

at the community level. This system would emphasize service which was short term and intensive rather than long term and custodial. It would also emphasize the prevention of mental illness through consultation and education, as well as the full rehabilitation of those who have been mentally ill.

Hence it was a comprehensive approach, one which could be successful only if undertaken at the community level, i.e., close to the homes, families, and jobs of those who need help.

In the fall of 1963, Congress passed Public Law 88-164, title II of which is the "Community Mental Health Centers Act". This act authorized a total of \$150 million for the fiscal years 1965-67 for grants to assist in the construction of community mental health centers. The appropriation authorized for each year (\$35 million for fiscal year 1965, \$50 million for fiscal year 1966, and \$65 million for fiscal year 1967) is to be allotted among the several States and is to remain available for 2 years.

Regulations implementing the act were issued in the spring, 1964. Thereafter, the States began to bring together material from their comprehensive mental health planning programs (supported by the NIMH in fiscal year 1963 and fiscal year 1964) in order to develop a plan for the construction of community mental health centers. These plans, which must be approved before any projects can be awarded, are now being submitted to the National Institute of Mental Health. To date, 10 plans have been approved, 14 others are now under review, and the remaining 30 (including the District of Columbia and territories) are in various stages of preparation. The first two construction grant applications have been approved, and others are being submitted.

In enacting the Community Mental Health Centers Act, the 88th Congress accepted only a part of President Kennedy's proposal. In addition to the construction grant program, the President had recommended a program of providing initial staffing grants to enable mental health centers to begin operation. Following congressional action which resulted in the passage of the Community Mental Health Centers Act of 1963 it became apparent that a great many centers would need such assistance and thus the 89th Congress in 1965 amended the Community Mental Health Centers Act to include such a staffing grant program. The regulations implementing the staffing grant program will be issued within 6 months following the enactment of the legislation.

The average Federal share in all construction grants is 50 percent. This percentage figure varies by State between 33½ percent and 66½ percent.

Staffing grants will be at a level of 75 percent Federal assistance for the first 15 months, 60 percent for the next year, 45 percent for the third year, and 30 percent for the fourth year.

4. *Level of operations.* (See tables 5 and 6 at the end of the NIH section.)

5. *Estimated magnitude of program in 1970*

Not answered.

6. *Prospective changes in program orientation*

Not answered.