APPENDIX IV

Admission of patients to Illinois State hospitals with a diagnosis of alcoholism fiscal year 1953–66

Year	Number of admissions
1953	3,233
1954	3,287
1955	3,470
1956	4,247
1957	4,861
1958	4,283
1959	3,937
1960	4,487
1961	4,695
1962	4,556
1963	4,499
1964	4,346
1965	5,140
1966	[1] 5,906
1967	[2] 7,059

[1] Subject to revision pending reporting of new facilities.
[2] Pending Revision.

Source: Department of Mental Health, Division of Planning and Evaluation Services, Statistical Research Section, June 30, 1967.

APPENDIX V

NORTH AMERICAN ASSOCIATION OF ALCOHOLISM PROGRAM,
Washington, D.C., February 15, 1968.

NEWS MEMORANDUM

Re: The Administration Alcoholism Bill.
To: All members.
From: A. H. Hewlett, Executive Secretary.

Following through on President Johnson's alcoholism legislative recommendations contained in his recent Crime message to Congress, Representative Harley O. Staggers (Democrat-West Virginia), chairman of the House Committee on Interstate and Foreign Commerce, has introduced the "Alcoholic and Narcotic Addict Rehabilitation Amendments of 1968." This bill (HR–15281) would amend the Community Mental Health Centers Act to include three new titles—one for Alcoholic Rehabilitation, the second for Narcotic Addiction, and the third a general title relating to the funding of both.

Title I—Alcoholism. The proposal would add "Part C—Alcoholism" to the Community Mental Health Centers Act and would provide:

A. Construction grants for facilities for the prevention and treatment of alcoholism. Such grants may be made only to public or nonprofit private agencies or organizations, the applications of which must meet the requirements for approval set forth in clauses 1) through 5) and clause (A) of Section 205(a) of the Community Mental Health Centers Act.

Applicants for such grants would be required 1) to show the need "for special facilities for the inpatent or outpatient treatment, or both, of alcoholics"; 2) to show satisfactory assurance that the services would be principally for persons residing in or near the particular community or communities in which the facility is to be located and that the facility services will provide at least those essential elements of comprehensive mental health services, and services for the prevention and treatment of alcoholism, including post institutional aftercare and rehabilitation that are prescribed by the Secretary of HEW; 3) to assure that the application has been approval and recommended by the single State agency designated by the State as being the agency primarily responsible for care and treatment of alcoholics in the State, and, in case this agency is different from the agency designated as the Mental Health authority, assurance must be shown that the application has also been approved and recommended by the Mental Health authority; 4) to show that the project is entitled to priority over