

TAKING ISSUE

The Loss of Federal Support for Multisite Demonstrations

When I arrived at the National Institute of Mental Health (NIMH) 30 years ago, the federally supported Community Mental Health Centers Program was in full swing. At that time 1 percent of the grant funds were set aside for evaluation of these programs in urban and rural America. The findings of these studies led to midcourse corrections and shifts in the direction of federal support, the development and evolution of the Community Support Programs toward improving opportunities of care and treatment of persons with serious and persistent mental illness, and a complementary program for children called CASSP (Child and Adolescent Support System Program). These demonstration programs formed the basis for innovation and the development of knowledge in mental health services across the country for a decade.

The 1 percent program disappeared when the federal Community Mental Health Centers Program was block-granted to the states in 1981. With the formation of the Substance Abuse and Mental Health Services Administration (SAMHSA) in 1992, NIMH gave up its demonstration authority. Initially, SAMHSA continued the research demonstration program, along with some efforts by private foundations that supported multisite demonstrations. Since the late 1990s, however, there has been a steady attrition of research demonstration programs in favor of single-site development grants. Most recently SAMHSA stopped conducting rigorous evaluations of its demonstration programs almost entirely.

The studies in this month's issue of *Psychiatric Services* are from the last stage of the federal investment in rigorous studies of services demonstrations. They emphasize the impact of and the need for continued investment in knowledge development for our field. These studies are the result of various multisite services effectiveness trials. Almost all this research was supported by federal funds, which now seem to be disappearing. In this era of evidence-based practices, more than ever we need support for similar multisite demonstrations and effectiveness studies that will help state governments and the federal government prioritize, support, and be a catalyst for innovation in change throughout the service system.

In the course of a year, nearly five million Americans receive services from the specialty mental health and substance abuse care system, costing nearly 7 percent of the \$1.7 trillion that we spend on health care. How to effectively organize and deliver this care is an urgent public policy agenda, and a small investment in research can leverage major resources for improved care and treatment.

As our technologies of care improve, how we organize, fund, and evaluate our service systems is a strategic imperative. We need the resources and the leadership from the federal government to continue this effort, which has had such an important effect for many decades on patients and families in desperate need of care and support.—STEVEN S. SHARFSTEIN, M.D., *President, American Psychiatric Association*

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