



Kennedy Krieger Institute

DATE: February 16, 2023 **COMMITTEE:** Health and Government Operations
BILL NO: House Bill 615
BILL TITLE: Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals – Extension of Dates
POSITION: Support

Kennedy Krieger Institute supports House Bill 615 - Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals – Extension of Dates.

Bill Summary:

House bill 615 extends the reporting due date to the General Assembly from July 1, 2023 to July 1, 2024. The workgroup, created from legislation in the 2022 session 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.

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:

Kennedy Krieger continues to believe in the importance of this workgroup in studying methods to diversify the behavioral health field.

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

Extending the date of this workgroup will allow for further study, research, and engagement with important stakeholders. 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 615.

References

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