



U.S. Department of Health and Human Services

**Fiscal Year 2021
Report on the Public Health Service Act Section 760
Training Demonstration Program**

Submitted to the

Committee on Health, Education, Labor and Pensions

U.S. Senate

and

Committee on Energy and Commerce

U.S. House of Representatives

EXECUTIVE SUMMARY

This Report to Congress is required by Section 760(f)(2) of the Public Health Service (PHS) Act, which states:¹

Sec 760(f)(2) REPORT TO CONGRESS.—Not later than 1 year after receipt of the data described in paragraph (1)(B), the Secretary shall submit to Congress a report that includes—

- (A) an analysis of the effect of the demonstration program under this section on the quality, quantity, and distribution of mental health and substance use disorder services;*
- (B) an analysis of the effect of the demonstration program on the prevalence of untreated mental health and substance use disorders in the surrounding communities of health centers participating in the demonstration; and*
- (C) recommendations on whether the demonstration program should be expanded.*

This is the Fiscal Year (FY) 2021 Report to Congress on the PHS Act Section 760 Training Demonstration Program, administered by the Health Resources and Services Administration (HRSA). This report provides a description of funding and activities authorized under the PHS Act Section 760 for FY 2021, and highlights activities conducted by grantees of the Addiction Medicine Fellowship (AMF) Program and Integrated Substance Use Disorder Training Program (ISTP). Both programs serve to bolster the nation's response to substance use disorders by enhancing the quantity of clinicians capable of effectively addressing these issues and enhancing the quality of the training undertaken to prepare them for their work.

In FY 2020, HRSA awarded 44 grants under the AMF Program to Accreditation Council for Graduate Medical Education-accredited training programs for physicians in AMFs and in Addiction Psychiatry Fellowships.

In FY 2021, 43 AMF Program grantees received continuation awards and HRSA awarded five grants to projects providing analogous training for nurse practitioners, physician assistants, clinical social workers, and health service psychologists through the ISTP.²

¹ Training Demonstration Program, 42 U.S.C. § 294k. Retrieved on March 13, 2024, from <https://www.govinfo.gov/content/pkg/COMPS-8778/uslm/COMPS-8778.xml>.

² Performance data presented within this report cover academic year 2021 to 2022.



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ACRONYM LIST

ACGME	Accreditation Council for Graduate Medical Education
AMF	Addiction Medicine Fellowship
APF	Addiction Psychiatry Fellowship
AY	academic year
DATA 2000	Drug Addiction Treatment Act of 2000
FY	fiscal year
HRSA	Health Resources and Services Administration
HSP	health service psychologist
MOUD	Medications for Opioid Use Disorder (formerly Medication-Assisted Treatment)
NP	nurse practitioner
OUD	opioid use disorder
PA	physician assistant
PHS Act	Public Health Service Act
SUD	substance use disorder

I. Introduction

On October 26, 2017, the then-Acting Secretary of Health and Human Services declared the opioid crisis a public health emergency under Section 319 of the Public Health Service (PHS) Act; since then, subsequent Secretaries have continuously renewed this declaration.³ In 2019, prior to the COVID-19 pandemic, 70,630 drug overdose deaths occurred in the United States.⁴ In 2020, there were 91,799 drug overdose deaths reported.⁵ In 2021, there were 106,699 drug overdose deaths reported, an increase of 51 percent from 2019.⁶ The age-adjusted death rate from drug overdose in 2021 was 32.4 per 100,000, the highest it has ever been.⁷ Adults aged 65 and older had the largest percentage increase in death rate during this period.⁸ Non-fatal overdoses also increased at a rate of about 4 percent each quarter between January 2018 and March 2022.⁹ Since 2019, there has also been a significant increase in the availability and use of illicit fentanyl, the single drug most likely to lead to overdose, as well as a possible increase in the use of other dangerous drug combinations including stimulants, and sedatives that may increase risks of overdose.¹⁰

Outside of the increase in overdoses and overdose deaths, there are limited data on how the COVID-19 pandemic affected the overall rates of substance use.¹¹ Changes in use during this time are superimposed on already high levels of substance use and substance use disorders (SUD). In 2019, just over 20 percent of the population aged 12 or older reported use of illicit drugs in the past year.¹² In addition, an estimated 15.3 percent of the population aged 12 or older had an illicit drug or alcohol use disorder in the past year.¹³ The Centers for Disease Control and

³ U.S. Department of Health and Human Services. (October 6, 2021). Renewal of Determination That A Public Health Emergency Exists. Retrieved on February 6, 2023, from <https://www.phe.gov/emergency/news/healthactions/phe/Pages/Opioids-6Oct2021.aspx>.

⁴ Centers for Disease Control and Prevention. (December 2021). Drug Overdose Deaths. Retrieved on February 6, 2023, from <https://www.cdc.gov/nchs/data/databriefs/db428.pdf>.

⁵ Ibid.

⁶ National Center for Health Statistics. (December 2022). Drug Overdose Deaths in the United States, 2001–2021. *NCHS Data Brief No. 457*, December 2022. Retrieved on January 23, 2023, from <https://www.cdc.gov/nchs/products/databriefs/db457.htm#print>.

⁷ Ibid.

⁸ Ibid.

⁹ Casillas SM, Pickens CM, Stokes EK, Walters J, Vivolo-Kantor A. Patient-Level and County-Level Trends in Nonfatal Opioid-Involved Overdose Emergency Medical Services Encounters — 491 Counties, United States, January 2018–March 2022. *MMWR Morb Mortal Wkly Rep* 2022; 71: 1073–1080. doi: 10.15585/mmwr.mm7134a1. Retrieved on February 6, 2023, from <http://dx.doi.org/10.15585/mmwr.mm7134a1>.

¹⁰ Ciccarone D. The rise of illicit fentanyls, stimulants and the fourth wave of the opioid overdose crisis. *Curr Opin Psychiatry*. 2021 Jul 1; 34(4): 344-350. doi: 10.1097/YCO.0000000000000717. PMID: 33965972; PMCID: PMC8154745. Retrieved on February 6, 2023, from https://journals.lww.com/co-psychiatry/fulltext/2021/07000/the_rise_of_illicit_fentanyls,_stimulants_and_the.4.aspx.

¹¹ Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved on February 6, 2023, from <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>.

¹² Ibid.

¹³ Ibid.

Prevention attributes 178,307 deaths in 2021 to excessive alcohol use.¹⁴ Changes in data collection and reporting, testing, treatment use and access, and survey response rates all make it difficult to determine if overall substance use and SUDs increased during the COVID-19 pandemic.¹⁵ Some studies suggest that alcohol use, including heavy use and binge drinking, increased during the COVID-19 pandemic.¹⁶ However, data from the National Survey on Drug Use and Health indicate that among people aged 12 or older in 2021 who drank alcohol in the past year, more than half perceived that they drank “about the same” amount as they did before the COVID-19 pandemic began while almost thirty-percent perceived that they drank “a little less or much less” alcohol than they did before the COVID-19 pandemic began.¹⁷ Of note, drug use behaviors are stigmatized and often involve the use of illicit drugs. Because the National Survey on Drug Use and Health requires participants to self-report these behaviors, the results may understate their true prevalence. Population-based rates of illicit fentanyl use are not available.¹⁸

SUDs can be treated with either medications, counseling, or both. Before and during the COVID-19 pandemic, less than 10 percent of those needing treatment received it in some form.^{19,20} One aspect of the federal response to the opioid crisis focused on training and certifying clinicians to offer medications for opioid use disorder (MOUD), which include buprenorphine, oral and injectable naltrexone, and methadone. MOUD represents the most effective treatment approach for opioid use disorders (OUD).²¹ The Drug Addiction Treatment Act of 2000 (DATA 2000) allowed licensed physicians who completed an 8-hour course and received a Drug Enforcement Agency waiver (also known as an X-waiver) to prescribe buprenorphine as treatment to a limited number of patients.²² In 2016, federal policy was expanded to also allow nurse practitioners (NP) and physician assistants (PA) to prescribe buprenorphine.²³ In 2021, an exemption from certain certification requirements needed to

¹⁴ Centers for Disease Control and Prevention. Alcohol Related Disease Impact (ARDI) application, 2024. Retrieved March 13, 2024, from https://nccd.cdc.gov/DPH_ARDI/Default/Report.aspx?T=AAM&P=F1F85724-AEC5-4421-BC88-3E8899866842&R=EACE3036-77C9-4893-9F93-17A5E1FEBE01&M=7F40785C-D481-440A-970F-50EFBD21B35B&F=&D=.

¹⁵ See footnote 10.

¹⁶ Kumar N, Janmohamed K, Nyhan K, Martins S, Cerda M, Hasin D, Scott J, Sarpong Frimpong A, Pates R, Ghandour LA, Wazaify M, Khoshnood K. Substance use in relation to COVID-19: A scoping review. *Addict Behav.* 2022 Apr; 127: 107213. doi: 10.1016/j.addbeh.2021.107213. Epub 2021 Dec 18. PMID: 34959077; PMCID: PMC8684053. Retrieved February 7, 2023, from <https://www.sciencedirect.com/science/article/pii/S0306460321003981>.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ See footnote 10.

²⁰ Ibid.

²¹ Connery, Hilary Smith MD, PhD. Medication-Assisted Treatment of Opioid Use Disorder. *Harvard Review of Psychiatry*: March/April 2015 - Volume 23 - Issue 2 - p 63-75. doi: 10.1097/HRP.0000000000000075. Retrieved on January 23, 2023, from <https://pubmed.ncbi.nlm.nih.gov/25747920/>.

²² Campbell ND, Lovell AM. The history of the development of buprenorphine as an addiction therapeutic. *Ann N Y Acad Sci.* 2012 Feb; 1248: 124-39. doi: 10.1111/j.1749-6632.2011.06352.x. Epub 2012 Jan 18. PMID: 22256949. Retrieved January 23, 2023, from <https://pubmed.ncbi.nlm.nih.gov/22256949/>.

²³ Varghese R, et al. IMPAQ International LLC. Medicaid and CHIP Payment and Access Commission Buprenorphine Prescribing Final Research Report, April 12, 2019. Retrieved on January 25, 2023, from <https://www.macpac.gov/publication/buprenorphine-prescribing-by-nurse-practitioners-physician-assistants-and-physicians-after-cara-2016/>.

prescribe buprenorphine was implemented for eligible providers who treated 30 or fewer SUD patients. In 2022, the Consolidated Appropriations Act of 2023 (P.L. 117-328), sections 1262 and 1263 eliminated the X-waiver and updated training requirements for all providers with a controlled substance registration.

Although treatment, including access to MOUD, is more available to persons living with OUD now, there remain serious barriers to widespread dissemination of some OUD treatment approaches among providers. Training for the X-waiver alone did not always provide sufficient preparation for providers to treat the complex clinical picture of SUDs among all patients, who often have multiple needs. In addition, the majority of providers who received an X-waiver did not subsequently prescribe MOUD, citing a variety of barriers including the complexity of the X-waiver process, perceived lack of professional support, and the lack of a referral network as barriers to prescribing buprenorphine.²⁴

To better prepare physicians to treat SUDs, the American Board of Medical Specialties created two advanced training pathways accredited by the Accreditation Council for Graduate Medical Education (ACGME): Addiction Medicine Fellowships (AMF) and Addiction Psychiatry Fellowships (APF). AMFs train physicians from multiple specialties (e.g., emergency medicine, family medicine, internal medicine, and pediatrics) on the delivery of care for persons living with SUDs, with the goal of treating individuals across the lifespan and at various degrees of disease severity.²⁵ To be accredited, the AMF's sponsoring institution must also sponsor an ACGME-accredited program in at least one of the following specialties: anesthesiology, emergency medicine, family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, or psychiatry.²⁶ APFs train psychiatrists specifically in the treatment of individuals with dual diagnosis of SUD and one or more psychiatric disorders.²⁷ Both fellowship programs result in board certification for successful trainees.²⁸ The ACGME has established well-defined guidelines for both curriculum content and quality assurance for both AMFs²⁹ and APFs.³⁰ PHS Act Section 760 provides for grants to such training programs to expand and enhance training

²⁴ Lanham H, Papac J, Olmos D, et al. Survey of Barriers and Facilitators to Prescribing Buprenorphine and Clinician Perceptions on the Drug Addiction Treatment Act of 2000 Waiver. (March 12, 2022). *JAMA Network Open*. doi: 10.1001/jamanetworkopen.2022.12419. Retrieved on April 17, 2023, from <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2792215>.

²⁵ Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Addiction Medicine. (2020). Retrieved on April 15, 2024, from https://www.acgme.org/globalassets/pfassets/programrequirements/404_addictionmedicine_2020.pdf.

²⁶ Ibid.

²⁷ Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Addiction Psychiatry. (2021). Retrieved on April 15, 2024, from https://www.acgme.org/globalassets/pfassets/programrequirements/401_addictionpsychiatry_2021.pdf.

²⁸ Nunes, EV, Kunz K, Galanter M, and O'Connor PG. (2020). Addiction Psychiatry and Addiction Medicine: The Evolution of Addiction Physician Specialists. *Am J Addict*, 29: 390-400. doi: 10.1111/ajad.13068. Retrieved on February 26, 2023, from <https://doi.org/10.1111/ajad.13068>.

²⁹ Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Addiction Medicine. (2020). Retrieved on February 6, 2023, from https://www.acgme.org/globalassets/pfassets/programrequirements/404_addictionmedicine_2020.pdf.

³⁰ Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Addiction Psychiatry. (2021). Retrieved on February 6, 2023, from https://www.acgme.org/globalassets/pfassets/programrequirements/401_addictionpsychiatry_2021.pdf.

capacity under the AMF Program. Expansions in AMFs and APFs hold promise for far greater dissemination of evidence-based SUD treatment, including MOUD.

Many states support “hub and spoke” models that rely on addiction specialists to support primary care physicians, PAs, and NPs as they seek to treat patients with SUDs.³¹ Consultation and support by specialists trained via addiction fellowships greatly increase the likelihood that these primary care physicians and other specialists will offer SUD treatment, including MOUD, to their patients.^{32,33} Therefore, a relatively modest increase in the number of AMF fellows and APF fellows can significantly bolster the overall availability of SUD treatment.

Providing treatment, care, and services to persons living with SUDs requires a broad, team-based approach that includes other care professionals. The demonstration program discussed below thus includes a separate training program for NPs, PAs, clinical social workers and health service psychologists (HSP) under the Integrated Substance Use Disorder Training Program (ISTP). ISTP prepares trainees “to provide mental health and [substance use disorder] services in underserved community-based settings that integrate primary care and mental health and [substance use disorder] services....”³⁴

II. Demonstration Program Grants

In carrying out physician fellowship training, the Health Resources and Services Administration (HRSA) published Notice of Funding Opportunity HRSA-20-013 for the AMF Program. The purpose of the AMF Program is to expand the number of fellows at accredited AMF and APF programs trained as addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorder and SUD prevention and treatment services. HRSA awarded 44 grants for a total of \$20,155,862. Subsequently, one of the 44 withdrew from the grant without expending any funding. Thirty-three AMF, four APF, and six dual (AMF and APF) training programs received funding. Project performance started July 1, 2020, for a 5-year project period. Fiscal year (FY) 2021 awardees are listed in Table 1.

³¹ Smart R, Grant S, Gordon AJ, Pacula RL, Stein BD. Expert Panel Consensus on State-Level Policies to Improve Engagement and Retention in Treatment for Opioid Use Disorder. *JAMA Health Forum*. 2022 Sep 2; 3(9): e223285. doi: 10.1001/jamahealthforum.2022.3285. PMID: 36218944. Retrieved on January 25, 2023, from <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2796637>.

³² Chaple MJ, Freese TE, Rutkowski BA, Krom L, Kurtz AS, Peck JA, Warren P, Garrett S. Using ECHO Clinics to Promote Capacity Building in Clinical Supervision. *Am J Prev Med*. 2018 Jun; 54(6 Suppl 3): S275-S280. doi: 10.1016/j.amepre.2018.01.015. PMID: 29779552. Retrieved on January 25, 2023, from <https://pubmed.ncbi.nlm.nih.gov/29779552/>.

³³ Kawasaki S, Francis E, Mills S, Buchberger G, Hogentogler R, Kraschnewski J. Multi-model implementation of evidence-based care in the treatment of opioid use disorder in Pennsylvania. *J Subst Abuse Treat*. 2019 Nov; 106: 58-64. doi: 10.1016/j.jsat.2019.08.016. Epub 2019 Aug 28. PMID: 31540612; PMCID: PMC7194237. Retrieved on January 25, 2023, from <https://pubmed.ncbi.nlm.nih.gov/31540612/>.

³⁴ See footnote 1.

Table 1: AMF Program Awards, FY 2021

INSTITUTION	STATE	FY 2021 AWARD	AMF TRAINING	APF TRAINING
University of Arizona	AZ	\$290,226	Yes	-
University of California Los Angeles	CA	\$778,584	Yes	-
University of California San Francisco	CA	\$800,000	Yes	-
Loma Linda University	CA	\$746,504	Yes	-
Stanford University	CA	\$347,110	Yes	-
University of California San Diego	CA	\$448,940	-	Yes
Yale University	CT	\$517,575	Yes	Yes
Rushford Center, Inc.	CT	\$249,999	Yes	-
Howard University	DC	\$314,170	Yes	-
University of Florida	FL	\$552,000	Yes	-
Augusta University	GA	\$513,227	Yes	-
University of Iowa	IA	\$259,871	Yes	-
Family Medicine Residency of Idaho	ID	\$158,629	Yes	-
Indiana University	IN	\$799,847	-	Yes
Tulane University	LA	\$634,891	Yes	-
Louisiana State University	LA	\$693,266	Yes	-
Boston Medical Center	MA	\$785,401	Yes	-
Massachusetts General Hospital	MA	\$799,838	Yes	Yes
Children's Hospital (Boston)	MA	\$674,199	Yes	-
Mountain Area Health Education Center	NC	\$355,191	Yes	-
University of North Carolina Chapel Hill	NC	\$759,984	Yes	-
Cooper Health System	NY	\$706,960	Yes	-
Montefiore Medical Center	NY	\$799,981	Yes	-
New York University	NY	\$600,000	Yes	-
OhioHealth Research Institute	OH	\$600,000	Yes	-
Ohio State University	OH	\$800,000	Yes	-
University Hospitals of Cleveland	OH	\$503,465	Yes	Yes
Summa Health	OH	\$216,680	Yes	-
Oklahoma State University	OK	\$299,295	Yes	-
Oregon Health & Science University	OR	\$446,759	Yes	-
Pennsylvania State University	PA	\$613,402	Yes	-

INSTITUTION	STATE	FY 2021 AWARD	AMF TRAINING	APF TRAINING
Geisinger Clinic	PA	\$650,991	Yes	-
Thomas Jefferson University	PA	\$409,081	Yes	Yes
Universidad Central del Caribe	PR	\$390,141	Yes	-
Baptist Memorial Health Care	TN	\$799,974	Yes	-
University of Texas – Austin	TX	\$395,849	-	Yes
Baylor College of Medicine	TX	\$160,000	-	Yes
University of Utah	UT	\$798,931	Yes	Yes
University of Virginia	VA	\$192,985	Yes	-
Virginia Commonwealth University	VA	\$644,327	Yes	-
University of Washington	WA	\$268,614	Yes	-
Swedish Health Services	WA	\$587,189	Yes	-
West Virginia University	WV	\$378,525	Yes	Yes
Total		\$22,739,297		

In carrying out advanced training for NPs, PAs, clinical social workers, and HSPs, HRSA published Notice of Funding Opportunity HRSA-21-087, for the ISTP.³⁵ HRSA awarded five grants for the 5-year period of performance. The project period began on July 1, 2021. Awardees are listed in Table 2. ISTP awards in this table reflect total amounts for the project period.

Table 2: ISTP Program Awards, FY 2021

INSTITUTION	STATE	FY 2021 AWARD	PROFESSIONS TO BE TRAINED
Western University of Health Sciences	CA	\$2,570,500	NP, PA
Denver Health and Hospital Authority	CO	\$2,060,964	PA
University of Illinois	IL	\$1,822,862	NP
Massachusetts General Hospital	MA	\$2,567,825	NP, clinical social worker, HSP
Rutgers, The State University of New Jersey	NJ	\$2,575,000	NP, PA, clinical social worker, HSP
Total		\$11,597,151	

³⁵ Integrated Substance Use Disorder Training Program (ISTP) Funding Opportunity Number: HRSA-21-087, <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/istp-modification-1-11-21.pdf>.

III. Demonstration Program Performance

AMF and ISTP awardees submit annual performance reports to HRSA at the end of each academic year (AY) in July to comply with statutory and programmatic requirements for performance measurement and evaluation.

Pursuant to the Paperwork Reduction Act, HRSA completes the Office of Management and Budget information collection review process for the annual performance report, which includes making all proposed performance metrics available for public comment and receiving formal approval to collect these data. Specific performance measurement reporting requirements are on the HRSA website at <https://bhw.hrsa.gov/grants/reportonyourgrant>. These metrics allow HRSA to show progress in meeting program objectives and demonstrate compliance with applicable statutory requirements.

In the annual performance report, awardees report on the prior AY training and graduation counts associated with their training grant. In this report, awardees present outputs for AY 2021-2022, the most recent year for which data are available. Given the AMF Program's July 1, 2020, start date and ISTP's July 1, 2021, start date, HRSA does not yet have data to assess the programs' overall impact on the quality, quantity, and distribution of behavioral health workforce members. Similarly, HRSA cannot yet assess the prevalence of untreated mental health disorders and SUDs in the surrounding communities of health centers participating in the demonstration.

In AY 2021-2022, the AMF Program trained 169 fellows, which included 140 AMF fellows and 29 APF fellows. Fellows represented the following medical specialties: psychiatry (45), family medicine (38), internal medicine (31), internal medicine/family medicine (21), preventive medicine (12), and other medical specialties (22). By the end of the AY, 139 physicians completed their fellowships, which included 120 in addiction medicine and 19 in addiction psychiatry. Fellows accumulated 213,307 patient encounters across all training settings, or an average of 1,262 patient encounters per fellow. The fellows recorded 130,270 contact hours and 152,570 patient encounters in medically underserved communities and 47,619 contact hours and 53,483 patient encounters in settings that offered telehealth. AMF fellows received training on topics such as MOUD, OUDs and other SUDs (93 percent), health equity/social determinants of health (79 percent), and integrating behavioral health into primary care (75 percent). Of 116 physicians who completed their fellowship in AY 2021-2022 and reported employment information, 67 percent were working in medically underserved communities and 40 percent were working in primary care settings.

AMF fellows can complete their training across multiple clinical experiential training sites. In total, AMF awardees supported 273 different experiential training sites. Of these experiential training sites, 67 percent were located in medically underserved communities and/or rural settings and 30 percent were in primary care settings. Eighty-nine percent of sites provided interprofessional education and 64 percent offered telehealth services. In addition, awardees developed or enhanced 262 courses that trained 3,205 trainees. Lastly, the AMF Program offered faculty development training programs and activities to 1,148 faculty members.

In AY 2021-2022, the first time ISTP awardees reported performance data, the ISTP trained 18 health care professionals, which included eight PAs, six NPs, and four clinical social workers. Five health care professionals completed the ISTP during the first year of the grant. Health professionals recorded 10,761 contact hours and 7,088 patient encounters in medically underserved communities and 1,898 contact hours and 852 patient encounters in settings that offered telehealth. ISTP trainees received training on topics such as opioid use treatment (78 percent), medications for the treatment of OUD and other SUDs (78 percent), and telehealth (50 percent).

ISTP trainees can complete their training across multiple clinical experiential training sites. In total, ISTP awardees supported 10 different experiential training sites. All experiential training sites were located in medically underserved communities and 60 percent were in primary care settings. All sites (100 percent) provided interprofessional education and 90 percent of sites offered telehealth services. ISTP awardees developed or enhanced 21 courses, including 10 clinical rotations, on topics such as integrating behavioral health into primary care. In addition, ISTP trained more than 100 faculty members.

IV. Conclusions

This demonstration program provides important progress in the federal response to the overdose crisis, SUD, and mental health in general. The two components of the effort (AMF Program and ISTP) together train a range of health care professionals to address the needs of current and future patients in medical management of SUDs. Physicians, PAs, NPs, clinical social workers, and HSPs are being trained to provide SUD-related care in holistic, team-oriented approaches. Evidence suggests that the AMF Program and ISTP will continue to build a health workforce prepared to address the ongoing challenges of SUDs.

V. Recommendations

Given the persistence of the opioid public health emergency, it is critical to continue support and expand efforts to train clinical professionals to provide care and services to persons with SUDs. Grantees have achieved meaningful impact related to the training and overall goals of the demonstration program. Additionally, grant applicants and recipients have expressed strong interest in establishing and expanding these relevant grant projects. HRSA will continue to monitor grantee performance and modify the program as needed to build a SUD health workforce to meet the needs of communities.