

# 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://keepthedoormapenmd.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.

**Candidate Name:** Katie Fry Hester

**Office Sought:** State Senate

**District:** 9

**Campaign Contact:** Frederick Curtis

**Campaign Contact Phone:** (404) 488-6571

**Campaign Contact Email:** [fred@ctk.solutions](mailto:fred@ctk.solutions)

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

I would support starting a public information campaign aimed specifically at educating the public and reducing stigma surrounding this important health issue. If we coupled this with routine screenings and an improved awareness in schools, we could help the next generation of youth to be free from the stigma associated with mental health diagnoses.

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

First, I would encourage the use of overdose prevention medications like naloxone by opening access to these lifesaving drugs to a broader set of individuals in more settings. In addition, I think increasing affordable access to healthcare screening (including mental health), would go a long way to help individuals struggling with mental illness receive treatment before it is too late.

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.

To reach children with mental illness and/or substance use disorders, we must go where children are. School mental health programs should educate children, teachers and parents on mental health disorders so they are better able to recognize signs and symptoms. I would like to provide more funding for mental health screening and intervention in schools. Currently we have a shortage of providers who accept insurance or are accepting new patients without long waits. We must find a way to provide better access to care.

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?

Addressing the behavioral health needs of older adults is an issue I take very seriously. According to a 2012 study on older Americans, 70% of adults with mood and anxiety disorders did not use mental health resources. This was especially pronounced for racial minority/ethnic groups, individuals not comfortable discussing personal issues, and middle/low income individuals.

To reduce stigma, we need to provide resources to educate older populations on the need for mental health care. We must also fund more research on the factors that predispose people to avoid the mental health services available to them. Using a well-designed instrument and screening process, doctors could identify risk factors in patients and try a variety of early intervention/preventive methods to get older Americans the mental health care they need. In addition, healthcare (specifically mental healthcare) needs to be made more affordable and accessible for all Americans.

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

I will work diligently to make the Maryland healthcare market work for consumers, so that people with mental illness and those struggling with addiction can get access to affordable healthcare. We need to increase the reimbursement rates for behavioral health services to overcome the deficit of providers. I would also like to increase access to alternative forms of mental health treatment like crisis and telehealth services to address short term needs.

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?

I would support additional resources to investigate and rectify cases of noncompliance with parity laws as a consumer protection effort. Additionally, I would like to see more public outreach done by the Maryland Department of Health (or another qualified

department) about consumer rights to equitable mental health coverage.

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 should provide well connected, wrap-around services that help low income individuals with mental illness/substance use disorders receive treatment, find affordable housing, and maintain a stable job. There needs to be somewhere for suffering, addicted individuals to go besides the hospital or jail. This is a major concern in Howard and Carroll Counties which I look forward to working on.

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

According to research, jails and prisons are the largest provider of mental health services in the U.S.– the rate of mental illness among people in jail is five times higher than among the non-imprisoned population. We need to identify mental illness early through screening and assessment. We need to make crisis services more widely available in the community and in the legal system. Courts and jails need to be better equipped to handle people with mental illness. We need options to divert people from the criminal justice system to appropriate treatment. Competency evaluation wait times need to be shortened. We need to connect people with mental health needs to community services once they are released from prison.

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?

A comprehensive behavioral health continuum would start with early identification, integrated into the school system (such as how vision and hearing screening are done now). This must be paired with school resources to provide treatment for problems identified early, before they get worse. In addition, we need partnerships with the private sector to increase the availability of providers and improve their reimbursement rates. I have 20 years of experience working in partnership building, and I know that if we can connect key players with one another and broker partnerships that are mutually beneficial for all involved, we as a state can provide a robust set of services that help this vulnerable, often forgotten part of our community.