child and support the family unit. Effective early intervention requires dyadic approaches—therapies that involve parents and caregivers directly to strengthen the parent-child bond. By equipping parents with the tools to co-regulate and support their children from day one, we do not just treat symptoms; we **build long-term strength and resilience** for the entire family.

2. STRENGTH FOR TODAY; HOPE FOR TOMORROW

Key Data

- › In the 2024 school year, more than **73,000 Georgia middle and high school students** reported having **serious thoughts of suicide**.
- › More than **38,000 of these students** went a step further and **attempted suicide**.
- › The **suicide rate** for young adults in Georgia (ages 18–27) has **spiked by 65%** between 2014 and 2024, the highest increase in any state.

Why it Matters

Georgia’s youth suicide data reveals a crisis hiding in plain sight. Behind school doors, buses, ball teams, and church pews are young people quietly fighting thoughts of self-harm and despair. While adults often expect to see warning signs, the most dangerous struggles are often silent—masked by pressure to perform, fear of stigma, or isolation.

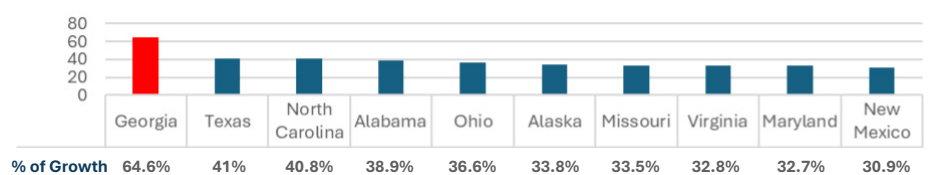
Making matters worse, the system meant to catch them is failing. Health insurers deny life-saving care using a

3. A COMPREHENSIVE APPROACH

Key Data

- › **Safe schools require safety of mind and body.**
- › The **Fiscal Year 26 budget added \$19.6 million** in grants to help school districts expand student mental health services (about \$20,000 per middle and high school), as well as an additional \$7 million for new “qualified student advocacy specialists” to help students connect with the services they need.
- › **Economic Impact:** Research indicates a return of approximately \$11 for every \$1 invested in resilience and life training programs.
- › **Staffing Gap:** Many districts lack consistent school-based mental health staffing.
 - 1 school social worker per 5,272 students (More than 21 times higher than the recommended ratio).²
- › **Impact:** Early school support reduces crisis, absenteeism, and disciplinary actions.

Ten States with Highest Increases in Young Adult Suicide Deaths³ (2014-2024)



Why it Matters

For years, school safety focused on what we could see – locks, metal detectors, cameras, and officers. Those tools matter, but they don't protect a student struggling silently. **The greatest threat may be a child quietly unraveling in homeroom, not someone coming through the front door.**

Schools now have new and additional funds for House Bill 268 which allows schools to use safety funds for mental health screenings, school-based counseling, staff training, and clear referral pathways. When schools act as hubs for **both early intervention and strength-building, students are seen, supported, and equipped with the resilience to succeed.**

True school safety protects a child's ability to learn **and prepares them for life** by making sure they are helped early – not just secured behind a locked door.

SOLUTIONS

Georgia has an opportunity to strengthen the foundation for our next generation. While too many children today face mental health challenges that can disrupt learning and strain families, we know that **building resilience** changes outcomes. Neuroscience confirms that stress inhibits learning, making psychological safety a prerequisite for academic achievement.

When we **foster strength in all students** and connect those in need to care before they reach a breaking point, we improve academic success, reduce long-term system costs, and build stronger families. By prioritizing future-ready skills, suicide prevention, and supportive school environments, we invest in Georgia's most promising resource – our children.

Mandate Integrated Support

- › **Empower Teachers:** Provide ongoing coaching for staff on de-escalation and co-regulation techniques to reduce burnout **and model resilience.**
- › **Build Consistent Climates:** Implement evidence-based routines that foster

community, belonging, and consistent student-adult trust.

- › **Identify Early Distress:** Utilize screening protocols to catch "quiet" indicators of distress early.
- › **Increase Access:** Expand school-based access to care and support via telehealth and the Apex Program.
- › **Increase Funding:** For school support personnel, including student advocacy specialists and school social workers.

Support Families

- › **Empower Families as Partners:** Equip parents with accessible tools and resources to reinforce resilience strategies and emotional regulation at home.
- › **Simplify Care Navigation:** Establish clear, streamlined pathways for families to locate and access mental health services without navigating complex bureaucratic hurdles.
- › **Strengthen Community Safety Nets:** Expand high-fidelity wraparound services to support high-needs youth within their homes, reducing the need for out-of-home placements.



BUILDING THE BEHAVIORAL HEALTH SYSTEM WORKFORCE

1. STRENGTHENING GEORGIA'S BEHAVIORAL HEALTH CARE WORKFORCE

Key Data

- › **Behavioral-health provider shortages** are most severe in rural and school settings, as well as in Georgia's culturally and linguistically diverse communities.
- › **Rural Georgia** has significantly fewer behavioral health professionals per capita compared to urban areas and national averages:
 - **Psychiatrists:** 3.9 per 100,000 (vs. 13.7 in urban GA, 17.7 nationally)
 - **Psychologists:** 6.1 per 100,000 (vs. 24.6 urban GA)
 - **Psychiatric Nurse Practitioners:** 4.1 per 100,000
 - **Social Workers:** 24.4 per 100,000
 - **Marriage and Family Therapists:** 11.9 per 100,000
 - **Counselors:** 47.9 per 100,000⁴
 - These shortages are compounded by the fact that **76% of Georgia**

counties are designated as **Mental Health Professional Shortage Areas (HPSAs)**.⁵

- › Families often wait weeks or months for appointments:
 - In some areas, **internal referrals are required**, further slowing access to care.⁶
- › Long waits lead to school struggles, family stress, and crisis escalation:
 - Delays in care often result in **worsening symptoms**, which can manifest as **academic decline, behavioral issues, and family conflict**.⁷
 - **Language barriers also delay care** for Georgia's children. According to the state, more than 230,000 K-12 students had limited English proficiency⁸ in 2023-2024, meaning they do not yet speak English well enough to participate in Apex or any other English-only counseling services.
- › It takes about **12 years** post-high school (can extend to 13-15 years with fellowship) to train new psychiatrists and psychologists.⁹ Community Health

Workers (CHW) & Peers can expand access immediately:

- **CHWs and peers can reduce burden on clinicians**, improve engagement, and **prevent crises** by offering timely, accessible care.¹⁰
- **Family doctors and pediatricians** are often the **first point of contact** for Georgians experiencing mental health issues. Expanding and diversifying this workforce can also improve the wellbeing of Georgians in high-need areas.

Why It Matters

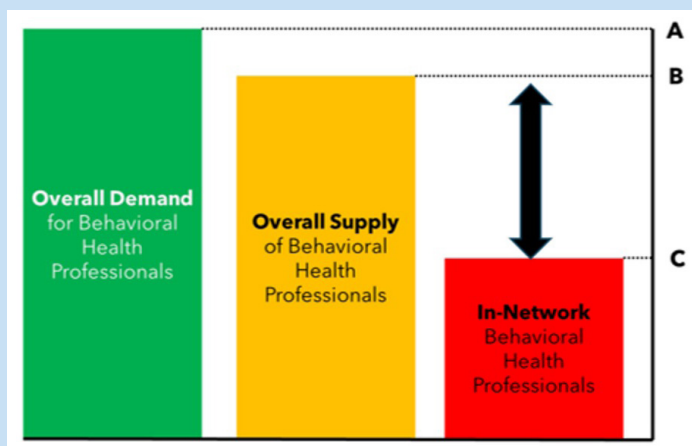
Georgia's behavioral-health system relies on a strong and diverse workforce – but **too many communities, especially rural and other high-need areas, including in schools, don't have enough providers.** While training new psychiatrists and psychologists is essential, it takes time. Families need help now, but we must also continue building for the future. That requires growing the workforce and using talent wisely.

The Real Workforce Shortage

Georgia has two provider gaps. One is workforce: not enough clinicians overall, especially outside major metro areas. The other is network: clinicians exist, but too few are in-network with MCOs and insurers.

For children and families, the network gap is the real bottleneck—because an “available” clinician who won’t take the plan is not available at all. And it’s the gap Georgia health insurers and MCOs can fix fastest: pay behavioral health providers at fair rates—at least on par with medical/surgical—and clinicians will join networks.

We already know this works: insurers and MCOs have used better rates and contracting terms to keep primary care—often scarcer than MH/SUD—largely in-network, with out-of-network use around 3% or less, compared to 15% or more in behavioral health.



SOLUTIONS

- › **Broaden the base:** Community Health Workers and Certified Peer Specialists – trusted neighbors and individuals with lived experience – can help families navigate services, stay connected to care, and get support earlier. This allows licensed clinicians to focus on the most complex needs.
- › **Enable top-of-license care:** Nurse practitioners, physician assistants, and care coordinators can manage routine care and follow-ups, freeing psychiatrists and psychologists to handle evaluations, therapy, and crisis care. This team-based approach expands access, prevents burnout, and ensures families get help when they need it.
- › **Scale team-based models:** Grow evidence-based programs like Coordinated Specialty Care (CSC) and Community-Based Child Behavioral Health Services (CCBHS), which pair clinical staff with peers, care coordinators, and family partners. Back these models with stable funding, fidelity support, and training so they can serve more families statewide.
- › **Shift to a modern workforce model:** Move from scarcity to optimization, where every role is valued, every credential is used, and every hour advances care. This approach makes the system more responsive, equitable, and able to meet children and families where they are. By valuing every role and building school- and community-based support, Georgia can shorten wait times, catch problems sooner, and keep children out of crisis – because families can’t afford to wait months for help.
- › **Expand behavioral health workforce for kids:**
 - Expand the healthcare workforce through licensing reform.
 - Continue to increase the number of counselors, social workers, and psychologists.
 - Streamline Medicaid and private insurance billing.
- › **Expand culturally responsive care:**
 - Expand access to interpreters, bilingual and bicultural pediatricians and family doctors, especially in rural areas and in school health centers.
- › **Expand and diversify provider networks:**
 - Improve access to care by modernizing medical licensing to allow experienced international physicians to re-enter practice as family doctors and pediatricians. They are an untapped resource that could help meet the needs for basic mental health care and referrals in high-need communities, especially those in need of culturally and linguistically responsive services.
- › 75–80% of children and youth in need of mental health services do not receive them, and when they do, services often occur in schools or community settings rather than hospitals.¹¹
- › **Many families travel long distances, especially in rural Georgia, or rely on emergency departments because community programs are limited:**
 - › Georgia ranks 39th nationally for active patient care physicians per capita, and 10 counties have no doctor at all. Rural residents often travel **2–3 hours** for specialized care.¹²
- › **Team-based models reduce hospitalizations and improve continuity of care:**
 - › Collaborative Care and Assertive Community Treatment (ACT) models show **reduced hospitalizations**, improved quality of life, and better continuity of care for severe mental illness.¹³
- › **Consistent community support prevents crises and reduces emergency room use:**
 - › ACT and Crisis Resolution/Home Treatment Teams significantly reduce psychiatric crises, ER visits, and inpatient admissions.¹⁴
- › **Community-anchored care keeps children learning, families stable, and youth out of deep-end systems:**
 - › Systems of Care models emphasize community-based, family-driven services that help children function better at home, school, and in the community, reducing reliance on restrictive placements.¹⁵

2. MODERN CARE DELIVERY: COMMUNITY TEAMS AND TELEHEALTH EVERYWHERE

Key Data

Most mental health needs don’t start in hospitals – they start in homes, schools, and communities:

Telehealth expands access and allows care to follow the child across moves, district lines, and staffing changes:

- › Telehealth is widely recognized as **effective for behavioral health**, reducing travel barriers and improving continuity of care for children in schools and rural areas. Programs like Telehealth Transformation and Texas Child Health Access Through Telemedicine (TCHAT) demonstrate this in practice.¹⁶

Why It Matters

Solving Georgia’s mental health challenge isn’t only about adding clinicians – **it’s about delivering care where children and families live, learn, and grow. Most youth mental health concerns first show up in classrooms, homes, and community settings – not in emergency rooms.** When support is available locally and early, families can get help before symptoms escalate, reducing hospital visits and keeping children in school and at home.

But today, too many families – especially in rural and communities with limited access – face long waitlists, hours-long drives, or must rely on emergency departments because there are no nearby providers. Missed appointments, transportation barriers, and treatment gaps can cause progress to stall and crises to return. Continuity matters – especially for children.

That’s why team-based and school-based models are so important. Programs like Coordinated Specialty Care and Community-Based Child Behavioral Health Services bring therapists, peers, care coordinators, and family partners together to surround children with consistent support. These proven approaches keep young people engaged in care, stabilize families, and prevent avoidable hospital stays, especially when paired with trained staff and sustainable funding.

Telehealth strengthens that safety net. For many families, virtual care isn’t a

convenience – it’s the only way to get timely help. **Telehealth reduces wait times, supports consistent therapy even if a child switches schools or moves districts, and gives rural families access to specialists without long travel times or missed work and school.**

- › **Expand community-anchored care and modern delivery models.**
- › Build a **system that meets families where they are**, keeps care consistent, and catches challenges early – long before crisis hits.
- › Encourage **strategies that supports schools and neighborhoods, strengthens families**, and ensures every child – no matter their ZIP code – has a real chance to get help when they need it.
- › **Expand therapeutic foster home capacity.**
- › **Expand rural access** through telehealth and mental health grants.
- › **Lessen barriers** to workforce with therapist licensure reform.



CLOSING THE COVERAGE GAP

Key Data

- › **Updating Georgia’s public benefits eligibility and enrollment policies and technology** (e.g. Georgia Gateway), and support the associated workforce so that more than 80% of applications are processed correctly within 30 days.
- › **Maximizing federal Medicaid funding by:**
 - Taking advantage of federal Children’s Health Insurance Program (CHIP) administrative dollars to support early childhood health initiatives (e.g. home visiting, early intervention, mental health consultation, and professional development) through a Health Services Initiative; and
 - Allowing adults with low incomes up to 138% Federal Poverty Level to enroll in Medicaid.
- › **Actively growing the funding and resources available to kids and adults with disabilities within Medicaid.**
- › **Over 1.3 million Georgians are affected by a mental illness**, yet 61% of adults in Georgia with mental health conditions go without treatment.

Why It Matters

Medicaid: Medicaid is the largest single payer of mental health services in the state of Georgia, primarily for children and youth. Under the 2025 federal tax and budget bill (HR1), Georgia will see

a reduction of \$8 billion in Medicaid funding over the next 10 years, and more than 30,000 Medicaid-eligible Georgians are expected to lose coverage.

- › 1.4 million Georgians do not have health insurance and Georgia’s uninsured rate of 13.7% is third highest in the country.
- › 25% of uninsured Georgians who would qualify for Medicaid expansion coverage suffer from mental illness or substance abuse.
- › It is important that veterans get the resources that they need. In 2020, approximately 5.2 million veterans experienced a mental health condition or addiction.
- › Currently under the Georgia Pathways program, the state has some of the strictest requirements in the country for adults to qualify for Medicaid coverage. Georgians making under \$20,120 annually (138% of FPL) often fall into the health insurance coverage gap.

1. DECREASING THE UNINSURED POPULATION IN GEORGIA

- › By closing the coverage gap, over **480,000 Georgians without coverage** could be able to access health insurance, including 32,000 uninsured veterans and military spouses in our state.
- › By improving the Georgia Pathways program and offering easier access to coverage for people like the working

poor, individuals waiting for a disability decision, caregivers, and veterans, there will be less of a need for charity care by hospitals and doctors.

- › By increasing access to behavioral health care for insured adults, there **will be reduced reliance on costly emergency services.**
- › By supporting recovery through health coverage, people will be enabled to care for their families, remain employed, and contribute to their communities.

2. CLOSING COVERAGE GAP YIELDS ECONOMIC BENEFITS

- › Closing the coverage gap could create 50,000 jobs and \$1.3 billion in new economic activity in Georgia’s rural communities each year.

SOLUTIONS

- › **Maintain or increase** funding for existing mental health Medicaid codes.
- › **Add and increase** Medicaid mental health codes to address the growing needs in Georgia.
- › **Reduce** any caps or limits to Medicaid mental health services.
- › **Promote** closing Georgia’s health insurance coverage gap.
- › **Limit** reductions in insurance protections for people with mental health conditions.



EMOTIONAL LITERACY

Georgia's Youth Need Emotional Literacy: A Critical Solution We Must Begin Now

Key Data

- › **Escalating Crisis:** Opioid overdose deaths in Georgia have more than doubled in recent years.
- › **Widespread Gaps:** Half of Georgia's counties lack primary prevention programs, leaving tens of thousands of children unprotected.
- › **Root Cause:** Addiction and mental health challenges often begin with unmanaged emotions, chronic stress, peer conflict, and poor coping skills—not substances themselves.
- › **Limitations of Traditional Approaches:** Drug education alone cannot address

the emotional and relational factors driving risky behaviors.

- › **Power of Emotional Literacy:** Teaching students to understand, express, and regulate emotions reduces substance use, violence, and hopelessness while improving academic success and mental wellness.
- › **School & Family Role:** Emotional Literacy must be embedded into daily school life, extracurriculars, and family communication—not treated as a one-time lesson.

Why It Matters

Investing in Emotional Literacy today is the most effective way to prevent addiction, improve mental health, and secure Georgia's future. Our children deserve the tools to thrive—and they need them now.

SOLUTIONS

- › **Statewide Prevention Commitment:** Ensure every county has funded primary prevention programming.
- › **Embed Emotional Literacy Standards:** Integrate Emotional Literacy into K-12 education across classrooms, extracurriculars, and school culture.
- › **Teacher Training:** Equip educators to serve as role models and coaches for healthy emotional expression.
- › **Family Engagement:** Provide families with tools to communicate effectively, set boundaries, and model calm responses.
- › **Whole-School Approach:** Create environments where all students feel seen, supported, and connected to peers and adults.
- › **Resilience Building:** Focus on equipping youth with coping skills, empathy, and conflict resolution strategies to prevent high-risk decisions.



REDUCING OVERDOSE DEATHS & INCREASING ACCESS TO TREATMENT

Key Data

Treat recovery as essential infrastructure; built, maintained, and accessible for every Georgian.

Why It Matters

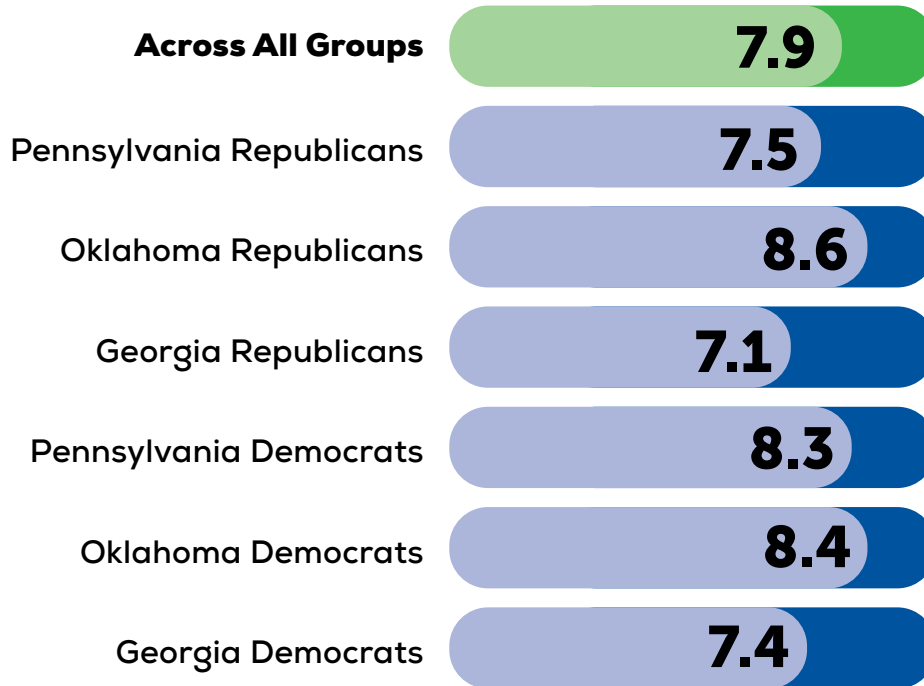
- › **Family Care Plans are responsive to the needs of substance-exposed infants and the affected pregnant or postpartum woman.** Such programs link families to services such as substance use, mental health, or other medical treatment; peer support; and social services (e.g., housing, employment, and educational assistance).¹⁷
- › **Medication for Addiction Treatment (MAT) is a critical component of evidence-based treatment for substance use disorder (SUD).** Medications that treat SUD stabilize brain chemistry, restore disrupted metabolic functions, and act to relieve physiological cravings while blocking the euphoric effects of opioid use.¹⁸

SOLUTIONS

- › **Support pregnant and postpartum women** with substance use disorders and their family to receive the medical care they need and deserve.
- › Create administrative **policies which encourage nurses to seek support** for their substance use disorders.
- › Ensure that **those who operate housing programs** for people in recovery are **doing so in a professional manner** with professional guidelines and appropriate safety protocols.
- › **Revise the definition of drugs to include alcohol** and its derivatives.
- › Provide **peer support** for individuals involved in the **criminal justice system**.
- › Facilitate getting **Opioid Reversal Kits on college campuses** in Georgia.
- › **Maternal Care:** Secure funding for evidence-based treatment for pregnant and postpartum women with substance use disorders—without risking child safety.
- › **Nurse Support:** Reform policies so nurses can seek confidential help for substance use, improving patient safety and workforce stability.
- › **Recovery Residences:** Establish strong standards to ensure safe, professionally operated homes for people rebuilding their lives.
- › **Provide protections to pregnant or postpartum individuals with a substance use disorder** so that such individuals are not penalized for receiving medical treatment and establishes that an infant born affected by parental substance use disorder or showing signs of withdrawal is not, by itself, grounds for submitting a report of child abuse or neglect.
- › Enact a comprehensive, evidence-based framework for **ensuring that all incarcerated individuals with an substance use disorder be provided access to FDA-approved medication assisted treatment** in state and local correctional settings.

Voters Across Party Lines Are Concerned About Youth Mental Health¹⁹

Mean Concern Rating (1-10 Scale) By Group



1 - Not Concerned / 10 - Extremely Concerned

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