



## **PSYCHIATRY PRACTICE INCENTIVE ACT ANNUAL REPORT FOR CALENDAR YEAR 2016**

### **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, scholarships, 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 and child and adolescent fellowship programs;
2. Scholarships to students pursuing psychiatry as a medical specialty; and
3. Educational loan repayment for psychiatrists.

Individuals who receive scholarship or loan repayment assistance must: 1) work at a medical facility located in a designated shortage area, 2) accept medical payments (compensation provided to physicians for services rendered under Article V of the Illinois Public Aid Code), and 3) serve targeted populations (medically underserved populations, persons in medically underserved areas, the uninsured, and persons enrolled in a medical program administered by the Illinois Department of Healthcare and Family Services).

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 15 of each calendar 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 residency programs, scholarships for medical students, or educational loan repayment for psychiatrists.

### **PROGRAMS**

#### **Grants for Psychiatric Residency and Child and Adolescent Fellowship Programs**

IDPH can provide grants to Illinois medical schools to establish or improve psychiatric residency and child and adolescent fellowship programs. Grants must achieve the following:

1. Increase the number of psychiatrists practicing 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 practice residencies in Illinois.

As seen in Table One, Illinois has eight medical schools. Of these schools, seven offer a psychiatric residency program. In addition, five offer a child and adolescent fellowship program.

<b>TABLE ONE</b>					
<b>Illinois Medical Schools</b>					
<b>Psychiatry Residency and Child and Adolescent Fellowship Programs</b>					
Medical School	Location	Medical Degree Offered		Psychiatry Residency	Child and Adolescent Fellowship
		Allopathic (M.D.)	Osteopathic (D.O.)		
Loyola University	Maywood	X		Y	N
Midwestern University	Downers Grove		X	N	N
Northwestern University	Chicago	X		Y	Y
Rosalind Franklin University	North Chicago	X		Y	N
Rush University	Chicago	X		Y	Y
Southern Illinois University	Springfield	X		Y	Y
University of Chicago	Chicago	X		Y	Y
University of Illinois	Chicago	X		Y	Y
	Peoria	X		Y	N
	Rockford	X		N	N
	Urbana-Champaign	X		N	N
<b>TOTALS</b>				<b>8</b>	<b>5</b>

### Medical Student Scholarships

The Act allows IDPH to provide scholarship assistance to students who pursue 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. To receive the scholarship, a recipient must agree to: 1) work full-time as a psychiatrist in a medical facility located in a designated shortage area for at least one year for each year of scholarship assistance received, 2) accept medical payments, and 3) serve targeted populations.

### Educational Loan Repayment

The Act provides a loan repayment assistance program for 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: 1) work for at least three years at a medical facility in Illinois that is located in a designated shortage, 2) accept medical payments, and 3) serve targeted populations.

## **MEDICAL FACILITIES**

Per Section 10 of the Act, a medical facility is a facility that provides health services and is located in a designated shortage area in Illinois. These facilities can include 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.

## **DESIGNATED SHORTAGE AREAS**

One 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 U.S. Department of Health and Human Services under 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: geographic area, population group, or 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;
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 full-time equivalent (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 be 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 list 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 HPSAs and 80 facility-based HPSAs. The facility-based HPSAs include: 49 Comprehensive Health Centers (CHCs), 19 correctional facilities, 11 rural health clinics, and one state mental hospital (Andrew McFarland Mental Health Center – Springfield). Table Two displays this information.

<b>TABLE TWO</b>	
<b>Mental Health HPSA Designations in Illinois</b>	
<b>Mental Health HPSA Type</b>	<b>Number of Designations</b>
Geographic Area / Population Group	36
Facility Based	
Comprehensive Health Centers <sup>(1)</sup>	49
Correctional Facilities	19
Rural Health Clinics	11
State Mental Hospital	1
1 – Includes six CHC Look-A-Likes.	

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

<b>TABLE THREE</b>	
<b>Geographic and Population Group Mental Health HPSA Designations</b>	
<b>HPSA Name</b>	<b>County / Counties</b>
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,

<b>TABLE THREE</b>	
<b>Geographic and Population Group Mental Health HPSA Designations</b>	
<b>HPSA Name</b>	<b>County / Counties</b>
	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

A Comprehensive Health Center (CHC) is a facility that provides primary care services to individuals. These can include community-based facilities, migrant health centers, health care centers for the homeless, or a facility that provides services to residents of public housing. These facilities are established under Section 330 of the federal Public Health Service Act. Facilities that provide similar services but are not formally recognized as a CHC by the federal government are considered a CHC Look-A-Like.

Table Four list the correctional facilities in Illinois with mental health HPSA designations. As seen in the table, 15 facilities are operated by the Illinois Department of Corrections while four are operated by the federal government.

<b>TABLE FOUR</b>		
<b>Correctional Facilities with Mental Health HPSA Designations</b>		
<b>Correctional Facility</b>	<b>City</b>	<b>County</b>
Big Muddy River Correctional Center	Ina	Jefferson
Centralia Correctional Center	Centralia	Marion
Danville Correctional Center	Danville	Vermilion
Decatur Correctional Center	Decatur	Macon
Federal Correctional Institution – Pekin *	Pekin	Tazewell
Federal Correctional Institution – Greenville *	Greenville	Bond
Graham Correctional Center	Hillsboro	Montgomery
Hill Correctional Center	Galesburg	Knox
Illinois River Correctional Center	Canton	Fulton
Lawrence Correctional Center	Sumner	Lawrence
Logan Correctional Center	Lincoln	Logan
Menard Correctional Center	Menard	Randolph
Metropolitan Correctional Center *	Chicago	Cook
Pinckneyville Correctional Center	Pinckneyville	Perry
Pontiac Correctional Center	Pontiac	Livingston
Shawnee Correctional Center	Vienna	Johnson
Sheridan Correctional Center	Sheridan	LaSalle
U.S. Prison – Marion *	Marion	Williamson
Western Illinois Correctional Center	Mt. Sterling	Brown

\* Operated by the Federal Government.

A rural health clinic (RHC) is a federally qualified health clinic certified to receive special Medicare and Medicaid reimbursement. RHCs must be staffed by a team that includes one mid-level provider (i.e., nurse practitioner, physician assistant, or certified nurse midwife), that must be on-site at least 50 percent of the time the clinic is open, and a physician to supervise the mid-level practitioner. RHCs must be located in non-urban rural areas that have health care shortage designations. Table Five list the RHCs in Illinois that have a mental health HPSA designation.

<b>TABLE FIVE</b>		
<b>Rural Health Clinics with Mental Health HPSA Designations</b>		
<b>Facility</b>	<b>City</b>	<b>County</b>
Mt. Sterling Rural Health	Mt. Sterling	Brown
Neoga Clinic	Neoga	Cumberland
Tri-County Community Health Center	Malta	DeKalb
Thomas H. Boyd Rural Health Clinic	Carrollton	Greene
Lawrence County Health Department	Lawrenceville	Lawrence
Quincy Medical Group – Pleasant Hill Rural Health Clinic	Pleasant Hill	Pike
Quincy Medical Group – Pittsfield Rural Health Clinic	Pittsfield	Pike
Quincy Medical Group – Barry Rural Health Clinic	Barry	Pike
Quincy Medical Group – Winchester Family Practice	Winchester	Scott
Family Healthcare Center	Shelbyville	Shelby
Morrison Community Hospital Family Care Center	Morrison	Whiteside

### **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.

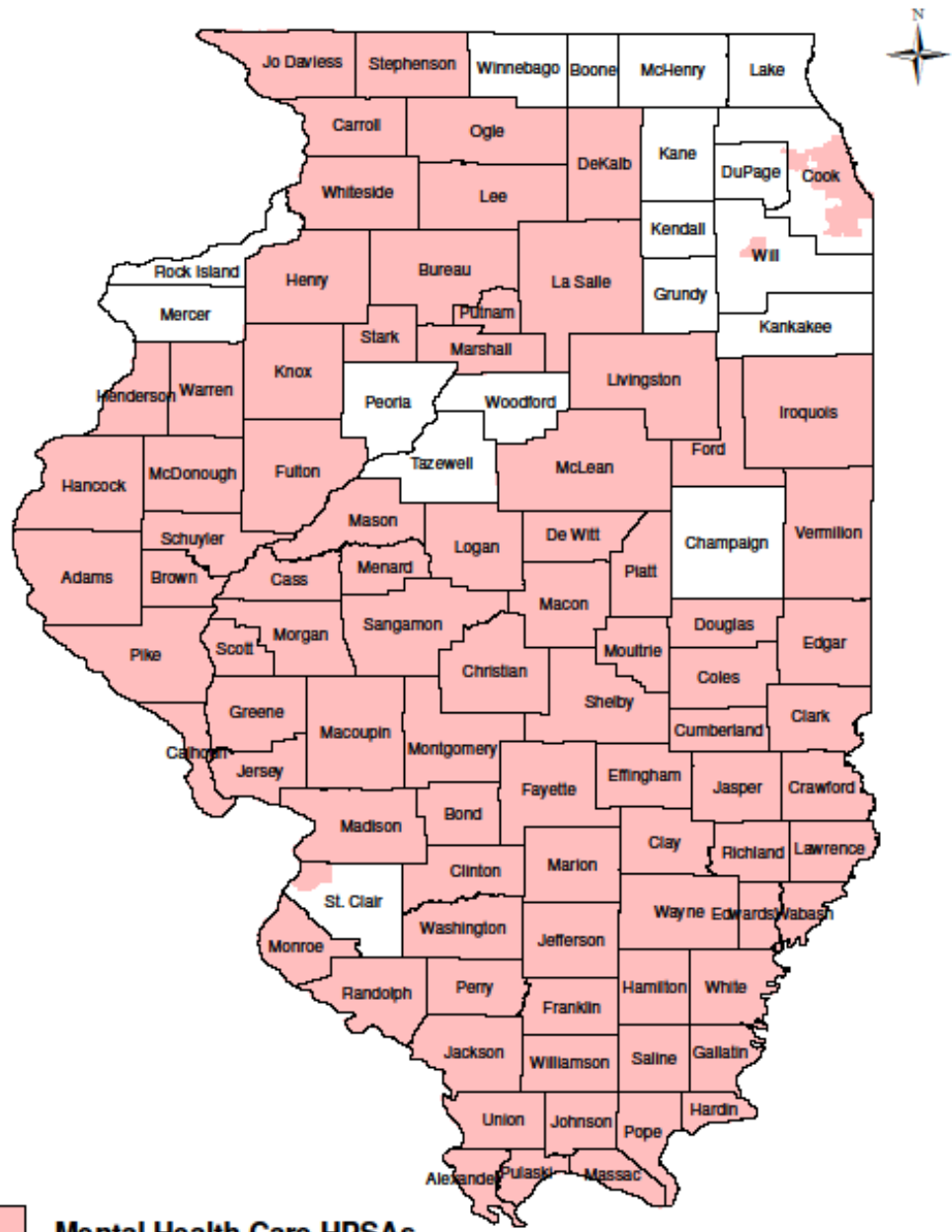
### **PROGRAM ACTIVITIES**

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, 2016, and 2017. As a result, no program activities have been implemented.

### **APPENDIX**

Appended to this report is a map depicting mental health HPSAs in Illinois.

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



**Mental Health Care HPSAs**

Prepared by the Center for Rural Health, IL Dept. of Public Health, January 2016

