Mr. BOCHE. Halfway houses have been staffed for the most part by recovered addicts who have been especially trained. Now, this is not——

Mr. ROGERS. I mean, would it be a staff that runs the community mental health center, or would it be private groups? Or who would establish it, in other words?

Mr. BOCHE. I think a strong point can be made for the private nonprofit, community-oriented group working on a voluntary basis in cooperation with the community mental health clinic.

I think the big value of this is that you provide in this kind of organization, an army of volunteers which can help in the resocialization process.

Mr. ROGERS. Could you let us have a rundown of examples of halfway houses, the costs of maintaining them, the services provided, maybe some examples of success, or problems?

Mr. BOCHE. Yes. I could deliver for you outlines of some of the more successful and ideal programs.

(The information requested by Mr. Rogers and submitted by Mr. Boche may be found in the committee files.)

Mr. ROGERS. If it is going to be voluntary—that is, you don't envision that the people running the halfway house would all be voluntary?

Mr. BOCHE. Oh, no. I am saying that in terms of its organization and board of directors, that we are dealing with a voluntary agency which hires a staff and then is able to enroll and bring in an army of volunteers.

Mr. ROGERS. Yes. This would provide shelter, I presume.

Mr. BOCHE. Yes; we find the halfway house is providing a substitute home, with all the productive possibilities that a substitute home can provide.

Mr. ROGERS. This is what would be covered, I assume, in the legislation by residential——

Mr. BOCHE. Yes, sir; or after-care facilities on a live-in basis; yes.

Mr. ROGERS. Do you estimate how much would be needed?

Mr. BOCHE. This is very difficult. Out of the experience of St. Louis, for instance, they could probably use, without any difficulty, six or eight facilities of 30 beds each.

The big advantage that the halfway house has is that it is able to operate at significantly less cost, and that approximately—in facilities for men—about half of the cost of running the house comes from their own contribution. With women, this runs approximately a third.

Mr. ROGERS. While they are in the halfway house, is it essential that they take treatment?

Mr. BOCHE. We believe that before a person comes to a halfway house that they should be involved in significant inpatient treatment, and that such after-care as indicated by the professional community be carried on when the resident is living in the halfway house, so that when he leaves the halfway house he basically takes with him all of his therapeutic relationships.

Hence, we do not believe that these kinds of supportive therapeutic relationships should be contained within the house, but rather within the community, so that this continuum of care can be continued beyond this living-in situation.