resident supervisor would be full-time. In addition there should be on the part-time consulting staff one psychiatrist, two social workers, one psychologist, and one researcher. These part-time consultants would be diagnostic work, and would plan and conduct treatment. All personnel must be equipped with warmth, maturity, and understanding.

Emphasis in the last stages of the program should be placed on easing the member back into a less protected situation in the community. Length of stay in this program should be limited to 90 days. This is not an arbitrary figure, for pragmatic experiences indicate that 3 months is in many ways the optimum length of time: it is a suitable period for the majority; it avoids excessive dependency on the protective half-way house; and from the practical point of view it will allow for a reasonable amount of turnover. Readmission policies, however, should be flexible, depending on staff judgment of the individual case. And in any case, opportunities for the use of the recreational and physical facilities should be made available to successful "graduates" of the program, so that discharge does not come as a kind of weaning shock. For discharge, like orientation, is a critical period. It is a time of crisis and decision making. Every possible measure should be taken to avert failure. Efforts, which begin several weeks before discharge, should be directed at finding housing, re-establishing family, religious, and other non-Skid Row relationships, and strengthening all routes of reintegration into society.

CONCLUSION

These ingredients for a model half-way house are presented mainly as guideposts. Local conditions and the relative youthfulness of the half-way house concept of rehabilitation demand that flexibility and continued self-evaluation be a guiding philosophy. Whatever the specific ingredients, however, the general goal that we commend to any half-way house program is that it attempt—through its plant, program, personnel and procedures—to combine the best features of a relaxed home and a therapeutic milieu.

A great many problem drinkers have been and will be helped by half-way house rehabilitation. Through this method they gradually gain increasing personal strength and ability to deal with inwardly and outwardly induced frustration and anxiety in ways that preclude the use of alcohol. Thereby they rebuild their self-respect and sense of dignity, restore their usefulness occupationally, recover their social relationships and eventually ease the heavy burden they had put on the community. And, this is accomplished with "unreachables!"

Mr. ROGERS. Our last witness today is Eugene Sibery.

May I say we will make your statement a part of the record, following your remarks. Now, if you would give us your comments, it would be helpful.

STATEMENT OF D. EUGENE SIBERY, EXECUTIVE DIRECTOR, GREATER DETROIT AREA HOSPITAL COUNCIL

Mr. SIBERY. I shall paraphrase the important items, so that I shall not make a 15-minute commentary on a 7-minute formal statement.

Mr. Chairman and members of the subcommittee, I am D. Eugene Sibery, executive director of the Greater Detroit Area Hospital Council. I also serve as chairman of the American Hospital Association's Council on Research and Planning, and I am the president of the Association of Health Planning Agencies. I was the acting coordinator of the Michigan regional medical program during its initial, organizational period, and now serve on that program's regional advisory group.

I am here today to speak in support of title I, H.R. 15758, to extend the authorization for regional medical programs for heart disease, cancer, and stroke.

As a health planner involved with the coordinated planning activities of a hundred hospitals in one of the Nation's most heavily