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

Behavioral health affects the entire population. It does not discriminate based on age, race, gender, etc. No one is immune and we cannot pretend that it can and will not happen to us because it can. A powerful way to reduce stigma is by elevating the voices of individuals and their families who suffer. I also support a strong, proactive education program that touches all age groups and encourages awareness of the issue and the help available.

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

Treat addiction as a mental health issue and not a criminal issue.

Hold doctors, pharmacists and drug companies accountable for the overprescription that is facilitating this addiction crisis.

Support Naloxone training to save people who overdose. This training needs to be expanded and publicized. It's easy to learn, and it has saved so many lives. We need to make sure it's widely available throughout the community. I'm trained and you should be too!

Reduce the stigma associated with addiction. We need to partner with organizations that shatter the stigma surrounding Substance Use Disorders and support their great ideas for fighting against this crisis.

Open inpatient local treatment centers in Howard County to ensure access to timely treatment close to their support network. Expand programs like the Overdose Survivor Outreach Program (OSOP) that give those who overdose a consistent point of contact to handle their treatment needs and give help before it's too late.

Work to support families of addicts so they can support their family members as they work toward recovery.

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?

Offer universal behavioral health screening and treatment in schools, a recommendation I voted for in Howard County while serving on the Behavioral Health Task Force.

Improve mental health parity laws because lack of parity today has devastating impacts. Reduced coverage means increased cost to patients which leads to people avoiding or delaying care. Lack of parity reduces care options and limits provider availability. Paying mental health care providers at lower rates and making them go through extreme hoops to get compensation for services leads to a dearth of providers who will take insurance. Lack of covered providers can delay services or prevent many from getting services until they are in crisis.

Establish effective prevention efforts in schools and communities, including increasing the availability of rapid access services, such as partial hospitalization and intensive outpatient treatment for individuals in crisis.

Invest resources in educating families on the accessibility of substances, both in the home and the community. Many overdoses can be attributed to what individuals with an addiction can find in the medicine cabinets of their loved ones. Educating individuals about how to monitor the storage of drugs within the home and where/how to dispose of them can save lives.

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?

Many of the strategies for meeting the needs of older adults with mental health and substance use disorders can be met through partnership. Behavioral health and aging service providers that partner can offer coordinated health interventions through early detection of addiction symptoms. A more coordinated health network can also expedite a provider's ability to link older adults to specialists that treat the health effects of high-risk medication and alcohol use, depression, anxiety, and suicide prevention. Primary care providers can also benefit by participating in these partnerships and deliberate efforts to incorporate them are critical.

Aging services and behavioral health providers have a unique opportunity to work with hospital networks, managed care organizations, and other providers to leverage their expertise in community-based care settings and meet the needs of older adults.

Incorporate prevention, assessments, and screening into primary care, in-home, and community-based services that seniors access.

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

The state should review its reimbursement rate structure and meet with providers to adjust rates appropriately in a way that makes it more feasible to operate a practice. One significant way we can do this is to make more services billable to Medicaid. My experience as a local government

legislator taught me that the more flexibility providers have with billing, the more individuals they can serve with the most effective treatment. I also want the State to do more to support local government efforts to intensify outreach to recruit and retain providers. Local Health Departments exist in part to facilitate the establishment of treatment programs tailored to the needs of its residents. Targeted recruitment and retention strategy can work well emphasized and funded appropriately.

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?

I would intensify Maryland Insurance Administration regulations as a means to impose parity laws and review reimbursement rates for behavioral health providers. In terms of educating consumers, we should bring more navigator services to health agencies and hospitals to assist people with finding a treatment that maximizes their insurance coverages.

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?

Ultimately what we need is universal health care with mental health (including substance abuse) parity. In the meantime, I support direct government loan funds to affordable housing projects that incorporate wraparound services and case management. I believe it is absolutely vital to have an effective treatment continuum so that individuals who cannot live independently have appropriate residential inpatient treatment options to support them during recovery. Finally, I would like to see the state invest more in recovery housing, which includes making these services billable to Medicaid.

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

I believe a spectrum of treatment options is needed that include residential options. Drug abuse needs to be seen and treated as a medical issue, not a criminal issue. I would like to see us expand and vastly improve the treatment for addiction in jails and prisons in addition to implementing effective reentry programs. I would also like to see a mental health court established that can address these cases fairly and effectively.

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?

Again, ultimately what we need is universal health care with mental health (including substance abuse) parity. We should support local government efforts to intensify outreach to recruit and

retain providers. In addition, many crisis-related services are not Medicaid billable, which can make it cost prohibitive for local governments and private providers to invest in these services