

Ohio Department of Mental Health (ODMH)
Residency & Training Program Priorities
Fiscal Year 2011
June 8, 2010

Introduction

The ODMH Residency and Training Program was established by Ohio Revised Code (Section 5119.11) and provides ODMH the authority to fund training of mental health professionals to serve adults and children in Ohio's community and public mental health system. This program is designed to support the recruitment, development and retention of a qualified, diverse, culturally competent workforce within ODMH and the Ohio mental health system that possesses the knowledge, skills and abilities to provide recovery and resiliency-based mental health services. Exposure to community and public mental health settings early in a student's educational process impacts future career development and employment decisions. Local systems and organizations also benefit by the linkages created between educational institutions and mental health agencies, state hospitals, boards, advocacy groups, and other organizations as a result of the ODMH Residency & Training Program. Continuity of care is improved when training takes place in both hospital and community settings.

Residency and Training grant funds are used primarily to support faculty to provide on-site public mental health training in both community and hospital settings. There is an expectation that applicants will obtain collaborative financial support by engaging community stakeholders and others (e.g., supplemental salary from boards and community agencies, grants from public and private foundations). Priority is given to applicants that seek to develop self-sustaining and enduring programs within their colleges and universities. Funded entities must agree upon specific outcomes expectations and deliver staged and quantified documentation of success over the course of the funded program.

Program Priorities

The following program priorities reflect workforce development needs as articulated by a broad array of stakeholders in Ohio's community and public mental health system.

- I. **Residency and Training Program proposals** shall incorporate the following approaches:
 - A. An approach to program development that addresses local community and public mental health priorities by including representatives from boards, local provider organizations, consumers, family members and other stakeholders in program planning, implementation, teaching and/or evaluation
 - B. A training curriculum that incorporates national consensus guidelines and core competencies identified by the Annapolis Coalition's Action Plan for Behavioral Workforce Development (Hoge, Morris et al., 2007), the Institute of Medicine (2006) and the Accreditation Council for Graduate Medical Education (2007). Specific values and practices include recovery and resiliency driven care, interdisciplinary and team-based practice, and continuous quality improvement.

- C. Competence in basic skills required by direct-care staff in community and public mental health settings including, but not limited to, treatment planning, documentation, professionalism, outcomes evaluation, and the use of new technology.
- D. Implementation of core elements of effective training programs (e.g., Ranz, Deakins, LeMelle, et al., 2008).
- E. Field-based practicum experiences in settings that model a philosophy of recovery, resiliency, innovation, clinical best practice, and performance improvement. Practicum experiences of sufficient duration and intensity to allow trainees to observe consumers make progress toward resiliency and recovery-related goals.

II. **Residency and Training Programs** shall promote competence in efficient and effective clinical practices (E&Es), including evidence-based practices, emerging and promising best practices, for those receiving SPMI services in Ohio’s community and public mental health system through deliberate curriculum design and practicum experiences.

Examples include the following:

- Programs that improve cultural competence and address disparities in mental health services for underserved populations and service areas;
- Programs that improve access to psychiatric care for children, youth/young adults, adults and families;
- Programs that promote continuity of care across treatment settings (e.g., state hospitals and provider agencies);
- Programs that increase the pursuit of careers in community and public mental health for underrepresented minorities and consumers;
- ODMH sponsored Coordinating Centers of Excellence, networks and promising best practices.

III. **Public Psychiatry Chair (PPC) funding proposals shall include the following:**

- A. A specified individual funded in part by ODMH and in part by the university school of medicine as PPC;
- B. Specified number of hours per week dedicated to role of PPC;
- C. Specified actions and leadership responsibilities of PPC, including:
 - Hours of resident training per week in public psychiatry by PPC;
 - Hours of supervision of residents on site at community providers, provided by PPC or faculty who collaborate and give education and feedback to PPC;
 - Hours of design of program, policy development, EBPs, administrative/committee meetings and other administrative tasks per week, not to exceed 20% of total hours of PPC;
 - Hours of consultation with CMHCs and ADAMHS Boards regarding SPMI and SED clients;
 - Hours of training provided regarding assessment, diagnosis, and treatment of those with SPMI and SED;

- Hours of collaboration with Residency Training Director and Clerkship Director.

IV. Public Psychiatry Training: Mandated Services

A. Rotations for Psychiatry Residents

1. Clinical Experiences/Assignments: Desired State

- PGY I: Onsite orientation at Regional Psychiatric Hospital (RPH) or alternative hospital serving SPMI in the community;
- PGY II: Minimum of one month onsite rotation at RPH/ alternative hospital
- PGY III: Minimum of one-half day per week in community psychiatry outpatient care
- PGY IV: Elective clinical experience in public psychiatry

B. Didactics for Psychiatry Residents (to learn at *some point* during the residents' training, in *some area* of their curriculum, and not necessarily in the *public* psychiatry aspect of the curriculum per se)

Tier I: Mandatory Education & Training

- Integrated mental health and other physical health care;
- Integrated dual disorder treatment (IDDT), including Motivational Interviewing (MI);
- Cognitive behavioral therapy (CBT);
- Borderline personality disorder protocol, including modules for dialectical behavioral therapy (DBT) and other approaches;
- Co-occurring mental illness and intellectual disabilities (MIDD);
- Wellness management and recovery (WMR);
- Intensive home and community-based services, including ACT;
- Criminal justice diversion, re-entry, and other forensic evaluation and treatment programs;
- Trauma informed care, including trauma-focused CBT;
- Proactive, positive intervention (PPI) to create a safe and therapeutic treatment culture which continually reduces seclusion, restraint, and other coercive interventions;
- Quality improvement in healthcare;
- Public mental health system in Ohio
- Cultural competence
- Acute care protocol
- Medical clearance
- Assessing patient risk for violence (HCR 20)

Tier II: Optional Training

- Specific aspects of psychiatric treatment of SPMI;
 - Ethical and legal issues in treatment of SPMI;
 - Behavioral health disaster mitigation and response;
 - Programs that address school and community mental health collaboration for mental health promotion, prevention, early intervention and treatment;
 - Cognitive enhancement therapy (CET);
 - Supported employment (SE);
 - “Bart’s Place” family-welcome care;
 - Other public mental health issues and medication best practices.
- D. Mandated supervision with public psychiatry faculty for at least one year, for each resident
- E. Performance Measure Indicators for mandated grant services:
1. Number of volunteer psychiatry faculty employed in public mental health
 2. Number of PGY I residents completing onsite orientation at RPH/Private Psychiatric Hospitals and CMHC
 3. Number of PGY II residents completing one month rotation at RPH/Private Psychiatric Hospitals and CMHC
 4. Number of PGY III residents completing one-half day per week in community psychiatric outpatient care
 5. Number of PGY IV residents completing electives in public psychiatry
 6. Number of non-duplicated topics covered in required courses offered
 7. Number of residents participating in supervision with public psychiatry faculty.

V. Public Psychiatry Training: Aspirational Services

- A. Medical Students
1. 3rd year and 4th year medical students public sector clerkship opportunities
 2. Number of volunteer psychiatry faculty in public sector
- B. Performance Measure Indicators for aspirational grant services:
1. Number of 3rd and 4th year medical students completing public mental health clerkships

VI. Child & Adolescent Fellowship (C & A) Psychiatry Training: Mandated Services

- A. The number and percentage of program C & A fellow graduates currently employed in Ohio.

- B. The number and percentage of program C & A fellow graduates with employment in the following categories:
- Ohio CMHC
 - RPH
 - Correctional Facility in Ohio
 - Federal Facilities
 - Primary Care / Medical Home Model Clinics
 - Other (please specify)
- C. The number and proportion of C & A graduates working at least part-time treating SED in one of the settings listed in B, above.
- D. The number and proportion of graduates who are not employed because they are pursuing advanced training.
- E. A brief description of factors that may affect the employment of your program graduates in Ohio's public MH system.
- F. Description of other measures of program quality and effectiveness that you are using to evaluate your program.
- G. Number of C&A trained in E&Es during quarters 1 and 2 (due by 1/31/10) and quarters 3 and 4 (due by 7/31/10) of the fiscal year.
- H. Identify E&Es fellows covered in your training program during quarters 1 and 2 (due by 1/31/10) and quarters 3 and 4 (due by 7/31/10) of the fiscal year.
- I. Number of C&A fellows completing one-half day per week in community child psychiatry outpatient care.
- J. Number of residents/fellows completing electives in child psychiatry.
- K. Number of non-duplicated topics covered in required courses offered.
- L. Number of child psychiatry residents/fellows participating in supervision with public psychiatry faculty.

VII. Forensic Psychiatry Training: Mandated Services

- A. Prior to selection, one forensic fellow shall agree to one year of employment in forensic psychiatry at the ODMH RPH approved by the ODMH Medical Director. RPH selection shall occur prior to final fellow admission selection, contingent upon agreement with ODMH Medical Director, and based on applicant needs and forensic services access needs.
- B. Following graduation, one forensic fellow shall complete one year of employment in forensic psychiatry at the ODMH RPH approved by the ODMH Medical Director.
- C. Number of persons trained in fellows during quarters 1 and 2 (due by 1/31/10) and quarters 3 and 4 (due by 7/31/10) of the fiscal year.

- D. Identify E&Es covered in your training program during quarters 1 and 2 (due by 1/31/10) and quarters 3 and 4 (due by 7/31/10) of the fiscal year.

VIII. Psychiatric Nursing Training: Mandated Services

- A. The number and percentage of program graduates currently employed in Ohio.
- B. The number and percentage of program graduates with employment in the following categories: Ohio CMHC, RPH, VA Hospital in Ohio, Correctional Facility in Ohio
- C. The number and proportion of graduates working at least part-time treating SMD/SED in one of the settings listed in B, above.
- D. The number and proportion of graduates who are not employed because they are pursuing advanced training.
- E. A brief description of factors that may affect the employment of your program graduates in Ohio's public MH system.
- F. Description of other measures of program quality and effectiveness that you are using to evaluate your program.
- G. Number of persons trained in E&Es during quarters 1 and 2 (due by 1/31/10) and quarters 3 and 4 (due by 7/31/10) of the fiscal year.
- H. Identify EBPs/BPs covered in your training program during quarters 1 and 2 (due by 1/31/10) and quarters 3 and 4 (due by 7/31/10) of the fiscal year.

IX. Funding decisions for residency and training programs will be based on the following:

- A. Ability of applicants to respond to the training needs and priorities described above;
- B. Funding availability for ODMH;
- C. The need within Ohio for undersupplied subtypes of mental health professionals.

Resources

Accreditation Council for Graduate Medical Education (2007). Common Program Requirements: General Competencies. Available on-line: <http://www.acgme.org/outcome/comp/GeneralCompetenciesStandards21307.pdf>

Hoge, M. A., Morris, J. A., Daniels, A. S., Stuart, G. W., Huey, L. Y., and Adams, N. (2007). *An Action Plan for Behavioral Health Workforce Development: A Framework for Discussion*. Available on-line: <http://www.annapoliscoalition.org/pages/>

Institute of Medicine, Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders (2006). *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*. National Academy Press. Washington, DC. <http://www.iom.edu/CMS/3809/19405/30836.aspx>

Ohio Department of Mental Health, Coordinating Centers of Excellence. Available on-line: <http://mentalhealth.ohio.gov/what-we-do/promote/coordinating-centers-of-excellence.shtml>

Ranz, J. M., Deakins, S. M. LeMelle, S. M., Rosenheck, S. D., and Kellermann, S. L. (2008). Public-Academic Partnerships: Core Elements of a Public Psychiatry Fellowship. *Psychiatric Services*, 59(7), 718 - 720.

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