COMMUNITY MENTAL HEALTH CENTERS

(Mr. FOGARTY asked and was given permission to extend his remarks at this point in the RECORD.)

Mr. FOGARTY. Mr. Speaker, to complete my introduction of legislation needed to implement the President's proposals relative to mental illness and mental retardation, I am today introducing for appropriate reference a bill designed to provide for Federal support for the construction and initial staffing of community mental health centers.

The bill is nearly identical to H.R. 3688, on which hearings were held before a subcommittee of the Committee

on Interstate and Foreign Commerce in March. I am including a summary of it at the end of my remarks.

My motives for introducing this bill are twofold. First, as a longtime advocate of effective legislation in the mental health field, I wish to leave no doubt in anyone's mind as to where I stand in relation to the provisions of this bill. I am for these provisions, and I consider their adoption by this House to be of critical importance.

Second, I wish to emphasize, by my introduction of a separate community mental health centers bill, my conviction that the omnibus approach to this type of legislation is ineffective, and needlessly delays the passage of necessary legislation by this House.

Briefly, the two major provisions of this bill are these: First, that congressional authorization be secured for grants to the States to construct comprehensive community mental health centers beginning in fiscal year 1965, with the Federal Government providing 45 to 75 percent of the project cost; and, second, that Congress authorize short-term project grants for the initial staffing cost of these centers, with the Federal Government providing up to 75 percent of the costs in the early months, on a gradually declining basis, terminating such support for a project within less than 5 years.

Mr. Speaker, I trust I need not detail for the Members of this House the great need we have for this legislation. As the President stated in his message of February 5:

> We cannot afford to postpone any longer a reversal in our approach to mental affliction. For too long the shabby treatment of the many millions of the mentally disabled in custodial institutions and many millions more in communities needing help has been justified on grounds of inadequate funds, further studies, and future promises. We can procrastinate no more.

The provisions of this bill, and the community mental health centers as conceptualized in the President's message are soundly based upon recent developments in mental health activities throughout the country. These developments indicate that a large proportion of the mentally ill who previously were thought to require a long-term stay in a State mental hospital can be effectively cared for within their home communities if adequate community services are provided .

For example, some studies show that only approximately 7 percent of the psychiatric patients treated for 2 or 3 weeks in a general hospital are transferred to mental hospitals offering long-term care. In addition, modern treatment methods have made it possible to treat effectively in outpatient facilities many patients who formerly would have required long-term hospitalization. In one study, psychotic patients cared for in a day center were returned to their jobs within 6 weeks. Other patients, with a similar degree of illness, were hospitalized in a State hospital, where their average length of stay was 6 months.

However, in all but a few communities in the country and for all but a few of the mentally ill, patient care within the community is inadequate and poorly coordinated.

The comprehensive community mental health center will provide prompt and comprehensive services—early diagnosis, out patient and inpatient treatment, and transitional and rehabilitative services. It will be close to the patient's home so that he can reach it when it is needed, and so that his problems can be quickly and effectively dealt with. As his needs change, the patient in such a center can move quickly from one appropriate service to another—basically, he will be able to proceed from diagnosis through treatment and recovery to rehabilitation in the shortest possible time.

In addition, the centers will place a heavy emphasis upon preventing mental illness wherever possible, and in improving the mental health of the community in which it is located.

Mr. Speaker, I fervently hope and believe that the effect of this legislation, if fully implemented, will be to revolutionize our present system of caring for the mentally ill. It will insure that mentally ill persons are not needlessly hospitalized in State mental hospitals when their illnesses are such that they can appropriately be cared for within the community. And it will insure that the State mental hospital of the future, relieved of the burden of caring for patients who can appropriately be cared for in the community, will function as an effective essential resource within a comprehensive program of mental health care.

However, this bill, as a legislative proposal, is evolutionary, rather than revolutionary. Under the provisions of the Hill-Burton Act, Federal funds have long been used to help meet the cost of constructing health facilities. And, through grants-in-aid programs to the States, the Federal Government has given some assistance in meeting the costs of staffing outpatient psychiatric clinics.

This new legislation fills out currently existing gaps in Federal legislation designed to help States and Communities meet the health needs of their ciitzens. It is needed to stimulate the construction of this new type of health facility—one which will, as the President said, "return mental health care to the mainstream of American medicine, and at the same time upgrade mental health services."

Mr. Speaker, for a long time I have consistently brought the needs of the mentally ill to the attention of this House.

As chairman of the Subcommittee of the Committee on Appropriations that annually considers the administration's Budget for the Department of Health, Education, and Welfare, I have, year after year, urged that adequate funds be appropriated to mount truly effective programs in this field.

Faced with the exciting new possibilities contained in the President's proposals for a national mental health program, the Appropriations Committee reported favorably on the administration's request for increased appropriations to implement many of the President's proposals for which no new legislation is needed.

However, without the passage of a community mental health center bill, it will be impossible to implement the pivotal features of the President's program. I therefore urge that this great legislative body enact this bill.

I am submitting for the RECORD a summary of the bill I now introduce:

COMMUNITY MENTAL HEALTH CENTERS OF 1963

TITLE I. CONSTRUCTION OF COMMUNITY MENTAL HEALTH CENTERS

Title I would authorize the Secretary of Health, Education, and Welfare to make project grants for the construction of public and other nonprofit community mental health centers: That is, facilities providing services for the prevention or diagnosis of mental illness, or care and treatment of mentally ill persons, or rehabilitation of persons recovering from mental illness. To be eligible, the centers must provide at least those essential elements of comprehensive mental health services which are prescribed by the Secretary in accordance with regulations, and would have to provide such services in the community. Applications would be submitted to the Secretary after approval by the State agency designated by the State to administer the State plan.

APPROPRIATIONS

Appropriations of such sums as the Congress may determine would be authorized for the 5-year period from July 1, 1964, through June 30, 1969.

ALLOTMENTS

The funds appropriated would be allotted among the States on the basis of population, extent of need for community mental health centers, and the financial need of the respective States, with a minimum of $100,000 for any State. Some flexibility in the allotment structure would be permitted in certain situations. First, where two or more States have a joint interest in the construction of a single mental health center, part of one State's allotment could, with the Secretary's approval, be transferred to the allotment of another State to be used for that purpose.

FEDERAL SHARE

A State would be given the alternative of varying—between 45 and 75 percent—the Federal share of the cost of construction of projects within that State in accordance with standards providing equitably for variations among projects or classes of projects on the basis of the economic status of areas and other relevant factors, or of choosing a uniform Federal share—which would not be less than 45 percent and could go as high as 75 percent for some States—for all projects in the State.

STATE ADVISORY COUNCIL

A State advisory council, composed of representatives of non-Government organizations or groups, and of State agencies, concerned with planning, operating, or utilizing community mental health centers or other mental health facilities, as well as representatives of consumers of the services involved, would consult with the State agency in carrying out the State plan.

STATE PLANS

The State plan would be required to set forth a program for construction of

community mental health centers based on a statewide inventory of existing facilities and survey of need for facilities, and to provide for construction in the order of relative need for the facilities, insofar as permitted by available financial resources. The State plan would also have to meet several other requirements, including designating a single State agency as the sole agency to administer the plan; providing methods of administration necessary for the proper and efficient operation of the plan; providing minimum standards for the maintenance and operation of centers constructed under the title; and providing for affording applicants an opportunity for hearing before the State agency.

FEDERAL REGULATIONS

The Secretary would be required to issue regulations within 6 months after enactment of this title, and after consultation with the Federal Hospital Council—the advisory council for the hospital and medical facilities construction—Hill-Burton—program. The bill would provide for increasing the membership of the Federal Hospital Council from 8 to 12 members, and would require 1 member to be an authority in matters relating to mental illness. The regulations so issued would prescribe first, the kind of community mental health services needed to provide adequate mental health services for persons residing in a State; second, the general manner in which the State agency shall determine priority of projects based on relative need in different areas, giving special consideration to projects on the basis of the extent to which the centers to be constructed will, alone or in conjunction with other facilities owned or operated by or affiliated or associated with the applicant, provide comprehensive mental health services for mentally ill persons in a particular community or communities, or which will be part of or closely associated with a general hospital; third, general standards of construction and equipment of different classes of centers and in different types of location; and fourth, that the State plan shall provide for adequate community mental health centers for people residing in the State, and for adequate centers for serving persons unable to pay therefor.

OTHER REQUIREMENTS FOR PROJECT APPROVAL

Applicants would have to meet several other requirements set forth in the bill, such as providing assurances that adequate financial support will be available for construction of the project and for maintenance and operation of the center when completed, and that in the construction of the centers all laborers and mechanics will be paid not less than the prevailing wages in the locality, and overtime pay in accordance with and subject to the Contract Work Hours Standards Act.

TITLE II. INITIAL STAFFING OF COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTERS

Title II would authorize the Secretary of Health, Education, and Welfare to make grants to assist in meeting the cost of initial staffing of comprehensive community mental health centers.

APPROPRIATIONS

Appropriations of such sums as may be necessary would be authorized for each fiscal year beginning after June 30, 1965.

ELIGIBILITY FOR GRANTS

To be eligible for grants an applicant must be a public or other nonprofit agency which owns or operates a community mental health center which has received a construction grant under title I of this legislation. Furthermore, the program of services to be provided by the center must include, at least, the following types of service: Diagnostic services, inpatient care, outpatient care, and day care. This program of services must be provided by the center—alone or in conjunction with other facilities owned or operated by, or affiliated or associated with the center—principally for persons residing in a particular community or communities in or near which the center is situated.

DURATION AND AMOUNTS OF GRANTS

Grants for staffing a community mental health center could be made only for the period beginning with the commencement of operation of such center and ending 4 years and 3 months later. For the first 15 months of the center's operation, the Federal grant may not exceed 75 percent of the staffing costs of the center; for the following 3 years the Federal participation in such costs may not exceed 60, 45, and 30 percent, respectively.

FEDERAL REGULATIONS

The Secretary would be required to consult with the National Mental Health Council in the development of regulations concerning the eligibility of centers and the terms and conditions for approving applications under this title.