

HB97_AAPI Caucus_FAV.pdf

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Position: FAV



MARYLAND LEGISLATIVE ASIAN AMERICAN
AND PACIFIC ISLANDER CAUCUS
MARYLAND GENERAL ASSEMBLY

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SENATOR SUSAN C. LEE,

CHAIR EMERITUS

TO: Senator Delores G. Kelley, Chair
Senator Brian J. Feldman, Vice Chair
Finance Committee

FROM: Maryland Legislative Asian American & Pacific Islander Caucus (AAPI)

DATE: March 23, 2022

RE: HB97 – Workgroup on Black, Latino, Asian American Pacific
Islander, and Other Underrepresented Behavioral Health
Professionals

**The AAPI Caucus supports HB97 – Workgroup on Black, Latino, Asian
American Pacific Islander, and Other Underrepresented Behavioral Health
Professionals**

The Asian American and Pacific Islander (AAPI) Legislative Caucus comprises members of the Maryland General Assembly committed to supporting legislation that improves the lives of Asian Americans and Pacific Islanders throughout our state. The AAPI Legislative Caucus seeks to engage the Asian American and Pacific Islander communities in Maryland and ensure that their legislative and policy goals are represented within the General Assembly. The AAPI Legislative Caucus is a crucial voice in the development of public policy that uplifts the AAPI community and benefits the State of Maryland.

HB97 establishes a workgroup to study the shortage of behavioral health professionals in the State who are Black, Latino, Asian American Pacific Islander, or otherwise underrepresented in the behavioral health profession. This workgroup will make recommendations on incentives, systematic changes, and or other methods to increase the number of providers from these groups.

HB97 ensures that our diverse population has access to an equally diverse pool of providers. This bill would help develop the strategies needed to create a mental health workforce that is a reflection of the diversity seen in our own community. This is a critical first step in ensuring that minority groups have access to optimal mental health services for their unique needs. HB97 creates opportunities for underrepresented minority patients to have access to high quality care that truly caters to their needs. Mental health is the cornerstone of our well-being, and we need to use an evidence-based approach with equity at the center of the conversation in order to ensure that our fellow community members feel fully supported.

For these reasons, the AAPI Legislative Caucus respectfully requests a favorable report on HB97. Thank you for the opportunity to express our support.

HB 97-Workgroup on Black, Latino and Other Underre

Uploaded by: Brian Sims

Position: FAV



Maryland
Hospital Association

House Bill 97- Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals

Position: *Support*

March 23, 2022

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 97.

As part of MHA's [commitment to racial equity](#), Maryland hospitals are evaluating organizational values to ensure they promote equity and inclusion. We are working with members of our Diversity, Equity & Inclusion Advisory Group and Health Equity Task Force to equip hospital leaders to address race while understanding their own biases. Hospitals are committed to embracing culturally competent care to address disparities in health outcomes and ensure all Marylanders can be as healthy as possible.

HB 97 establishes a task force to study underrepresentation of Black, Latino, Asian American Pacific Islander, and other minorities as practicing mental health professionals. The task force includes hospitals, community mental health providers, and representation from the state's historically Black colleges and universities (HBCUs). Including Maryland's HBCUs acknowledges the role these institutions play in creating a pipeline of mental health practitioners.

Maryland has a staggering health care workforce crisis. As an example, there are currently 3,900 nursing vacancies in Maryland hospitals, an increase of 50% since August 2021. Long-term solutions will require increasing the pipeline of health care professionals. Breaking down historic barriers for certain populations to enter the profession is needed to meet the care needs of the entire population.

Racism is a public health crisis. Inequities in health care access and quality and outcomes of care harm the health of our whole community. Maryland hospitals have supported legislation to require implicit bias training for health care professionals. Increasing implicit bias training is a good step, but HB 97 would inform the state's efforts to expand opportunities for all Marylanders to join the health care profession and create a workforce that reflects the Maryland population.

For these reasons, we urge a *favorable* report on HB 97.

For more information, please contact:
Brian Sims, Director, Quality & Health Improvement
bsims@mhaonline.org

HB0097 - Senate_FAV_MdCSWC_WG Black, Latino, & Oth

Uploaded by: Christine Krone

Position: FAV



The Maryland Clinical Social Work Coalition

The Mdcswc, sponsored by the Greater Washington Society for Clinical Social Work, represents the interests of more than 9,500 licensed clinical social workers in Maryland.

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Marlon Amprey

FROM: Judith Gallant, LCSW-C, Chair, Maryland Clinical Social Work Coalition

DATE: March 23, 2022

RE: **SUPPORT** – House Bill 97 – *Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals*

The Maryland Clinical Social Work Coalition (Mdcswc), sponsored by the Greater Washington Society for Clinical Social Work, represents the interests of more than 9,500 licensed clinical social workers in Maryland. On behalf of Mdcswc, we **support** House Bill 97.

House Bill 97 establishes a Workgroup on Black, Latino, Asian American Pacific Islander, and other underrepresented behavioral health professionals. Staffed by the University of Maryland and the Maryland Department of Health, the Workgroup is charged with identifying and studying the shortage of behavioral health professionals in the State who are Black, Latino, Asian American Pacific Islander, or otherwise underrepresented in the behavioral health profession. The Workgroup is to assess and make recommendations on incentives or other methods to increase both the number of students who are Black, Latino, Asian American Pacific Islander, or otherwise underrepresented who choose to study to become behavioral health professionals as well as increasing the number who choose to provide behavioral health services in the State, especially in underserved communities. The Workgroup is to report its findings and recommendations to the Governor and General Assembly by July 1, 2023.

As the incidences of behavioral health disorders continues to escalate, it is important for the State to evaluate and address not only the need to increase access to necessary services but to also ensure there is adequate provider capacity. The racial and ethnic composition of the behavioral health provider community is a critical component of evaluating the effectiveness of Maryland's behavioral health system of care. The lack of adequate diversity within the provider community will limit the State's ability to appropriately address the behavioral health service needs of underserved communities. An increase in the number of underrepresented behavioral health professionals may also increase the sensitivity of the field to addressing some of the problematic Social Determinants of Health in marginalized communities. Establishment of the proposed Workgroup provides a framework for the State to identify strategies to address the need for greater diversity within the behavioral health provider community. A favorable report is requested.

For more information call:

Christine K. Krone
Pamela Metz Kasemeyer
Danna L. Kauffman

Greater Washington Society for Clinical Social Work: www.gwscsw.org

Contacts: Coalition Chair: Judy Gallant, LCSW-C; email: jg708@columbia.edu; mobile (301) 717-1004

Legislative Consultants: Pamela Metz Kasemeyer and Christine Krone, Schwartz, Metz & Wise PA, 20 West Street, Annapolis, MD 21401

Email: pmetz@smwpa.com; mobile (410) 746-9003 ; ckrone@smwpa.com; mobile (410) 940-9165

HB97_SponsorTestimony_FAV

Uploaded by: Delegate Amprey

Position: FAV

MARLON AMPREY
Legislative District 40
Baltimore City

Environment and Transportation
Committee



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Marlon.Amprey@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

March 23, 2022

Testimony of Delegate Marlon Amprey in support of HB 97 - Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Mental Health Professionals

Dear Chairwoman Kelley and Members of the Finance Committee,

In the context of the ongoing COVID-19 pandemic as well as America's most recent reckoning with racial injustice, the mental health of our community must be at the forefront of our conversations. A Centers for Disease Control and Prevention survey showed that in 2020, over 40% of Americans reported an adverse mental health condition. Minority groups have been disproportionately impacted, with more Black respondents reporting suicidal ideation and more Hispanic respondents reporting symptoms of anxiety or depression than White respondents. These findings point to an urgent need to address mental health in predominantly Black and Latino communities.

Historically, Black, Latino, and other underrepresented minorities (URM) are less likely than Whites to access mental health services and are more likely to be hospitalized for psychiatric conditions (indicating that they do not receive care until their illness has become advanced). This is due to a myriad of reasons including structural inequities in terms of access to care, but also due to historical and cultural factors that can confer unique challenges in the treatment of URM patients. For example, the American Psychological Association has identified racial trauma as a potential precursor to the development of post-traumatic stress disorder. Therefore, URM patients may be best treated by providers who share similar lived experiences and can offer treatments rooted in cultural competency. Studies show that patients who identify as the same race as their provider are more likely to report higher levels of trust in their care and spend more time with their provider. Despite this data that provides clear evidence for the power of diversity in the mental health profession, only 2% of all current psychiatrists identify as Black.

House Bill 97 is being introduced this session for the purpose of creating a working group that will develop plans to promote diversity among our mental health providers. This working group will include academic leaders with special expertise in diversity and inclusion and a diverse group of mental health providers. The ultimate goal of this working group is to develop a plan that will bridge the current disparities between the racial and ethnic diversity of patients and the provider workforce.

Developing strategies to create a mental health workforce that is a reflection of the diversity seen in our own community is a critical first step in ensuring that minority groups have access to optimal mental health services for their unique needs. We have the chance to approve policy that will create opportunities for URM patients to have access to high quality care that truly caters to their needs. Mental health is the cornerstone of our well-being, and we need to use an evidence-based approach with equity at the center of the conversation in order to ensure that our fellow community members feel fully supported.

I urge a favorable report on House Bill 97.

Respectfully,

A handwritten signature in black ink, appearing to read "Marlon Amprey". The signature is fluid and cursive, with the first name "Marlon" and the last name "Amprey" clearly distinguishable.

Delegate Marlon Amprey
40th Legislative District - MD

HB 97 Workgroup on Black Latino Asian American Pa

Uploaded by: Denis Antoine

Position: FAV

TO: The Honorable Delores Kelley
Senate Finance Committee

FROM: Denis Antoine, M.D.
Director, Addiction Treatment Services
Director, Center for Addiction and Pregnancy
Director, Cornerstone Clinic at Helping Up Mission
Johns Hopkins University School of Medicine

DATE: March 23, 2022

Johns Hopkins University and Medicine supports **House Bill 97 – Workgroup on Black, Latino, and Other Underrepresented Mental Health Professionals**. This bill establishes a Workgroup on Black, Latino, and Other Underrepresented Mental Health Professionals. It provides for the composition, chair, and staffing of the Workgroup. This Workgroup shall identify and study the shortage of mental health professionals who are Black, Latino, or otherwise underrepresented in the mental health profession; and, assess and make recommendations on incentives (or other methods) to increase the number of students in the mental health profession at an institution of higher education and mental health professionals who are Black, Latino, or otherwise underrepresented in the mental health profession who provide mental health services.

Diversity and inclusion is a core value of Johns Hopkins Medicine. As an institution it remains dedicated and committed to reducing health disparities that are present throughout the State of Maryland. Health disparities, unfortunately, have been a long-standing systemic problem in the Black, Hispanic, and Indigenous communities. The COVID-19 pandemic has only further exacerbated these disparities and has heightened the need for this, and other legislation, aimed at reducing this blight in our communities.

Unfortunately, disparities are quite common in mental health. Strategies to improve health care would likewise improve mental health disparities, including but not limited to, access to care and quality of care. Analogous to health care in general, diversifying a mental health workforce is an important step to eliminating mental health care disparities as well. Research has shown that disparities in health care exist in access and use. Efforts to eliminate these disparities have not been successful in primary care or specialty psychiatric services.

An important contributor to health and health care disparities is the lack of a diverse biomedical workforce that reflects the racial and ethnic diversity of the communities served by medical establishments. Following the publication of the famous Flexner Report in 1910, which changed medical school training from proprietary to being based on the biomedical model, many medical schools in the United States were closed. These closures disproportionately impacted medical schools training Black physicians—of the 7 medical

Government and Community Affairs

schools open at that time, only Howard Medical School and Meharry Medical College remained following implementation of the Flexner Report. According to the American Association of Medical Colleges, only 2% of practicing psychiatrists in the United States are Black/African American. Beyond medical training, the literature demonstrates that cultural incompetence of health care providers likely contributes to underdiagnosis and/or misdiagnosis of mental illness in BIPOC. Language differences between patient and provider, stigma of mental illness among BIPOC, and cultural presentation of symptoms are some of the many barriers to care that explain these errors in the diagnostic process. As a result, BIPOC populations have comparable or slightly lower than the rates in the white population, BIPOC often experience a disproportionately high burden of disability from mental disorders. Therefore, to deliver high quality culturally appropriate care, it is critical to increase diversity of not only the physician work force but also, all the health care workforce. In order to establish benchmarks and metrics for our State, it is important to collect data on our current biomedical workforce.

The time to act is **now!** While the measures included in this bill are not a panacea to these challenges, this bill is one of many necessary steps, in reducing health disparities. Johns Hopkins University and Medicine urges a **favorable report on House Bill 97 – Workgroup on Black, Latino, and Other Underrepresented Mental Health Professionals.**

cc: Members of the Senate Finance Committee
Senator Delores Kelley

HB97_BHWorkforce_KennedyKrieger_Support_SENATE.pdf

Uploaded by: Emily Arneson

Position: FAV



DATE: March 23, 2022 **COMMITTEE:** Senate Finance
BILL NO: House Bill 97
BILL TITLE: Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals
POSITION: Support

Kennedy Krieger Institute supports House Bill 97 - Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals

Bill Summary:

HB 97 establishes a workgroup to identify and study the shortage of behavioral health professionals in the State who are Black, Latino, Asian American Pacific Islander, or otherwise underrepresented in the behavioral health profession. The workgroup will recommend incentives or other methods to increase this workforce. A report is due to the General Assembly by July 1, 2023.

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. 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. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

Rationale:

The diversity of children in the United States continues to grow exponentially. In 2019, children of color made up 49.8 percent of all children in the United States¹ and by 2060, two out of three children in the United States are projected to be of a race other than non-Hispanic White.² As of 2021, children of color already represent the majority in Maryland (58.7%, 1).

Psychiatric conditions that start in childhood increase the risk for poorer outcomes later in life.³ In particular, children of color experience poor mental health outcomes due to socioeconomic disadvantage, racism, or immigrant status.⁴ Lack of access to culturally and linguistically competent mental health services may contribute to health disparities.

Given that 1 out of 5 children has a mental, emotional, or behavioral disorder⁵, having a diverse, culturally competent multi-lingual behavioral health workforce is imperative. However, there is a nationwide shortage of behavioral health professionals to meet this need, particularly from underrepresented backgrounds. Notably, 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% are Hispanic/Latino.⁶⁻⁸ 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 Moreover, concordance between patients and providers fosters communication and trust, which leads to improved care.¹⁰

Establishing a workgroup to study the shortage of behavioral health professionals from underrepresented backgrounds is needed because without sustained efforts to recruit and retain well-qualified behavioral health professionals, there will be a shortage of diverse workers which will negatively impact the health of Marylanders.

Kennedy Krieger Institute requests a favorable report on House Bill 97.

References

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2. <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf>
3. <http://wtgrantfoundation.org/resource/disparities-in-child-and-adolescent-mental-health-and-mental-health-services-in-the-u-s>
4. Trent M, Dooley DG, Douge J, Section On Adolescent H, Council On Community P, Committee On A. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. Aug 2019;144(2)doi:10.1542/peds.2019-1765
5. National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. E. O'Connell, T. Boat, & K. E. Warner Eds. Washington, DC. The National Academic Press.
6. American Psychological Association. Table 7. Number of Active Psychologists by Race/Ethnicity, 2007-2016. American Psychological Association. December 15, 2020. <file:///N:/Articles/Healthcare%20Workforce/Psychologist%20race%20ethnicity%202016.pdf>
7. Wyse R, Hwang WT, Ahmed AA, Richards E, Deville C, Jr. Diversity by Race, Ethnicity, and Sex within the US Psychiatry Physician Workforce. *Acad Psychiatry*. Oct 2020;44(5):523-530. doi:10.1007/s40596-020-01276-z
8. Psychiatrist Demographics And Statistics In The US. Zippia, Inc. Updated September 9, 2021. 2022. <https://www.zippia.com/psychiatrist-jobs/demographics/>
9. Takeshita J, Wang S, Loren AW, et al. Association of Racial/Ethnic and Gender Concordance Between Patients and Physicians With Patient Experience Ratings. *JAMA Netw Open*. Nov 2 2020;3(11):e2024583. doi:10.1001/jamanetworkopen.2020.24583
10. <https://pubmed.ncbi.nlm.nih.gov/18474881/>

MDDCSAM - HB 97 FAV - Workforce Workgroup - Senate

Uploaded by: Joseph Adams, MD

Position: FAV



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

House Bill 097: Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals

Senate Finance Committee March 23, 2022

SUPPORT

Due to myriad factors, Black, Latino, and other underrepresented minorities suffer a disproportionate burden of behavioral health symptoms, and are also less likely than Whites to access mental health services. Racial and ethnic minorities have unfavorable social determinants of health that contribute to reduced access to healthcare.

It is well known that cultural sensitivity and responsiveness are standards of care in behavioral health, particularly in minority populations. **Cultural competence is recognized as a factor in quality of care in Black, Indigenous, People of Color (BIPOC).**

A 'Stress & Trauma Toolkit from the American Psychiatric Association recommended that practitioners **"Be aware that provider biases exist and try to identify and address them appropriately."**

<https://www.psychiatry.org/psychiatrists/cultural-competency/education/stress-and-trauma/african-americans>

According to an editorial in the Journal of Public Health Management and Practice, "Adopting a deliberate antiracist approach to drug policy and public health is essential to preventing us from implementing policies that, despite our best intentions, reinforce punitive approaches and continue to harm people of color." (1)

Diversifying a mental health workforce is an important step, among many others, in reducing healthcare disparities. Approximately 4% of U.S. psychologists, and approximately 2% of psychiatrists are black.

According to a 2021 Public Policy Statement by the American Society of Addiction Medicine (ASAM), (2) **"Addiction medicine professionals should advocate for policies that lead to a more diverse addiction treatment workforce" . . . and this "can help improve patient care, satisfaction, and outcomes and alleviate health disparities."** (3) (4)

(next . . .)

(. . . continued)

In this statement, ASAM reiterates "the fundamental axiom that systemic racism is a social determinant of health that has had profound deleterious effects on the lives and health of BIPOC," The statement goes on to say that ASAM is involved in efforts "to recognize, understand, and counteract the adverse effects of America's historical, pervasive, and continuing systemic racism . . . in addiction prevention, early intervention, diagnosis, treatment, and recovery,. . . and **to increase structural competency** defined as "the capacity... to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures."

We strongly urge a favorable report.

(1) Kunins HV. Structural racism and the opioid overdose epidemic: the need for antiracist public health practice. J Public Health Manag Pract. 2020;26(3):201-205.

(2) Advancing Racial Justice in Addiction Medicine. Feb 2021

www.asam.org - 'Advocacy' - 'Public Policy Statements' OR

<https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2021/08/09/public-policy-statement-on-advancing-racial-justice-in-addiction-medicine>

(3) Cooper LA, et al. Patient-centered communication, ratings of care, and concordance of patient and physician race. Ann Intern Med. 2003;139(11):907-915.

EXCERPT: "**African-American patients who visit physicians of the same race rate their medical visits as more satisfying and participatory than do those who see physicians of other races. . .**
"Race-concordant visits were longer, and had higher ratings of patient positive affect compared with race-discordant visits.

(4) Johnson RL, et al. Racial and ethnic differences in patient perceptions of bias and cultural competence in health care. J Gen Intern Med. 2004;19(2):101-110.

EXCERPT: "**African Americans, Hispanics, and Asians remained more likely than whites (P < .001) to perceive that: 1) they would have received better medical care if they belonged to a different race/ethnic group, and 2) medical staff judged them unfairly or treated them with disrespect based on race/ethnicity.**"

Respectfully,

Joseph A. Adams, MD, FASAM
Chair, Public Policy Committee

HB97_MSEA_Lamb_FAV.pdf

Uploaded by: Lauren Lamb

Position: FAV

**Testimony in Support of House Bill 97
Workgroup on Black, Latino, Asian American Pacific Islander, and Other
Underrepresented Behavioral Health Professionals**

**Finance
Wednesday, March 23rd 2022
1:15 p.m.**

**Lauren Lamb
Government Relations**

The Maryland State Education Association supports House Bill 97, which would establish a workgroup to identify and study the shortage of behavioral health professionals in the State who are Black, Latino, Asian American Pacific Islander, or otherwise underrepresented in the behavioral health profession; and assess and make recommendations on incentives or other methods to increase the number of behavioral health professionals and behavioral health students who are Black, Latino, Asian American Pacific Islander, or otherwise underrepresented in the behavioral health profession, especially in underserved communities.

MSEA represents 76,000 educators and school employees who work in Maryland's public schools, teaching and preparing our almost 900,000 students for the careers and jobs of the future. MSEA also represents 39 local affiliates in every county across the state of Maryland, and our parent affiliate is the 3-million-member National Education Association (NEA).

Maryland schools are facing a dire shortage of behavioral health professionals and other student support personnel as the effects of the Covid-19 pandemic, isolation, and pervasive racial injustice strain students' wellbeing and increase the need for appropriate support. Moreover, considerable evidence shows that students of color benefit from working with behavioral health professionals who share their identity.¹

¹ <https://www.chalkbeat.org/2019/11/20/21121875/it-s-not-just-teachers-how-counselor-diversity-matters-for-students-of-color>.



As we continue our efforts to recruit and retain teachers of color through the Blueprint for Maryland's Future and the efforts of local jurisdictions, we must approach with similar urgency the recruitment and retention of underrepresented behavioral health professionals. This legislation would bring necessary attention and resources to ensuring that students are well supported, schools are adequately staffed, and that the behavioral health professionals in Maryland schools reflect the diversity of the student body.

We urge the committee to issue a Favorable Report on House Bill 97.

MAYSB - HB 97 FAV - Workforce Workgroup - Senate.p

Uploaded by: Liz Park

Position: FAV



Testimony submitted to Senate Finance Committee
March 23, 2022

House Bill 97 – Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals

Support

The Maryland Association of Youth Services Bureaus (MAYSB), which represents a network of Bureaus that provide delinquency prevention and intervention services, **supports HB 97 - Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals**. Youth Service Bureaus are community-based delinquency prevention programs that provide behavioral health services to a diverse population of youth and their families.

HB 97 will establish a Workgroup to investigate strategies to create a more diverse and representative behavioral health workforce. Youth Service Bureaus work with youth and their families from diverse backgrounds such as Black, Latino, Asian American, Pacific Islander, and other Underrepresented and recognize the importance of having a work force that is representative of the persons served.

Professionals from diverse backgrounds bring their own life experiences to the work and the field of behavioral health which enriches the field and improves its ability to provide services that are meaningful and relevant to those served. Currently, there is a known disparity in access to behavioral health services for persons from Black, Latino, Asian American, Pacific Islander, and other Underrepresented groups.

Creating a workforce that is more representative of these groups will assist in closing this divide and ensuring that everyone has access to behavioral health care.

We ask that you give this legislation a favorable finding.

Respectfully Submitted:

Liz Park, PhD
MAYSB Chair
lpark@greenbeltmd.gov

HB0097_MLLC_FAV

Uploaded by: Madelin Martinez

Position: FAV



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KAREN LEWIS YOUNG

TO: Senator Delores G. Kelley, Chair
Senator Brian J. Feldman, Vice Chair
Finance Committee Members

FROM: Maryland Legislative Latino Caucus (MLLC)

DATE: 03/23/2022

RE: HB0097 Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals

The MLLC supports HB0097 Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals

The MLLC is a bipartisan group of Senators and Delegates committed to supporting legislation that improves the lives of Latinos throughout our state. The MLLC is a crucial voice in the development of public policy that uplifts the Latino community and benefits the state of Maryland. Thank you for allowing us the opportunity to express our support of HB0097.

A recent report by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicates that behavioral health disorders treatment gaps among Hispanics remain vast.¹ This can be attributed in part to the low pool of culturally and linguistically competent providers. A four year study conducted by Dr. Alegria, Professor in the Department of Psychiatry at Harvard Medical School, echoed the need to train, recruit, and support bilingual/bicultural behavioral health providers to narrow behavioral treatment gaps between communities.²

The demand for mental health support continues to increase, as more people seek mental health services to address the mental distress caused by pandemic. In order to emerge from his crisis more equitably, we must take steps to close gaps in access to behavioral health care services. Leaders need to understand the needs of the behavioral health workforce to successfully deploy services to all communities. Communities that were facing barriers to access behavioral health treatment prior to the pandemic, will need unprecedented levels of mental health support to prevent another public health crisis.

Given workforce demands, there is opportunity to tap previously unused health care talent. The creation of a workgroup is needed to further assess the current needs of the behavioral workforce, and the current enrollment of underrepresented students pursuing behavioral health careers. This will allow us to develop recruitment strategies in order to be better positioned to meet the increasing demand for culturally and linguistically competent behavioral health providers.

For these reasons, the Maryland Legislative Latino Caucus respectfully requests a favorable report on HB0097.

1. Office of Behavioral Health Equity (OBHE). (n.d.). *Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S. (Submitted by OBHE)*. Office of Behavioral Health Equity. Retrieved February 23, 2022, from <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf?emci=125d59be-2b93-eb11-85aa-0050f237abef&emdi=7ed33923-4196-eb11-85aa-0050f237abef&ceid=7719978>
2. Alegria, Margarita. "Improving Behavioral Health For Latino Populations: Creating Positive Change". National Latino Behavioral Health Association. February 23 2022. <http://www.nlbha.org/PDFs/08052019/webinar080519.pdf>

HB097 Wrkgrp_Underrepresented BH Professionals_Fin

Uploaded by: Margo Quinlan

Position: FAV

**House Bill 97 Workgroup on Black, Latino, Asian American Pacific Islander, and Other
Underrepresented Behavioral Health Professionals**

Senate Finance Committee

March 23, 2022

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates, and concerned citizens for unified action in all aspects of mental health, mental illness, and substance use. We appreciate this opportunity to present testimony in support of House Bill 97.

Ensuring an appropriately trained health care workforce is extremely important as Maryland becomes increasingly diverse. HB 97 would establish a Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals, with a goal of identifying gaps in a diverse workforce and making recommendations for stronger recruitment and retention efforts.

A 2017 study¹ from the University of Michigan’s Behavioral Health Workforce Research Center found that underrepresented minority behavioral health providers are more likely to meet the needs of underserved populations, and that a diverse workforce leads to greater patient satisfaction. The study also noted that the diversity of organizational leadership is a key strategy for strengthening recruitment and retention of people of color, as well as creating safe and inclusive work environments where all employees could thrive. It indicated that retention is also likely impacted by job security, benefits, sufficient pay, as well as factors that may differentially affect workers of color, such as barriers to promotion and a safe work environment that is free from discrimination.

There is an significant body of research demonstrating that structural racism creates widening generational health disparities for Black and Brown Marylanders. The impacts of discrimination, redlining and segregation, of historical and contemporary traumas all contribute to the fatally disproportionate health outcomes which play out in our healthcare system. The impacts of racism on mental and behavioral health have been linked to Adverse Childhood Experiences (ACEs)², and have been shown to have lasting impacts on individuals well into older adulthood.

¹ Buche, J., et al. “Factors Impacting the Development of a Diverse Behavioral Health Workforce.” 2017, University of Michigan, Behavioral Health Workforce Research Center.

<https://www.behavioralhealthworkforce.org/project/moving-toward-a-more-diverse-behavioral-health-workforce/>

² Lanier, P. “Racism is an Adverse Childhood Experience (ACE).” 2020, The Jordan Institute for Families.

<https://jordaniinstituteforfamilies.org/2020/racism-is-an-adverse-childhood-experience-ace/>

For more information contact:

Margo Quinlan, Director of Youth & Older Adult Policy: 410-236-5488 / mquinlan@mhamd.org

This presents itself in over-diagnosing and misdiagnosing of mental illnesses,³ of increased likelihood that Black youth end up in detention instead of treatment,⁴ and in Black adults being 20% more likely to report serious psychological distress than white adults.⁵

With a growing need for a diverse behavioral health workforce, the Workgroup proposed in HB 97 is both timely and of critical importance. For this reason, MHAMD supports HB 97 and urges a favorable report.

³ Perzichilli, T. "The historical roots of racial disparities in the mental health system." 2020, Counseling Today. <https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/>

⁴ American Psychiatric Association. "Mental Health Disparities: Diverse Populations." 2017, <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>

⁵ U.S. Department of Health and Human Services, Office of Minority Health. "Mental and Behavioral Health - African Americans." 2019. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4>

NCADD-MD - HB 97 FAV - Workforce Workgroup - Senat

Uploaded by: Nancy Rosen-Cohen

Position: FAV



Senate Finance Committee

March 23, 2022

House Bill 97

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

Support

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) supports House Bill 97 in the pursuit of creating a more diverse behavioral health profession.

There is no dispute that there are racial disparities in rates of addiction, and in its treatment. Differences in treatment include disparities in access to quality treatment, receiving accurate diagnoses, the length of stay and rates of completion in treatment, and recovery rates. There are various recommendations to address these disparities, including hiring treatment providers of color, implementing effective treatment approaches that incorporate diverse cultural values, and hiring staff who are fluent in multiple languages.

There is an overall workforce shortage in the substance use disorder and mental health treatment field. Working with the Historically Black Colleges and Universities to develop strategies to not only increase the diversity of the workforce, but also increase the number of people in the field is one necessary step to better meeting the growing needs of Marylanders.

We urge a favorable report on House Bill 97.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

**National Council on Alcoholism & Drug Dependence – Maryland Chapter
28 E. Ostend Street, Suite 303, Baltimore, MD 21230 · 410-625-6482 · fax 410-625-6484
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MPA Testimony 2022 - Support - HB97- Senate Financ

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Position: FAV



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Senate Finance Committee
Miller Office Building
Annapolis, MD 21401

RE: HB97: Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Mental Health Professionals (SUPPORT)

Dear Chair Kelley and Members of the Committee,

The Maryland Psychological Association (MPA), which represents over 1,000 doctoral-level psychologists from throughout the state, **supports HB97** which would establish a workgroup to study and make recommendations regarding certain mental health professionals and certain students in the State who are Black, Latino, Asian American Pacific Islander, or otherwise underrepresented in the mental health profession.

As of 2015, 86% of psychologists in the U.S. workforce were white; 5% were Asian; 5% were Latino, 4% were Black or African-American, and 1% were multiracial or among other ethnic groups, which is less diverse than the U.S. population as a whole, which is 62% white and 38% racial/ethnic minority¹.

Data suggests that racial/ethnic minorities are entering the workforce in greater numbers. In 2015, 66% of early career psychologists were white and 34% were racial/ethnic minorities¹. Additionally, in 2016, 32% of earned psychology doctorates were awarded to racial/ethnic minorities, with 68% being awarded to white clinicians¹.

Research has shown that racial match between therapist and client is a strong predictor of access and quality of care¹.

¹ U.S. Census Bureau. (2015). American Community Survey 1-Year PUMS file. Retrieved from www.census.gov/programs-surveys/acs/data/pums.html. "Other" racial/ethnic groups included American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and people of two or more races. U.S. doctorate holders included individuals in the workforce with a doctoral/professional degree in any field. Total may not sum to 100 percent due to rounding.

¹ NSF, National Center for Science and Engineering Statistics. (2015). National Survey of College Graduates Public Use Microdata File and Codebook. Retrieved from <https://ncesdata.nsf.gov/datadownload>. Early career psychologists included employed individuals who have received a doctorate or professional degree in psychology within the last 10 years.

¹U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System. (2015). Completions Surveys. [Data files and dictionaries]. Retrieved from <http://nces.ed.gov/ipeds/datacenter/DataFiles.aspx>.

Clearly there is more work to be done to increase representation of Black, Latino, and other racial and ethnic minorities in the profession of psychology in Maryland.

In addition to the robust representation from Maryland HBCU's suggested in the current iteration of **HB97**, we would hope that this work group will also include representatives from other racial minorities and ethnic groups. We at MPA would be happy to provide suggestions of additional groups that may be of benefit. Also, we would welcome the opportunity to take part in this critical work expanding critical racial and ethnic minority representation among Maryland psychologists by suggesting that a member of MPA be included in this work group.

Thank you for considering our comments. We ask the committee for a favorable vote on **HB97**. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or exec@marylandpsychology.org.

Sincerely,

Linda McGhee

Linda McGhee, Psy.D., JD
President

R. Patrick Savage, Jr.

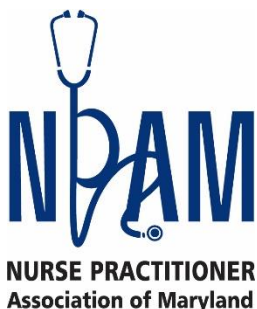
R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

HB 97- LOS- Workgroup- Underrepresented Behavioral

Uploaded by: Beverly Lang

Position: FWA



“Advocating for NPs since 1992”

Bill: HB 97- Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals

Position: Support with Amendment

On behalf of the over 800 members Nurse Practitioner Association of Maryland, Inc. (NPAM), and the over 8,000 certified Nurse Practitioners licensed to practice in Maryland, I am writing to support HB 97 with an amendment. We understand and recognize the importance of studying and making recommendations about the behavioral health professions and fully support the need to form this workgroup.

This bill would establish a workgroup on Black, Latino, Asian American Pacific Islander, and other Underrepresented Behavioral Health Professionals and will provide for the composition, chair, and staffing of the workgroup. The bill includes language that lists the composition of the workgroup and states that three representatives from the mental behavioral health profession in the State will be appointed.

Psychiatric Mental Health Nurse Practitioners (PMHNPs) are advanced practice registered nurses who have been educated at either a Master’s or Doctoral level, and specialize in behavioral health. PMHNPs are uniquely qualified to be included as members of this workgroup.

We therefore respectfully request that the current language of HB 97 be **amended to include a PMHNP as one of the three representatives from the behavioral health profession.**

NPAM would be happy to assist with the search for a qualified PMHNP to fill one of the workgroup seats. Feel free to contact Beverly Lang, Executive Director, NPAM if you need additional information.

Kindest Regards,

Beverly Lang MScN, RN, ANP-BC, FAANP

Executive Director,

Nurse Practitioner Association of Maryland Inc.

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