

The period of hospitalization would be brief, three to five days, in as many instances as possible. Screening and diagnosis would be done before discharge as much as practicable, but this could be completed at the clearing center. Based on the screening and diagnosis, an aftercare plan will be made on each case with appropriate referral to existing facilities in the area closest to where the patient resides. Referral could be to outpatient clinics, state hospital programs, halfway houses, missions, service centers, vocational rehabilitation, Veterans Administration, employment agencies, and public aid. Emphasis will be on follow-up from the very outset, although this is a very challenging task.

We visualize this program as a model for future expansion into both existing and planned medical services.

IMPLEMENTATION

Tentative plans have been made with three Chicago area general hospitals to initially involve themselves in this project. (Appendix VI) An attempt has been made to determine a per diem cost for each of the participating hospitals based on the latest cost analysis, as published by the Department of Public Health. Pending the approval of this grant, we have received a firm agreement with the Martha Washington Hospital (Appendix VII) tentative per diem amounts from Alexian Brothers and Grant Hospitals. As indicated in Appendix VII, the per diem rate for Martha Washington would be \$50 and it would appear that the other two hospitals would vary between that amount and \$60. The per diem amounts that we are attempting to establish with the participating hospitals include all charges excepting surgical and psychiatric services. Where it can be readily assessed that the patient requires either prolonged or intensive care for conditions other than detoxification, he would not be referred to this program.

Realizing that over 3,000 patients were admitted to Chicago area state hospitals in 1967, and that the rate of alcoholism admissions across the state rose 2,000 patients in 1967 over 1966, it would be extremely difficult to immediately meet the obvious needs, rather it is our intent to establish a pilot program with whatever funds are available and to extend the program as additional funds become available from other sources.

REQUEST

In view of the above, the Section on Alcohol Programs requests your consideration of funds in the amount of \$250,000 for the remainder of the present biennium. These funds augmented by funds from the Department of Public Aid and the cost shared by third parties, in behalf of our patients, will enable us to establish a pilot program for the management of the indigent alcoholic patient in the metropolitan Chicago area.

Recognizing that the same problems exist in other areas throughout the state, we further recommend consideration of an amount of \$100,000 to seed these programs where other funding and programs are not available.

ADMINISTERING AGENTS

That the Section on Alcohol Programs be responsible for the administration and supervision of the funds requested.

APPENDIX I

(Following paragraph extrapolated from Department of Mental Health Annual Report—July 1966–June 1967.)

The number of persons with a primary diagnosis of alcoholism continue to comprise more than one third of the non-emergency applications processed through this Unit. During the last nine months of the past fiscal year eighteen hundred and thirty (1830) persons were assigned to Department of Mental Health facilities as chronic alcoholics. Many had previous records of hospitalization. This group of patients demand services, and all too often misuse available facilities. Many are in need of medical attention, which is often denied at the only medical resource available to them. Many are undomiciled, estranged from families, and unemployed. They see in Department of Mental Health facilities