



State of Illinois
Illinois Department of Public Health

Psychiatry Practice Incentive Program Annual Report to the Illinois General Assembly

March 2016

**Illinois Department of Public Health
Psychiatry Practice Incentive Program
Report for Calendar Year 2015**

BACKGROUND

On January 1, 2011, the Psychiatry Practice Incentive Act ("Act") [405 ILCS 100] was enacted. The Act's purpose is to improve access to psychiatric health care services through grants, loans, and educational loan repayment to help recruit and retain psychiatrists in designated shortage areas of Illinois. The Act includes the following programs:

1. Grants to medical schools to improve psychiatric residency programs;
2. Scholarships to students pursuing psychiatry as a medical specialty; and
3. Educational loan repayment for psychiatrists.

Per Section 35 of the Act, the Illinois Department of Public Health ("IDPH") is required to report annually to the Illinois General Assembly and the Governor on the results and progress of these programs. The annual report is due on or before March 15th of each year.

FUNDING

Since the Act's establishment, IDPH has not received any funding for these programs. Thus, no activities have been implemented for grants to psychiatric residency programs, scholarships for medical students pursuing psychiatry as a medical specialty, or loan repayment opportunities for psychiatrists.

PROGRAMS CONTAINED IN THE ACT

Grants for Psychiatric Residency Programs

IDPH can provide grants to Illinois medical schools to improve psychiatric residency programs. Grants must achieve the following:

1. Increase the number of psychiatrists in designated shortage areas;
2. Increase the percentage of psychiatrists establishing practice in Illinois after residency or fellowship; and
3. Increase the number of accredited psychiatric residencies in Illinois.

As seen in Table One, Illinois has seven medical schools. Each school offers a psychiatric residency program. From these schools, however, there are eight psychiatry residency programs. The University of Illinois College of Medicine offers two programs (Chicago and Peoria).

TABLE ONE		
Illinois Medical Schools With Psychiatry Residency Programs		
Medical School	Location(s)	Psychiatry Residency Offered
Loyola University	Maywood	Y
Northwestern University	Evanston	Y
Rosalind Franklin University	North Chicago	Y
Rush University	Chicago	Y
Southern Illinois University	Springfield	Y
University of Chicago	Chicago	Y
University of Illinois	Chicago	Y
	Peoria	Y
	Rockford	N
	Urbana-Champaign	N
TOTAL		8

Medical Student Scholarships

The Act allows IDPH to provide scholarship assistance to students who are pursuing psychiatry as a medical specialty. Scholarships would cover a portion of tuition, fees, and living expenses for the recipients. Scholarships can be awarded to a recipient for up to four years. The recipient must agree to work full-time as a psychiatrist in a designated shortage area for one year for each year of scholarship assistance received.

Educational Loan Repayment

The Act also provides a loan repayment assistance program for eligible psychiatrists. IDPH can provide up to \$25,000 annually to a psychiatrist to assist in the repayment of educational loans. Payments may be made for the principal, interest, and related expenses of government and commercial loans used for tuition and other reasonable educational expenses incurred by the physician. In exchange for loan repayment assistance, the psychiatrist must work at a medical facility in Illinois that is located in a designated shortage area for a minimum of three years.

DESIGNATED SHORTAGE AREAS

As referenced, a main goal of the Act is to recruit and retain psychiatrists in shortage areas in Illinois. Mental health professional shortage areas ("HPSA") are designated by the Secretary of the U.S. Department of Health and Human Services under the authority of Section 332 of the U.S. Public Health Service Act.

A mental health HPSA is determined by analyzing the availability of mental health providers, assessing demographic characteristics, and identifying the health status of residents of a particular service area. Once compiled, these factors are used to identify areas in need of additional mental health services. There are three types of mental health HPSA designations:

1. Geographic Area;
2. Population Group; or
3. Facility.

Geographic Area Mental Health HPSA

For an area to be designated as a geographic area mental health HPSA, the following criteria must be fulfilled:

1. A determination that the geographical area is a rational area for the delivery of mental health services;
2. Meet one of the following:
 - A. A population-to-core-mental-health-professional ratio greater than or equal to 6,000:1 and a population-to-psychiatrist ratio greater than or equal to 20,000:1; or
 - B. A population-to-core-mental-health-professional ratio greater than or equal to 9,000:1; or
 - C. A population-to-psychiatrist ratio greater than or equal to 30,000:1; or
3. Have an unusually high need for mental health services by demonstrating one of the following:
 - A. A population-to-core-mental-health-professional ratio greater than or equal to 4,500:1 and a population-to-psychiatrist ratio greater than or equal to 15,000:1; or
 - B. A population-to-core-professional ratio greater than or equal to 6,000:1; or
 - C. A population-to-psychiatrist ratio greater than or equal to 20,000:1; and
4. A determination that mental health professionals in contiguous areas are over utilized, excessively distant, or inaccessible.

Population Group Mental Health HPSA

To have a population group mental health HPSA, the following criteria must be met:

1. The population group faces access barriers that prevent the population group from using the area's mental health providers; and

2. Meet one of the following:
 - A. A ratio of the population group to the number of FTE core mental health professionals serving the population group that is greater than or equal to 4,500:1 and a ratio of the population group to the number of FTE psychiatrists serving the population group that is greater than or equal to 15,000:1; or
 - B. A ratio of the population group to the number of FTE core mental health professionals serving the population group that is greater than or equal to 6,000:1; or
 - C. A ratio of the population group to the number of FTE psychiatrists serving the population group that is greater than or equal to 20,000:1.

Facility Mental Health HPSA

To qualify for a facility mental health HPSA, a facility must meet the following criteria:

1. Federal or State correctional institutions must have:
 - A. At least 250 inmates; and
 - B. A ratio of the number of internees per year to the number of FTE psychiatrists serving the facility of at least 2,000:1.
2. State or county mental health hospital must have:
 - A. An average daily inpatient census of at least 100; and
 - B. A workload unit per FTE psychiatrist at the hospital that exceeds 300. Workload units are calculated using the following formula: total workload units = average daily census + 2 x (number of inpatient admissions per year) + 0.5 x (number of admissions to day care and outpatient psychiatric services per year).
3. Community mental health centers and public or non-profit facilities must:
 - A. Provide (or responsible for providing) mental health services to an area or population group designated as having a shortage of mental health professionals; and
 - B. Have insufficient capacity to meet the psychiatric needs of the area or population group.

The identification of mental health underserved areas can be found at: <http://datawarehouse.hrsa.gov/geoAdvisor/ShortageDesignationAdvisor.aspx>.

Based on these requirements, Illinois has 36 geographic area / population group mental health HPSAs. In addition, the following have a mental health HPSA designation: 44 Comprehensive Health Centers, 22 correctional facilities, and four mental health facilities (see Table Two).

TABLE TWO	
Mental Health HPSA Designations in Illinois	
Mental Health HPSA Type	Number of Designations
Geographic Area / Population Group	36
Comprehensive Health Centers	44
Correctional Facilities	22
Mental Health Facilities	4

The 36 geographic area / population group mental health HPSAs are listed in Table Three. As seen in the table, the HPSAs can comprise several community neighborhoods or encompass various counties.

TABLE THREE	
Geographic and Population Group Mental Health HPSAs in Illinois	
HPSA Name	County / Counties
Auburn Gresham / Washington Heights	Cook
Calumet Park, Robbins, Hazel Crest	Cook
Catchment Area 1-01-01	Jo Daviess, Stephenson
Catchment Area 1-03-03	Carroll, Lee, Ogle, Whiteside
Catchment Area 1-06-06	Henderson, Henry, Knox, Warren
Catchment Area 1-07-07	Bureau, Marshal, Putnam, Stark
Catchment Area 1-08-08	Fulton, McDonough
Catchment Area 25	Alexander, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Union
Catchment Area 3	Coles, Cumberland, Douglas, Shelby
Catchment Area 3-01-01	Adams, Brown, Cass, Hancock, Pike, Schuyler
Catchment Area 3-02-02	Calhoun, Greene, Jersey, Morgan, Scott
Catchment Area 3-03-03	Logan, Mason, Menard
Catchment Area 3-03-04	Christian, Macoupin, Montgomery
Catchment Area 3-05-05	DeWitt, Macon, Moultrie, Piatt
Catchment Area 3-07-07	Clark, Edgar, Iroquois, Vermilion
Catchment Area 4-01-01	Bond, Madison
Catchment Area 4-03-33	Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Jasper, Lawrence, Marion, Richland, Wabash, Wayne
Catchment Area 4-04-04	Franklin, Gallatin, Hamilton, Jefferson, Saline, White, Williamson
Chicago Central	Cook
Chicago Near South	Cook
Chicago Northeast	Cook
Cicero / Berwyn	Cook
DeKalb County	DeKalb
East Joliet	Will
East St. Louis	St. Clair
Ford County	Ford
Franklin Park	Cook, DuPage
LaSalle County	LaSalle
McLean / Livingston Counties	McLean, Livingston
Monroe County	Monroe
Roseland / Pullman / Riverdale	Cook
Sangamon County	Sangamon
South Chicago	Cook
South Shore, Chatham, Avalon Park, Burnside	Cook
Washington County	Washington
West Englewood, Englewood	Cook

ADMINISTRATIVE RULES

Per Section 15(9) of the Act, IDPH established administrative rules for the program in November 2011 (77 Illinois Administrative Code 577). The rules contain:

1. A mechanism to allocate funds to psychiatric residency programs;
2. Criteria for the repayment of educational loans;
3. Standards for the distribution of scholarship funds;
4. Accounting for the use of funds; and
5. Monitoring requirements for scholarship and loan repayment recipients.

PROGRAM ACTIVITIES

Although the Act was effective January 1, 2011, IDPH did not receive an appropriation for these programs in State fiscal years 2011, 2012, 2013, 2014, 2015, and 2016. As a result, no program activities have been implemented.

APPENDIX

Appended to this report are a copy of the Psychiatry Practice Incentive Act and a map of Illinois depicting mental health HPSAs.

APPENDIX A

Psychiatry Practice Incentive Act

Information maintained by the Legislative Reference Bureau

Updating the database of the Illinois Compiled Statutes (ILCS) is an ongoing process. Recent laws may not yet be included in the ILCS database, but they are found on this site as Public Acts soon after they become law.

For information concerning the relationship between statutes and Public Acts, refer to the Guide.

Because the statute database is maintained primarily for legislative drafting purposes, statutory changes are sometimes included in the statute database before they take effect. If the source note at the end of a Section of the statutes includes a Public Act that has not yet taken effect, the version of the law that is currently in effect may have already been removed from the database and you should refer to that Public Act to see the changes made to the current law.

**MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
(405 ILCS 100/) Psychiatry Practice Incentive Act.**

(405 ILCS 100/1)

Sec. 1. Short title. This Act may be cited as the Psychiatry Practice Incentive Act.

(Source: P.A. 96-1411, eff. 1-1-11.)

(405 ILCS 100/5)

Sec. 5. Purpose. The purpose of this Act is to establish a program in the Department of Public Health to ensure access to psychiatric health care services for all citizens of the State, by establishing programs of grants, loans, and loan forgiveness to recruit and retain psychiatric service providers in designated areas of the State for physicians who will agree to establish and maintain psychiatric practice in areas of the State demonstrating the greatest need for more psychiatric care. The program shall encourage licensed psychiatrists to locate in areas where shortages exist and to increase the total number of such physicians in the State.

(Source: P.A. 96-1411, eff. 1-1-11.)

(405 ILCS 100/10)

Sec. 10. Definitions. In this Act, unless the context otherwise requires:

"Department" means the Department of Public Health.

"Director" means the Director of Public Health.

"Designated shortage area" means an area designated by the Director as a psychiatric or mental health physician shortage area, as defined by the United States Department of Health and Human Services or as further defined by the Department to enable it to effectively fulfill the purpose stated in Section 5 of this Act. Such areas may include the following:

(1) an urban or rural area that is a rational area for the delivery of health services;

(2) a population group; or

(3) a public or nonprofit private medical facility.

"Eligible medical student" means a person who meets all of the following qualifications:

(1) He or she is an Illinois resident at the time of application for assistance under the program established by this Act.

(2) He or she is studying medicine in a medical school located in Illinois.

(3) He or she exhibits financial need, as determined by the Department.

(4) He or she agrees to practice full time in a

designated shortage area as a psychiatrist for one year for each year that he or she receives assistance under this Act.

(5) He or she agrees to accept medical payments, as defined in this Act, and to serve targeted populations.

"Medical facility" means a facility for the delivery of health services. "Medical facility" includes a hospital, State mental health institution, public health center, outpatient medical facility, rehabilitation facility, long-term care facility, federally-qualified health center, migrant health center, community health center, community mental health center, or State correctional institution.

"Medical payments" means compensation provided to physicians for services rendered under Article V of the Illinois Public Aid Code.

"Medically underserved area" means an urban or rural area designated by the Secretary of the United States Department of Health and Human Services as an area with a shortage of personal health services or as otherwise designated by the Department of Public Health.

"Medically underserved population" means (i) the population of an urban or rural area designated by the Secretary of the United States Department of Health and Human Services as an area with a shortage of personal health services, (ii) a population group designated by the Secretary of the United States Department of Health and Human Services as having a shortage of personal health services, or (iii) as otherwise designated by the Department of Public Health.

"Psychiatric physician" means a person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 with board eligibility or certification in the specialty of psychiatry, as defined by recognized standards of professional medical practice.

"Psychiatric practice residency program" means a program accredited by the Residency Review Committee for Psychiatry of the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

"Targeted populations" means one or more of the following: (i) a medically underserved population, (ii) persons in a medically underserved area, (iii) an uninsured population of this State, and (iv) persons enrolled in a medical program administered by the Illinois Department of Healthcare and Family Services.

"Uninsured population" means persons who (i) do not own private health care insurance, (ii) are not part of a group insurance plan, and (iii) are not eligible for any State or federal government-sponsored health care program.

(Source: P.A. 96-1411, eff. 1-1-11.)

(405 ILCS 100/15)

Sec. 15. Powers and duties of the Department. The Department shall have all of the following powers and duties:

(1) To allocate funds to psychiatric practice residency and child and adolescent fellowship programs according to the following priorities:

(A) to increase the number of psychiatric physicians in designated shortage areas;

(B) to increase the percentage of psychiatric physicians establishing practice within the State upon completion of residency;

(C) to increase the number of accredited psychiatric practice residencies within the State; and
(D) to increase the percentage of psychiatric practice physicians establishing practice within the State upon completion of residency.

(2) To determine the procedures for the distribution of the funds to psychiatric residency programs, including the establishment of eligibility criteria in accordance with the following guidelines:

(A) preference for programs that are to be established at locations that exhibit potential for extending psychiatric practice physician availability to designated shortage areas;

(B) preference for programs that are located away from communities in which medical schools are located; and

(C) preference for programs located in hospitals that have affiliation agreements with medical schools located within the State.

In distributing such funds, the Department may also consider as secondary criteria whether or not a psychiatric practice residency program has (i) adequate courses of instruction in the child and adolescent behavioral disorder sciences; (ii) availability and systematic utilization of opportunities for residents to gain experience through local health departments, community mental health centers, or other preventive or occupational medical facilities; (iii) a continuing program of community oriented research in such areas as risk factors in community populations; (iv) sufficient mechanisms for maintenance of quality training, such as peer review, systematic progress reviews, referral system, and maintenance of adequate records; and (v) an appropriate course of instruction in societal, institutional, and economic conditions affecting psychiatric practice.

(3) To receive and disburse federal funds in accordance with the purpose stated in Section 5 of this Act.

(4) To enter into contracts or agreements with any agency or department of this State or the United States to carry out the provisions of this Act.

(5) To coordinate the psychiatric residency grants program established under this Act with other student assistance and residency programs administered by the Department and the Board of Higher Education under the Health Services Education Grants Act.

(6) To design and coordinate a study for the purpose of assessing the characteristics of practice resulting from the psychiatric practice residency programs including, but not limited to, information regarding the nature and scope of practices, location of practices, years of active practice following completion of residency and other information deemed necessary for the administration of this Act.

(7) To establish a program, and the criteria for such program, for the repayment of the educational loans of physicians who agree to (i) serve in designated shortage areas for a specified period of time, no less than 3 years, (ii) accept medical payments, as defined in this

Act, and (iii) serve targeted populations to the extent required by the program. Payments under this program may be made for the principal, interest, and related expenses of government and commercial loans received by the individual for tuition expenses and all other reasonable educational expenses incurred by the individual. Payments made under this provision are exempt from State income tax, as provided by law.

(8) To require psychiatric practice residency programs seeking grants under this Act to make application according to procedures consistent with the priorities and guidelines established in items (1) and (2) of this Section.

(9) To adopt rules and regulations that are necessary for the establishment and maintenance of the programs required by this Act.

(Source: P.A. 96-1411, eff. 1-1-11.)

(405 ILCS 100/20)

Sec. 20. Application requirement; ratio of State support to local support. Residency programs seeking funds under this Act must make application to the Department. The application shall include evidence of local support for the program, either in the form of funds, services, or other resources. The ratio of State support to local support shall be determined by the Department in a manner that is consistent with the purposes of this Act, as set forth in Section 5 of this Act. In establishing such ratio of State support to local support, the Department may vary the amount of the required local support depending upon the criticality of the need for more professional health care services, the geographic location, and the economic base of the designated shortage area.

(Source: P.A. 96-1411, eff. 1-1-11.)

(405 ILCS 100/25)

Sec. 25. Study participation. Residency programs qualifying for grants under this Act shall participate in the study required in item (6) of Section 15 of this Act.

(Source: P.A. 96-1411, eff. 1-1-11.)

(405 ILCS 100/30)

Sec. 30. Illinois Administrative Procedure Act. The Illinois Administrative Procedure Act is hereby expressly adopted and incorporated herein as if all of the provisions of such Act were included in this Act.

(Source: P.A. 96-1411, eff. 1-1-11.)

(405 ILCS 100/35)

Sec. 35. Annual report. The Department shall annually report to the General Assembly and the Governor the results and progress of all programs established under this Act on or before March 15.

The annual report to the General Assembly and the Governor must include the impact of programs established under this Act on the ability of designated shortage areas to attract and retain physicians and other health care personnel. The report shall include recommendations to improve that ability.

The requirement for reporting to the General Assembly shall be satisfied by filing copies of the report with the Speaker, the Minority Leader, and the Clerk of the House of

Representatives and the President, the Minority Leader and the Secretary of the Senate and the Legislative Research Unit, as required by Section 3.1 of the General Assembly Organization Act, and by filing such additional copies with the State Government Report Distribution Center for the General Assembly as is required under paragraph (t) of Section 7 of the State Library Act.

(Source: P.A. 96-1411, eff. 1-1-11.)

(405 ILCS 100/40)

Sec. 40. Penalty for failure to fulfill obligation. Any recipient of assistance under this Act who fails to fulfill his or her obligation to practice full-time in a designated shortage area as a psychiatrist for one year for each year that he or she is a recipient of assistance shall pay to the Department a sum equal to 3 times the amount of the assistance provided for each year that the recipient fails to fulfill such obligation. A recipient of assistance who fails to fulfill his or her practice obligation shall have 30 days after the date on which that failure begins to enter into a contract with the Department that sets forth the manner in which that sum is required to be paid. The amounts paid to the Department under this Section shall be deposited into the Community Health Center Care Fund and shall be used by the Department to improve access to primary health care services as authorized by subsection (a) of Section 2310-200 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois (20 ILCS 2310/2310-200).

The Department may transfer to the Illinois Finance Authority, into an account outside of the State treasury, moneys in the Community Health Center Care Fund as needed, but not to exceed an amount established by rule by the Department to establish a reserve or credit enhancement escrow account to support a financing program or a loan or equipment leasing program to provide moneys to support the purposes of subsection (a) of Section 2310-200 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois (20 ILCS 2310/2310-200). The disposition of moneys at the conclusion of any financing program under this Section shall be determined by an interagency agreement.

(Source: P.A. 96-1411, eff. 1-1-11.)

APPENDIX B

Mental Health Professional Shortage Areas in Illinois

Federally Designated Health Professional Shortage Areas (HPSAs) Mental Health Care



Mental Health Care HPSAs

