



CARE BRAVELY

HB915 – Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals

House Health and Government Operations Committee – April 6, 2021

Testimony of Martha D. Nathanson, Vice President, Government Relations and Community Development and Adam Rosenberg, Executive Director, Center for Hope; Vice President, Violence Intervention and Prevention, LifeBridge Health

Position: **SUPPORT**

I am writing in SUPPORT of HB915 - Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

LifeBridge Health has invested significantly in behavioral health treatment. Our capital investments include new behavioral health inpatient units at our acute hospital facilities; intensive treatment units in our long-term care and subacute facilities; construction of a new facility for our Center for Hope serving victims of violence, and; enhancements to emergency room facilities to accommodate behavioral health patients seeking emergency care.

While capital improvements are critical to ensuring access to behavioral health services for residents of our communities, such improvements cannot fully address the demand for these services. Access to behavioral health professionals is a key element to successful treatment. As contemplated by the bill, professionals who fully understand the cultural, ethnic and racial experiences and related needs of patients is critical to the therapeutic process. One study addressing this issue provided “empirical evidence that addressing cultural, racial, and ethnic issues in treatment that align with the worldviews and life experiences of ethnic minority clients does enhance the quality of care for this clientele.” See The Influence of Race and Ethnicity in Clients’ Experiences of Mental Health Treatment. Meyer, O. and Zane, N., Journal of Community Psychology, 2013 Sep; 41(7): 884-901. In our inpatient and outpatient services, our communities of color throughout our service areas will gain access to professionals who can better support them on how to manage and cope with life experiences involving prejudice and discrimination will enhance their retention in treatment. Especially with regard to clients who have experienced violence and trauma and seek behavioral health services at our Center for Hope, cultural competency is a core tenet of our trauma-informed services. Bilingual behavioral health providers and staff serve a growing population of Spanish speaking clients, and trauma informed staff understand and navigate the particular historical trauma endured by Black clients, layered onto the stigma of mental health services in some communities.

The Workgroup will address both the shortage of such professionals and strategies to increase the number of students as well as professionals, especially in underserved communities. LifeBridge Health behavioral health professionals stand ready to contribute our expertise during workgroup deliberations on this important need.

For all the above stated reasons, we request a **FAVORABLE** report for HB915.

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