Q1: Name: Art Sherwood

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Q6: Medicaid is the most important state program for mental health care because it provides a broad array of recovery oriented mental health services, some of which are not available through other types of coverage. Current federal law allows Medicaid to be available to uninsured people based on income alone. What are your views on making Medicaid available for uninsured households up to 138 percent of the federal poverty line?

I believe in the universal right to healthcare, and see Medicaid as an essential step to providing that healthcare in a cost-effective manner. The provision of Medicaid up to 138 percent is a start that I would heartily support.

Q7: Public mental health programs provide vital services, including crisis response, psychiatric hospitalization, and intensive services and supports to children and adults who are uninsured or who need services not covered by private health plans. What will you do to provide stable and adequate funding for public mental health programs?

The well-intended move to community-based mental health care of decades ago had the unintended consequence of taking away most mental health support services. We must face this crisis head-on and provide appropriate services and supports to allow the maximum degree of autonomy for those folk. Prevention is more cost-effective; I will work to provide maximum support for such.

Q8: With federal rules for mental health and substance use parity now in effect, it is crucial to make sure that health insurance plans fully comply with federal and state requirements to provide equal access to care. What are your plans to make sure that health insurance plans comply with parity requirements for mental health and substance use care?

I will work with others to assure that efforts to enforce compliance have adequate enforcement resources. Changes made in NC over the past few years have had a devastating effect on people seeking treatment for Alzheimer's disease; changes in Medicaid compensation have effectively shut down availability in NC for those on Medicaid, an intolerable situation for what was once seen as a progressive, forward thinking state.
**Q9:** Only one in five adults receiving public mental health services is employed. Most want to work and employment services have been developed and proven to meet their needs. Yet these services are only available to a tiny fraction of those who could benefit. What will you do to increase access to effective employment assistance to help people with mental illness return to work?

Guaranteeing full implementation of the promises of the ACA and of parity in insurance will remove a substantial barrier to employment by assuring that reasonably priced healthcare insurance will be available. Training for rehabilitation counselors should also provide support. Supported employment offers a partial solution, but cannot be a panacea. My former employer, NIDRR (then part of the US Department of Education) has supported development of best practices for employment of individuals with physical and psychological disabilities (e.g., http://content.iospress.com/articles/journal-of-vocational-rehabilitation/jvr704). Cited are studies showing a conservative ROI of >3 for VR services.

**Q10:** Lack of appropriate and affordable housing is one of the most significant barriers to recovery for people with serious mental illness. What will you do to address housing needs for people with mental illness?

I would recommend (as does a recent study) continuing high-quality research studies to identify best practices that can then be pushed via policy decisions and state funding. cf: Psychiatr Serv. 2015 Aug 1;66(8):806-16. doi: 10.1176/appi.ps.201400294. Epub 2015 Apr 15., Housing Programs for Homeless Individuals With Mental Illness: Effects on Housing and Mental Health Outcomes. Benston EA1. Generally speaking, programs that seek to provide immediate housing seem to be more successful than those seeking to redress symptoms before moving into housing.

**Q11:** Too many people with mental illness are in our criminal justice systems, often due to untreated mental illness. Our jails and prisons are now the largest psychiatric wards in the nation, housing well over 350,000 inmates with mental illness. What will you do to reduce the numbers of people with mental illness in our criminal justice systems?

The approach needs to have at least two main avenues: 1) increasing community-based care as described above, and 2) providing judges with alternative sentencing strategies for non-violent offenses. As veterans are disproportionately represented in this group, particularly those who sustained TBI and/or PTSD, the VA must be fully engaged and empowered to assist. Further, for those already in the system, more supports should be provided. c.f. Aging, incarceration, and employment prospects: Recommendations for practice and policy reform. Journal of Applied Rehabilitation Counseling (JARC), Volume 45(4), Pgs. 44-55.