We find, as in the testimony of Dr. Pittman, the experience of Des Moines and other inpatient treatment facilities that aftercare and halfway houses are urgently needed if we are going to be able to adequately capitalize on the amount of investment that is made in inpatient care and in detoxification itself.

And so I would like to call this to your attention, Mr. Chairman, and members of the committee, for I believe that the structure of this bill may very possibly provide the theoretical model and the means by which the halfway houses can be, in fact, integrated within the total continuum of care in the treatment of alcoholism.

The halfway house uses as its mechanism and as its dynamics primarily the community of mutual support which is generated by people who have similar afflictions and who join together out of their weaknesses and contribute to each other's recovery.

The principle that the afflicted can help others afflicted to recover has been demonstrated by Alcoholics Anonymous. This has been applied over and over again in a multitude of self-help organizations now in existence. This applies to the halfway house where a shared experience of hope can be developed and the learning experience necessary to live in a complex world without chemical assistance and chemical crutches.

I support this bill for I believe that it develops public policy which will integrate the halfway house into the total community of treatment. I urge the committee to amend the bill to cover existing halfway house programs which meet the appropriate standards and which are integrated into the total community plan.

If existing programs are not included, a premium will be placed on the development of new programs rather than using the experience of existing services. Any financial plan for halfway houses must take into account that supplementation must come from some source, either public or private, if the programs are to carry out their intended purpose.

We believe that this source, most appropriately, is through some type of public funding, which is outlined in this proposed bill.

I come supporting this bill because I believe that the halfway house makes each dollar spent on treatment of the addicted significantly more productive.

(Mr. Boche's prepared statement follows:)

STATEMENT OF H. LEONARD BOCHE, DIRECTOR, DEPARTMENT OF SOCIAL WELFARE OF THE BOARD OF CHRISTIAN SOCIAL CONCERNS OF THE METHODIST CHURCH, AND PRESIDENT, ASSOCIATION OF HALFWAY HOUSE ALCOHOLISM PROGRAMS OF NORTH AMERICA

Mr. Chairman, and members of the committee, my name is Leonard Boche, and I come in my own behalf before this committee to testify out of my experience as the director of a community alcoholism program, co-founder of a halfway house for alcoholic women, and now as president of the Association of Halfway House Alcoholism Programs of North America. The Association has 96 members in 36 states and three provinces of Canada.

I come before this committee to support H.R. 15758, especially that portion (Sec. 243 (b)) dealing with halfway houses and after care facilities. For reasons which shall be given, I urge the committee to give consideration to provisions for supplementing existing halfway house programs and programs developed under this act.

The concept of the halfway house as a transitional facility in the treatment of a variety of conditions is rapidly coming into its own. As one listens to comprehensive health plans, or tunes oneself to the care and need of the retarded, the mentally ill, and to the field of corrections, the common ground uniting them all