

of percentage distribution for each factor. Section 51.9(a) prescribes the matching ratio.

Also see general answer to this question for all NIH programs.

PART II. DATA BEARING ON ECONOMIC ASPECTS AND IMPACTS OF THE PROGRAM

9. *Economic effects*

There is no doubt but that the use of mental health formula grant funds in the community programs of the 54 State and territorial mental health authorities improves the personal incomes of persons served and their placement and productivity. The use of these funds assists in the prevention and treatment of mental illness and in the rehabilitation of the mentally ill. It is impossible, however, to identify the economic effects of the use of these funds in mental health programs supported jointly by State and local, public and private funds. It is also impossible to separate the economic effects of inpatient and outpatient (community) mental health services.

Also see general answer to this question at the end of the NIH section.

10. *Economic classification of program expenditures.* (See table 8 at the end of the NIH section.)

COMMUNITY MENTAL HEALTH CENTERS PROGRAM

PART I. DESCRIPTION OF THE PROGRAM

1. *Objectives*

The community mental health centers program is designed to foster the nationwide development of local community programs of comprehensive mental health services. In carrying out this program grants are made to assist States and communities in both the construction and the initial staffing of community mental health centers.

2. *Operation*

The construction grant funds are allocated by formula among the States (based on population and per capita income). Each State has designated a State agency responsible for drawing up a State plan for the construction of community mental health centers and for assigning priority ratings to the applications submitted to it by all potential grantees. The Federal administrative responsibility is carried out by the National Institute of Mental Health in cooperation with the Division of Hospital and Medical Facilities.

The initial staffing grants will be made on a project basis against a State allotment. As this legislation was enacted in August, 1965, the Secretary has not yet promulgated the regulations which will specify the conditions of award.

3. *History*

Following a study of the findings and final report of the Joint Commission on Mental Illness and Health, in early 1963, President Kennedy sent to the Congress, his special message on mental illness and mental retardation. In that message the President asked for a "bold new approach" to replace the State mental hospital system with a system for providing comprehensive mental health services