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**Maryland Behavioral Health Coalition**  
**2018 CANDIDATE QUESTIONNAIRE**

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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](mailto: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.

<b>Candidate Name</b>	<b>Karen Lewis Young</b>
<b>Office Sought</b>	<b>House of Delegates</b>
<b>District</b>	<b>3A</b>
<b>Campaign Contact</b>	<b>self</b>
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1. What would you propose to reduce stigma associated with mental health and substance use disorders?

*More training and education is needed to reduce the stigma associated with mental health and substance use disorders. We need to raise the awareness of the relationship between the two and treat mental health the way we treat physical health.*

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

*We need more providers and more funding streams in order to reduce overdose deaths and suicides. Mental health resources are scarce and the stigma reduces utilization of the capabilities that exists. We need more innovative programs that will increase offerings and accessibility.*

*In particular, we need some changes to the way that incarcerated individuals can access treatment. Those who have been clean while in jail are not able to obtain Medicaid funding once they are released. This very vulnerable population is falling between the cracks for affordable treatment after release.*

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?

*Telemedicine has been a very successful strategy for addressing prevention, early intervention and the treatment needs of children and youth living with mental illness and/or substance use disorder. There is an effective program in Western Maryland under the direction of the University of Maryland. They have access to all of the patients' medical records, which assists in diagnosis and treatment.*

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?

*We need greater outreach efforts in order to identify older adults with unmet mental health and substance use disorder needs. Frequently, they are living an isolated existence, which exacerbates the problem. They may frequently need greater socialization as well as information about other services. Often, they do not understand the risks of interaction of the medications that they are taking. This population is very trusting of their physicians and they are often hesitant to ask questions.*

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

*In order to increase the availability of mental health and addiction providers in the state we need to increase funding. In addition, we should support more education and training programs that will assist people who are interested in working in this field.*

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?

*In order to ensure that health insurance plans are in compliance with existing parity laws, we must provide greater scrutiny of the parity guidelines. Mental Health Treatment and Substance Abuse Treatment need the ability to bill for simultaneous services. Patients need to be counseled on this ability at the point of treatment.*

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 need to increase funding for local agencies to establish, operate, and/or expand Housing First Permanent Supportive Housing Programs like the Housing First Program operated by the Frederick Community Action Agency should be expanded. Local agencies need funding for supportive services like Case Management and, more importantly, for housing subsidies (some way to pay the rent or at least 70% of the rent and utilities if units are rented on the open market).*

*Pathways to Housing from New York City first developed the Housing First model. Here is a link: <https://www.pathwayshousingfirst.org/>*

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

*We should implement a system of Mental Health Courts in order to address the overrepresentation of individuals with behavioral health needs in Maryland jails and prisons. The dual diagnosis of this population is at about 80%.*

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?

*Each year legislation is introduced to address the issue of moving Maryland toward a system with true on-demand access and comprehensive behavioral health crises response services. Only a small portion ever gets passed. We need crisis response for all behavioral health issues. This means a safe crisis spot for 72 hours while longer-term treatment can be found. While we have some mobile crisis walk-ins, they are not operated on a 24/7 basis. In particular, we have very few options for detox facilities that treat substance use disorders.*

*In addition, we need to break down the silos. Further work needs to be done within the Behavioral Health Administration to further integrate mental health and substance abuse treatment.*



