Through appropriation language, in fiscal 1964 the mental health project grants program was expanded to include the hospital improvement project grants program. In fiscal 1965, 295 "comprehensive" mental health project grants were paid, totaling $16.8 million; 159 hospital improvement project grants projects were paid totaling $12 million.

The mental health project grants program started with one review committee of nongovernmental consultants. By 1964, four committees were operating—committees on (1) community programs, (2) mental hospitals, (3) special areas (aging, alcoholism, mental retardation, etc.), and (4) juvenile delinquency.

With the passage of the Community Mental Health Centers legislation, National Institute of Mental Health staff concerned with services have increasingly focused efforts on assisting staff responsible for the administration of the community mental health centers programs. The contribution of Community Research and Services Branch staff has been in providing specialized expert knowledge on the program components of centers (e.g., children's services, alcoholism services, etc.) and also on general mental health program administration.

Current activities are based on the following guidelines:

(*a*) Much of our knowledge about mental health is fragmentary Final answers to problems are generally not yet available so that there is continuing need for experimentation, research, pilot projects, and evaluation. The trying out of new approaches, methods and techniques should be encouraged.

(*b*) The gap between present knowledge and present practice should be reduced.

(*c*) As a long-range goal, comprehensive mental health services in communities should be available for all in the population who need these services, regardless of where they live, their age, race, religion, or condition. Large areas of the country, large segments of our population still have little or no mental health services, so that strenuous efforts are necessary to expand services. Communities should have a coordinated continuum of services for patients, beginning with preventive services and including care for the mentally ill as they move from the prehospital period, through inpatient care and back to the home. With new methods of treatment such as emergency home care, day care, etc., many seriously ill mental patients can avoid hospitalization. For most patients, maintaining community ties with family, job, friends, etc., is therapeutically desirable.

(*d*) Community mental health programs should have a public health approach to prevention and control; they should be concerned with the total population and with the community, its organizations, and groups. Mental health concepts and knowledge should be incorporated into the practices of the many different community agencies and institutions dealing with people. Mental health education, mental health consultation to health and welfare agencies, courts, schools, general practitioners, volunteer agencies, etc., should be an essential part of the activities of State and local mental health personnel. The tools and techniques of public health (i.e., epidemiology, early case findings, prevention, etc.) seem to offer a fruitful approach to the development of community mental health services.

(*e*) The development of mental health services is a joint responsibility of Federal, State, and local, public and voluntary organizations.