



Treatment  
Advocacy  
Center

# SMI ADVOCATE

An advocacy update from Treatment Advocacy Center

## AOT Law Passes in Maryland

*Official bill signing picture.*



Severe Mental Illness (SMI) Advocates in Maryland have been trying for more than 20 years to get a law passed to allow for court supervised, outpatient mental health treatment commonly known as AOT (Assisted Outpatient Treatment). This year they finally succeeded with the passage of HB 0576 / SB 0453 ([Legislation - HB0576 \(maryland.gov\)](https://legislation.maryland.gov/legislation.aspx?Bill=HB0576)). Governor Wes Moore signed the bill into law on May 16th, 2024. This makes Maryland the 48th state with a statute which allows for AOT. Connecticut and Massachusetts are the two remaining states without AOT laws.

This bill authorizes each county in Maryland to establish an AOT program for individuals with “serious and persistent mental illness.” If a county does not opt to establish a program, the Maryland Department of Health must do so by July 1, 2026. In other words, it is not being left up to counties to decide whether they will be providing AOT.

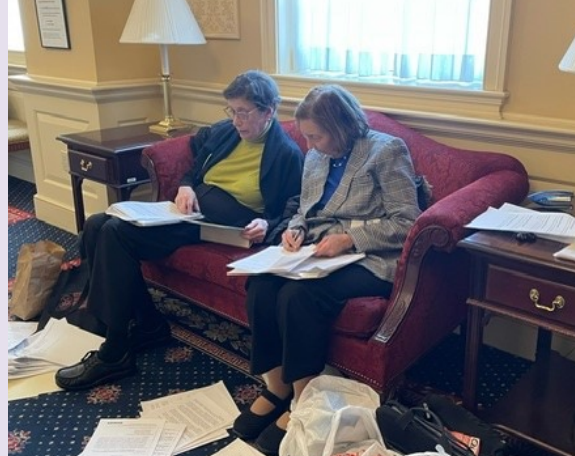
Many thanks to TAC Maryland Ambassador, Evelyn Burton, who has

been working on getting this bill passed for more than 20 years. In the photo below, Evelyn is shown discussing the need for AOT in October of 2022, with then gubernatorial candidate Wes Moore. Her outreach work is a great example of how pre-election advocacy plants seeds for future legislation that can progress once the candidate is elected. Evelyn had many meetings with legislators and the governor’s administrative staff throughout her years of advocacy for AOT. She was also key in coordinating efforts for Maryland advocates to keep them informed of what they needed to know and do to help usher the bill through each committee and chamber. Her persistence, thoroughness, and tenacity are admirable and inspiring. Evelyn, along with TAC Maryland ambassadors Debra Bennett and Laura Pogliano, and all the Maryland SMI advocates, are to be commended for their hard work and accomplishment!



*TAC Maryland Ambassador Evelyn Burton discussing the need for AOT Law with then gubernatorial candidate Wes Moore.*

*TAC Maryland Ambassador Debra Bennett honoring her son Ben.*



*Janet Edelman and Evelyn Burton preparing for the HGO subcommittee meeting.*

*“Passage of this legislation was the culmination of literally decades of work, by numerous staff members at TAC but also on the part of many dedicated Maryland family members determined to prevent the kind of suffering they have endured from befalling others,” said TAC Executive Director Lisa Dailey. “Brave advocates like Evelyn Burton and Debra Bennett shared their stories of grief and hope to make the need for change real for lawmakers. It could not have happened without them.”*

## California SMI Advocates Rally to Help Pass Proposition 1 and to push for Implementation of SB 43

The California Coalition for CARE, a statewide grassroots advocacy organization, hosted “Tracking the Tragedies Campaign, Rally, and Walk” at the State Capitol in Sacramento in January 2024.

Advocates were instrumental in helping to pass SB 43 ([CA SB43 | BillTrack50](#)) in 2023, after which the next critical step was the passage of Proposition 1, which secured the funding needed for the implementation of that bill, as well as building out the full continuum of care for people living with SMI. Proposition 1 was also instrumental in modernizing and

reforming how counties use revenue, as well as building accountability and oversight of the program at the state level.

The California Coalition for CARE and the January 2024 rally, along with the work of many other advocates to secure press coverage, were key to the passing of Proposition 1 in March 2024. This type of collaborative initiative demonstrates that there are many ways to advocate. Congratulations to our SMI advocates in California!!





California advocates, including TAC California Ambassadors Lynne Gibbs and Teresa Pasquini, at the January 2024 rally.



TAC California Ambassador Teresa Pasquini and others at the Sacramento rally.



Advocate Linda Rippee at Sacramento rally honoring her brother Mark.



Advocates at the Sacramento rally in January 2024.





## New TAC Grassroots Network in Oregon

Oregon family advocates (left to right) Hunter Graham, Marla Knauss, and Jeff Rott met with TAC staff member Jerri Clark (far right) to share their experiences and organize work toward system-level change.

*“These families have been through so much trying to help their loved ones find meaningful help and recovery. They refuse to believe that violence, death, and tragedy are acceptable collateral damage from an under-resourced and poorly managed treatment system.”*

*– TAC family resource and advocacy manager, Jerri Clark*

Grassroots family advocates in Oregon are organizing to support much-needed and long-overdue changes to treatment laws that date back to the 1970s. TAC Oregon advocates are also sharing ideas and resources on Facebook and using their stories to press for systemic change, especially as the 2025 legislative session will likely include bills to update treatment laws.

In Oregon, fewer than seven percent of petitions for involuntary commitment are upheld by the courts. Oregon is a state where civil liberties concerns prevail to the point that providers are often reluctant to file commitment paperwork, unless there is an overt indication of harm taking place in the here and now. The result is widespread criminalization, death, and families who feel forced to endure domestic violence as the only pathway to treatment for their loved ones with severe mental illness (SMI).

“You shouldn’t have to kill somebody to get mental health treatment, but that’s what my son did,” said a heartbroken Portland man whose son has been charged with killing his mother during a psychotic episode. The incident occurred after a hospital sent the young man home with

untreated psychosis, on the basis that it was unethical to treat him against his objection.

The Oregon families formed their new group with support from TAC after becoming a constituency for a project managed by the Oregon Judicial Department (OJD). For about two years, the OJD convened a commitment to change (CTC) work group to discuss civil commitment law and process. Each CTC member represented a stakeholder group, including peers with lived experience, family members, providers, first responders, native tribes, courts, law enforcement, and government. The CTC’s final meeting was June 7, 2024.

Jerri Clark, founder of Mothers of the Mentally Ill (MOMI), represented families on the CTC group as part of her grassroots work in the Pacific Northwest. She liaised with families regularly to ensure their opportunity to provide feedback to the CTC, which will submit a report to Chief Justice Meagan Flynn in summer 2024.

Several family advocates involved in this grassroots work are featured in a broadcast series, [Uncommitted](#), from KGW8 News.



## Grassroots Advocacy Success Story in Arizona

*Official bill signing photo.*

What started as a handful of mothers frustrated by the care system for those with severe mental illness (SMI) has swiftly blossomed into Arizona Mad Moms, a powerful force of over 230 mothers, caregivers, and families in Arizona. This group has effectively championed bipartisan-supported bills targeting deficiencies in the care system for individuals with SMI, with four bills successfully passed this session.

Despite being the frontline care partners, with invaluable insights into their loved ones' conditions, families all too often find themselves sidelined when a loved one has SMI. This exclusion perpetuates gaps in treatment and needless suffering. Arizona Mad Moms has been pivotal in shifting this narrative, urging stakeholders and lawmakers to recognize the indispensable role of family and care partners in addressing these gaps comprehensively.

The passage of "John's Law" in memory of John Fox, a cherished father, husband, and friend, stands as a testament

to Arizona Mad Mom's unwavering dedication. John tragically lost his life due to his son's untreated schizophrenia. Despite the Fox family's tenacious efforts to seek help from various psychiatric agencies, the agencies failed to gather crucial information and adequately consider their son's medical and psychiatric history. As a result, John's son continued to deteriorate, leading to a heartbreaking outcome of patricide.

In his final days, John tirelessly attempted to secure care for his son. "John's Law" now requires screening and evaluation agencies involved in Arizona's involuntary treatment process to gather and consider vital collateral information from patients' families. This step is essential for accurately assessing the need for involuntary treatment and recognizing families' right to safety and to be heard.

An Arizona Mad Moms founding member, Rachel Streiff, spoke about her experience this legislative session with the group:



## ADVOCATE ASSISTANCE REQUESTED!

Do you know of any national, state, and/or local grassroots advocacy or policy organizations, like Arizona Mad Moms, working on SMI related topics that we could add to our list?

We would like to create a directory of organizations working on SMI-related initiatives. See the organizations we already have here. If you know of others, please send the name of the organization, state, and contact information or website to [advocacy@treatmentadvocacycenter.org](mailto:advocacy@treatmentadvocacycenter.org).

*“The birth of the Arizona Mad Moms has felt like a miracle. Lawmakers in our state listened to us. Once they agreed to sponsor our SMI legislation and started publicizing our stories, our inboxes were flooded with inquiries. One talented mom stepped up to create a website. Another talented mom created an inquiry form. Several moms volunteered to form a welcome team. Within months we grew into a sisterhood of hundreds. Our stories are the same. Many of these women felt like they had no one to talk to, and no one who could possibly understand the burden of trying to get treatment for their disabled – and sometimes dangerously untreated – family member. Three of our families buried their SMI family member during this legislative session. Several Arizona Mad Moms have loved ones in jail or prison. We represent thousands of caregivers living in a world where jails and mothers have become the new asylums. Mad Moms has become a National Movement, and we will not stop fighting for the sickest among us.”*

These words resonate deeply as we reflect on the power of grassroots advocacy, the importance of family inclusion, and the benefits of finding an understanding support system. Arizona Mad Moms emerged from a place of anguish and grief, driven by a need to eliminate barriers and bridge gaps to the treatment for those battling SMI. In under a year, Arizona Mad Moms have become a beacon of change, spotlighting the hurdles faced by SMI individuals and their care partners

in accessing timely, competent, and compassionate care.

We commend Arizona Mad Moms for their relentless pursuit of accessible, timely, quality care for individuals with SMI. Their story is a reminder that everyone, regardless of background or expertise, can ignite change. Whether you're directly impacted or simply passionate about the cause, there's a place for you in this movement.



## Easy Action Steps for TAC Advocates

1

### Sign up for TAC newsletters

SMI Advocate, Research Weekly, Catalyst, AOT Learning Network  
<https://www.treatmentadvocacycenter.org/join-our-newsletters/>

2

### Sign up for TAC action center alerts

Check out active campaigns and initiatives here and write to your representatives via TAC Action Center. <https://www.treatmentadvocacycenter.org/tac-action-center/>

3

### Register for the AOTLN (Assisted Outpatient Treatment Learning Network)

AOTLN is a virtual network to keep you engaged with your counterparts from across the United States and facilitate the sharing of resources, great ideas, and common concerns regarding Assisted Outpatient Treatment.

<https://www.treatmentadvocacycenter.org/membership-account/aot-portal-registration/>

4

## Join TAC's grassroots networks (for advocates in Oregon, Maryland and California)

State specific networks for systems advocacy and state specific resources

### Oregon

<https://www.facebook.com/groups/oregontac>

### Maryland

<https://www.facebook.com/groups/tacmd>

### California

<https://www.facebook.com/groups/catac>

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## If you are interested in starting or joining a network in your area, please fill out our short form via Voter Voice.

We will reach out if we have a grassroots network starting in your area.

<https://www.treatmentadvocacycenter.org/get-connected/>

## 2024 Legislative Recap

TAC is grateful for the many SMI advocates around the country who are actively engaged in systems advocacy and have responded to our advocacy alerts: 54 alerts so far in 2024 for a total of 3,755 emails to legislators. Thank you!

Over the first 6 months of 2024, we have seen common trends and innovative, problem-solving approaches in legislation being filed across the

country to improve the treatment of people living with SMI. The list below highlights a few of the legislative efforts not mentioned in other articles in this issue. A short summary of and links to the legislation are provided below. Please read and share with your legislators, allies in this work, as sample legislation to address common issues in your state.

### Establishment of Assisted Outpatient Treatment (AOT)

AOT laws allow for court-ordered outpatient treatment for those with SMI who meet state criteria.

#### [MD SB453 | BillTrack50](#)

This bill authorizes each county in Maryland to establish an assisted outpatient treatment program for individuals with serious and persistent mental illness. If a county does not opt to establish a program, the Maryland Department of Health must do so by July 1, 2026. The bill also requires the Office of the Public Defender to provide representation in assisted outpatient treatment proceedings. The bill outlines the process for obtaining a court order for assisted outpatient treatment, including developing a treatment plan, holding a hearing, and allowing the court to order treatment for up to one year. The bill also requires the Department of Health to report annually on the assisted outpatient treatment programs in the state.

#### [MA H1694 | BillTrack50](#)\*\*

This bill introduces legislation to create a new court-supervised community-based mental health treatment process in Massachusetts known as “Critical Community Health Services.” Firstly, the term “Critical Community Health Services” refers to health, behavioral health, and social services that are provided in a community setting and do not necessitate continuous inpatient hospitalization. These services are delivered to an individual under a “Critical Community Health Service Treatment Plan.” Secondly, the bill introduces a definition for “Gravely Disabled.” This term characterizes individuals at high risk of causing serious harm to themselves or others due to a mental illness. Thirdly, the term “Supervising Mental Health Professional” is defined. This is a mental health services provider who supervises the community health service treatment plan. The crux of the bill allows the following people such as physicians, the department of mental health, legal guardians, or spouses (among others) to file a petition to initiate the treatment plan for a patient who meets specific criteria regarding serious mental illness and risk factors. The subsequent parts of the bill indicate that hearings should be initiated within four days of the petition; that the first order for Critical Community Health Services should not exceed 180 days; that both the individual and the health professional can petition the court to amend the treatment plan; and that an emergency evaluation may be required in cases where the patient is not complying with the treatment plan. The bill also emphasizes the right to counsel for every individual and mentions that the cost for these health services can be covered from the individual’s estate, by the petitioner, or by the commonwealth. Lastly, the bill permits an individual to apply to the court stating that they believe a person under the treatment plan no longer requires such treatment.

### **Competency Restoration and Evaluations**

Several states had bills filed to improve the processes for evaluating the need for and accomplishing competency restoration.

#### [CO HB1034 | BillTrack50](#)

This bill concerns adult competency to stand trial. It makes several changes to the process for determining competency, including requiring the court to appoint a BRIDGES court liaison, allowing the court to order outpatient restoration services, and establishing time limits and procedures for dismissal of charges if a defendant is found incompetent and unlikely to be restored to competency in the foreseeable future. The bill also requires the Department of Human Services to coordinate competency restoration services and provide case management for defendants released due to lack of restoration probability. Overall, the bill aims to improve the competency evaluation and restoration process for adult criminal defendants.

#### [NH SB314 | BillTrack50](#)

This bill relates to pre-trial competency evaluations for defendants in legal cases in New Hampshire. It amends the process and conditions under which such assessments are made. Specifically, it allows for a pre-trial examination of a defendant’s competency by a qualified psychiatrist or psychologist, which can be performed at any suitable location, including via electronic means. However, if an objection to the electronic examination is raised within 10 days of scheduling it, the court will schedule an in-person examination instead. The bill sets timeframes in which the exams should be completed: with 45 days for individuals held at county correctional facilities and 90 days for others



unless a party requests an extension. The bill also allows licensed out-of-state psychiatrists or psychologists who meet defined qualifications to conduct evaluations. Furthermore, the bill permits a correction facility to request an evaluation on whether a person is competent enough to stand trial. The bill will come into effect on January 1, 2025.

### **Improvement of Civil Commitment Law**

Bill focused on diversion to treatment rather than competency restoration to reduce the criminalization of people with SMI.

#### [UT HB0203 | BillTrack50](#)

This bill amends the criteria for involuntary civil commitment in Utah. The key provisions include: 1. Expanding the criteria for involuntary commitment to include individuals who have been charged with a criminal offense, found incompetent to proceed due to mental illness, have a persistent lack of awareness of their mental illness and refuse to undergo treatment, and those for whom no appropriate, less restrictive alternative exists. 2. Requiring the court to order commitment if the proposed patient meets the expanded criteria, or to consider assisted outpatient treatment if the commitment criteria are not met. 3. Providing for severability of the new commitment criteria, in case any part is found invalid by a court. 4. Setting an effective date of May 1, 2024 and including a coordination clause to ensure the changes in this bill take precedence over conflicting changes in another related bill.

\*(Similar to recommendations of TAC's recently published white paper: [Dismiss Upon Civil Commitment with AOT Handbook - Treatment Advocacy Center](#))

### **Addition of Psychiatric Deterioration to Civil Commitment Criteria**

Improving code to allow access to treatment sooner, before someone becomes "a danger to self or others." The addition of this criterion helps reduce the time needed in inpatient treatment, reduces the brain damage that occurs with untreated psychosis, and reduces the risks of suicide and criminalization.

#### [OH HB249 | BillTrack50](#)\*\*

This bill seeks to amend Sections 5122.01 and 5122.10 of the Revised Code, adjusting the law surrounding the involuntary treatment of individuals with a mental illness who are subject to court orders. The bill broadens the definition of mental illness but maintains the criterion that individuals must present a substantial risk of physical harm to themselves or others due to their illness. The bill also details criteria for evaluating the treatment needs of those afflicted with schizophrenia, schizoaffective disorder, bipolar disorder, delusional disorder or major depressive disorder. Additionally, the bill outlines the responsibilities for various professionals in diagnosing and treating mental illness, including their role in determining hospital admissions and releases. It also provides specifications for treatment plans and documentation, and protocols for instances when a mental health patient is not medically stable to be transferred to a mental health facility. The bill is intended to regulate the involuntary treatment of mental health patients within the state of Ohio.

\*\*This bill has not yet passed in Ohio

## **Limiting High THC Content in Cannabis**

A growing body of evidence shows harmful effects of high levels of THC in cannabis and consumable hemp products for children and young adults, in addition to people with SMI. Legislation has been introduced to limit THC content and to add warning labels to the products. For additional information, please reference [RESEARCH WEEKLY: Marijuana and schizophrenia - Treatment Advocacy Center](#).

### [WA HB2320 | BillTrack50](#)

This bill is aimed at reducing the public health risks that come with the consumption of high THC cannabis products. THC, or tetrahydrocannabinol, is the main psychoactive compound in cannabis that gives the high sensation. The bill recognizes that the consumption of cannabis products high in THC could be harmful to certain individuals, especially younger people and those at risk of developing specific mental health conditions, including psychotic disorders. The bill intends to raise awareness about the potential health risks by requiring caution notices to be posted in cannabis retail outlets, increase the minimum legal age of sale of high THC cannabis products to age 25, and to study and implement health interventions. Additionally, the bill provides recurring funding to the department of health for public health messages and social marketing campaigns targeted at individuals most susceptible to negative impacts of high THC products. The bill also includes provisions for creating detailed reports on the impacts of these products, and for the development of an optional training for cannabis retail staff on the potential health and safety effects of high THC cannabis. If the bill is not funded by June 30, 2024, it will be null and void.

### [IA HF2605 | BillTrack50](#)

This bill establishes regulations for the production, distribution, and consumption of hemp and hemp products in Iowa. The bill clarifies terminology including “advertise,” “distribute,” and “registrant,” and defines a “consumable hemp product” as any product intended for human consumption that contains a maximum tetrahydrocannabinol (THC) concentration less than or equal to three-tenths of one percent on a dry weight basis. The bill makes it necessary for the Department of Health and Human Services to establish rules for packaging and labeling requirements for hemp products, to ensure that they contain a notice advising consumers about their risks. It also requires companies that manufacture or sell consumable hemp products to register with the department. Penalties are outlined for violations, such as sale of hemp products without being registered, sale of non-consumable hemp products advertised as consumable, and sale or distribution of consumable hemp products to individuals under 21 years of age. Non-compliant products will be subject to confiscation and disposal. Lastly, the bill prohibits the sale of alcoholic beverages that contain THC.

## **Wrap around supports and responsible discharge planning**

These bills focus on wraparound services to prevent individuals with SMI ending up on the streets following a hospitalization. Requirements of housing, case management, in addition to medication lists and prescriptions, will improve outcomes for those with SMI.

### [WA HB1929 | BillTrack50](#)

This bill establishes a supportive transitional housing program for young adults between 18 to 24 years of age who are exiting inpatient behavioral



health treatment and who have not secured long-term housing. This program, subject to the availability of funding, will be managed by a community-based organization or federally recognized tribes in Washington with expertise in dealing with young people experiencing homelessness, behavioral health conditions, or both. The bill highlights the creation of at least two residential programs, one on either side of the Cascade Mountain Range, for young adults for up to 90 days. It allows for flexible funding to meet immediate needs of individuals such as transport assistance, rent-related expenses, and other needs related to housing stability, education, or employment. The bill becomes null and void if specific funding for its purpose is not provided by June 30, 2024, in the omnibus appropriations act.

#### [AZ SB1609 | BillTrack50](#)

This bill amends the Arizona health care cost containment system (AHCCCS) laws to address several behavioral health related provisions. It requires AHCCCS to minimize duplicative paperwork requirements and limit unnecessary sharing of member personal health information by its contracted housing program administrators. The bill also mandates AHCCCS to develop and implement processes to monitor its contractors' oversight of peer specialists, including requiring peer specialists to complete psychosis-specific training. Additionally, the bill requires healthcare institutions providing inpatient behavioral health services to patients with a serious mental illness designation to provide an accurate list of all necessary medications upon the patient's discharge. The bill also directs AHCCCS to study the implementation of a real-time, automated survey to collect feedback and identify quality of care issues for members with serious mental illness. Finally, the bill requires AHCCCS to establish discharge requirements and processes to ensure continuity of care, including verification of medication details, for AHCCCS members with a serious mental illness designation upon discharge from inpatient psychiatric facilities.

### **Oversight and Data Collection of the SMI Treatment System:**

Required oversight and data collection improves accountability within the system leading to better practices and outcomes for people with SMI.

#### [AZ SB1311 | BillTrack50](#)

This bill requires oversight and data collection of the SMI treatment system. Oversight plays a vital role in promoting the integrity, effectiveness, and safety of treatment systems, ultimately contributing to better outcomes for patients and the community as a whole.

The bill also addresses issues around emergency admission for evaluation, court-ordered treatment, and the responsibilities of screening agencies. Furthermore, it asks for the creation of a stakeholder group to give advice on improving data availability and transparency for individuals with a serious mental illness designation. An annual report is required to be sent to the governor, the president of the senate, and the speaker of the house of representatives by December 31, 2025, detailing these new practices and their results.

If you are looking for sample legislation on an SMI related topic, please contact Leslie Carpenter: [carpenterl@treatmentadvocacycenter.org](mailto:carpenterl@treatmentadvocacycenter.org).