

(5) that once these patients are inappropriately assigned to our state hospital alcoholism programs (a) they will continue to return, (b) they are inclined to leave before medically discharged or recommended discharge, (c) they tend to interfere with more effective programming for those who are more able to benefit from the programs.

OBJECTIVE

To establish a cooperative program between the Department of Mental Health, Section on Alcohol Programs, the Illinois Department of Public Aid, and the Cook County Department of Public Aid;

To provide emergency psychiatric care of indigent persons in general hospitals for acute intoxication;

To short-circuit the general flow of the alcoholic patient away from the state hospital alcoholism programs to the community agency programs.

PROGRAM

In response to this situation, we have developed a program which provides medical treatment for acutely intoxicated patients in certain acceptable general hospitals. (Appendix VII) Hospitals, where this care can be given, are available. Aside from the money requested by this grant, the cost of this care will be covered by payment from the Department of Public Aid and its county representatives in situations in which patients are eligible for coverage for medical expenses. We believe that some category of assistance will compensate for this service in a majority of cases. In other instances the cost will be paid by the patient's insurance, family, or by the patient himself. However, funds requested in this grant are vital because there will be a significant group of patients unable to pay from personal resources and yet not eligible for payment through any of the categories of assistance available through Public Aid. Funds from this grant request, also, enable us to assure each participating hospital against loss incurred through caring for our indigent patients. This program will include the entire state, depending upon where this programming is indicated and where local arrangements permit its development. The present most pressing situation is in metropolitan Chicago.

It is our expectation that this program will be a solution, or a very substantial step toward a solution, of the three conditions which we have long recognized as needing correction. This innovation of service is much more far-reaching in its implications. First, it is a step toward anticipating the tremendous demands, previously mentioned, which these changes will make on our health services. A second significant point is that this program is very much in keeping with the current decentralization of health services in general. We believe that it makes much better sense to treat the alcoholic patient in his own community and in existing health facilities or in those facilities which are being planned than to direct further effort toward establishing special installations for the care of the acutely intoxicated at this time.

The providing of medical treatment in general hospitals for acutely intoxicated people is only one phase of our plan. The question of intake is highly relevant. At the outset, patients would be admitted chiefly from the Hospital Referral Services and from the admitting service of other to be designated programs, but our chief mission is to pick up patients before they arrive at state hospitals. Since our program includes several general hospitals, we include a "clearing center" which would keep carefully compiled information regarding the movement of patients in and out of beds set aside for acutely intoxicated patients. This clearing center would serve all sources of referral, both in and out. Also, our net work of ancillary programs will be expanded to permit referral for ongoing aftercare. (Appendix VI)

At the outset, this program would not be sufficient to deal with all patients seeking hospitalization because of acute intoxication. For example, this program would have to be greatly expanded before it could accommodate the hundreds of intoxicated patients who are now jailed daily until they recover from the acute stages of intoxication.

The criteria for admission for medical treatment of the acute intoxicated would involve the following: (1) acute intoxication with or without complications; (2) indications that the patient cannot be restored to a nontoxic state in his home; (3) acceptance of hospitalization on a voluntary basis; (4) behavior compatible with admission to a general hospital.