"Community" means all the people within that area, including the children and the aged, the rich and the poor, the residents and the transients, the healthy and the sick (whether the illness be mild or severe, acute or chronic).

"Comprehensive community mental health services" include inpatient, outpatient, partial hospitalization (at least day care), emergency, consultation and education, diagnostic, rehabilitation, precare and aftercare, training, and research and evaluation services.

All the services provided by a community mental health center must be tied together in a "program," and "program" is synonymous with "continuum of care." Such a program exists when patients, clinical information and professional staff can move easily and quickly from any one element of service to any other according to the needs of the patients. In effect, this establishes a "one-door" policy for mental health services, and the door must be open to any patient and to any qualified professional.

While the program demands a one-door policy, however, it does not require one roof. Indeed, it is possible for each of the services to be offered under separate auspices and in separate physical facilities.

(b) *Services Rendered and Performance Standards*

For the most part, the facility requirements for a community mental health center will vary widely along two dimensions: (*a*) the population served and its service utilization rate, and (*b*) the treatment program profile. The first dimension is self-evident. The second refers to the varying emphasis, from program to program, on each element of service. For example, one center might put a heavy emphasis on day care programs and attempt to move inpatients to the day care services whenever and as soon as possible. In this case there would be less need for inpatient beds and more for day care space. The relatively recent rapid developments in treatment techniques (for example, drug therapy) also affect the needs for physical facilities. For these reasons, the most commonly recurring theme in regard to architectural considerations for mental health centers is a stress on flexibility.

2. EXISTING CAPITAL PLANT IN THE UNITED STATES

(a) *Community Mental Health Centers*

As of this writing there are no existing community mental health centers consistent with the conceptual requirements outlined above. Thirty construction grant applications have been approved under the terms of the community mental health centers program (title II, Public Law 84–164, as amended by Public Law 89–105). Because of the construction lag time, however, the first "center" will open its doors early in the next year.

(b) *Other Mental Health Facilities*

Considering all mental health facilities, there is quite an extensive capital plant on which to build future community mental health centers. For example, there are approximately 1,050 general and specialty hospitals which admit psychiatric patients, and have about 25,000 beds for such patients. These, of course, are facilities and