

Candidate Name: Ian Schlakman
Office Sought: Governor
District: Statewide
Campaign Contact: Brian Bittner
Campaign Contact Phone: 443-487-6931
Campaign Contact E-mail: schlakmancampaign@gmail.com

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

A: We consider substance use disorder a public health issue, not a criminal issue. We believe many people suffer silently with substance use disorders because they feel arrest or prosecution for substance use. We advocate legalizing and/or decriminalizing drugs and treating addiction and abuse from a public health, not criminal, perspective. We advocate a regional approach to universal, single-payer health care in which Maryland would partner with other nearby states to create a state-run healthcare program with a scale large enough to create significant costs savings and provide care to every Marylander, regardless of their employment status or age. Under this system, we feel that seeking treatment for mental health and substance use issues will be much easier, much less stigmatized, and much more effective.

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

A: Once opiod and other drug use were separated from the criminal justice system and treated as public health concerns, overdoses will drop significantly once substance users and those close to them are no longer afraid to approach law enforcement and first responders for fear of arrests and prosecution. As long as state law enforcement agencies continue to promote the number of arrests and prosecutions of drug users and sellers as PR, we can never build the trust we need with communities to keep them save from this public health crisis. We feel that under a single payer-health care system mental health treatment can become widespread enough to have a significant impact on the number of suicides completed every year. We will also institute a basic income guarantee, or a monthly payment of \$1,000 per Marylander per month. We believe that economic conditions are linked to mental illness and suicide, and our goal will be to abolish poverty in Maryland. We believe this will greatly decrease the number of completed suicides in Maryland.

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?

A: We believe that the current for-profit model of health care is irredeemably broken and must be replaced with a model of comprehensive care. Specific initiatives for children and youth are reliant on the availability of a patchwork of funds and are by definition means-tested, with children no longer eligible for certain programs once they reach a certain age. We will establish a regional single-payer health care program to provide comprehensive for all Maryland residents beginning at birth. Providing comprehensive, uninterrupted coverage throughout the life of all Marylanders is better than relying on a patchwork of means-tested 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?

A: We believe that the current for-profit model of health care is irredeemably broken and must be replaced with a model of comprehensive care. Specific initiatives for older adults are reliant on the availability of a patchwork of funds and are by definition means-tested, with older adults only eligible for certain programs once they reach a certain age. We will establish a regional single-payer health care program to provide comprehensive for all Maryland residents beginning at birth. Providing comprehensive, uninterrupted coverage throughout the life of all Marylanders is better than relying on a patchwork of means-tested programs.

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

A: We believe that two of our major proposals - a regional single-payer health care plan and a universal basic income - will dramatically alter the availability of health care providers in Maryland. We will initiate a millionaire's and billionaire's tax to fund these programs, which will make millions of new dollars available to fund new health care programs and positions and ensure full funding of existing programs. Current providers will now be supplemented with a \$1,000 per month basic income guarantee, which will either help them continue to do their work mental health and addiction providers with increased stability of a supplemental income, or allow them to work part-time while they pursue other interests, opening up their positions to new providers who can develop their skills.

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

A: We support a regional single-payer health care plan for Maryland and neighboring states, and National Improved Medicare for All. We believe the for-profit health care system is irredeemably broken and can offer no solutions to fix it short of eliminating all profit motives from health care and declaring it a human right. This will be a massive transition to a completely new model of health care but it is one that needs to happen. In the education campaign around the new single-payer model of health care we will focus extensively on educating Marylanders about their rights to health care regardless of their employment status or ability to pay for it, and make all options for mental health care and addiction coverage crystal clear.

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

A: We believe housing a human right and have two major ways to promote access to safe and affordable housing. We advocate a basic income guarantee of \$1,000 a month for all adult Marylanders regardless of age, employment or ability. The purpose of this monthly payment is to ensure that all Marylanders can afford basic housing, food, and utilities even if they are unable to

work. We also want to greatly expand the availability of affordable public housing in Maryland. We plan to enforce unenforced occupancy and residency rules that require owners to occupy or rent housing within a reasonable timeframe. When we find absentee owners who fail to meet these requirements we will use state authority to gain control of those units and transform them into state-owned, fairly priced public housing.

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

A: We believe that drugs should be legalized and/or decriminalized, and that as part of ending the failed War on Drugs incarcerated individuals being held for drug use and minor drug sales should be exonerated and released from prison. According to U.S. Bureau of Prisons statistics, approximately half of the all people incarcerated in federal prisons are there for drug-related offenses. We can immediately decrease our prison population and our prison treatment needs by about one-half by ending the failed War on Drugs today. In addition, we will emphasize that incarcerated individuals are entitled to the same human right to medical coverage as non-incarcerated people, and that they will be eligible for the same comprehensive single-payer health care coverage that we will fight for for all Marylanders.

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 to comprehensive behavioral health crisis response services?

A: We will ensure that behavioral health crisis response services are covered within the universal, single-payer health care coverage we will fight for for all Marylanders.