



***The Center for Policy and Advocacy
of The Mental Health Associations of New York City and Westchester***

**IMPROVING CARE FOR PEOPLE
WITH SERIOUS MENTAL ILLNESS
AND ADDICTIVE DISORDERS**

Testimony at

A Hearing of The Assembly Committees on
Alcoholism and Substance Abuse

And

Mental Health, Mental Retardation, and Developmental Disorders

By

Michael B. Friedman, CSW
Center Director

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IMPROVING SERVICES FOR PEOPLE WITH MENTAL ILLNESSES AND ADDICTIVE DISORDERS

My name is Michael Friedman, and I am the Director of the Center for Policy and Advocacy of The Mental Health Associations of NYC and Westchester. Both of these organizations are dedicated to advocacy, community education, and direct services to meet the needs of people with mental illnesses and to promote mental health.

We are very pleased that you have convened this hearing to call attention to the continuing unmet needs of people with mental illnesses and substance abuse disorders. People with co-occurring serious mental illness and addictive disorders are a central challenge to our society. Of the people with mental illnesses they are the most likely

- ❑ To reject traditional treatment services
- ❑ To experience relapse and acute exacerbation of their symptoms
- ❑ To have frequent crises resulting in use of emergency rooms and inpatient treatment
- ❑ To engage in high risk sexual behavior
- ❑ To commit suicide
- ❑ To be homeless
- ❑ To commit crimes
- ❑ To commit acts of violence.

Despite the clear social importance of serving people with co-occurring disorders, too few people get the help they need. Various research studies have shown that:

- ❑ A majority of people with co-occurring disorders receive no treatment at all
- ❑ A majority of people who get treatment do not get appropriate treatment

- In particular, very few people get “integrated” mental health and substance abuse treatment.

These dismal findings reflect:

- Lack of public awareness that effective treatment is available
- Inadequate training for many providers
- Conflicts and failures of coordination between the mental health and substance abuse systems
- Lack of adequate funding for a broad array of vital services—including housing, outreach, case management, assertive community treatment as well as integrated treatment.

To its credit NYS has taken a number of steps to address problems in serving people with co-occurring disorders. We know that this population needs stable housing, and OMH has designated some of its housing programs to serve people with co-occurring disorders. We know that this is a population that needs aggressive outreach services, and OMH has recently expanded Assertive Community Treatment services and a variety of case management services for the “hard to serve” population, virtually all of whom have co-occurring disorders. We know that addressing the needs of this population requires changing the clinical cultures in both the mental health and substance abuse fields, and OMH has introduced its Winds of Change initiative to help to spread the use of state-of-the-art practices, of which integrated mental health and substance abuse treatment is assuredly one. We also know that the mental health and substance abuse systems need to collaborate to avoid pushing this population into the cracks of bureaucracy and to serve them effectively. OMH and OASAS established a task force for this purpose some years ago.

But it is not enough. The interagency task force has moved very slowly. Breaking down regulatory barriers can and should be done more rapidly. Shortages of specialized housing result in lack of stability in the lives of people with co-occurring disorders and also result in backlogs in local and state hospitals. Limited program capacity leaves many people unserved, and shortages of trained personnel leave many others poorly served. And the absence of a long term plan based on a reasonable assessment of unmet need raises doubts about whether NYS will ever confront this issue effectively.

For the past three decades, New York State has vested the responsibility to confront the problems of people with co-occurring disorders in the state administration. Perhaps it is time for the Legislature to take the lead. For example it could take statutory action to eliminate regulatory barriers to good service such as:

- Eliminating dual licensing requirements
- Eliminating dual record keeping requirements
- Permitting mental health funding to support substance abuse programs which provide integrated treatment and substance abuse funding to support mental health programs which provide integrated treatment.

The Legislature can also take budgetary action to provide funding for increased housing, case management, outreach, assertive community treatment, and integrated treatment services.

We appreciate the opportunity to testify today and thank you, again, for drawing attention to this critical social issue.