



Maryland Behavioral Health Coalition 2018 CANDIDATE QUESTIONNAIRE

The Maryland Behavioral Health Coalition respectfully requests that you respond to the questions below on issues related to mental health and substance use disorders. The Maryland Behavioral Health Coalition is a diverse mix of nonprofit organizations working to ensure that individuals with mental health and substance use disorders have access to quality care and services that meet their needs.

To educate voters impartially and on a nonpartisan basis, complete candidate responses will be published verbatim on the Maryland Behavioral Health Coalition website (<http://keepthEDOORopenMD.org/>) on October 16, 2018. To meet our publication deadline, your responses must be received no later than October 12, 2018. If you do not respond, the publication will state Did Not Respond.

Questions and responses will be used in compliance with all IRS rules for 501(c)(3) organizations.

Please respond to each question in 200 words or less, and submit completed questionnaires to Dan Martin via email at dmartin@mhamd.org.

Thank you for taking the time to complete this questionnaire, and for taking the opportunity to communicate your views on behavioral health issues and policy.

Candidate Name	Andrew J. Barnhart
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1. What would you propose to reduce stigma associated with mental health and substance use disorders?

Providing better education on mental health is one way. Many people misunderstand mental health because they do not have all of the facts. But education alone will not eliminate stigma surrounding mental health. We need programs that empower people and help to foster strong social connections. When there is a good support system in place, it makes it a lot easier to deal with mental health issues.

2. What strategies would you employ to reduce overdose deaths and suicides?

First, we have to understand that the means of suicide attempts matter. Different kinds of suicide attempts have different success rates. For instance, firearms have a higher success rate than pills, 95% and 5% respectively. Therefore, tackling suicide attempts requires a targeted approach. To reduce firearm suicides, we should look to various ideas such as voluntary firearm buyback programs that have seen enormous success in Australia.

3. What specific initiatives would you propose to better address the prevention, early intervention and treatment needs of children and youth living with mental illness and/or substance use disorders?

I will support increased initiatives that focus on school and campus based mental health services. Moreover, I will also support better transition services for individuals with mental health challenges who are transitioning from education into public life and the workplace. These services will be made available in our public schools and other insitutions as necessary. We need to remove as many barriers as possible in order for our young children to get the resources they need.

4. Maryland's older adults are the fastest growing demographic with unmet mental health and substance use disorder needs. How would you address the behavioral health needs of this population?

The National Alliance on Mental Illness calls for non-discriminatory continuum of community-based treatment, housing and other supports for older adults. This call extents to Medicare, Medicaid, public and private health care providers. We need further research on mental health issues and aging, and more effective collaboration between advocates of older adults and advocates for persons with mental illnesses. I agree with such actions and will set about bringing them forward.

5. What would you do to increase the availability of mental health and addiction providers in the state?

Clearly more funding needs to be dedicated to mental health, especially in the rural regions of the state where such resources are lacking. There are also several changes that need to be made to the ways in which we already provide what little access we already have. For instance, an individual who takes their medication and does well on this medication should not be switched to another medication just because it is a cheaper option. This has happened in my own family. The practice of private insurances dictating what medical treatments are appropriate for individuals based on a price tag must stop.

6. How would you ensure health insurance plans are in compliance with existing behavioral health parity laws and educate consumers about their rights to equitable mental health and addiction coverage?

The complexity of insurance systems makes it more difficult to see whether or not these systems are complying with behavioral health laws. We have to work on bringing down these barriers and cutting through the red tape to open these services to more people. Streamlining the process would mean taking a more integrated holistic care approach. In addition, we need to better establish minimum standards for health insurance coverage. Where ever someone gets their insurance, we must ensure that they are covered for mental illnesses that are equal to other medical disorders.

7. What would you do to ensure that low income individuals with mental health and substance use disorders have access to safe, stable and affordable housing?

Push towards housing for all. Look at programs that provide free public housing with no drug testing requirements. In many instances, providing free housing is much more cost effective than it is to keep individuals with substance use disorders out on the streets. I will look into making legislation that minimizes burdens on those who are low income and dealing with substance use disorders.

8. What strategies would you employ to address the overrepresentation of individuals with behavioral health needs in Maryland jails and prisons?

End the cash-bail system, often times individuals with behavioral health needs do not have adequate funds necessary for bail and thus are forced into prison. Instead, there needs to be more effective risk and needs screening and assessment process in order to develop specialized treatment plans for those with behavioral health needs.

9. Given the continuing rise in demand for mental health and substance use disorder services, what steps would you take to move Maryland toward a system with true on-demand access and comprehensive behavioral health crisis response services?

One move we need to make in Maryland is establishing a Maryland Medicare-for-all system that would include mental health and substance use disorder services. Healthcare is a human right, and this includes mental health. An adequate Medicare-for-all single-payer health system must include mental health services. Access to these services should not be based on one's ability to pay.