

QUESTIONS:

1. What would you propose to reduce stigma associated with mental health and substance use disorders?

We can't legislate a change in cultural attitudes, but the state legislature can absolutely facilitate such a shift by funding public awareness campaigns that encourage people to seek treatment for mental health issues and addiction, as well as encourage others to be supportive of those who do. This past year a University of Maryland student was barred from returning to her own campus housing after voluntarily seeking help for a mental health episode—I think that's an example of thoughtless stigmatizing of such issues that ultimately do more harm than good. I would advocate we adopt the Talbot County program that provides spaces for therapists in schools.

I believe we as a nation should decriminalize drug use akin the Portugal model and focus our efforts on treatment and rehabilitation—ending the legal penalties for usage will go a long way to ending the stigma of addiction. .

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

Fentanyl test strips should be distributed to at-risk populations, and I believe the state should make sure all Emergency Responders have access to Naloxone (Narcan) so they can quickly save lives of overdosing patients. We also need to engage peer-to-peer mental health advocates who can counsel members of their own communities. We need a robust public outreach campaign to let people know there is help available to them, and inform them of where they can go.

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?

As cited above, we should copy the Talbot County program statewide. The program mandates spaces be provided in schools for counselors and therapists to meet with student patients, at no additional cost to the state. It sounds simple, but it has a significant impact by making less disruption to a student's school day and also showing peers that attending counseling is nothing to be stigmatized, it's a healthy thing to do.

We also need better training programs for police and other first responders that teach how to cope with distressed individuals better. We've seen far too many tragedies occurring nationwide where such persons were harmed or killed when better recognition of their distress and training on de-escalation might have made a huge difference.

Substance abuse is connected to mental health; increased focus on mental health treatment will reduce substance abuse. Again, we can't legislate a cultural change, but can support change with legislation for educational/awareness programs;

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 health of our seniors is an issue that strikes a deep chord in me: my father suffered a significant stroke two years ago, and since then I have watched his mental state deteriorate. And it doesn't just impact him, it impacts everyone in our family. The peer-to-peer advocates/outreach program I mentioned above would be particularly important for seniors, who often feel very isolated. We must incentivize groups to publicly discuss mental health of senior citizens in healthy, non-stigmatizing ways;

In Worcester county, the MAC center is running pilot program in Ocean Pines that does wellness checks on seniors, a great idea that should be emulated state-wide. Also, research has shown a correlation of access to cannabis for medicinal/pain management purposes and lower instances of opioid addiction. Given the growing prevalence of senior substance abuse, there is great potential here for reversing the trend.

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

We absolutely should incentivize such professionals to move to the Eastern Shore. Student loan debt is outrageous, and we can explore programs whereby the state helps reduce or eliminate said debt for such professionals. I also support targeted grants from the state to our most rural and economically-disadvantaged areas to help them bring in providers to their areas.

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?

As a legislator, I will fight to ensure parity remains in Maryland, even if those at the national level cut it from the Affordable Care Act. To that end, we must ensure the Maryland Insurance Administration and the governor's appointed Commissioner do their jobs and are held accountable. I will absolutely vote to fund educational programs for the state that reach schools, senior communities, high-risk populations, etc.

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?

We have a major housing crisis in Maryland and in the country as a whole—the lack of wage growth is hurting people's ability to afford increasing rents. The pressures and stresses of struggling to afford housing impacts a person's mental well-being, and homelessness is tied to substance abuse. We need more affordable housing and to create multi-income housing; Salisbury instituted a plan for chronic homelessness by giving such persons a home and doing regular wellness checks—this program saved city significant money on emergency care and incarceration costs. We should replicate this statewide!

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

We must focus on a “treatment first, incarceration last” mentality; By not having enough mental health resources available to the public, people without actually means hope their kids who have mental health issues are put in jail to get the treatment they need, which is tragic. Once again, we need better training for police, and we must stop the school-to-prison pipeline. This creates a cycle of hopelessness and desperation.

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?

Due to the largely rural makeup of Eastern Shore communities, getting mental health to each community will rely a great deal on new technology; The Health Department in Caroline County actually found that older adults are more willing

to speak to therapists via Facetime or other electronic means than to physically go into an office. We can incentivize this kind of interaction as a great option for those with transportation and mobility issues. Tying into that: I am a big supporter of expanding broadband internet access to our most remote communities. It's vital for economic development, but it will also expand the reach of our mental health and substance abuse services.