

Dilip Jeste New APA President-Elect

Members of the American Psychiatric Association (APA) elected Dilip V. Jeste, M.D., president-elect of the association. Dr. Jeste is distinguished professor of psychiatry and neurosciences at the University of California, San Diego, where he established the geriatric psychiatry program, which focuses on schizophrenia and other psychoses in late life. Dr. Jeste serves on the APA's DSM-5 Task Force and was a founding director of the American Psychiatric Institute for Research and Education. He is editor-in-chief of the *American Journal of Geriatric Psychiatry* and former president of the American Association for Geriatric Psychiatry. In the two-way race for president-elect, Dr. Jeste won 58% of the vote, with 42% going to his opponent, Jeffrey L. Geller, M.D.

The position of APA secretary was also up for election in this year's race. The incumbent Roger Peele, M.D., of Maryland was re-elected, with 60% of the vote, compared with 40% for Chicago psychiatrist Sidney Weissman, M.D.

Two of APA's seven areas held elections for area trustee. In area 2, which

includes all district branches in New York State, incumbent area trustee, James Nininger, M.D., received 59% of the vote and Jack Drescher, M.D., received 41%. In area 5, James Greene, M.D., of Tennessee won against Gary Weinstein, M.D., of Kentucky, 51% to 49%. Area 5 includes the southern states plus Puerto Rico and the military district branch.

The election also included a referendum objecting to specific changes to maintenance of certification requirements for psychiatry, such as patient feedback for the purpose of reporting to the American Board of Psychiatry and Neurology. Although support for the referendum was strong, with 80% of voters in favor, the referendum failed because of the low voter turnout. Only 25% of eligible voters cast ballots this year, down from about 31% during the previous two elections. For a referendum to be adopted it must receive the votes of at least 40% of voting members.

Dr. Jeste will officially become president-elect at the close of this year's APA annual meeting in Honolulu on May 18, at which time the current president-elect, John Oldham, M.D., will succeed Carol Bernstein, M.D., as president.

Cuts of this magnitude mean that tens of thousands of people will be unable to access care. The report cites research showing that even before the recession, more than half of people living with serious mental illness had not received services in the previous year. Ohio is cited as an example of a state in crisis: "Ohio once had one of the top mental health systems in the country. Today, after several years of significant budget cuts, thousands of youth and adults living with serious mental illness are unable to access care in the community and are ending up either on the streets or in far more expensive settings, such as hospitals and jails." In Rhode Island, where mental health funds have been cut every year since 2008, state officials have seen a 65% increase in the number of children with mental illness who are boarding in public hospital emergency rooms, with no place to go for treatment.

In the early years of the recession, states responded to the budget reductions by laying off state office personnel and curtailing staff hours and other administrative expenses, the NAMI report notes. However, recent cuts have focused on the elimination or downsizing of programs, services, and the professional workforce (psychiatrists, psychologists, and social workers) and on limiting service eligibility. Essential services that have been eliminated or downsized in 2010 and 2011 include state acute and long-term hospitalization; crisis intervention teams and crisis stabilization programs; targeted, intensive case management services; supportive housing; and access to psychiatric medications. For example, Arizona has eliminated case management, brand-name medications, access to support groups, and housing and transportation subsidies for all residents with serious mental illness.

Police officers and judges have become vocal critics of the budget cuts because of the increased burden on law enforcement. The report notes that in Oklahoma calls to police involving psychiatric emergencies have risen by 50%, and an Oklahoma police official describes one aspect of the added burden: "Officers are traveling from

NAMI Documents Large Cuts in State Mental Health Budgets, 2009 to 2011

Since 2009, when the economic crisis went into full force, states have cumulatively cut \$1.8 billion in state general funding of mental health services, according to a review of budget documents from all 50 states and the District of Columbia by the National Alliance on Mental Illness (NAMI). The largest cuts in terms of percentage of state general funds for mental health were found in Alaska, 35%, and South Carolina and Arizona, 23% each. In dollar amounts, California led with cuts exceeding \$587 million, followed by New York, which reduced state funds by \$132 million, and Illinois, which cut more than \$108 million. The NAMI report projects even deeper cuts for 2012.

The substantial cuts have occurred as demand for public mental health services is increasing, driven by unemployment and loss of private insurance, the NAMI report notes. Also, states may soon lose more than \$87 billion in additional federal Medicaid funds if the temporary increase in the federal match that was provided in the stimulus package ends as scheduled on June 30, 2011. This will mean losses to the states ranging from \$22 million in North Dakota to nearly \$1.9 billion in California and \$1.4 billion in New York, according to the report. The two largest sources of state support for mental health services are Medicaid (46%) and state general funds (40%).

one end of the state to the other and are out of their departments six, eight, ten hours at a time” to try to find psychiatric beds for people who need them. In July 2010 a judge in Sacramento County, California, blocked the county from balancing the budget by cutting mental health services to thousands of individuals, warning that the cuts would cause “catastrophic harm” and violate the Americans With Disabilities Act, leading to potentially high litigation costs for the county.

The report recognizes four states for “holding the line” either by including targeted increases for mental health services or minimizing proposed cuts. In Georgia the governor’s budget for 2012 includes a proposed increase of more than \$35 million in general fund dollars for expanding community-based services, such as supportive housing, assertive community treatment, and crisis services. The 2012 budget recommended by the governor of North Carolina includes a \$75 million increase to expand local inpatient beds and housing programs and to fund care coordination for people with serious mental illness. Although the Oklahoma governor’s 2012 budget proposes cuts to all state agencies, the cuts are lower for agencies delivering health and human services and education. The Maryland legislature is considering a “dime a drink” tax increase on the sale of alcoholic beverages, with proceeds going to fund safety-net services.

The report makes five policy recommendations to states. Protect state mental health funding and restore budgets, but tie funding to performance. Maintain adequate numbers of inpatient beds for psychiatric treatment. Invest in research on early detection and intervention in the treatment of serious mental illness for youths and adults. Implement mental health screening and assessment programs. Support programs designed to educate families, peers, and the public about serious mental illness and how to respond to people living with mental illness.

The 22-page NAMI report, *State Mental Health Cuts: A National Crisis*, is available at www.nami.org/template.cfm?section=state_budget_cuts_report.

NEWS BRIEFS

Bazelon fact sheets on SSI for children with mental disabilities:

Three new fact sheets from the Bazelon Center for Mental Health Law explain how Supplemental Security Income (SSI) can help low-income children with mental disorders. The first, “SSI Benefits for Children with Mental Disorders: Background,” explains eligibility rules for children in terms of physical or mental conditions that severely limit the child’s ability to function, with a link to financial eligibility rules, which are the same as those for adults. It briefly describes the application and decision process, with a link to more detailed information. “A Closer Look at Child Mental Disabilities and SSI Eligibility” describes the two sets of criteria on which these children are evaluated and lists pertinent diagnostic categories and definitions. “The SSI Program Provides Necessary Support for Low-Income Children with Mental Disorders,” the third fact sheet, provides a profile of families who have children receiving SSI, including data on the economic burden to these families and their service needs. The fact sheets are available on the Bazelon site at www.bazelon.org.

Kaiser reports on Medicaid enrollment and spending during the recession:

The Kaiser Family Foundation’s Commission on Medicaid and the Uninsured has released three new papers that examine Medicaid enrollment and spending during the recent recession, including *Medicaid Enrollment: June 2010 Data Snapshot* (seven pages), *Medicaid Spending Growth Over the Last Decade and the Great Recession, 2000 to 2009* (24 pages), and a fact sheet highlighting key findings from both documents. The analyses show that Medicaid enrollment rose above 50 million people nationally for the first time in 2010, reflecting the program’s counter-cyclical role of helping people who become uninsured when the economy falters, with many turning to Medicaid after losing jobs and employer-based health insurance. Without access to Medicaid coverage,

millions more people would likely have joined the ranks of America’s now 50 million uninsured. The recession-driven enrollment growth in recent years drove program spending to increase faster than national health spending overall, but on a per-enrollee basis the growth in Medicaid spending has remained lower than the rise in private insurance premiums and overall national health expenditures. The recession-driven increase in Medicaid enrollment has been the primary cause of the increase in overall Medicaid spending. The new reports are available at www.kff.org/medicaid/index.cfm.

Kaiser snapshot of CHIP enrollment:

For the first time in the history of the Children’s Health Insurance Program (CHIP) enrollment has exceeded five million. The latest data snapshot from the Kaiser Commission provides the most recent CHIP data—through December 2009—on enrollment and policy trends nationally and at the state level. In the month of December 2009, a total of 5,085,107 children were enrolled in CHIP, a 4.5% increase in enrollment from a year earlier. This significant increase continued a growth trend observed over the previous three years. At the time of this enrollment snapshot, states had more certainty about federal CHIP financing because of the enactment of the Children’s Health Insurance Reauthorization Act in March 2009. The legislation also included incentives for states to find and enroll eligible children in Medicaid and CHIP and to simplify and streamline the enrollment processes for these programs. However, states also were facing fiscal challenges as a result of the recession that started in December 2007. The enactment of national health reform legislation that extended CHIP funding through 2015 and continues the program through 2019 did not come until March 2010, after the period for this data snapshot. The eight-page Kaiser report, which is based on survey responses and data provided by CHIP directors in all 50 states and the District of Columbia, is available at www.kff.org/medicaid/7642.cfm.