determination, 30 percent of the funds is allotted on the basis of population weighted by the reciprocal of per capita income and 70 percent on the basis of the extent of the mental health problem, which is considered to be directly proportional to population. Allotments are administratively adjusted to insure that each State receives a minimum grant based on the amount of the total appropriation. In weighing the population by the reciprocal of per capita income, funds are channeled into those areas least financially able to promote community mental health services.

Since 1960, the expenditure of mental health grants must be matched by expenditures of an equal amount of State and local funds. Mental health authorities, designated by the States, are eligible to receive formula grants upon submission and approval of a State plan for their use. Funds are allocated to the 50 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.

3. History

Beginning with fiscal year 1948, annual appropriation acts have included in the appropriation for mental health activities an amount for State grants (State control programs). For fiscal year 1948 an amount of $3 million was appropriated. Lesser amounts were made available during the period 1951–55. The appropriation was restored to its 1948 level in fiscal 1956. The amount made available by Congress for this program was increased in later years to $6.75 million in fiscal 1962. For each of the fiscal years 1963 and 1964 an additional $4.2 million was appropriated to support interagency State planning of comprehensive long-range mental health services.

During the early years of the program many States could not match the requirement of $2 of Federal funds with $1 of State and local funds without recourse to a temporary provision allowing them to credit up to 1 percent of their funds being spent on mental hospitals. The ratio of the total expenditures of State and local funds to the expenditures of Federal funds for community mental health services rose from 1.45 in 1948 to approximately 15.7 in fiscal 1964. The ratios of such expenditures for the individual States and territories vary widely. In New York the expenditures of State and local moneys in fiscal 1964 were over 65 times the amount of Federal grant-in-aid funds expended.

In 1948 less than half of the States had organized community mental health programs; by 1951 all States had such programs. Most of the funds were used to establish or expand outpatient psychiatric clinics in communities. The public health approach was emphasized; consultation with nonpsychiatric agencies and groups and mental health education were considered as important preventive services which should be part of clinic programs. National Institute of Mental Health staff urged that larger proportions of the Federal grants be used for demonstrations which would eventually be taken over by State and local funds.

4. Level of operations. (See table 4 at the end of the NIH section.)

5. Estimated magnitude of program in 1970

Not answered.

6. Prospective changes in program orientation

Not answered.