

73SB-642

April 25, 1973

TO: Stanley F. Yolles, M.D.
FROM: Max Fink, M.D.
SUBJECT: Visit to V.A. Central Office, 4/24/73

I met with Mr. McKnight, Dr. Kaim, and Dr. Tucker. The following is a summary of what I believe was a most favorable meeting.

1. The funding for the DDTC will remain at present levels until June 30th, and is refunded on a sustaining basis at 20 FTE.

2. The Central Office assumes that this allocation is supplementary to the basic funding for a ward. For 22 beds they would assume 20 FTE, of which 10 would be "visible" and 10 "invisible". It is their impression that an allocation from the Director at Northport of 10 FTE, if visible, is above the average of other units in the country.

3. Our procedures for admission of patients on an outpatient basis, using either a PBC, or a short form admission and an immediate pass, are both acceptable procedures to the VA.

4. For alcohol programs, the Northport VAH is listed for funding in fiscal 1975 (July 1974). However, because VA Northport and 40 other centers have been clamoring for support before 1974, the Central Office has proposed that \$2 million dollars be allocated at \$50,000 per unit for program and pilot work, effective July 1, 1973. Should this request be approved, Northport should be notified by the middle of May.

5. The delay in the construction of facilities is occasioned by the late designation of VA Northport as a DDTC; and the unusually large request. When the modified request was reviewed in Washington, it was approved, and they know of no deterrent to the completion of the renovations.

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6. Both Mr. McKnight and Dr. Tucker emphasized that they were very much interested in having units experiment with new ways of treating veterans. They were particularly interested in a halfway house, and noted that they had achieved an interpretation by the VA Counsel that VA funds could be used to develop a halfway house. They are prepared to fund such a program, away from the central VA installation, as a "self-regulating therapeutic center" up to a level of 8 FTE, calculated at \$6,000 per year for the equivalent of 20 beds, or \$120,000; plus an initial non-recurring cost of \$20,000 for renovation. (Both Mr. McKnight and Dr. Tucker separately emphasized their interest in such a development, and when I asked Dr. Tucker whether he thought we should embark on such a program, he indicated that he would be delighted).

7. In our discussion, Mr. McKnight led me to understand that in determining our budget for the DDTC they were using as guidelines 4-6 detoxification beds at \$35 a day, or \$12,225 per annum; in the outpatient department \$5-8 a visit up to 20,000 visits per year, with an additional allowance of one staff position for every eight visits per day. These calculations bring our allocation to \$247,000 as a recurring budget effective July 1.

MF/lj

cc. to Dr. Sherman N. Kieffer