PERSONAL WRITTEN TESTIMONY IN OPPOSITION OF
House Bill 1017: Frederick County – Mental Health Law –
Assisted Outpatient Treatment Pilot Program

Health and Government Operations, House
March 9, 2022

Hello Distinguished Committee Members:

My name is Sharon MacDougall, and I am a resident of Frederick County, MD. I am writing in opposition to HB 1017, which would establish an Assisted Outpatient Treatment Pilot Program in Frederick County.

I have 30 years of experience working in various capacities within Maryland's behavioral health system. I have served as a provider of both traditional mental health services and peer support services, delivered by persons with lived experience of behavioral health challenges. I worked for about 10 years for the Local Behavioral Health Authority in Frederick County. Most importantly, I am a person with lived mental health experience, and the sister of someone currently receiving intensive level services from a psychiatric rehabilitation program here in Frederick.

I strongly oppose this bill because I see how it could really hurt people, especially people I know and care about.

My primary opposition to the bill is that it goes against the very principles and values that are supposed to be considered first and foremost in everything we do. Providers express pride that their care is self-directed and person-centered, with a focus on trauma-informed treatment. This bill proposes treating those in significant distress in a way that entirely disregards the individual and what they want. This approach takes away their right to freedom of choice regarding what happens with their body and mind (i.e. forced psychiatric medications). This is definitely not self-directed care, and for many would be another traumatizing experience that compounds the significant trauma they have already experienced in their lives.

The bill also does not take into consideration the following:

- There is no determination of competency before the restrictions of AOT are enacted. There is a presumption of competency unless determined otherwise, with no mention of this in the bill. It requires that a psychiatrist state the clinical basis for the determination and that the person meets criteria. These can be made without even seeing the individual.
- The bill also does not address the requirement that all medical care be provided after a person has given informed consent. This can only be waived if a person has been declared incompetent (see paragraph above).

- There are many parts of the bill where actions are taken to place a person in AOT based on criteria that are not defined and subject to interpretation. What does “deteriorate” mean? What are “reasonable efforts?” This decision to force a person to take medication or other treatment is based on criteria that are subjective and open to interpretation by the individuals ordering the treatment.

There are many better alternatives to AOT. Residential crisis services are very effective for people in crisis, but not determined to be in need of hospitalization. Peer support is key in reaching people in crisis who are resistant to treatment. I have witnessed the transformation take place when someone is at first adamant about not getting into treatment but is met with BH care and support, such as peers, that is grounded in trust, choice, mutuality, and shared-decision making.

Peer supporters approach individuals in crisis by showing the person respect, validating their thoughts and feelings about the situation, and working together to identify the next steps that work for them. When individuals are able to build a trusting relationship that is non-threatening and sensitive to a person’s trauma history, defenses can come down and fear can lessen. Once trust is developed and there is a recognition that choice will be honored, people often feel more supported and become more empowered to agree to treatment that they think will be helpful.

Peer supporters work with them throughout this entire process and follow up to ensure they continue to receive the support they need. Trauma can be avoided and the person can engage in treatment with a mindset that allows them to truly benefit. This is an example of how a person who would be under consideration for AOT could instead enter into treatment that is self-directed, offers hope, and empowers an individual to choose and engage in the services that work best for them. I used this approach recently with a person in serious distress who could’ve been hospitalized. However, because she was connected with a non-threatening person who could relate with personal experience, and a supportive housing situation, she is healing and able to function independently again.

Frederick County has many wonderful behavioral health providers and services that do understand what it means to provide person-centered and trauma-informed care, and who are supporting people into recovery and greater wellness every day. We need more funding and recognition for these types of services. I strongly encourage the Committee to choose to build on the strengths of our community and evidence-based practices like Assertive Community Treatment and Peer Support, and to give an unfavorable report on this forced treatment bill.

Sincerely,

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