

(3) Provide technical assistance and consultation to all political subdivisions of the State with respect to programs for the prevention and treatment of alcoholism, and the rehabilitation of alcoholics;

(4) Prepare, publish, and disseminate educational material dealing with the prevention and treatment of alcoholism and the rehabilitation of alcoholics;

(5) Gather statistics in the field of alcoholism;

(6) Stimulate more effective use of existing resources and available services for the prevention and treatment of alcoholism and the rehabilitation of alcoholics;

(7) Advise the Governor of the most effective methods of coordinating the efforts of all public agencies within the State to deal with the problems of alcoholism and alcoholics;

(8) Review, comment upon, and assist public agencies and local governments with all applications for grants or other funds for services for alcoholics to be submitted to the Federal Government;

(9) Advise the Governor in the preparation of a comprehensive alcoholism plan for inclusion in the comprehensive health plan to be submitted for Federal funding pursuant to the Comprehensive Health Planning and Public Health Services Amendments of 1966;

(10) Enlist the assistance of public and voluntary health, education, welfare, and rehabilitation agencies in a concerted effort to prevent and to treat alcoholism; and

(11) Encourage alcoholism rehabilitation programs in businesses and industries in the State.

### 302. Treatment and Rehabilitation Program.

(a) The treatment and rehabilitation program in the State available to both males and females, wherever possible utilizing the facilities of and coordinated with the programs of community mental health centers, shall include at least the following components:

(1) Detoxification units, to be open 24 hours every day, which shall be located conveniently to population centers so as to be quickly and easily accessible to patients, to provide appropriate medical services for intoxicated persons, including initial examination, diagnosis, and classification. Each detoxification center, if possible, shall be affiliated with, and constitute an integral part of, the general medical services of a general hospital; provided, that the center need not be physically a part of a general hospital.

(2) In-patient extended care facilities for intensive study, treatment, and rehabilitation of chronic alcoholics; provided, that such facilities shall not be part of a correctional institution.

(3) Out-patient aftercare facilities, including but not limited to clinics, social centers, vocational rehabilitation services, welfare centers, and supportive residential facilities such as hostels and halfway houses.

(b) Any person assisted under this chapter or his responsible relatives may be required to contribute toward the cost of his subsistence, care, or treatment, to the extent provided in applicable law and reg-