



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.

SB 241. Behavioral Health Crisis Response Services - 9-8-8 Trust Fund
House Health and Government Operations Committee. March 30, 2022

SUPPORT

Adequate initial (and ongoing) funding for behavioral health crisis response services is clearly needed to respond to Maryland's growing burden of under-treated mental health & addiction disorders.

The following is based on the 2021 report 'Ready to Respond,' by NASMHPD (National Association of State Mental Health Program Directors) technical assistance, developed in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) (1)

There is increasing recognition that persons with serious mental illness, many of whom also have substance use disorders, **need a complete continuum of services appropriate for complex co-occurring complex conditions.**

Crisis services are a vital part of the continuum of care, especially in view of the rise in suicide rates nationally. According to the CDC, suicide was the second leading cause of death after accidents for individuals age 10 to 34 in 2019 and the fourth leading cause of death for individuals age 35 to 54

Suicide rates between 2007 and 2017 increased 56% among people ages 10 to 24 years. In response, the U.S. Surgeon General issued a report in 2021 outlining a national strategy for suicide prevention.

Many opioid overdose deaths are associated with suicidal thoughts, and others represent actual suicides.

The exploding crisis of opioid overdose deaths represents a need for enhanced crisis services.

There is an urgent need to increase diversion of many or most individuals with mental illness and substance use disorders from the criminal justice system. An adequately funded crisis response system is a prerequisite for achieving this goal.

The **gap between the need for behavioral health services, and the receipt of such services** is well known. This gap can be addressed only with a robust crisis response system, **a component of which is more effective referral to a full range of both treatment and community recovery services.**

Reference (1): Pinals, D. A. (2021). Ready to Respond: Mental Health Beyond Crisis and COVID-19. Technical Assistance Collaborative Paper No. 1. Alexandria, VA: National Association of State Mental Health Program Directors. www.nasmhpd.org/sites/default/files/1_ReadytoRespond_508.pdf

Respectfully, Joseph A. Adams, MD FASAM, chair, Public Policy Committee