



SMI ADVOCATE

An advocacy update from Treatment Advocacy Center

National Mental Illness Justice Center Event In Washington, D.C. Imagines A Brighter Future



Lisa Dailey, TAC's former executive director, led a panel discussion "Perspectives on Justice and Injustice" with Bethany Yeiser, Michael Compton, Sarah Wurzburg, Ariel Snowden and Judge Patrick McElyea.



Lisa Dailey, TAC's former Executive Director, provided information about possible areas of focus for a National Mental Illness Justice Center.

On April 23, the Schizophrenia & Psychosis Action Alliance (S&PAA) and TAC co-hosted *Navigating the Justice System for Our Community* in Washington, D.C. This convening was designed as a foundational working session to help shape the early vision, guiding principles, and practical framework for a National Mental Illness Justice Center. The event brought together stakeholders in legal, clinical, and advocacy spaces to explore how a coordinated national effort could better support people with SMI who are involved in, or at risk of involvement with, the criminal legal system.

The convening focused on building a shared roadmap for a national center that could provide support to judges, clinicians, families, and individuals with SMI navigating criminal legal system challenges. The gathering was structured to encourage active participation and collaborative problem-solving to inform the Center's founding priorities.

This event marked an important early step in launching a national initiative to improve justice-system responses for individuals with SMI.

It is both exciting and heartening to gather so many people from different professions and perspectives to do this important work to decriminalize SMI.

Advocacy Event Brings Together Advocates From Across Utah

Jerri Clark, TAC's resource and advocacy manager, was keynote speaker for an all-day Criminal Justice and Mental Health Symposium May 6, 2026, in Salt Lake City, Utah. Hosted by Salt Lake County District Attorney Sim Gill, the event convened stakeholders from across the system to problem-solve ways to decriminalize SMI and improve treatment access, service quality, housing opportunities, and family engagement for improved outcomes for people with severe mental illness (SMI). The event included 80 participants online in addition to the 100 attendees in person; in-person attendees received a copy of Clark's book, *Gone Before Gone: When Mental Illness Steals Someone You Love*. Clark read from the chapter titled, "Can Advocacy Help You Heal?" and provided guidance to inspire family members to care for themselves so they have energy left for both care planning and system reform.

In collaboration with Gill, organizers Debra Widmer and Sherri Wittwer demonstrated the influence families have when they share their stories, data, and practical ideas to improve the system. A credentialed mental health professional, Widmer is director of the Utah Shattering Silence Coalition (NSSC) and a graduate of TAC's Advocacy Bootcamp program.

Opening the symposium, Widmer talked about how families have been invisible far too long and need to lift their voices to help the system change. "If we get this right," she said, "fewer families will have to become experts in crisis just to keep someone alive."



Advocates Debra Widmer (left) and Sherri Wittwer (right) invited TAC Staff Jerri Clark (center) to Salt Lake City, Utah, for their Criminal Justice and Mental Health symposium in May.

Wittwer serves as Utah's state policy director for NSSC while also serving as board president for CIT Utah and leading the Utah Coalition for Severe Mental Illness. "This symposium underscored the need for urgency and compassion in building a coordinated system that works across providers, agencies, and communities," Wittwer says. "Jail cannot be the accepted treatment provider of choice for people with SMI."

Although both women are longtime advocates, they met in TAC's ambiguous loss virtual seminar, led by Clark, and were inspired to join forces and expand their influence in Utah after traversing through the self-guided work of coping with their respective personal SMI-related losses. "Coming full circle from Jerri's seminar to having her share her work and book with a Salt Lake audience was especially meaningful to us," Wittwer says. "Her remarks offered a powerful and moving perspective on the far-reaching and tragic impact of untreated SMI on individuals, families, and communities."

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This was the second symposium led by these powerhouse advocates, and their agenda included a speech by Salt Lake City Mayor Erin Mendenhall in addition to statements from District Attorney Gill and representatives from the county's Office of Homelessness and Criminal Justice, the Utah Department of Health and Human Services, the University of Utah's Mental Health Institute, law enforcement, and more.

"The criminal justice system is that de facto safety net, when it should be the system of last resort," Gill says. "It is on all of us to build better upstream systems that wrap services and care around those that need it the most. And let the criminal justice system handle those that are a genuine risk to public safety. This is what we are building in Salt Lake County."

TAC Advocacy Bootcamp Prepares Advocates For Systems Change Advocacy

From March to May, 33 advocates participated in the spring 2026 cohort of Advocacy Bootcamp.

Advocacy Bootcamp is a 15-session, virtual, interactive training designed for advocates who are new or relatively new to SMI advocacy and aren't sure where to begin. The program breaks complex policy topics into accessible, easy-to-understand lessons while connecting participants with a nationwide community of SMI advocates. Advocates met twice weekly for eight weeks.

Advocacy Bootcamp sessions include:

- Advocacy 101
- SMI basics
- Full continuum of care
- Involuntary treatment and medication over objection
- IMD exclusion
- State hospital beds and competency restoration
- AOT and mental health courts
- Homelessness and housing solutions
- Research and evidence-based practices
- Cannabis / THC
- Care partner engagement
- SMI Medication access
- Legislative advocacy
- Opposition arguments
- Putting it all together: Crafting a compelling advocacy narrative

The course features 30 minutes of content on the session topic and 30 minutes of discussion. Topics discussed included empowering families, ensuring access to treatment when insight is impaired, expanding housing, employment, and care infrastructure, treating psychosis as a medical emergency, and strengthening legal and clinical pathways to keep people safe.



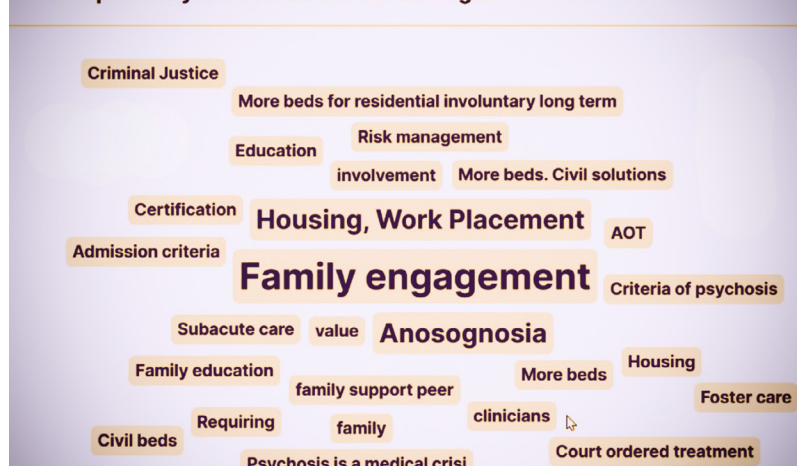
The feedback from Spring 2026 Advocacy Bootcamp attendees was very positive!

“I feel VERY blessed to know what I now know to help our son and others. Time for action AND change!”

“Thank you to EVERYONE at TAC...You are champions and such guiding lights!”

Email advocacy@tac.org if you would like to be on an interest list for future Advocacy Bootcamp virtual training sessions. Next series will be in Fall 2026.

What topics are you interested in advocating on?



TAC instructors use the audience engagement tool, Slido, to make the program interactive and engaging, and several sessions include breakouts with smaller groups to practice new advocacy skills.

Advocacy Bootcamp Graduate Working Locally For Change

Beth Wallace, a 2025 TAC Advocacy Bootcamp graduate, helped to get H 1104 passed into law in North Carolina. This bill would require the North Carolina Department of Health and Human Services, the North Carolina Department of Information Technology, and the Administrative Office of the Courts to work together to study North Carolina's involuntary commitment process and recommend system-wide improvements. The bill is designed to identify gaps in current law, practice, and technology so that people subject to involuntary commitment can receive more timely, accessible, and data-informed support. The required report, due by February 1, 2027, must evaluate how legal and clinical systems work together, including whether judges and magistrates receive timely clinical information to make sound decisions. It also calls for recommendations on training judicial officials about community-based treatment options such as Treatment Accountability for Safe Communities (TASC), Community Treatment teams, and Forensic Assertive Community Treatment (FACT) teams; creating shared workflows, transport guidance, and bench cards with the University of North Carolina School of Government; updating electronic forms to improve statewide data quality; and expanding data sharing between health and court systems, including the possible development of a public-facing dashboard.

Beth has been actively advocating for this bill by attending legislative meetings and hearings, writing an Op-ed, submitting written comments of support, and writing the members of the committees the bill has been assigned to so far. She has been doing this as an individual SMI advocate and family member, in her role as the State Policy Director of North Carolina for the [National Shattering Silence Coalition](#) and as a member of the North Carolina chapter of Mad Moms.

In addition to her work on this specific bill, she has also been advocating to change the involuntary commitment (IVC) process so that it is triggered by psychosis rather than the current dangerousness standard, allowing for earlier medication, appropriate length of stay, and meaningful discharge planning into community supports like AOT (which is on the books but not funded).

We applaud Beth for her hard work and powerful advocacy. Her dedication is an example of great work that our SMI community can accomplish locally, and we're proud to highlight the impact she's making.

TAC is continually inspired by the work of Advocacy Bootcamp alums across the country. Your stories remind us how skill, passion, and persistence can drive real change.



Leslie Carpenter and Beth Wallace at the Mental Illness Justice Center Event on April 23, 2026.



Are you an Advocacy Bootcamp alum? We'd love to hear what you've been working on. Share your updates with us at advocacy@tac.org.

Out and About



Leslie Carpenter, TAC's legislative and advocacy manager and Nina Richtman, TAC's interim executive director, meet with Emily Silverberg from New York Representative Paul Tonko's office to talk about legislation related to 190-day Medicare limits for psychiatric inpatient treatment in Washington, D.C. on April 22, 2026.

Leslie Carpenter and Michael Gray (Tulipfera Strategies) meet with Keilah Ilinykh from Representative Cliff Bentz's office to talk about IMD-Exclusion legislation in Washington, D.C. on April 22, 2026.



Pam Zisselman, a TAC Advocacy Bootcamp graduate, did a wonderful job of sharing a portion of her story and some data with staff at Iowa Senator Joni Ernst's office on April 22, 2026.

Airport meetings count too! Leslie Carpenter was able to speak with Iowa Representative Ashley Hinson at the airport waiting for a flight back to Iowa on April 23, 2026. The following week, Representative Hinson's legislative staff reached out to schedule another meeting to learn more about some of TAC's priority bills and priorities.



Cathy Bullock, a TAC Advocacy Bootcamp alum, Nina Richtman, and Leslie Carpenter at the Iowa State Capitol for bill signing on May 6, 2026.

Jerri Clark, left, was keynote speaker for an event at the Gresham (Oregon) Botanical Garden May 17, 2026. Organized by Breanna Smith, right, state policy director for the National Shattering Silence Coalition (NSSC), the event included round table discussions for grassroots advocates and was an opportunity for Clark to discuss her book, *Gone Before Gone: When Mental Illness Steals Someone You Love*.





Jerri Clark, left, TAC's resource and advocacy manager, was keynote speaker at Voices for Change, an event at the Edmonds Waterfront Center in Washington state June 14, 2026. The event was organized by Leanna May Franklin, right, state policy director for the National Shattering Silence Coalition (NSSC).



Grassroots advocates gathered at the Brockmann Residential Treatment Center in Vancouver, WA, on June 17, 2026, to urge the state to open this brand new 48-bed facility, completed in 2025 but vacant because the legislature cut funding to operate it. Left to right: Janet Asbridge, Ana Rayon, Dayna Vitek, Patricia Egbert, Jackie Flowers, Jerri Clark, Andy Prater, Kim Schneiderman, Fred Treptow, and Caryn Vitek.

Five Actions Advocates Can Take Today To Get Involved



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's grassroots networks: State specific networks for systems advocacy and state specific resources.

Nationwide: <https://www.facebook.com/groups/tacsmiadvocates>

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

Family Support: <https://www.facebook.com/groups/tacsupport>



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/>



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

<https://www.tac.org/join-our-newsletters/>



Share your story anonymously through the Sandy Pruettt Project, a space for solidarity and collecting evidence of systemic failures.

<https://www.sandypruetttproject.org/stories-of-denied-care>

Changes To Maryland Law Will Help Those With SMI



MD SB 707 was signed into law by Governor Wes Moore on April 28, 2026, surrounded by Maryland SMI advocates and legislators.

Maryland advocates were instrumental in passing MD SB 707, which strengthened Maryland law by clarifying when a person may be considered a danger to themselves or others for purposes of emergency evaluation and involuntary admission. Supporters framed the bill as a right-to-treatment measure that could help people in acute psychiatric crisis get care sooner. The law improves accountability through required annual reporting on emergency evaluation petitions.

The previous law allowed for commitment when someone was at substantial risk of seriously harming themselves or others, becoming involved with the criminal legal system, or being unable to meet basic needs in a way that could lead to serious harm, illness, or death. The law now makes this definition more precise. It now requires that the risk be based on recent, relevant behavior and the person's current condition and history. The law also now clarifies that being unable to meet basic needs creates a near-term risk of serious harm, illness, or death.

Evelyn Burton, a Maryland advocate and member of the TAC Board of Directors, organized the advocacy efforts to help get this bill filed and supported through the legislative process.

The bill ultimately gained bipartisan support, passed both chambers unanimously, and was approved by the Governor on April 28, 2026.

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We extend our heartfelt thanks to Evelyn and all the Maryland advocates for their persistence, expertise, and unwavering commitment to improving the lives of people with SMI!

Massachusetts Advocates Celebrate AOT Bill Passage Through Committee For First Time



Massachusetts advocates at Beacon Hill in Massachusetts on June 4, 2026.

Massachusetts stands at a pivotal moment in its approach to treating severe mental illness (SMI). With broad public support for assisted outpatient treatment (AOT) and new momentum behind S.2973, the Continuum of Care Act, advocates and families are pushing harder than ever to close one of the most significant gaps in the state's mental health system. Massachusetts is one of two states that currently do not have a law that allows for AOT. A 2023 survey commissioned by [AOTNOW](#) and conducted by Mass Inc. showed that [74% of Massachusetts voters](#) support a full continuum of care including AOT. The message is clear: the Commonwealth can no longer afford a system that leaves people cycling through hospitals, jails, and homelessness without sustained care.

AOT Now, the [National Shattering Silence Coalition](#) (NSSC) and TAC sponsored a Massachusetts Day on the Hill in support of S.2973, the Continuum of Care Act. This bill seeks to stop the revolving door of repeat hospitalizations, incarceration, and the criminalization of SMI by creating a process for civil court-ordered and supervised community-based outpatient treatment. The proposal, sponsored by Massachusetts State Senator

Cindy Friedman, is now before the Committee on Senate Ways and Means.

The grassroots advocacy of Vinita and Ashoke Rampuria, Ann Corcoran, and several others including Shawn Dahumel with Shawmut Strategies Group, has been effective in building a coalition of support from the Massachusetts Psychiatry Association with Dr. Jhilam Biswas, the sheriffs, many county attorneys, and more helping this bill move past the first committee level for the first time.

The growing coalition behind this bill shows what's possible when families, advocates, and professionals speak with one voice. The momentum is real, and the Commonwealth is moving closer to ensuring that no one falls through the cracks again.

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Colorado Mad Moms Day Of Advocacy Brings Together Advocates And Lawmakers

The Colorado Mad Moms held their second Day of Advocacy for people living with severe mental illness (SMI) at the Colorado State Capitol on February 19, 2026. The day brought together family advocates, legislators, legislative staff, and community partners to raise awareness, share lived experience, and advocate for policy change focused on improving systems of care and support.

The event began with participants gathering at the Capitol and being formally recognized in both the Senate and House chambers by Senator Judy Amabile and Representative Regina English. Advocates then met with legislators and legislative staff to discuss the needs of individuals and families affected by SMI.

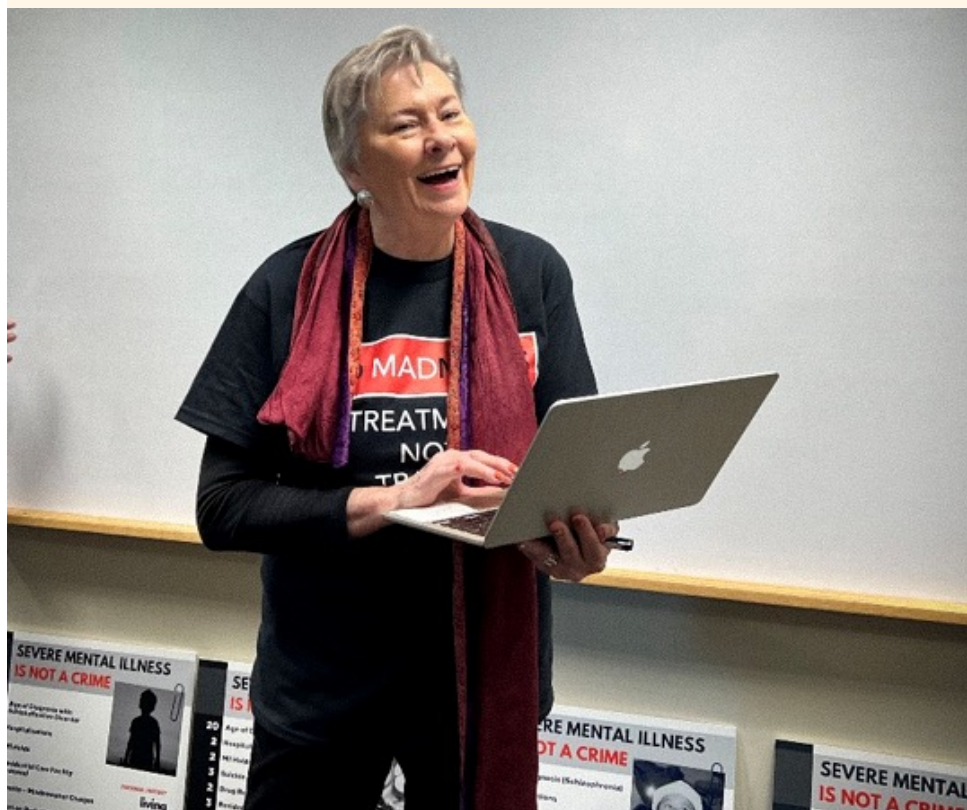
A Lunch & Learn panel discussion provided education and advocacy perspectives from Leslie Carpenter, TAC's legislative advocacy manager, and Lindsay Galvin Rauch, Colorado native and fierce SMI advocate, and was moderated by Kelly Comcowich from the Colorado Mad Moms. The day concluded with a rally on the west steps of the Capitol to amplify the call for change.

Overall, the Day of Advocacy emphasized the urgent need for stronger supports, better system coordination, and meaningful legislative action for Coloradans living with SMI and the families who care for them.



Senator Judy Amabile took the time to individually greet and speak with the members of the Colorado Mad Moms in the Senate Chamber.

Kate Rawlinson, the leader of the Colorado Mad Moms, shares some opening comments and words of wisdom and inspiration prior to things getting started at the Capitol.





Kelly Comcowich, Leslie Carpenter and Lindsay Galvin Rauch covered a range of topics to educate legislators, staffers and advocates during the lunch & learn panel discussion.

The Colorado Mad Moms wrapped up the day with a rally on the Capitol steps with their signature posters that share some of the revolving door churn statistics about their loved ones because of the gaps in the treatment system.



2026 Legislative Recap

Legislative advocacy continues across the country in 2026, fueled by the commitment of advocates and policymakers working to strengthen treatment for people with severe mental illness (SMI).

Here's a look at some numbers for 2026:



46

advocacy alerts
were sent out.



1,952

emails were sent to
legislators via TAC's portal.



976

different advocates sent
emails to legislators.



39

bills tracked by TAC
were enacted in 2026.



17

states passed bills
tracked by TAC.

Legislative Wins Expanding Access to Treatment

We are highlighting a few bills that have passed in the last year which should help to allow for earlier access to treatment and some reporting requirements that should allow for better identification of gaps and potential solutions moving forward.

Colorado HB1002

Advocacy spotlight:

The Colorado Mad Moms pushed hard for stronger, faster implementation timelines. While they hoped for more aggressive requirements, their efforts still secured meaningful progress toward eliminating “ghost networks” and improving access to care.



What changed:

[CO HB1002](#) strengthens oversight of behavioral health provider networks by requiring insurance carriers to verify the participation status of mental health clinicians, substance use providers, and psychiatric nurses at least once a year. Carriers must directly contact providers who have not billed recently, update directories within five business days when information changes, and remove providers who fail to respond after two outreach attempts. The bill aims to reduce inaccurate “ghost networks” that misrepresent available care.

Why it matters:

Accurate provider directories are essential for timely access to treatment. By tightening verification requirements, the law helps ensure that individuals seeking behavioral health care can locate real, available providers rather than encountering dead ends.

**What changed:**

[IL HB2387](#) updates Illinois' Mental Health and Developmental Disabilities Code by clarifying court jurisdiction over involuntary admissions for individuals not charged with a felony and explicitly authorizes court ordered outpatient involuntary treatment. The bill also allows a custodian to consent to hospital admission if a respondent fails to follow outpatient treatment conditions and specifies that noncompliance cannot be grounds for contempt. Additionally, circuit court clerks must submit annual reports on involuntary outpatient petitions through 2030.

Why it matters:

These updates modernize Illinois' legal framework for involuntary and outpatient treatment, helping courts use outpatient options more effectively while protecting due process. The reporting requirement will also generate data to guide future improvements.

**What changed:**

[ME LD1989](#) expands access to Maine's Progressive Treatment Program Fund by broadening who can receive reimbursement for legal costs associated with initiating or extending community-based treatment programs. Eligibility now includes hospital administrators, ACT team directors, medical practitioners, law enforcement, and legal guardians. The bill also raises the maximum annual reimbursement from \$800 to \$3,500 and allows funds to support extensions of existing programs, not just new ones. It was enacted as an emergency measure.

Why it matters:

By increasing funding and widening eligibility, the law removes financial barriers that previously limited the use of Progressive Treatment Programs, an essential tool for helping individuals with serious mental illness remain safely in the community.

Advocacy spotlight:

This victory was driven by persistent grassroots advocacy from National Shattering Silence Coalition (NSSC) members in Maine, whose dedication was instrumental in securing passage.



New Mexico SB3

What changed:

[NM SB3](#) adds clear statutory definitions of “serious harm to self” and “serious harm to others” within both the Mental Health and Developmental Disabilities Code and the Assisted Outpatient Treatment Act. These definitions outline when involuntary treatment or AOT may be warranted, including substantial risk of repeated harmful behavior, high likelihood of suicide or self-injury, or inability to care for oneself due to mental disorder and impaired decisional capacity.

Why it matters:

Clear definitions help ensure consistent application of the law across New Mexico, enabling earlier intervention when individuals are at risk and supporting courts and clinicians in making informed treatment decisions.

Utah SB0013

What changed:

[UT SB0013](#) revises multiple Utah statutes to update reporting requirements across criminal justice, health, and emergency management systems. Changes include new standards for recidivism reporting by residential programs, expanded jail reporting on demographics and health policies, updated Department of Health and Human Services reporting on inmate healthcare, and modified duties for the Division of Emergency Management related to alert systems.

Why it matters:

States are increasingly requiring detailed outcome reporting to identify gaps and guide policy improvements. Utah’s updates support more transparent, data driven oversight of programs affecting public safety, health, and emergency response.

Looking ahead

All these bills passed with the help of dedicated grassroots SMI advocates, demonstrating what can happen when a group of people work collaboratively with lawmakers to pass helpful legislation. To see a full list of bills that passed in January-June 2026, please follow this [link](#). View TAC’s bill tracking page for a current list of bills we’re following [here](#). We look forward to the upcoming 2027 legislative sessions across the country. Please reach out to us at advocacy@tac.org if you have questions or would like help with legislation you are hoping to get introduced and passed.

Support This Work

Your generosity supports TAC’s efforts to advocate for better laws, provide support to families and caregivers, and elevate the voices of everyone impacted by SMI.

We are deeply grateful for your compassion, trust, and partnership.

DONATE