July 2025

TAC
Treatment Advocacy Center

SMI ADVOCATE
An advocacy update from Treatment Advocacy Center

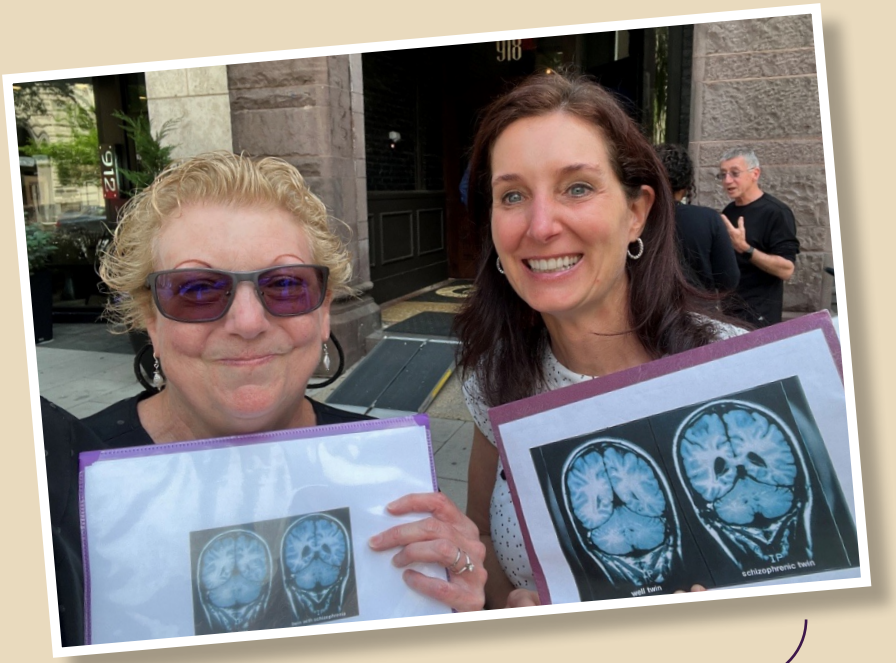
TAC Advocacy Bootcamp Program Prepares Advocates for State and Federal Advocacy Work

TAC Advocacy Bootcamp is a 15-session virtual course designed to equip advocates with the tools to effectively share their personal stories and influence policy related to severe mental illness (SMI). Tailored for new grassroots advocates, the program provides foundational knowledge on SMI topics along with guidance for system advocacy.

The Spring 2025 session, held from March through May, welcomed 26 passionate participants. Throughout the course, advocates engaged in sessions led by experienced instructors, gaining insight into effective storytelling, policy engagement, and systems-level advocacy.

About 50 people have completed the TAC Advocacy Bootcamp so far, and it's been a joy to meet some alumni at events and see the course in action!

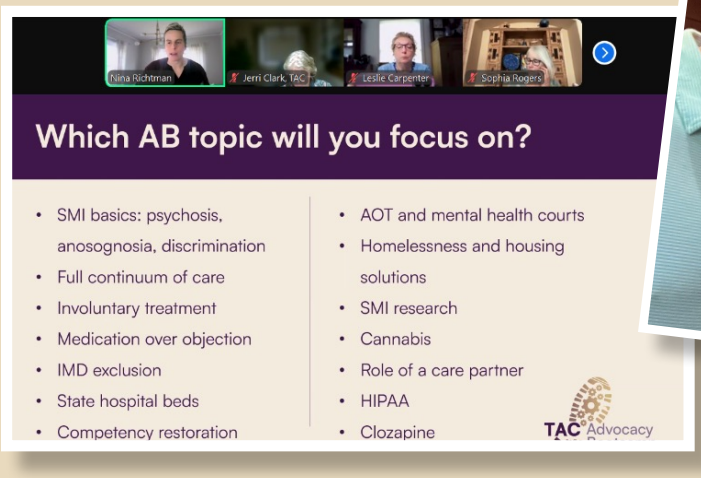
Interested in joining the next cohort? **Email advocacy@tac.org** for registration link. The fall course runs September 4 – October 23, 2025. Alumni — share your advocacy photos with us at the same email address!



Leslie Carpenter, legislative advocacy manager for TAC, and Christine Wirbick, a TAC Advocacy Bootcamp course alumnus, holding advocacy materials and ready to talk with congressional offices in May 2025.

> *The course content, organization of topics, clear and concise presentation are fantastic. All of the instructors with their vast knowledge and experience in advocating inspire me to do the necessary work to create change in our broken mental health system.*
>
> — TAC Advocacy Bootcamp participant

Topics covered in the Spring 2025 TAC Advocacy Bootcamp course



David and Lisa Doerner, Advocacy Bootcamp alumni, Nina Richtman, director of advocacy for TAC, and Leslie Carpenter, at a congressional briefing.

Out and About:

Advocates at Steinberg Institute Vision 2030 Solution Symposium. The initiative aims to modernize California's behavioral health workforce, reduce homelessness, decrease criminal justice involvement, and lower ER visits among those with mental illness and substance use disorders.

Pictured from left to right: Advocates Teresa Pasquini, Lee Davis, Dr. Susan Partovi, Lauren Rettagliata, Linda Mimms, Alison Monroe, and Shadoe Jones, legislative and policy counsel at TAC.

While attending the Schizophrenia and Psychosis Action Alliance (S&PAA) Spring Summit in May in Washington, D.C., director of advocacy for TAC, Nina Richtman, and legislative advocacy manager, Leslie Carpenter, were able to catch up and meet in person with several grassroots advocates, many of whom have participated in past sessions of TAC Advocacy Bootcamp. It was great to see them!

Pictured here: Janet Dyer, Nina Richtman, and Beth Wallace.

Leslie Carpenter, Christine Wirbick, Beth Wallace, and Nina Richtman before heading to Capitol Hill for meetings with federal legislators.

TAC staff and advocates visiting Congresswoman Mariannette Miller Meeks Pictured from left to right: Beth Wallace, Leslie Carpenter, Congresswoman Mariannette Miller-Meeks, and Nina Richtman.

Nina Richtman, Beth Wallace, Leslie Carpenter visiting with Nic Pottebaum, health policy advisor for Senator Chuck Grassley.

Leslie Carpenter and Jane Jepson, Advocacy Bootcamp participant and Arizona Mad Mom at the S&PAA Spring Summit.

Nina Richtman and Leslie Carpenter connected with TAC Board of Directors member Evelyn Burton while in Washington, DC for the S&PAA Spring Summit.

Webinar on Improving Civil Commitment Law with Psychiatric Deterioration Standard

Watch the full webinar on the TAC YouTube channel: Psychiatric Deterioration Standard for Inpatient Commitment.

On May 6, 2025, TAC Advocacy Department welcomed Brian Stettin, Senior Advisor for Severe Mental Illness Policy at the New York City Mayor's Office, for a timely and thought-provoking webinar. Stettin made a compelling case for the adoption of a **psychiatric deterioration standard** for inpatient commitment, explaining how laws that rely solely on "dangerousness" fail to intervene before people with SMI reach crisis points. Instead, a standard based on observable psychiatric decline can offer a more humane and clinically sound path to care — preventing harm, reducing cycles of hospitalization and incarceration, and saving lives.

Drawing on his deep policy experience and New York's model legislation, Stettin shared how a deterioration standard can be designed and implemented responsibly, balancing civil liberties with public health and safety. Real-world examples from New York underscored the impact of legal reform when paired with treatment access and accountability.

We hope this conversation inspired advocates to pursue meaningful changes in their own states. Now is the time to revisit and reform civil commitment laws, so they reflect both compassion and common sense.

Please Keep Eyes on the News!

SMI advocates have knowledge about the treatment system that is invaluable to reporters and the public. If you are reading a news article that rings untrue, warrants clarification, or omits key information, take time to think about what you might do. TAC staff were alerted by an eagle-eyed reader on June 1, 2025, when the Seattle Times published an article about involuntary treatment that included information that lacked citations and didn't sound accurate. An advocate with direct knowledge of Washington State laws and policies sent an email to the reporter, who corrected two errors in the online article that day. Here are steps you might take if you see something that needs to be called out:

1

Write to the reporter and request clarification or a correction. A reporter's email address is often published at the bottom of an article or might be searchable on the website. Be respectful but honest and always thank a reporter for their investment in learning about the complex issues related to SMI. Offer to be a source for future articles.

2

Write a letter to the editor. Be sure to always include the article's title, author, and publication date. Follow the publication's rules for submission and stay within their required word count.

3

If you are a subscriber, you can probably post a comment under the bottom of the online version of an article. The comment period may be short, so act promptly.

As you prepare a response, remember you can always contact TAC (advocacy@tac.org) if you need a citation or additional information.

Colorado Mad Moms on the go

CO Mad Moms was founded in August 2024, drawing inspiration from The Angry Moms and AZ Mad Moms, with early leadership provided by Barbara Vassis and Bonnie Brandl. In its formative months, the group developed a vision and mission, established communication channels including an email list, and researched structural options — ultimately deciding to operate under the fiscal sponsorship of the Colorado Nonprofit Development Center (CNDC) beginning December 1, 2024. This partnership enabled the organization to focus on mission-driven activities while CNDC managed legal and financial operations.

Since its inception, CO Mad Moms has built a strong foundation of caregiver and community support. A bi-monthly caregiver support Zoom series was launched, alongside a private Facebook group that has grown to include over 350 members. A monthly newsletter, now distributed bi-weekly thanks to an in-kind donation, reaches a broad audience of caregivers, professionals, allies, and policymakers — about 600 contacts in total.

In September 2024, the group held its first in-person kick-off event in Louisville, Colorado, followed by strategic meetings with numerous stakeholders throughout the fall, including NAMI, BHA, Bridges of CO, and others. The organization also launched its website in December 2024, supported by in-kind design services from Robin Noble, a legislative aide.

Public engagement and media visibility have grown steadily. The Colorado Sun published a feature article on December 2, 2024, highlighting the group's advocacy to break the cycle of hospitalization and incarceration for those with serious mental illness (SMI). In April 2025, CO Mad Moms member Kate Rawlinson was interviewed for a podcast on health and wellness best practices.

Programming included seven "Listen Up!" Zoom talks featuring expert speakers on topics ranging from legal systems and disability rights to lived experiences with SMI. In collaboration with Leslie Carpenter, the organization hosted a six-hour advocacy training workshop, drawing 45 attendees in preparation for legislative engagement.

CO Mad Moms members have testified over twenty times during the 2025 Colorado legislative session on critical mental health bills. Notable legislation included HB25-1002 (access to mental health care), SB25-042 (crisis response), and others addressing fairness in municipal courts and competency in the criminal justice system.

A major milestone occurred on April 10, 2025, with the first CO Mad Moms Day of Advocacy at the Colorado Capitol. Around 60 caregivers and families gathered for a day of

Colorado Mad Moms on the steps of the Colorado Capitol on their Day of Advocacy on April 10, 2025.

legislative visits, a rally, and a press event. Participants were honored on the Senate floor and heard from prominent state leaders such as Attorney General Phil Weiser and Colorado.

To support its work, the organization raised approximately $42,000 in private donations during its December 2025 campaign and participated in Colorado Gives Day. These funds and partnerships ensure continued momentum in advocacy, education, and support for families navigating the complexities of serious mental illness.

In less than a year, CO Mad Moms has established itself as a dynamic and influential voice for families impacted by SMI in Colorado, creating meaningful change through collaboration, education, and systemic advocacy. To connect with the CO Mad Moms, please email comadmoms@gmail.com.

Arizona Mad Moms: Grassroots Advocacy Reshaping Mental Health Policy and Community Support

Founded by mothers directly impacted by SMI, the over 500 families that are part of the Arizona Mad Moms are relentlessly committed to dignified and effective treatment for all people living with severe mental illness (SMI). The voices of caregivers and loved ones with SMI are increasingly recognized as essential to informed decisions surrounding mental illness care systems, legislation, and care models. Lawmakers, stakeholders, and advocacy organizations are turning to this group for insight that reflects on-the-ground realities.

A Strong Presence at the Capitol and Beyond

This trust and recognition have translated into meaningful legislative engagement. During the current legislative session, Arizona Mad Moms played an active role in supporting and sponsoring a series of eleven SMI-related bills. Two key pieces of legislation, HB2944 and SB1604, sponsored by the Association for the Chronically Mentally Ill (ACMI) and supported by the Arizona Mad Moms have been signed into law. These efforts are a direct result of coordinated advocacy, education, and coalition building.

In April, the Arizona Mad Moms were one of the sponsors of the Mental Health Day at the Capitol, an event hosted by the Arizona Peer and Family Coalition. This annual gathering brought together approximately 500 attendees, including vendors, advocates, caregivers, families, and individuals with SMI, to meet with legislators, raise public awareness, and push for policies that support individuals living with mental illness.

Legislation Rooted in Lived Experience: “John’s Law”

Among their most significant accomplishments is the successful passage of John’s Law in 2024, named in memory of John Fox, a cherished father, husband, friend, and advocate. The law, passed last session, mandates that Arizona’s screening and evaluation agencies collect and consider collateral information from families during the involuntary treatment process. Arizona Mad Moms not only helped push the law forward but also created a standardized form to support its implementation, ensuring that families are heard and that mental illness interventions are better informed.

Strengthening the Fabric of Support

Growth in membership has allowed for deeper structure within the group. Several subgroups now serve focused purposes:

- Welcome Committee — greets new members and connects them with vital resources.

- Decriminalization Team — Attends court hearings and advocates against the criminalization of mental illness, documenting system gaps and failures.
- Family Engagement and Support — Offers in-person support groups, social gatherings, and family-inclusive activities that foster community and healing.

These efforts ensure that members receive not only advocacy tools but also emotional and practical support. Weekly Zoom meetings, a private Facebook community, a robust website, and regular email updates keep members informed and engaged.

Expanding Capacity

In May 2025, Arizona Mad Moms reached another milestone: its sister organization, Mad Mom Services and Education Fund, was granted 501(c)(3) nonprofit status. This new designation allows the organization to apply for grants, receive tax-deductible donations, and expand its programming to support the organization's initiatives.

For more information, please visit Arizona Mad Moms website.

TAC Hosts IMD Exclusion Webinar

To view the webinar, please visit the TAC YouTube channel: https://youtu.be/

Summer presents a timely opportunity to advocate for meaningful mental health policy reform, especially around the **IMD Exclusion**, a longstanding barrier to care. An IMD Exclusion bill, HR 4022, was introduced in late June 2025. Other bills may be introduced in Congress later this summer and fall.

On June 26, 2025, TAC hosted a one-hour webinar providing a comprehensive overview of the IMD Exclusion, including its historical roots, its ongoing impact on the behavioral health system, and the critical role of federal legislation in addressing it. The session also included a briefing on the Michelle Go Act, introduced in 2024, and other past legislation that sought to expand access to inpatient mental health treatment. We hope participants come away with a solid understanding of the issue and actionable steps for advocacy.

Whether you're new to this policy or a longtime champion, your voice matters. **Reaching out to your Members of Congress to request co-sponsorship and support** for HR 4022 is something you can do today. Stay tuned for more opportunities to engage and thank you for being a part of this important work.

Actions advocates can take:

Sign up for TAC newsletters: SMI Advocate, Research Briefly, Catalyst, AOT Learning Network

Join Our Newsletters - Treatment Advocacy Center

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.tac.org/tac-action-center/

Join TAC grassroots networks: Networks for systems advocacy and resources

National:
SMI Advocates of Treatment Advocacy Center | Facebook

Maryland:
https://www.facebook.com/groups/tacmd

California:
https://www.facebook.com/groups/catac

Reach out to your legislators. Write to your legislators to encourage them to support legislation that improves treatment access for people with SMI.

Find your legislator(s) here:
https://www.congress.gov/members/find-your-member

Watch the TAC webinar "How to Become a Severe Mental Illness Advocate" on YouTube. In this Zoom webinar, TAC advocacy staff provides training for grassroots advocates.

https://www.youtube.com/@taccommunicate/videos

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 AOT.

https://www.tac.org/membership-account/aot-portal-registration/

Progress for SMI in New York State

In New York State, Brian Stettin, Senior Advisor on Severe Mental Illness in the Office of the New York City Mayor (and former TAC Policy Director), has been leading efforts to improve the treatment of people with SMI by improving New York's criteria for involuntary treatment with language clarifying the recognition of psychiatric deterioration and expanding who can file petitions for inpatient treatment and assisted outpatient treatment (AOT). The changes were placed within the state budget bill (NY State Assembly Bill 2025-A3006C).

Here are a few of the specific provisions impacting behavioral health which were part of the "Supportive Interventions Act":

- Clarifies the definition of the term "likely to result in serious harm" (part of the standard for involuntary removal and involuntary admission) to make explicit that it encompasses **"a substantial risk of physical harm to the person due to an inability or refusal, as a result of their mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter."**
- Empowers a psychiatric nurse practitioner (NP) to be one of two clinicians to certify a patient for a "2PC" involuntary hospital admission. Current law requires certificates from two physicians. The amendment will allow one certificate to be completed by a psych NP, but not both.
- Requires a hospital, upon admitting a patient to inpatient psychiatric care or to a 72-hour Comprehensive Psychiatric Emergency Program (CPEP) evaluation period, to **"ensure that reasonable efforts are made to identify and promptly notify any community provider of mental health services that maintains such person on its caseload."**
- For police-initiated involuntary removals ("9.41"), requires police to request emergency medical services (EMS) to transport the person to the hospital, rather than effectuate transport themselves in a police vehicle, **"if practicable based on: the person's potential medical needs and the capacity limits of the local EMS agencies as determined by [such] agencies; and the safety of the person being removed, as determined by the officer."** (This is already standard protocol in NYC.)
- Adds "domestic partner" to the list of family members, providers, and law enforcement officers authorized to petition the court for a mental health warrant for evaluation of someone alleged to require mental health treatment.
- Adds "domestic partner" to the list of family members, providers and law enforcement officers authorized to petition the court for "assisted outpatient treatment" (AOT).
- Clarifies that the required finding for an AOT petition that the person "is likely to benefit from AOT" shall not be precluded by **"previous non-compliance with court oversight or mandated treatment."**
- Simplifies the criteria to return a person to AOT within six months of exiting the program. This will now require clear and convincing evidence that either:
  - **"The person has experienced a substantial increase in symptoms of mental illness that substantially interferes with or limits the person's ability to comply with recommended treatment; or**
  - **The person, due to a lack of compliance with recommended treatment, has undergone emergency observation, care, and treatment or has been admitted for inpatient care or has been incarcerated."**

- Adds to the list of parties whom a hospital, with the patient's consent, must interview and provide an opportunity to participate in the development of a patient's written discharge plan:
  - **"A representative of a community provider of mental health services, including a provider of case management services, that maintains the patient on its caseload;**
  - **Local programs that provide peer supports and services, if available."**
- Requires a written hospital discharge plan to include a screening to determine the patient's suicide, violence, and substance use risk. Further, it requires that **"Individuals with an elevated risk of self-harm or suicide shall have an individualized community suicide safety plan completed before discharge and such plan shall be provided to the patient's aftercare providers."**
- Permits, with patient consent, for the patient's written hospital discharge plan to **"Be provided to a parent or parents, any relative, close friend, or individual otherwise concerned with the welfare of the patient."**
- Requires a hospital discharging a patient from inpatient psych care to:
  - Provide a "discharge summary" to all outpatient providers responsible for care under the patient's written discharge plan.
  - Obtain contact information for the patient if possible.
  - Confirm a follow-up appointment has been scheduled for the patient with the appropriate service provider or providers to occur within seven days of discharge.
  - Provide information about available treatment options, and have an appointment scheduled whenever possible, to any individual who leaves the facility against medical advice or declines aftercare services.
  - Advise the patient of clinically appropriate follow-up services.
  - For "individuals with complex needs," as defined by the Office of Mental Health (OMH):
    - If the patient is already in a care management program, coordinate discharge planning with such care management program.
    - Provide referrals, if clinically appropriate and available, for care management services, community-based services, residential services, or peer-based programs.
    - Provide the patient with the written discharge plan and "discharge summary."
    - Facilitate referrals to services described in the discharge plan *at the time of discharge*.
    - Provide a verbal clinical sign-out on or before the day of discharge to a receiving outpatient treatment program and if applicable, a licensed residential program.
    - Communicate the patient's discharge plan to the designated post-discharge care manager, if applicable, to facilitate continuity of care and service coordination.
    - Facilitate (as clinically appropriate) referrals for care management services or community-based services and peer-based programs.
- Establishes the *Behavioral Health Crisis Technical Assistance Center,* within OMH in conjunction with the Office of Addiction Services and Support (OASAS). The two commissioners are jointly responsible for structure and operation. Responsibilities are to:
  - Develop and support implementation of standardized protocols and procedures for a community-based public health-led response to behavioral health crises, designed to:
    - De-escalate crisis situations.
    - Utilize the most appropriate treatments for individuals in crisis.
    - Maximize voluntary assessments and voluntary referrals.

    - Minimize physical harm and trauma.
    - Deliver culturally competent care.
  - Assist local governments in developing local service plans that address local crisis needs.
  - Support efforts to improve coordination between 911 and 988 systems.
  - Provide consultation and training on best practices to local governments and maintain a best practices database.
- Requires the Municipal Police Training Council (MPTC) to:
  - Develop, maintain and disseminate, in consultation with OMH, written policies and procedures on the handling of mental health crisis situations. **"Such policies and procedures shall make provisions for the education and training of new and veteran police officers. Such training and education shall focus on appropriate recognition and response techniques for handling emergency situations involving individuals with mental illness including, but not limited to, how to de-escalate a situation involving an individual who may be experiencing a mental health crisis while minimizing the use of force and identifying alternatives to the criminal justice system."**
  - Recommend to the Department of Criminal Justice Services (DCJS) rules and regulations establishing and implementing a required training program and periodic re-training for all current and new police officers. Such required training for current officers shall be completed within 36 months of the effective date of this legislation, provided, however, it shall be completed within 24 months in NYC. DCJS shall review such recommendations and promulgate regulations consistent with this subdivision.
- Requires police officers to have received MPTC's crisis intervention training in order to receive a certificate attesting to satisfactory completion of basic training.
- Adds mental health and substance use crisis records to the list of records that a municipality's 911 system must be kept confidential and not utilized for any commercial purpose.

Legislative Recap

During the first half of 2025, grassroots advocates and advocacy groups across the country have been working hard. Several state legislatures are still in session, so we hope for even more bills to pass into law by the end of the year. We are grateful for so many efforts and for so much engagement with the advocacy alerts we send out!

87
TAC advocacy alerts inspired advocates to act.

5,561
5,561 emails were sent to legislators via our TAC portal.

1,178
advocates sent emails.

51
bills tracked by TAC were enacted as new state laws.

17
states passed new laws to impact SMI treatment.

It is encouraging to see bills being filed to address many different aspects of improving the treatment of people living with SMI. Some new legislative approaches are happening this year, including **adding more specific requirements mandating improved insurance coverage of mental illness treatment**, as illustrated with this bill passed in Colorado:
CO HB1002 | BillTrack50

Another bill in Louisiana **expands the list of professionals who can conduct telehealth examinations for emergency certificates** to help individuals get access to medically necessary treatment and allows them to do the examination via telehealth, as long as a licensed healthcare professional is physically present in the examination room:
LA HB137 | BillTrack50

It is also encouraging to see some states stepping up to provide **additional investment in hospital beds,** like the $16,000,000 appropriation to increase the number of behavioral health beds in the west central human service center region by supporting an entity that will add at least 30 new inpatient behavioral health beds:
ND HB1468 | BillTrack50

Two states were able to pass bills that **require hospitals to perform responsible discharge planning**, by increasing and codifying the requirements that will help to improve coordination and improved placement following inpatient psychiatric treatment:
New York: NY State Assembly Bill 2025-A3006C
Utah: UT HB0056 | BillTrack50

Several states passed bills that are aimed at streamlining procedures to help more people with mental illnesses **access the medically necessary treatment sooner to avoid criminal legal involvement.** In addition, some bills implement timeline requirements to reduce the length of time people are awaiting competency restoration to avoid being held longer than they would have been had they been found guilty of the charge that landed them in jail.

TAC has prepared a summary of bills passed, listed in alphabetical order by state. Please read and share with lawmakers and other stakeholders. Another state's action might provide sample legislation for your state in the future.
2025 Legislation - Treatment Advocacy Center