

Department of Legislative Services
Maryland General Assembly
2007 Session

FISCAL AND POLICY NOTE
Revised

House Bill 524

(Delegate Nathan-Pulliam, *et al.*)

Health and Government Operations

Finance

Workgroup on Cultural Competency and Workforce Development for Mental
Health Professionals

This bill requires the Mental Health Transformation Working Group, in collaboration with the Mental Hygiene Administration and the Office of Minority Health and Health Disparities (OMHHD), to convene a Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals.

The bill takes effect July 1, 2007 and terminates June 30, 2008.

Fiscal Summary

State Effect: Any expense reimbursements for workgroup members and related staffing costs are assumed to be minimal and absorbable within existing budgeted resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The workgroup must examine: ● barriers to accessing mental health services by culturally competent health care professionals; ● barriers to licensure or certification for foreign-born and foreign-trained mental health professionals; ● other states' initiatives to facilitate licensure or certification of those professionals; ● mental health workforce shortages and the potential strategies for using those professionals to

alleviate the shortages; and • options for enhancing currently licensed and certified mental health professionals' cultural competency.

The workgroup must develop recommendations regarding:

- the availability of options for facilitating foreign-born and foreign-trained mental health professionals' licensure or certification within the limits of State and federal laws;
- the development of training programs to help for those professionals prepare for and pass the required licensure or certification examinations;
- the development of specific cultural competency training and educational materials for all mental health professionals;
- the advantages and disadvantages of changing the current licensure and certification requirements for relevant professional licensing boards; and
- any other initiatives for enhancing access to culturally sensitive and competent mental health services.

The workgroup must report its findings and recommendations to the Governor, the General Assembly and the Joint Committee on Access to Mental Health Services by November 1, 2007.

Current Law/Background: In response to documented racial and ethnic disparities in health care services, Chapters 319 and 443 of 2004 established OMHHD to develop a statewide plan to systematically address the issue. The office formed four committees to identify recommendations for inclusion in the plan, including a committee on health professional education. In a December 2005 report, the committee recommended that Maryland's institutions for health care professionals be required to incorporate health disparities coursework and continuing medical education in their initial and licensure renewal requirements. The committee also recommended that successful health professional education programs at institutions of higher education be replicated and that cultural competency curricula in the institutions be required, rather than elective.

Chapter 497 of 2006 required the Department of Health and Mental Hygiene (DHMH) to assist community-based entities developing pilot programs to address health care provider cultural competency training and targeted health outcomes.

Mental Health Disparities

Disparities exist among racial groups when examining individuals' mental health. Although prevalence rates for each mental disorder were not known within a particular

minority population, a 2001 Surgeon General report found evidence that the rate of mental illnesses among minorities (21%) was similar to the rate across the United States. However, the report determined that disparities were found among minorities when it comes to access to and treatment of mental illnesses as well as other factors contributing to mental illnesses. Some of the contributing factors were clinicians' lack of awareness of cultural issues, bias, or inability to speak the client's language.

The Surgeon General recommended that anyone who has a mental disorder or who thinks they have a mental disorder should seek help. More specifically for minorities, the Surgeon General made several recommendations including improving minority representation among mental health providers, researchers, administrators, policymakers, and consumer and family organizations.

Cultural Competency Workgroup

DHMH convened a cultural competency workgroup in 2006 at the request of the House Health and Government Operations Committee. In its December 2006 report to the committee, DHMH advised against mandating cultural competency curricula and continuing education credits, stating that doing so would set a "dangerous precedent."

The report predicts that if cultural competency is mandated then other requests for specialized training will be made. Further, the report states that health care professionals are interested in cultural competency training to grow their practices, limit legal liability, and avoid health occupations board sanctions.

Instead, staff from the health occupations boards and OMHHD recommended using five forms of communication to improve cultural competency among health care professionals. They also committed to implementing several strategies to address cultural competency including the development and publication of a cultural competency article in health occupations' boards newsletters and the development of a list of available cultural competency courses.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene; *Maryland Health Occupation Boards Cultural Competency Report*, December 2006; *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*, Department of Health and Human Services, August 26, 2001; Department of Legislative Services

Fiscal Note History: First Reader - February 23, 2007
ncs/jr Revised - House Third Reader - March 26, 2007

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