



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich  
*County Executive*

Raymond L. Crowel, Psy.D.  
*Director*

March 10, 2021

SB52

Hon. Shane E. Pendergrass  
Room 241  
House Office Building  
Annapolis, Maryland 21401

Dear Chairman Shane E. Pendergrass:

The Mental Health Advisory Committee of Montgomery County (MHAC), as mandated by the State of Maryland, is dedicated to monitoring the delivery of mental health services to county residents. The Committee also collaborates with community partners to advise and advocate for an effective comprehensive mental health system of care for all. Maximizing access to mental health services *for everyone* is among our main priorities. To effectively promote equitable access to all health services, including and specifically mental health services, we must assess unmet needs and gaps in service delivery, and target outreach to underserved populations.

As such, we are writing to express our support for SB 52, the Shirley Nathan–Pulliam Health Equity Act of 2021, to establish the Maryland Commission on Health Equity. This Commission would employ a health equity framework to improve health outcomes and reduce health inequities in our state. It would employ a collaborative exchange of data from our counties and jurisdictions to consider these data in broad-based decision making to improve outcomes for typically underserved groups.

Greater vulnerability to barriers in health and mental health care exist among our diverse populations, including communication barriers and being uninsured. Additionally, different cultural perceptions and stigma around mental health, as well as fear and mistrust of treatment reduce help-seeking behaviors.

Racial disparities, or unfair differences in diagnosis and treatment, are well documented within our health and mental health systems. Research indicates that compared with people who are white, black, indigenous and people of color are: less likely to have access to mental health services; less likely to seek out services; less likely to receive needed, quality care; and more likely to end services prematurely. The COVID-19 pandemic has only exacerbated and shined a light upon these disparities; allowing them to continue would be more costly for our state than working to address them.

We believe that SB52 would help to ameliorate these disparities with intentional efforts to establish and maintain more equitable care.

Sincerely,

Behavioral Health and Crisis Services • Child and Adolescent Behavioral Health Services

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[www.montgomerycountymd.gov/hhs](http://www.montgomerycountymd.gov/hhs)

Helga Luest and Garrett Mannchen  
Co-Chairs, Mental Health Advisory Committee

