each alcoholic, but for a long time it has been handled by the field of mental health.

Mr. ROGERS. For the confirmed alcoholic, would you say there is basically a mental problem involved, generally?

Dr. YOLLES. Certainly there is a basic mental and behavioral problem involved in the chronic alcoholic.

Dr. LEE. Mr. Chairman, I would like to add a personal comment on that because I had, when I was in practice, a particular concern with the problems of the chronic alcoholic, and I would agree with what I think is the general professional judgment. These patients often have serious emotional problems, and their families are also involved. It is a complex problem that doesn't just affect the alcoholic, but also affects his family and the interaction between the husband and wife and also the children, and they are all involved.

So it is a social behavioral problem, and there are many people who have sought for many, many years evidences of some physical cause, and we know there are certain biochemical derangements that occur with chronic alcoholism; but we have never been able to demonstrate any cause and effect relationship. You cannot treat the chronic alcoholic without assisting his family and mental health services are an important component in the treatment.

Mr. ROGERS. I assume that would apply to the narcotic addict as well.

Dr. YOLLES. That is quite true.

Mr. ROGERS. Why aren't they now covered under the Comprehensive Mental Health Act?

Dr. YOLLES. They are covered, Mr. Rogers.

Mr. ROGERS. It was our intent to cover them when we wrote that law.

Dr. YOLLES. Yes. The communities have been less than interested in providing treatment for alcoholics, and particularly for narcotic addicts. Their treatment has a lower priority than treatment for other patients. The cost of treating such patients runs high, and very often the patients cannot pay for it.

Dr. LEE. They are often discriminated against. An alcoholic often cannot be treated in a hospital because he is an alcoholic, so he is denied access to community health care institutions, and this just compounds the problem.

Mr. ROGERS. I would be concerned about increasing the percentage for staffing. Ninety percent, I notice you have changed it to in the proposal, 80 percent, 60 and 50, for each of the 6 years, which is a considerable change from the formula we had for the community health hospital, and also for the mentally retarded facilities.

Dr. YOLLES. Mr. Rogers, by raising the Federal matching in this level, and extending the length of the program from 4 years and 3 months to a period of 8 years, we are offering incentives to communities to pick up treatment programs that are vitally necessary. These communities at the present time are involved in supporting and financing general mental health services which have the first priority. To add another treatment program which, in their eyes, and which we have seen from evidence over the years has a lesser priority, at the same matching ratio, without any special incentive, does not encourage them to pick up those programs.

Mr. ROGERS. I think there is a growing concern on the problems of alcoholism and narcotics addiction, and the communities are becoming