

Date: March 7, 2022

To: Delegate Shane E. Pendergrass, Chair, and  
Delegate Joseline Pena-Melnyk, Vice-Chair  
House Health and Government Committee

From: Melinda Morgan, LCSW-C (licensed clinical social worker)

[Mindy.morgan@yahoo.com](mailto:Mindy.morgan@yahoo.com) / 301-331-5007

Re: House Bill 1017 – Frederick County – Mental Health Law- Assisted Outpatient Treatment (AOT)  
Pilot Program

Position: Opposed

Testimony:

I am writing today to share my opposition to Bill 1017, which would establish an “Assisted Outpatient Treatment (AOT)” outpatient civil commitment program in Frederick County.

My position on this bill is informed by my experience working as a licensed clinical social worker serving patients in the state of Maryland, as well as my personal experience as a person with a diagnosed mental illness of bipolar disorder.

My first concern lies with “interested parties” as vague language within the bill. In my experience, many people involved, even at a distance from those with a mental illness have a tendency to call themselves “interested” and in this situation would have the ability to attempt a commitment under this bill. Frustrated neighbors, disgruntled ex-partners, former co-workers... any of these have the capacity to pull a person into the court system by the mere fact that they were diagnosed with a mental health condition. This is discriminatory.

Additionally, we have an emergency petitioning system in place that allows for qualified professionals to force a person to be evaluated. This preserves safety until a hospital can determine the presence of imminent danger and intervene if needed. To take away someone’s rights has always been a serious and dire, last resort decision to preserve life and limb. Due to the fact that imminent danger is not something that can legitimately persist for up to a year, this bill is saying that people with mental illness would not be afforded the same rights as others by virtue of their illness. Those committed under this program would have done nothing wrong. They are ill and exercising their right to autonomy in making medical decisions as every other American with a medical condition is allowed the freedom to do.

It is a challenge to access mental health care as it is. I am fortunate enough to afford my mental health care and the mental health care for one of my children. I pay hundreds of dollars a month for medication, therapy and psychiatry... with insurance. Cost is an issue, access is an issue, and stigma is an issue. A program like this is well intentioned but money would be far better spent increasing access to peer

programs like On Our Own and assertive treatment models like ACT that meet people in whatever stage of change they are in. These programs encourage people along the way to create their own wellness plans, such as WRAP (Wellness Recovery Action Plans), to help people plan and engage with their own treatment. Funding for these proven programs needs to be increased, as I can vouch that every ACT referral I've seen sent in the last 3 years has sat on a wait list.

I want to conclude by saying that as a person living with bipolar disorder, I know this bill is an attempt to help, but forcing people into treatment is not the answer. I have sat in a hospital where I was being told what I "had" to do. I couldn't get out until I was "well enough" to exit. It was the most traumatizing experience of my entire treatment history. I learned to look better on the outside to get by while I was ultimately worse on the inside. It was frightening, damaging, and disempowering and I still feel afraid to ask for help to this day for fear that it might happen again. This is the experience I have heard from many others I have worked with as well. True change does not come from forcing people. It comes from walking alongside them.

**For these reasons, I strongly oppose Bill 1017 and urge an unfavorable report by the Committee.**