The difficulties involved in arriving at the average construction cost for a facility which houses at least 10 different functions in varying proportions to each other—and each requiring a different *kind* of construction—should be obvious. The average cost which finally evolved ($18 per square foot) was tested against the actual costs of several kinds of psychiatric facilities which were built in 1963 and 1964 in different parts of the country. This test demonstrated that the $18 estimate is reasonably accurate when equipment, furnishings, and architect fees are included.

(b) *Operating Costs*

It is estimated that the annual cost of operating one unit will be approximately $1,200,000 of which about 80 percent will be staffing costs.

The staffing pattern estimated for a one-half unit (an essential services center for a population of 100,000) would be as follows:

Type	Number	Cost
Total	72	$603,000
Psychiatrists	6	135,000
Psychologists	4	60,000
Social workers	6	60,000
Nurses	14	112,000
Psychiatric aids	24	120,000
Health educators	2	20,000
Occupational therapists	2	16,000
Supporting personnel (including EEG technicians, laboratory technicians, X-ray technicians, dieticians, practical nurses, and orderlies)	14	80,000

Based on this pattern, it is estimated that the staff required for a unit would probably number about 110, and the cost therefore would reach about $950,000. While these figures represent something of an ideal, the actual staffing patterns of the future are more likely to show fewer numbers of professionals; but with continually rising salaries and operational costs, the dollar figures shown above may remain fairly accurate.

2. USER CHARGES

In both the construction and operation of community mental health centers, there are of necessity many sources of support; the extent to which user changes will provide support, however, can not be estimated at present. While the major portion of the existing system of mental health care has rested on State support of the State mental hospital system, the new direction in mental health programs will require a large assumption of responsibility by local public and private agencies and by the Federal Government. At the same time, the States' financial responsibility will certainly continue, both because the States will have to maintain at least part of the State hospital system for an extended period of time, and because the States will be called upon to support the development of community programs.

Construction funds.—Because the bulk of the cost of mental health care was carried by the State hospital systems, many communities have been able to construct outpatient clinics, and a few have constructed inpatient facilities. The two types of achievement have been with and sometimes without Hill-Burton support. As the thrust