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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>	Karen P. Simpson
<b>Office Sought</b>	House of Delegates
<b>District</b>	31B
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1. What would you propose to reduce stigma associated with mental health and substance use disorders?

Education is the key to reducing stigma associated with mental illness and substance abuse disorders. Laws should be written to include educational campaigns to correct misinformation and negative stereotypes. We must fight negative attitudes and stigmas with facts. Education must challenge cultural stigmas and disparities.

Educational campaigns must include testimonies of relatable people struggling with and coping with substance abuse and mental illness. These campaigns should be introduced in schools as well as minimum mandatory training for human resources staff at governmental agencies and large businesses to increase empathy, compassion and understanding based on factual information.

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

My brother died by suicide in 1989. Maryland needs a better mental health system to screen and respond to overdoses and suicides. Maryland does not have enough behavioral healthcare providers or programs to meet the needs of Marylanders. Maryland must fully fund crises intervention, educate emergency personnel on how to properly respond to behavioral health crises and our crisis workers should not have to worry about payment for services.

Maryland's budget should reflect Maryland's commitment to behavioral health. We also need to work with our behavioral health professionals to develop enforceable common sense gun safety measures.

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?

Early assessment and intervention is crucial to treating children and youth living with behavioral health disorders. Sadly, children with mental health issues are more likely to use drugs and alcohol. We need training for teachers and other professionals working with youth to be aware of early signs and symptoms. It is important to develop communication links and partnerships between the schools and behavioral health programs.

Peer support initiatives are effective in providing support to children and their families. Family support must be part of all key initiatives.

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?

Behavioral health services must be as easily accessible and available to all ages regardless of where they live. Behavioral health is just as important as physical health. As our bodies change with age so does our mental health. Mental health geriatric assessments should be as easily accessible as yearly physicals.

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

Maryland lacks a healthy behavioral health infrastructure. Maryland has a provider issue. We need to take a hard look at our behavioral health structure to develop layers of professionals, credentialing and providers to allow Marylanders to get the help they need when they need it.

Investing in mental health services saves State money by reducing costs and the need for costly crisis care, hospitalizations and mental illness induced physical ailments.

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?

Technology and government oversight may help with monitoring compliance with the Affordable Care Act and the Mental Health Parity and Addiction Equity Act and consumer education requirements.

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 move from a reactive to a proactive system of care. The goal should be to provide support to individuals and their families in the least restrictive, most cost effective and most independent environment.

Unfortunately, behavioral health like chronic physical health can lead to loss of work and loss of pay which can lead to loss of housing. Individuals and their families need access to case managers to assist with managing expenses and assistance during flares and relapses.

Affordable housing is an issue everywhere in Maryland and needs more than a 120 word answer. Recovery services should include supportive housing and transition to housing for working individuals coping with behavioral health issues.

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

By investing in behavioral health services, early interventions and public awareness campaigns, we hope to reduce the number of individuals with behavioral health needs in our prison population. By demonstrating the cost effectiveness of treatment versus incarceration, we hope to increase funding for programs. Our investment in behavioral health would improve care coordination and save money by preventing mental and substance health crises that lead to crime and imprisonment. Peer support services and supportive housing are more cost effective and have been proven effective in keeping persons with severe mentally illness out of 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?

Maryland needs to take a hard look at our behavioral health infrastructure. Maryland must invest in prevention to reduce deaths and incarceration. Maryland must also invest in screening, early intervention and treatment, and recovery services to provide a supportive wrap around service for our neighbors with mental health and substance abuse issues.