



DATE: March 10, 2022 **COMMITTEE:** House Appropriations
BILL NO: House Bill 916
BILL TITLE: Higher Education - Programs for Behavioral Health Professionals in Primary and Secondary Schools - Requirements and Grant Program
POSITION: Support

Kennedy Krieger Institute supports House Bill 916 - Higher Education - Programs for Behavioral Health Professionals in Primary and Secondary Schools - Requirements and Grant Program

Bill Summary:

House Bill 916 requires higher education institutions with behavioral health programs to offer courses that maximize the number and types of students who may participate (including students that are transitioning from one career to a career in behavioral health). The legislation also requires higher education institutions to coordinate amongst themselves to offer similar programs. Additionally, the legislation establishes the Behavioral Health Professionals in Schools Quality and Diversity Grant Program to assist in preparing students to provide behavioral health services and to aid students from historically underrepresented populations to become behavioral health professionals.

Background:

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based, and community-based programs. Over 25,000 individuals receive services annually at Kennedy Krieger. We employ more than 2,600 persons who play a vital role in our mission to transform the lives of children with disorders of the brain and in 2019/2020, approximately half of our patients (50.56%) were from Black, Hispanic, American Indian, Pacific Islander, or multiracial backgrounds.

The vision for the newly established Office for Health Equity Inclusion and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assures diversity and inclusion. We are working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

Rationale:

Before the pandemic, there was a global shortage in the healthcare workforce¹ and forecasts show that employment in healthcare will grow faster this decade compared to all other occupations². Another challenge was the lack of diversity in the healthcare workforce. In 2021, the majority of Marylanders, 51.8%, were Black, Hispanic/Latino, Asian, or mixed race and children of color represent the majority (58.7%).³ Based on national statistics, *none* of the major healthcare professions reflected Maryland's racial and ethnic demographics.⁴⁻⁹ Behavioral health needs of Marylanders are outpacing the behavioral health workforce. There is, however, a nationwide shortage of behavioral health professionals, particularly from underrepresented backgrounds. For example, in the US, 4% of psychologists and 4.4-5.3% of psychiatrists are Black/African American and 5% of psychologists and 5.5-9.5% of psychiatrists are Hispanic/Latino.^{6, 10, 11} Importantly, racial and ethnic concordance between patients and providers fosters communication and trust, which leads to improved care.¹⁰ Given that 1 out of 5 children has a mental, emotional, or behavioral disorder¹², having a diverse, culturally competent multi-lingual behavioral health workforce is imperative. Psychiatric conditions that start in childhood increase the risk for poorer outcomes later in life.¹³ In particular, children of color experience poor mental health outcomes due to socioeconomic disadvantage, racism, or immigrant status.¹⁴ Lack of access to culturally

and linguistically competent mental health services may contribute to health disparities. These factors make the nationwide shortage of behavioral health professionals even more of a pressing concern. Increasing the diversity in the behavioral health workforce is essential given that professionals from underrepresented backgrounds bring an understanding and lived experience relevant to cultural factors that promote optimal treatment.⁹ Overall, providing incentives for behavioral health programs in higher education is critical because without sustained efforts to recruit and retain well-qualified behavioral health professionals, the shortage of diverse workers will negatively impact the health and well-being of Marylanders.

Kennedy Krieger Institute requests a favorable report on House Bill 916.

References

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