do not bear a 1-to-1 correspondence to program resources. For example, one general hospital may admit patients for three services: inpatient, 24-hour emergency service, and day care. The double counting problem comes into focus here if we note that there are twice as many hospitals with psychiatric emergency service (2,108) as have psychiatric inpatient beds.

In addition, there are about 280 public mental hospitals with about 500,000 beds excluding those administered by the Veterans' Administration. Information as to the age of their facilities is not available. The potential future utility of these 280 hospitals in relation to com-

munity centers, however, is reflected in these facts:

*Only about one-third of the hospitals are located in relatively heavily populated areas.

*Less than one-third of the hospitals are accredited.

*Numerous hospitals in this group had their beginnings many years ago—53 of the hospitals were opened before the Civil War; Another 102 of the hospitals were opened before the Spanish-American War.

Another 36 were opened before World War I.

By the end of the Second World War, the total reached nearly

The facilities in many areas cannot be adapted to the concept

of the community mental health center.

In addition to the public mental hospitals, there are 258 private mental hospitals with about 15,000 beds. Of these, about 95 are located within relatively heavily populated areas.

Apart from these hospital facilities there are also about 2,000 out-

patient clinics. These are typically quite small in terms of facility and manpower resources though they do provide fairly extensive organizational resources.

B. Costs and User Charges

1. CONSTRUCTION COSTS AND OPERATING COSTS

(a) Construction costs

The estimated cost of constructing one unit is \$1,300,000. This estimate is based on the assumption that \$18 per square foot would be the average construction cost in 1964-65 for the noninpatient facilities. The assumptions behind that assumption are that approximately-

Twenty-four percent of patients will utilize the inpatient service, which will require about 16 beds (Hill-Burton, \$20,000 per

bed, estimates were used);

Sixty percent of patients will utilize the outpatient services

(some average "educational facility" costs were used);
Sixteen percent will utilize day-night care facilities (the costs of which were estimated to be approximately midway between other two estimates).

Beyond these estimates, several other factors were considered: the average per square foot cost of research laboratories (which will appear in the average unit in varying degrees); the cost of emergency service facilities; the cost of rehabilitation facilities; the cost of parking lot construction; etc.