

Maryland Behavioral Health Coalition
2018 Candidate Questionnaire

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

My office would work with District 37's core service agencies, Mid Shore Behavioral Health and the Wicomico County Core Service Agency, and the Mental Health Association of the Eastern Shore to support and maximize attendance at annual anti-stigma events and, with regard to substance use disorder, build on the community awareness begun with last year's Talbot Goes Purple event and the spreading of this model to other shore counties this fall. It was useful to my understanding of stigma to have participated in The Anti-Stigma Project's "Stigma...in Our Work, in Our Lives" workshop in Tilghman this spring to more fully appreciate the dimensions of stigma and ways to overcome it. It is clear that stigma is a significant obstacle to early intervention, community support for recovery and resilience, and funding for behavioral health, which is as essential to overall health as physical health.

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

Very important in reducing overdose deaths and suicides is the recognition of the conditions that lead up to these tragedies requiring preventative mental health intervention. Since resources have been channeled to Emergency Medical Services and law enforcement, it is important to the greatest extent possible to embed behavioral health personnel within these

efforts to provide an integrated approach to the response to 911 and crisis calls.

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?

Programs which identify and provide intervention with families with mental health disorders and behavioral health issues, even prior to childbirth, can begin to provide the support needed to help with bonding with newborns and to provide support if post-partum depression occurs. For early intervention, Child Find identifies pre-schoolers and special needs children especially living with problems with development. Judy Centers offer a holistic approach to prepare young children for school, help adults become better parents, and identify children and youth living with mental illness. Providing these programs with the resources they need should be a priority.

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 community should be made more aware that in home evaluations by licensed clinical social workers can help determine the supports needed by older adults and arrange for appropriate services. Senior Centers must be supported and obstacles to transportation services of older adults living with families need to be addressed to maximize the opportunity for older adults to use needed services. Respite programs allow for older people to be admitted for short stays in nursing homes not only to give families relief from caregiver responsibilities but allow for an assessment to be made to identify and treat any physical and behavioral health issues. Behavioral health should be an important priority for assessment and referral for service in all these programs.

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

The National Health Service Corps awards scholarships and provides loan repayment to primary care providers in eligible disciplines. Increasing participation can help strengthen and grow our local behavioral health provider workforce. My legislative office would help disseminate information about the program and support the efforts to recruit individuals interested in careers in behavioral health who can be expected to work locally in underserved counties of Wicomico, Dorchester, and Caroline and the Bay Hundred area of Talbot.

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?

The real obstacle to private health insurance coverage for behavioral health services resides in unaffordable deductibles and co-pays which are a part of most insurance plans, and put sustained care out of reach for most individuals. With regard to issues of parity, the Insurance Commission is responsible for assuring parity. My office would support local efforts to increase public awareness of requirements for insurance parity to increase consumer knowledge and advocacy in this area of patient's rights.

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?

Fundamental to access to housing for individuals with mental health and substance use disorders is an assured income stream. To address this matter the SOAR program should be promoted. SOAR (SSI/SSDI Outreach, Access, and Recovery) is designed to increase access to SSI/SSDI for adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

8. What strategies would you employ to address the overrepresentation of individuals with behavioral health needs in Maryland jails and prisons? Decriminalization of non-violent crimes, particularly those associated with substance use; diversion programs which support behavioral health treatment in lieu of incarceration, psychosocial programs which support those discharged from Eastern Shore Hospital; and providing adequate funds and bed capacity in state hospitals to provide needed inpatient care required by the magnitude of this pattern of systematic inappropriate placement of individuals housed in state facilities.

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 best practices model of episodic rather than maintenance care would allow the existing behavioral health providers to care for increasing numbers of individuals with mental health and substance use disorder services. Of particular concern is the shortage of psychiatrists and nurse practitioners capable of prescribing medications.

I cannot neglect to mention the importance of electing legislators to the Maryland General Assembly who will actively work on a scale of what is required to meaningfully improve access to behavioral health in particular, and health care in general. The vote by Addie Eckardt against Medicaid expansion (HB228) essential to the viability of private behavioral health organizations, against prescription drug price gouging (HB631), against paid sick leave (HB1) and against the red flag law (HB1302) are anathema to the cause of public health. I worked in public health for 20 years at the state and regional level and would be an effective advocate, particularly as a member of the majority party, for the interests of the public health of the people of the mid shore.

