



Center for Salud/Health and Opportunity for Latinos

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HOUSE BILL 1144: State Government - Equal Access to Public Services for Individuals with Limited English Proficiency -Modifications

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Centro SOL supports House Bill 1144

Dear Chair Peña-Melnyk, Vice Chair Cullison, and members of the Health and Government Operations Committee,

Centro SOL, the Center for *Salud*/Health and Opportunity for Latinos at Johns Hopkins, is pleased to support House Bill 1144.

Centro SOL is a Baltimore-based organization committed to promoting equity in health and opportunity for Latinos by developing patient and community-centered programs focused on physical and mental health and clinical care innovations. Please note that while Centro SOL is partnered with Johns Hopkins University, this testimony does not necessarily represent the views of the University.

Suicide is the 2nd leading cause of death during childhood and adolescence.¹ Moreover, suicidal ideation and behavior among children and adolescents have been increasing, highlighting the urgent need for prevention and early intervention.^{2,3} Latinx youth, particularly Latinas, historically have had among the highest rates of SIB of any US racial and ethnic group.^{4,5} Since 1999, suicide death rates have increased by 133% among Latina females and 58% among Latino males.⁶

Approximately half of all children with mental health disorders do not receive treatment from mental health professionals, and Latinx youth have meager rates of mental health service use.^{7,8,9} Specifically, Latinx youth who report suicidal ideation and attempts are 55% less likely to receive specialty mental health services compared to White youth, even after adjusting for need.¹⁰ Among youth with elevated suicide risk recruited from emergency departments, racial and ethnic minority adolescents, including Latinxs, had lower odds of past mental health service use.¹⁰

¹ Cha CB, Franz PJ, Guzmán EM, Glenn CR, Kleiman EM, Nock MK. Annual Research Review: Suicide among youth—epidemiology,(potential) etiology, and treatment. *Journal of Child Psychology and Psychiatry*. 2018;59(4):460-482.

² Ruch DA, Sheftall AH, Schlagbaum P, Rausch J, Campo JV, Bridge JA. Trends in suicide among youth aged 10 to 19 years in the United States, 1975 to 2016. *JAMA Network Open*. 2019;2(5):e193886.

³ Mercado MC, Holland K, Leemis RW, Stone DM, Wang J. Trends in emergency department visits for nonfatal self-inflicted injuries among youth aged 10 to 24 years in the United States, 2001-2015. *JAMA*. 2017;318(19):1931-1933.

⁴ Meza JJ, Bath E. One-size does not fit all: making suicide prevention and interventions equitable for our increasingly diverse communities. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2020.

⁵ Zayas LH. *Latinas attempting suicide: When cultures, families, and daughters collide*. Oxford University Press; 2011

⁶ Curtin SC, Hedegaard H. Suicide rates for females and males by race and ethnicity: United States, 1999 and 2017. 2019.

⁷ Whitney D, Peterson M. US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics*. 2019;173(4):389-391.

⁸ Kataoka SH, Zhang L, Wells KB. Unmet need for mental health care among US children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*.

⁹ Galvan T, Gudiño OG. Understanding Latinx youth mental health disparities by problem type: The role of caregiver culture. *Psychological services*. 2019

¹⁰ Freedenthal S. Racial disparities in mental health service use by adolescents who thought about or attempted suicide. *Suicide and Life-Threatening Behavior*. 2007;37(1):22-34.

¹¹ King CA, Brent D, Grupp-Phelan J, et al. Five profiles of adolescents at elevated risk for suicide attempts: Differences in mental health service use. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2020;59(9):1058-1068. e1055.

Language services help facilitate effective communication and understanding between government entities and individuals with limited English proficiency navigating public services. Mental health care is too often denied to otherwise eligible children and adolescents with limited English proficiency.

Title VI of the Civil Right Act of 1964, in combination with Md. State Govt. § 10-1103 requires certain state departments, agencies, and programs to take reasonable steps to provide equal access to public services for individuals with limited English proficiency. These requirements apply to clinicians who bill Medicaid for care provided to pediatric patients.

HB 1144 addresses critical health disparities faced by the immigrant community in Maryland by reducing language barriers to health care, especially mental health care. HB 1144 recognizes the crucial role of language services in ensuring that individuals with limited English proficiency are afforded equal and meaningful access to government programs and activities.

HB 1144 also provides necessary monitoring, investigation, and enforcement authority to the Maryland Commission on Civil Rights. This will promote compliance with state and federal language access laws so that language is not a barrier to accessing public services for communities with limited English proficiency.

We support HB 1144 because we know it will improve the lives of people like Lucy. Lucy is a 5-year-old Latina child of immigrant parents with limited English proficiency. Lucy was born in the United States and is publicly insured. She speaks Spanish at home and is quickly learning English in kindergarten. Lucy's pediatrician suspects that Lucy has adjustment disorder. Lucy had a behavioral health evaluation at school and was recommended therapy. However, the school determined that Lucy cannot receive therapy at school because her primary language is Spanish. Lucy is on a waiting list for a Spanish-speaking therapist in the community, but the waitlist is very long and may take months. Lucy should not wait longer for therapy than her English-speaking peers. The school-based therapist should use an interpreter.

Lucy is not alone. Our recent report highlights multiple cases of how mental health care is denied to children in Maryland on the basis of language. <http://www.publicjustice.org/wp-content/uploads/2022/12/Speaking-the-Language-Report.pdf>

This legislation aligns Maryland with its values of protecting health and treating all people with dignity, respect, and care. For all the reasons above, Centro SOL urges a favorable report of House Bill 1144 and thanks Delegate Acevero and colleagues for sponsoring this legislation.

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