TABLE II.—*Regional medical programs, total obligation of funds*

Fiscal year:	
1966	$2,500,000
1967	28,900,000
1968	[1] 53,800,000
1969	[2] 99,800,000

[1] Projected.
[2] President's budget.

Dr. LEE. Thank you, Mr. Chairman, for this opportunity to explain to this subcommittee our views on H.R. 15758. Mr. Huitt, Dr. Marston, Dr. Yolles, and Miss Johnston will be happy to answer any questions you may have.

Mr. ROGERS. Thank you very much, Dr. Lee, for your statement covering the proposed legislation. I think we will start our questions by Mr. Kyros.

Mr. KYROS. Thank you, Mr. Chairman.

I want to commend you, Dr. Lee, on a very excellent statement and to welcome you here. I would like to start with the last thing you said on page 18 of your statement.

How will community mental health center completions, where you will have facilities for treatment of alcoholism and narcotic addiction, make a vital contribution toward preservation of such problems?

Dr. LEE. I would like to ask Dr. Yolles to comment on that, and then I will comment also.

Dr. YOLLES. The prevention referred to in terms of these programs, which are primarily pointed to treatment of alcoholics and addicts, refers to secondary prevention. The secondary prevention approach is, in effect, early intervention to prevent further pathology from occurring.

We would hope that the preventive aspects—education, consultation with other agencies, would be handled under other legislation, Public Law 89–749, the Partnership for Health Act, which also will deal with these problems.

Mr. KYROS. Will these centers be similar to some of the mental health centers in Massachusetts? Will they treat people as outpatients?

Dr. YOLLES. Depending on the type of case, you may have a variation in types of treatment. If someone came in in an acute state, he would be hospitalized, generally in a general hospital, and then go on to perhaps transitional day care or night care and then outpatient care, and followup thereafter.

Mr. KYROS. Let me ask a question generally about the regional medical program.

As I understand it, it has been in operation nearly 2 years, is that right?

Dr. LEE. That is correct.

Mr. KYROS. Have you been able to make qualitative analysis on whether this program has made knowledge of medical science available to practitioners in rural areas?

Dr. LEE. Yes; I think we can cite examples. I would like to emphasize that the efforts until now, of course, have been primarily bringing the various groups together, building the foundation on which the operational programs will be moving forward rapidly.