

36TH ANNUAL **AHA RURAL HEALTH CARE** | LEADERSHIP CONFERENCE

FEBRUARY 19-22, 2023 | **SAN ANTONIO, TX**

JW MARRIOTT SAN ANTONIO HILL COUNTRY

Improving Behavioral Health Workforce and Services in a Rural State

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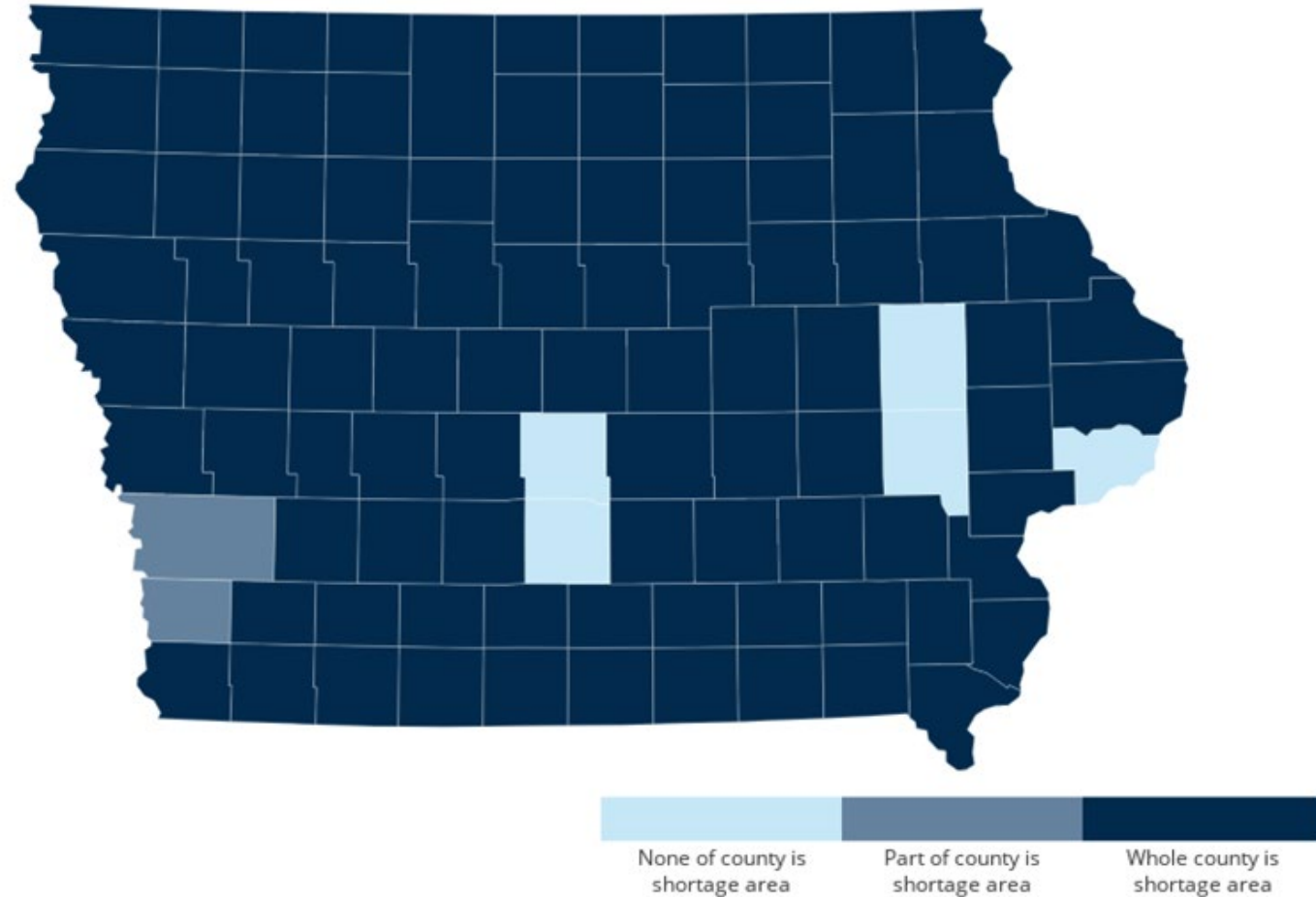
Clinical Professor, Director Assertive Community Training (ACT) Program, UIHC

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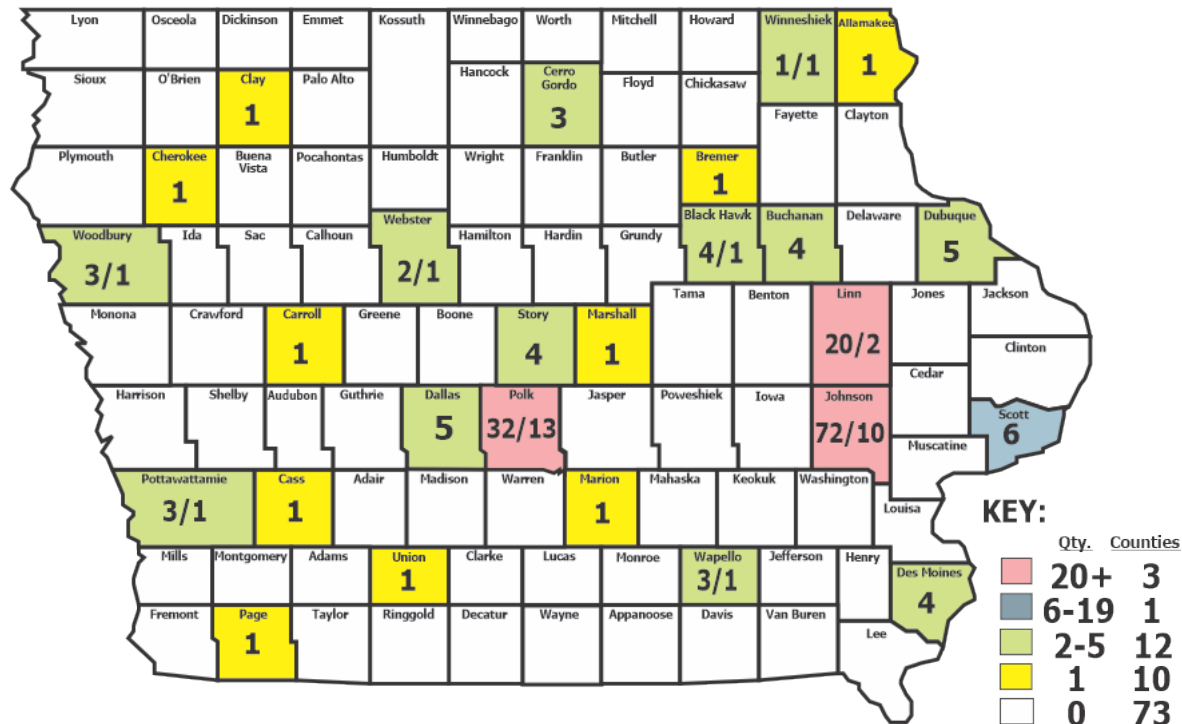
Iowa is a rural state!

Health Professional Shortage Areas: Mental Health, by County, 2022 - Iowa



47th in the nation for # of psychiatrist per capita

GEOGRAPHIC DISTRIBUTION OF IOWA PSYCHIATRISTS (212) 2021



Includes Psychiatrists (181) (SPID 500) and Child & Adolescent Psychiatrists (31) (SPID 505)

Source: Iowa Health Professions Tracking Center, Office of Statewide Clinical Education Programs, UI Carver College of Medicine, September 2022

K:\GRAPHICS\Maps\00\PI52021\IA Workforce124 PsychTake.docx

Psychiatry & Child Psychiatry	Net Gain (Loss)
2012	-1
2013	-11
2014	11
2015	-8
2016	0
2017	-4
2018	5
2019	-12
2020	-5
2021	0
<i>Total</i>	-25
<i>Annual Average</i>	-2.5
<i>2012- 2021 Percent Change</i>	-10.55%
<i>Current Trend</i>	<i>Decreasing</i>

Residency Programs	# Entering Practice	% Staying in Iowa
Psychiatry	86	60%
Family Medicine	586	55%
General Internal Medicine	222	49%
General Pediatrics	129	46%
General Surgery	72	35%
Obstetrics-Gynecology	32	44%
Totals	1,160	54%

Overview

State + Academic Medical Center + Rural Collaboration

Increase in psychiatry training	Serious Mental Illness	Substance Use Disorder	Mental illness and Intellectual Disability
<ul style="list-style-type: none">• State legislation and funding• 2019 – increase 4 residents per year• 2022 – up to 12 residents per year	<ul style="list-style-type: none">• State legislation and funding• Expand ACT teams• Creation of a Center of Excellence	<ul style="list-style-type: none">• State legislation and grant funding• New clinical services• Education	<ul style="list-style-type: none">• State legislation and funding• Intensive Residential Service Homes• I-START

Department of Psychiatry Physician Training

Residency

- Adult (7+2= 9)
 - *2020 - Created new Rural and Public Psychiatry Track (2 per year)*
- Internal Medicine/Psychiatry (2)
- Family Practice/Psychiatry (2)
- *Create a new residency program OR continue to expand rural track*

Fellowships

- Child/Adolescent fellowship (3)
 - *2023 or 24 – Create a child public track (2 per year)*
- Research Fellowship – INSPIRE (4)
- 2020 - Consult Liaison (1)
- 2020 - Addiction Medicine (2)
- *2023 - Public Psychiatry Fellowship (2 per year)*

Rural and public psychiatry residency track

- Response to Governor Reynolds' January 2019 announcement to expand UIHC psychiatry to improve rural mental health
- Funds were moved to Iowa Dept of Public Health for a competitive grant procedure
- Received notice on 10/31/19 about grant, due on 11/22/19
 - Grant period: January 1, 2020- June 30, 2020
 - Applicant shall expand an existing program by creating and maintaining additional psychiatry residency positions
 - Applicant shall provide mental health services in underserved parts of the state as part of a psychiatry residency program

Rural Track Expansion: The Dream

- Model after a successful program at the University of Washington- separately matched track that trains residents in Spokane, Boise and Billings
- Their outcomes have shown that residents training in less-served areas are more likely to stay in those areas after graduation compared to a few rotations. (1)
- Similarly, University of Toronto's rural psychiatry program showed the likelihood of later rural practice was "dose-related", or proportional to the extent of exposure during training. (2)

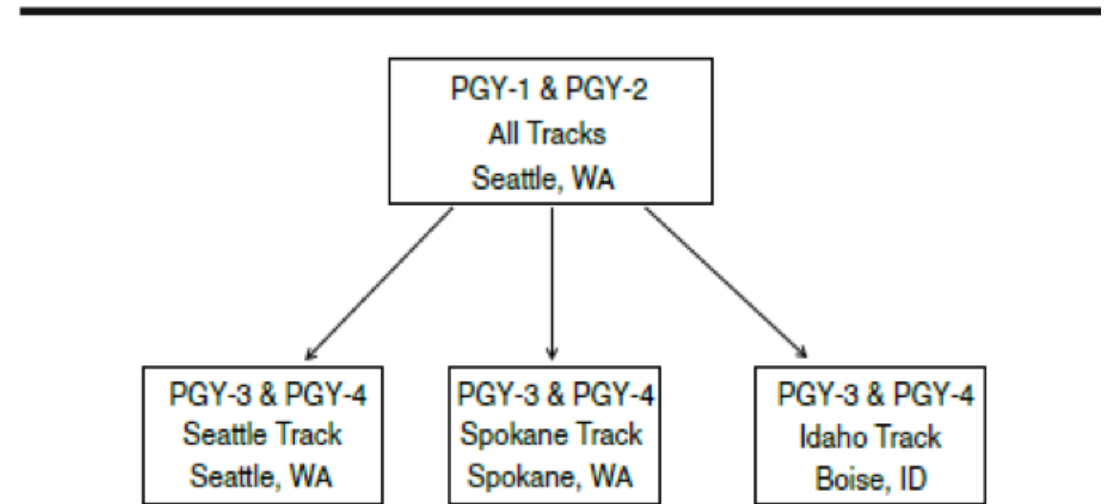


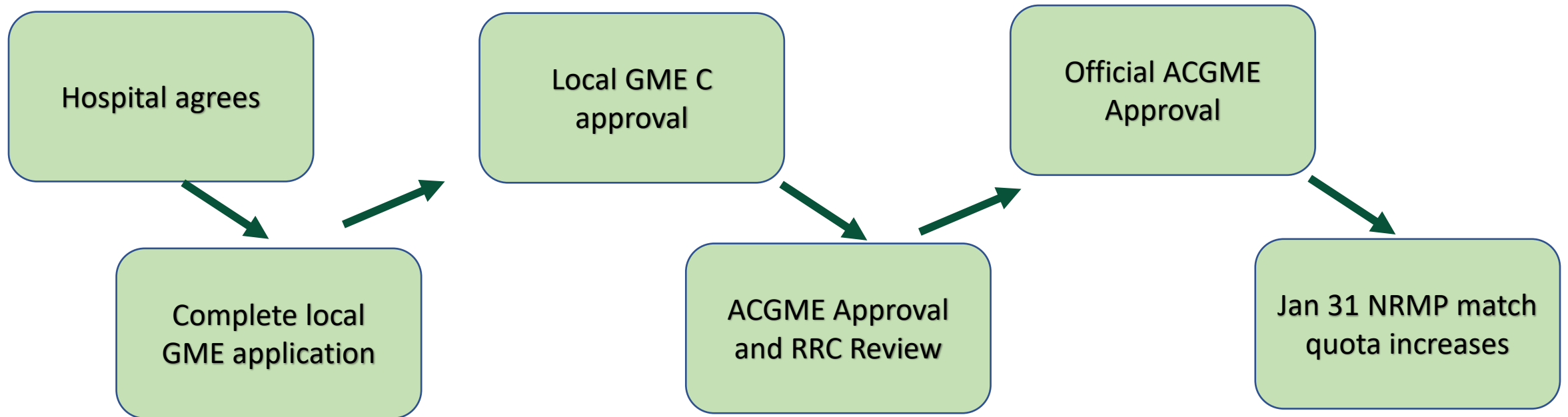
Fig. 1 Program structure

Rural Track Expansion: The Dream

- Four rural track residents would “match” into the rural track
- First two years of training in Iowa City
- Last two years of training in rural areas, focused on direct patient care and collaborative care to far-reaching communities

Rural Track Expansion: The Challenges

- Residents are a hospital expense
- Approval of resident expansion goes through GME at local hospital and ACGME



Rural Track Expansion: Our Solution

- No specific matching requirement- totally voluntary
- Within ACGME training requirements for 4 months of primary care, outpatient and inpatient experiences by board-certified psychiatrists
- Additional monthly lectures focused on public and community psychiatry, provided by mental health experts across the state
- Emphasis on matching psychiatry residents from Iowa and dedicated to a career in rural/ community psychiatry

Rural Track Expansion: Our Progress

- Started in July 2020
- Funded by the state, quarterly reports due for continued funding
- Two residents per class now participating (total of 6)



Katie Meidl, MD



Shannon Thoele, MD



Kayla Holthaus, MD



Brooke Olson, MD



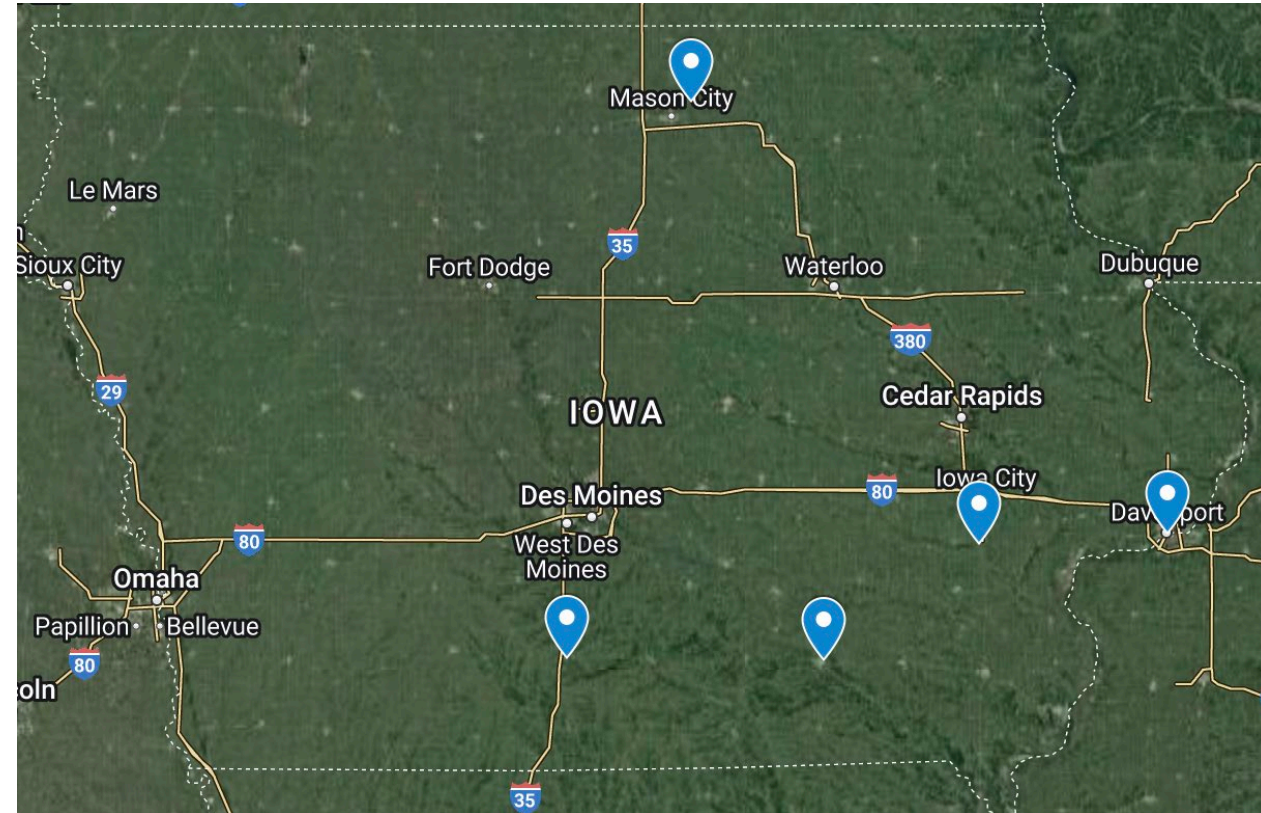
Dakota Sudbeck, DO



Nan Zhao, MD, MPH

Rural Track Expansion: Our Progress

- **PGY1:** Rural primary care experience in Riverside, IA
- **PGY2:** Three months of 4-week options in Mason City (CCBHC), Ottumwa (FQHC), or Davenport (CMHC)
 - Housing provided
- **PGY3:** Telepsychiatry continuity of care clinic to Clarke County Hospital (CAH). Actively working on expanding
- **PGY4:** Elective time exploring any of the above options, in addition to community psychiatry electives in Iowa City



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More funding for expansion in 2022

- UIHC shall administer a state funded residency program for up to 12 residents. Residents shall complete a portion of their training at one or more of the following institutions
 - Mental Health Institute at Independence and/or Cherokee
 - State Resource Center at Woodward
 - State Training School at Eldora
 - Iowa Medical and Classification Center at Oakdale
- If ACGME accredited clinical experiences are not available at one of the above institution's rotations may be at UIHC or at its affiliates across the state
- UIHC shall apply for to ACGME (accreditations council for graduate medical education for approval of 12 residency positions.
- Preference is given to residents of Iowa or graduated from college or medical school in Iowa.
- Beginning on or after July 1st, 2023, \$100,000 per resident is appropriated from the general fund of the state for each residency positions approved.

Location of required sites



We would love to have residents but... not enough MD's or MD time to meet ACGME requirements

- UIHC shall administer a state funded residency program for up to 12 residents. Residents shall complete a portion of their training at one or more of the following institutions
 - Iowa Medical and Classification Center at Oakdale (5 miles)
 - Mental Health Institute at Independence (66 miles)
 - State Training School at Eldora (128 miles)
 - State Resource Center at Woodward (152 miles)
 - Mental Health Institute at Cherokee (265 miles)

Solution: Public Psychiatry Fellowship



Develop
Fellowship

Build Capacity
for Residents

Expand adult
residency

What is a Public Psychiatry Fellowship?

- Public Psychiatry
 - Care for individuals who suffer from the most serious and persistent mental illness
 - Community-based, publicly funded system of care
- Public Psychiatry Fellowship
 - For mission driven psychiatrist; committed to improve care to underserved populations
 - Complete ACGME residency program. Can practice independently
 - 60% clinic; 40% education (advanced training in administration, legal, clinical, advocacy, social inequities, etc)
 - Established curriculum - American Association of Community Psychiatry (AACCP)
 - AACCP Certification in Community and Public Psychiatry
- Goals of Fellowship
 - Train early career MD to promote, recruit and retain work in public sector
 - Develop public and academic relationships
 - Develop MD leaders that are change agents
 - Facilitate development of residency

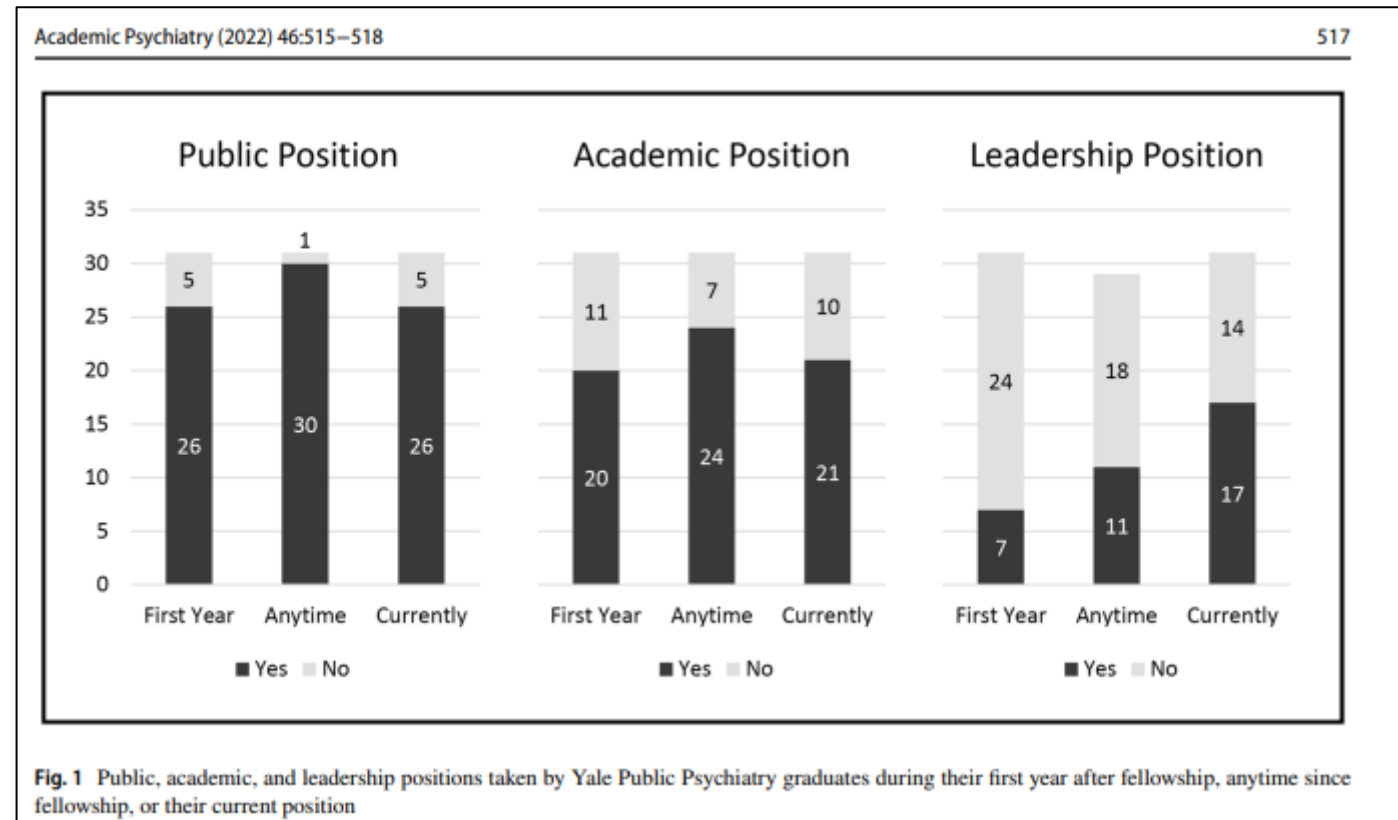
Current Public Psychiatry Fellowships

- Developed 1981 at Columbia University, New York, NY
 - State wanted to develop a psych residency
 - Challenges similar to Iowa
- 2007 – PA (3) and CT (1)
- Currently ~20 PPF



Data on PPF outcomes

- Majority MD's who complete PPF work in public sector
- Columbia, New York
 - 75% stay at jobsite
- Case Western, Cleveland Ohio
 - 50% in community placement
 - 50% in leadership
 - 80% stayed in Northeast Ohio
- Pennsylvania
 - 13/14 public services
 - 12/14 in state

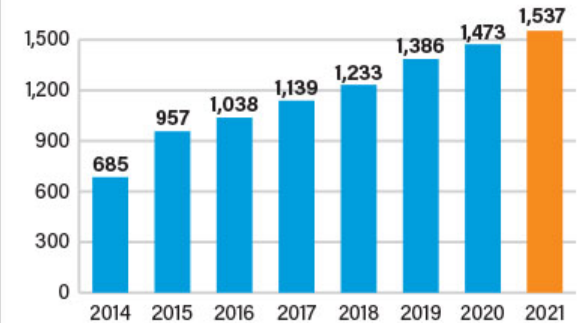


Momentum

- Increase interest in psychiatry
- Increased focus on training in Rural and for medically underserved areas/populations
 - ACGME Advisory Group
- Increase awareness of importance of social determinants of health
- Growing frustration with system, structural inequities and injustices
 - National Academy of Medicine

Another Year of Good News For Psychiatry

The number of U.S. allopathic and osteopathic seniors choosing to enter psychiatry rose to 1,537 this year (1,205 allopathic; 332 osteopathic), joined by 367 international medical graduates and other applicants. Psychiatry's numbers have been climbing steadily for over a decade.



Source: National Resident Matching Program, 2021



Accreditation Council for
Graduate Medical Education

UIHC-DSM Public Child Psychiatry Track



- Create a New Child Public Track
 - 2 residents per year
- Collaboration between 3 adult residency programs in Iowa
 - Iowa City (1); Des Moines (2)
- Submitted application

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- Expand ACT teams
- Creation of a Center of Excellence

Substance Use Disorder

- State legislation and grant funding
- New clinical services
- Education

Mental illness and Intellectual Disability

- State legislation and funding
- Intensive Residential Service Homes
- I-START

Improving Mental Health Services in a Rural State

Treatment of the seriously mentally ill is among the most difficult challenges in medicine

- Disease strikes young adults
- No known cure
- Treatment relies on public funding in a system widely acknowledged to be broken
- Many who go untreated, or receive inadequate treatment, become homeless, incarcerated, or worse
- A startling number of people do not have access to treatments known to be effective, such as ***Assertive Community Treatment (ACT)***

Implementing ACT in a Rural State

Overview

- Developed 1970's
 - Move hospital ward treatment staff into the community to provide treatment, rehabilitation, and support in homes
 - Multidisciplinary direct service low client-locus of care in community assertive outreach ready access in times of crisis
- Outcomes
- Fewer hospitalizations
 - Improved housing stability
 - Findings have been replicated in >35 randomized controlled trials
- in mental health services
- "No psychosocial intervention has influenced current community mental health care more than assertive community treatment"*
Drake and Burns, Psychiatric Services 1995

ACT at UIHC

The Team



ACT at UIHC

- Census: 68 people
- Diagnoses (primary)
 - 65% Schizophrenia
 - 15% Schizoaffective Disorder
 - 15% Bipolar Disorder
 - 5% Chronic Major Depression
- 70% have Substance Abuse diagnosis

ACT at UIHC

Daily Rounds



- Each client each day
- All team members
- Report on last 24 hours, plan for today
 - Coordination
 - Accountability

ACT at UIHC

First things First



- Initial Assessments
- Housing
- Medications

ACT at UIHC

When “Home Sweet Home” isn’t so Sweet

A room with a view.....



ACT at UIHC



- Deliver and organize medications
- Regular monitoring
- Manage side effects



ACT at UIHC

Work – often the best treatment

- Iowa City Recreation Center
- Taco Johns
- Ace Hardware
- Hungry Hobo
- Every Bloomin' Thing



ACT at UIHC

Accessing Local Supports

**Where to go and what to do
when you get there**



ACT at UIHC

What makes a “Good Day”?



A walk in the park

A cup of Joe



ACT at UIHC

- We average 3-4 visits per week per client
- Range is from once a week to twice daily
- Dollars well spent



Implementing ACT in a Rural State

Iowa's Timeline

1996	First Team – University Of Iowa (Iowa City)
1998	(Des Moines, Cedar Rapids)
2003-10	ACT Technical Assistance Center (Univ of Iowa/Magellan/DHS)
2004	(Fort Dodge)
2006	(Council Bluffs)
2009	ACT on the Medicaid Menu of Services
2011	(Forensic team Des Moines)
2015	CCBHC planning grants
2017	(Waterloo, Spencer, Knoxville)
2018-2021	House File 2456. (Davenport, Ames, Dubuque, Ottumwa, Mason City, etc.)
2022	Center of Excellence for Behavioral Health

Implementing ACT in a Rural State Center of Excellence for Behavioral Health

- 2022
- State/academic partnership
- 18-month project with option to extend
- Support for evidence-based practices – provide training and fidelity audits
 - Individual Placement and Support (supported employment has been successfully implemented in rural settings)
 - Permanent Supportive Housing
 - **Assertive Community Treatment**

Implementing ACT in a Rural State Center of Excellence for Behavioral Health

- Support for new teams
 - Not financial 😊
- Ongoing training
 - Monthly series (zoom in real time) for all ACT staff– ACT 101, case-based review and discussion
 - Participation in UI trainings e.g. Addiction Series lectures
 - Iowa Dept Public Health: Narcan access & training
 - Website - “Principles of” -motivational interviewing, integrated dual disorders treatment, psychopharmacology 101
- Fidelity reviews
 - SAMHSA endorsed; based on DACTS
 - Rural teams may not meet fidelity standards

Implementing ACT in a Rural State

Can ACT work in rural areas? (SMI advisor 2021)

- ACT, like many evidenced based practices, was developed and studied in urban areas
- Model requirements don't account for unique rural circumstances – geography, workforce, higher numbers of underinsured people, culture
- How to accommodate...
 - 1:10 staffing ratio in an area with sparse population?
 - Multidisciplinary team and 24/7 staffing requirements with limited workforce?

IMPLEMENTING ASSERTIVE TREATMENT PROGRAMS

**Elizabeth C. McDonel, Gary R. ...
Dawn Fekete, Annabel Chen, ...
and Larry Miller**

Psychiatr Q (2013) 84:103–114
DOI 10.1007/s11126-012-9231-5

ORIGINAL PAPER

Adaptation of Intensive M... Management to Rural Cor... Health Administration

Somaia Mohamed

A Comparison of Assertive C... Treatment and Intensive Ca... Management for Patients in

Piper S. Meyer, Ph.D.
Joseph P. Morrissey, Ph.D.

Psychotherapy

Rural Assertive Community
Telepsychiatry



Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities

Increasing the Availability of Evidence-Based Practices in Rural and
Remote Communities for Individuals with SMI

August 2021

Community Treatment Programs in Rural North Carolina

Exploring Two Treatment Teams in Maine

Practice, Unique Place: Exploring Two
Mental Health Nursing, 39:6, 499-505,

ORIGINAL RESEARCH
published: 22 July 2022
doi: 10.3389/fpubh.2022.913159



Assertive Community Treatment in Rural and Remote Settings: A Qualitative Study of the Challenges and Adaptations of the

Isbrenn², Martin Renningen², Sigrun Odden¹, Annika Lexén³
1,4

Implementing ACT in a Rural State

What's being tried? (SMI advisor 2021)

- A standardized rural model is not yet established, but multiple adaptations exist.
 - 9/14 states describe modifications to the model
 - Higher staff to client ratios
 - Modified fidelity tool
 - WICHE- Montana, S Dakota, Arizona, Colorado
 - Michigan - Request for exception for the 7 “core components”
 - Flexible ACT= a Dutch version of ACT
- Common goal is to maintain critical ingredients of the model = the relationship
- Need outcomes studies and the “recipe”

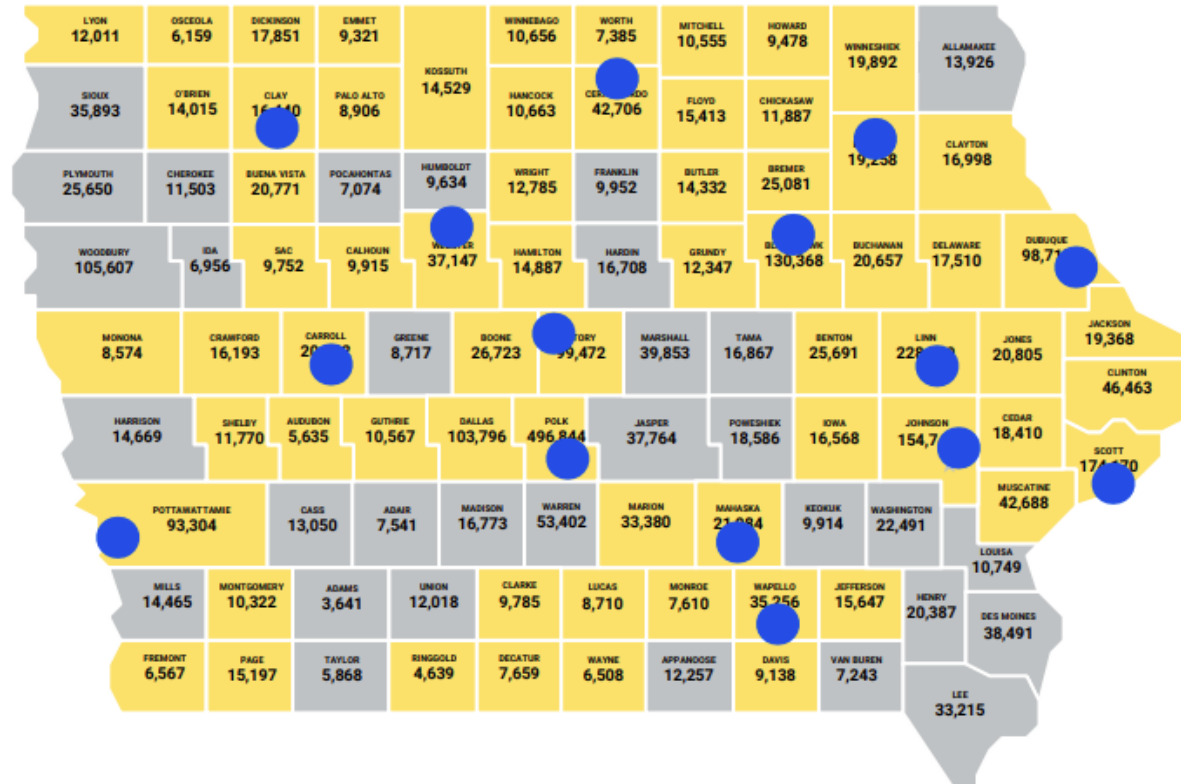
Implementing ACT in a Rural State

Can it work in rural areas?

ACT Teams in Iowa

Iowa Total Population: 3,193,079

2021 County Population Data



December 2022

Implementing ACT in rural Iowa

- Partnering with university hospital for assistance in grant writing and implementation
- On-site training in Iowa City for all ACT members
- Ongoing virtual training and discussions
- Adapting to a rural population



Implementing ACT in a Rural State

Lessons Learned(-ing!): Iowa

- The population needed to run a team depends on local factors
- Fidelity guidelines are useful, but need to be tied to outcomes
- Teamwork is essential to find the right “recipe”.
- A word about workforce:
 - ACT associated with low staff turnover
 - Shared responsibility for very ill clients, relationship building
 - Use rental cars
 - Support the on-call person
 - Dress code exception
 - Flexible scheduling
 - Invest in the person, then the credential

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- Education

Mental illness and Intellectual Disability

- State legislation and funding
- Intensive Residential Service Homes
- I-START

Clinical Care – UI Addiction & Recovery Collaboration

- Iowa Medicaid
 - Eliminate prior auth for some buprenorphine products
- Created MAT (medication assistant treatment) clinics
 - Telehealth, walk-in, traditional clinics
 - Provide care to patients in 49/99 counties
- Inpatient Consult Service
 - Warm handoff to community providers
- Bridge Projects
 - Support reentry to community following period of incarceration
- Telephone MAT Clinic
 - Low barrier access
 - No phone or broadband access needed
- E-Consult Service
 - Electronic consults for providers across the state
- Mobile MAT Clinic
 - Rural communities
 - Coordinate with jails and ER to deliver medications to treat opioid use disorder

Education and Training

Clinicians Across the State



Learners

- Students
- Residents
- Training program for Advance Practice Providers
- New Fellowship for MD/DO
- [UIHC Addiction Medicine Fellowship Faculty | Department of Psychiatry \(uiowa.edu\)](#)

Questions...



Alison Lynch, MD

Director, UI Addiction & Recovery Collaboration

Alison-lynch@uiowa.edu



[Addiction Medicine | University of Iowa Hospitals & Clinics \(uihc.org\)](https://uihc.org)

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After age 21 .. Many doors close

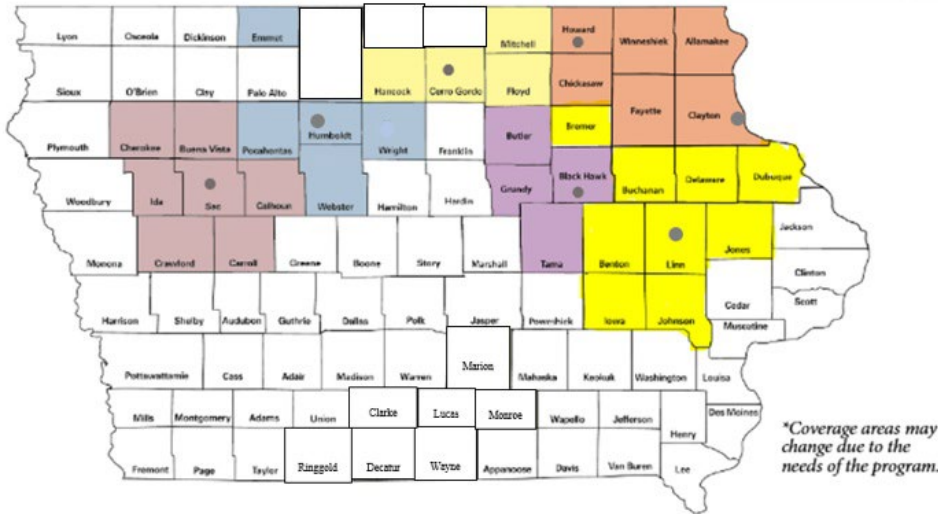


Community Supports for Adults with Mental Illness and Intellectual Disabilities

I-START

(Systemic, Therapeutic, Assessment, Resources and Treatment)

I-START Program Service Area



IRSH

(Intensive Residential Service Homes)

- DHS Complex Service Needs Workgroup
 - [DHS Complex Service Needs Workgroup Report \(ecriowa.org\)](http://ecriowa.org)
- IRSH
 - Serve adults with complex mental health care needs
 - Specialized care
 - High staff: resident ratio+

Thank you! Questions?

1. Cowley D, Keeble T, Jones J, Layton M, Murray S, Williams K, Bakker C, Verhulst J. Educating psychiatry residents to practice in smaller communities: a regional residency track model. Acad Psych. 2016;40:846-49.
2. Hodges B, Rubin A, Cooke RG, Parker S, Adlaf E. Factors predicting practice location and outreach consultation among University of Toronto psychiatry graduates. Can J Psychiatry. 2006;51:218–25.
3. Implementing ACT in a Rural State.
 - [Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities - SMI Adviser](#)
4. Public Psychiatry Fellowship
 - [Psychiatry Residency Training | AADPRT](#)
 - [Psychiatry.org - Public Psychiatry Fellowship](#)
 - [AACP - Fellowship Training Opportunities \(communitypsychiatry.org\)](#)