

FAVORABLE – SUPPORT

Written Testimony of Lauren J. Tenney, PhD, MPhil, MPA, BPS, Psychiatric Survivor
Maryland Senate Bill 448 (2025)
Maryland Medical Assistance Program – Self-Directed Mental Health Services – Pilot Program
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SENATE FINANCE COMMITTEE

**SENATE BILL 448: MARYLAND MEDICAL ASSISTANCE PROGRAM—
SELF-DIRECTED MENTAL HEALTH SERVICES—PILOT PROGRAM**

February 11, 2025

POSITION: SUPPORT FAVORABLE

I ask you to support SB448 with a favorable report. My name is Lauren Tenney, and I am a psychiatric survivor. I was first institutionalized in a psychiatric facility at the age of fifteen in New York State, a state that has since successfully implemented self-directed recovery services. Now, at fifty-three years old, I have been a resident of Maryland since the end of 2023. I serve as a member of the federally mandated Protection and Advocacy for Individuals with Mental Illness Advisory Council (PAIMI Advisory Council, PAC) coordinated by Disability Rights Maryland. However, I am not testifying on behalf of the Maryland PAC. Instead, I speak from my own experiences, which include three decades of working as a human rights advocate, particularly for people with psychiatric histories, with the overarching goal of eliminating forced, court-ordered, compelled, and coerced psychiatric involvement. I am a research psychologist, with specialized training in environmental psychology, focusing on how our environments shape our experiences. Additionally, I am a trained public administrator.

SB448 provides important solutions to Marylanders that the current system fails to provide, taking a crucial step toward a more responsive service delivery system. Forced treatment is a clear failure of the system. When access to services that are self-directed exist, the violence of forced psychiatry will be diminished. One effective way to minimize coercion is by ensuring that the services individuals seek are easily accessible to them, without the unnecessary cumbersome processes that often hinder access.

Maryland Senate Bill 448 (2025) marks a significant shift toward voluntary, community-based involvement with mental health services. SB448 is a vital step in empowering individuals to take control of their lives by providing them with the decision-making authority to select their service providers and vendors. It ensures autonomy by allowing individuals to choose services that best meet their needs. Additionally, SB448 also gives individuals authority over how funds in a self-directed services budget are allocated, maximizing opportunities for individuals to live

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independently, in the most inclusive community-based settings of their choice. By promoting both medical autonomy and community integration, the bill supports individuals in maintaining and improving their health and quality of life while enabling them to make decisions regarding services and supports they desire. The emphasis on choice and control is key to fostering the ability of individuals to thrive within their communities. If Maryland had an Olmstead Plan—which should already be in place—the program that is detailed within SB448 would fit with the spirit and law of the Olmstead integration mandate. Individuals with disabilities, including mental health disabilities, must have the opportunity to live in the least restrictive, most integrated setting possible. SB448’s focus on empowering individuals to choose their services, live independently, and thrive in community-based settings directly supports this principle. By facilitating access to self-directed care and prioritizing autonomy, SB448 would be a step toward fulfilling the Olmstead integration mandate’s goal of promoting full integration and participation in the community for individuals with disabilities.

Human Rights and dignity are fundamental in any medical interaction, particularly within psychiatric services. SB448 promoted self-directed care, empowering individuals with greater control over their mental health decisions, in line with values of personal freedom and autonomy. When individuals are provided with the care they need, the likelihood of being forced into highly coercive involuntary situations, such as involuntary institutional care or involuntary outpatient commitment, is reduced. This, in turn, lessens both the human rights violations and financial costs associated with such measures. In this way, SB448 presents a cost-effective alternative to programs that incur significant human rights and financial costs. The bill also includes built-in accountability and transparency, with required program evaluation to ensure data-driven decision-making. This allows lawmakers to assess the effectiveness of the program before considering future expansion.

In addition to enhancing human rights and dignity for individuals who will have the right to self-direct their involvement with psychiatry, SB448 limits government overreach, aligning with personal liberty principles. Investing in voluntary, community-based alternatives is more cost-effective than constructing or using existing institutional settings, whether in or outside of the community. For lawmakers focused on government efficiency and fiscal responsibility, the bill offers a cost-effective alternative to long-term psychiatric institutionalization by promoting non-coercive care models. It aligns with principles of personal freedom by promoting medical autonomy.

Those who can afford to pay for mental health services out of pocket already have the privilege of making choices about the types of care they receive. However, we know that race, class, sex, gender, sexual orientation, religious/spiritual experiences, and other forms of disability impact court ordered psychiatric involvement. Marginalized communities—particularly those who are Black, Indigenous, People of Color, LGBTQI2SA+, the young and senior citizens, and those

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who are experiencing poverty—face a disproportionate rate of psychiatric treatment. This systemic inequality is often compounded by racial bias, classism, and lack of access to voluntary care options. SB448 seeks to dismantle these barriers by ensuring that all individuals, regardless of their background, make their own choices about the services that they define as best meeting their needs. This bill aims to level the playing field and ensure that all individuals, especially those from historically oppressed groups, have access to the same autonomy and decision-making power in their involvement with Maryland’s mental health system.

While I will always approach psychiatry with a critical lens, SB448 offers a real opportunity to ensure that medical autonomy is genuinely respected, not merely offered under the guise of ‘self-direction.’ By empowering individuals to make their own care decisions and avoid coerced treatment, SB448 offers a path to reforming a system historically built on surveillance, forced treatment, and control. This concern is valid, given that the mental health system can never be truly voluntary, as it has always functioned within a structure of surveillance, forced treatment, and paternalistic decision-making. True self-determination cannot exist within a system that retains the power to institutionalize, drug, and control people under psychiatric diagnoses—both in institutions and through involuntary outpatient commitment in the community. These critiques underscore why a bill like SB448 is so urgently needed.

Supporting SB448 is not just about reforming Maryland’s mental health system, it is an opportunity to ensure that no one is denied their autonomy, dignity, and freedom. In a world where the voices of those most impacted are too often silenced, SB448 offers Maryland an opportunity to make a powerful statement: the right to self-determination is not a privilege, but a fundamental human right

Thank you for the opportunity to respond to Senate Bill 448. I urge you to vote with a favorable report on Senate Bill 448. I am available to discuss any questions or concerns you may have.

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