2008 NIH Funding Stagnant for Fifth Consecutive Year, SAMHSA Funding Remains Flat

On December 26, 2007, nearly three months after the start of fiscal year 2008, President Bush signed a $555 billion domestic spending package for fiscal year 2008 that provided funding for the remaining 11 major spending bills before Congress. In the preceding weeks, the House and Senate were forced to cut millions of dollars from their own proposals in order to avoid the President's promised veto of any package with funds for domestic spending that exceeded his requests.

The Health and Human Services portion of the omnibus package included appropriations for the National Institutes of Health (NIH) and the Substance Abuse and Mental Health Services Administration (SAMHSA). For the fifth consecutive year the NIH budget failed to keep up with the rate of inflation in the cost of conducting biomedical research. Funding for NIH increased by 1.1% (Table 1), whereas the cost of conducting research is estimated to increase between 5% and 6% every year. This stagnant five-year period follows a period between 1999 and 2003 when funding for NIH doubled—from $15 billion to $26.4 billion.

SAMHSA programs were funded at levels near those of 2007, although community-based mental health services absorbed some cuts. As shown in Table 1, $7 million was cut from funding for the Center for Mental Health Services (CMHS) Mental Health Block Grant, which provides community-based mental health services to children and adults with severe mental disabilities. The systems of care program for children with serious emotional disturbance was cut by $2 million. CMHS's suicide prevention program was funded at $39.3 million, a $3.2 million increase over 2007 (data not shown).

The bill signed by the President also included language on a "public-access mandate" for research funded by NIH. The provision makes mandatory a voluntary policy that has been in effect since May 2005. The policy seeks to ensure that findings of taxpayer-funded research are available free of charge. Since 2005 NIH-funded investigators have been encouraged to submit electronic copies of manuscripts that have been accepted by peer-reviewed journals to NIH within 12 months after the article is published. NIH then posts the full text in its free PubMed Central archive. Most grantees have not complied with the voluntary policy. The National Library of Medicine estimates that of 65,000 eligible articles per year, only about 12% are being submitted by authors.

Early last month NIH officials described how the policy will be implemented. As of April 7, 2008, all articles arising from NIH funds must be submitted to PubMed Central upon acceptance for publication. Since 2005 the policy has raised concerns that two versions of a research study will be available to the public—the uncopyedited manuscript supplied by the author and the published version of the same manuscript. To allay these concerns, many biomedical journals will submit articles directly to PubMed Central on behalf of authors, and a list is provided on the NIH Web site (publicaccess.nih.gov/plans). The provision signed by the President requires that NIH implement the public-access policy "in a manner consistent with copyright law." The Association of American

Table 1

Appropriations for federal mental health and substance abuse treatment programs for fiscal years 2008 and 2007, in millions of dollars

Agency and activity	2008	2007	% change
Substance Abuse and Mental Health Services Administration			
Center for Mental Health Services	910.9	883.9	3.1
Mental Health Block Grant	421.1	428.3	–1.7
Children's mental health services	102.3	104.1	–1.7
PATH grants for the homeless[a]	53.3	54.3	–1.8
Protection and Advocacy Services	34.9	34.0	2.6
Programs of regional and national significance	299.3	263.3	13.7
State Incentive Transformation Grants	25.5	26.0	–1.9
Center for Substance Abuse Treatment			
Prevention and Treatment Block Grant	1,758.7	1,758.6	<.001
Programs of regional and national significance	399.8	399.0	.2
Center for Substance Abuse Prevention, programs of regional and national significance	194.1	193.0	.6
National Institutes of Health	2,923.0	2,890.0	1.1
National Institute of Mental Health	1,404.5	1,403.6	<.01
National Institute on Drug Abuse	1,000.7	1,000.3	<.01
National Institute on Alcohol Abuse and Alcoholism	436.3	436.3	0

[a] Projects for Assistance in Transition From Homelessness

Publishers has warned that it will challenge the provision, stating that a mandatory policy "undermines" publishers' copyright and is "inconsistent with" U.S. laws.

During the first week of February, President Bush will release his proposed budget for fiscal year 2009, which begins on October 1. Health advocates are expecting that he will propose significant cuts in spending for domestic health programs.

Three SAMHSA Overview Papers on Effective Approaches to Treating Co-occurring Disorders

Three brief overview papers from the Substance Abuse and Mental Health Services Administration (SAMHSA) provide information on how best to help people with co-occurring mental illness and substance use disorders. The reports are the last in a series of eight concise introductions that present information based on current research findings and best practices. The series, which was developed by SAMHSA's Co-occurring Center for Excellence (COCE), targets mental health and substance abuse treatment providers, administrators, and policy makers, although the reports also provide useful information to the general public.

Services Integration: Overview Paper 6 emphasizes that system- and program-level integration must lead to client-level integration of services: "Integrated programs are supported and facilitated by systems integration. However, unless integrated treatment is provided to clients, other forms of integration serve no purpose." After highlighting important research findings, the eight-page report uses a question-and-answer format to address issues such as the outcomes that can be expected for clients with co-occurring disorders who receive integrated treatment and the importance of workforce cross-training and support.

Systems Integration: Overview Paper 7 outlines the benefits of developing public health infrastructures that systematically integrate mental health and substance abuse treatment programs. The report emphasizes that creation of an integrated state mental health and substance abuse department is not synonymous with systems integration and that such a merger may actually create resistance within existing systems that impedes integration efforts. Seven organizational processes that have been shown to support systems integration are described, including creation of committed leadership teams and a continuous quality improvement model that empowers collaboration at all levels. The report warns that relying solely on blended or merged funding streams is both inefficient and likely to result in funding uncertainty and confusion. It encourages implementation strategies that support the integrity of existing funding streams while articulating the expectation that all funding streams, whether flexible or categorical, should carry instructions for appropriate integration at the client level.

The Epidemiology of Co-occurring Substance Use and Mental Disorders: Overview Paper 8 is presented in two parts. Part 1, for nonscientists, provides basic information about epidemiology and why the findings of epidemiological studies are important for policy makers and the general public. In particular, it focuses on three major studies that are regularly referenced as prime sources of information on the nature and scope of co-occurring disorders: the National Comorbidity Survey and the more recent National Comorbidity Survey–Replication, the National Survey on Drug Use and Health, and the National Epidemiologic Study on Alcohol and Related Conditions. Part 2 summarizes specific findings of these studies and points out similarities and differences in their findings.

The series of overview papers is available on the COCE Web site at www.coce.samhsa.gov.

NEWS BRIEFS

State survey of Medicaid agencies' approaches to mental health services: A report released by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration (SAMHSA) examines how Medicaid agencies in 50 states and the District of Columbia address organization, funding, policy, management, and data issues that arise from their increased responsibility for mental health services. Respondents in slightly more than half the states said that Medicaid and mental health agencies collaborate frequently through internal and external meetings, public reports, or presentations to the legislature. Nine other states responded that collaboration occurs "somewhat regularly." Findings indicate that in some states the Medicaid agency retain full administrative responsibility for all mental health services if they are funded with Medicaid dollars and provided to Medicaid enrollees. Other states have chosen to share responsibilities in different ways with mental health agencies or other agencies in the state. State Medicaid and mental health agencies are within the same umbrella agency in 28 states and are separate in 23 states. Data were collected in hour-long telephone interviews with state Medicaid directors or their designees. The 75-page report represents the first time that such information has been systematically collected and analyzed. The report, *Administration of Mental Health Services by Medicaid Agencies,* is available on the SAMHSA Web site at mentalhealth.samhsa.gov/publications/allpubs/sma07-4301.