

# **ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES (ACICBL)**

*Meeting Minutes*

April 19, 2024

## **Committee Members Present**

Grace M. Kuo, PharmD, MPH, PhD, FCCP, FNAP (Chair)

- Pharmacy

Thomas A. Teasdale, DrPH, FGSA, FAGHE (Immediate Past Chair)

- Geriatrics

Elizabeth Bush, MS, MA

- Area Health Education Centers

Barbara Hart, MPA, MPH

- Mental and Behavioral Health - Paraprofessionals

Kevin A. Osten-Garner, PsyD, LCP

- Mental and Behavioral Health - Professionals

Naushira Pandya, MD, CMD-FACP

- Geriatrics

Jennifer Peraza, PsyD, ABPP

- Mental and Behavioral Health - Professionals

## **Health Resources and Services Administration Staff in Attendance**

Shane Rogers, Designated Federal Officer

Joan Weiss, PhD, RN, CRNP, FAAN, ACICBL Subject Matter Expert, Deputy Director,  
Division of Medicine and Dentistry

Zuleika Bouzeid, Advisory Council Operations, ACTPCMD-ACICBL-COGME

Kim Huffman, Director of Advisory Council Operations

Janet Robinson, Advisory Council Operations

## **Welcome Remarks**

*Shane Rogers, Designated Federal Officer (DFO), ACICBL*

*Zuleika Bouzeid, Advisory Council Operations, ACTPCMD-ACICBL-COGME*

The Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) convened its meeting at 10:06 a.m. ET on April 19, 2024. The Health Resources and Services Administration (HRSA) held the meeting virtually. Shane Rogers, ACICBL's Designated Federal Officer (DFO), welcomed Committee members, presenters, HRSA staff, and members of the public. He thanked the ACICBL Chair, Dr. Grace Kuo, for all her planning and preparation efforts for this meeting.

Ms. Zuleika Bouzeid, Advisory Council Operations, provided Zoom instructions for participating in the virtual meeting. Next, Mr. Rogers explained the Committee's composition and purpose. Its purpose is to provide advice and recommendations to the Secretary of the Department of Health and Human Services (Secretary) and Congress about policy and program development pertaining to programs authorized by the Public Health Service Act, Title VII, Part D. Mr. Rogers confirmed a quorum and then turned the meeting over to the Chair, Dr. Kuo.

## **Introductions /Agenda Review**

*Grace M. Kuo, PharmD, MPH, PhD, FCCP, FNAP, Chair, ACICBL*

Dr. Kuo welcomed participants and reviewed the agenda. Committee members then introduced themselves. During the meeting, members heard an update on a Notice of Funding Opportunity (NOFO) for the Addiction Medicine Fellowship program. In addition, members heard preliminary recommendations from the following three ACICBL workgroups: 1) Artificial Intelligence (AI) and Future Health Care Workforce, 2) Substance Use Disorder (SUD) Training, and 3) "The Basics" (resiliency/preparedness). Members also finalized and voted on recommendations for the upcoming 23<sup>rd</sup> report.

## **Update on Workgroup Recommendations for the 23<sup>rd</sup> Report**

*Grace M. Kuo, PharmD, MPH, PhD, FCCP, FNAP, Chair, ACICBL, AI Workgroup*

*Kevin A. Osten-Garner, PsyD, ACICBL Member, Addiction Medicine Workgroup*

*Elizabeth Bush, MS, MA, ACICBL Member, The Basics Workgroup*

Dr. Kuo, Dr. Osten-Garner, and Ms. Bush presented to the Committee a brief summary of the draft recommendations previously developed by each of the workgroups on AI, Addiction Medicine, and "The Basics."

Mr. Rogers walked participants through the draft recommendations and the feedback received

thus far. Once the feedback was reviewed, participants proceeded to discuss the recommendations, refine them, and select the final recommendations for the report.

### **Discussion and Vote: 23<sup>rd</sup> Report**

*Grace M. Kuo, PharmD, MPH, PhD, FCCP, FNAP, Chair, ACICBL*

Dr. Kuo led the Committee on a discussion of the draft recommendations developed by the workgroups. Committee members then reviewed each of the recommendations. Each recommendation was revised, edited, and wordsmithed to arrive at the consensus recommendations below:

1. Title VII, Part D, program Notices of Funding Opportunity (NOFOs) should include Artificial Intelligence (AI) literacy and/or use in the education and training of the health care workforce.
2. Title VII, Part D, program NOFOs should include faculty development and didactic and experiential training activities for trainees, including caregivers, to develop competencies in integrated, interdisciplinary team-based care to address Opioid Use Disorder (OUD) and Substance Use Disorder (SUD) that includes assessing an individual's Social Determinants of Health (SDOH) alongside existing evidence-informed and/or evidence-based strategies in the provision of OUD and other SUD prevention, treatment, and recovery.
3. The Title VII, Part D, Graduate Psychology Education (GPE) program should support the funding of pre-licensure trainees from externship through postdoctoral residency within a single award.
4. Congress should replace the language under Title VII, Part D, Section 756(a)(1) of the Public Health Service Act with, "(1) accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing (which may include master's and doctoral level programs), social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy (which may include master's and doctoral level programs), school counseling, and professional counseling, including such programs with a focus on child and adolescent mental health, trauma, and transitional-age youth;..."
5. Congress should appropriate funds for Title VII, Part D, programs to strengthen trainee resiliency, readiness for practice, and reduce burnout.

## 6. Funding Recommendations

Title VII, Part D, programs should receive a 25 percent increase in their annual appropriations in order to successfully implement these recommendations. The specific funding increases are based on fiscal year 2024 appropriations and are as follows:

- \$10,812,500 million increase for Area Health Education Centers
- \$11,311,250 million increase for Education and Training related to Geriatrics
- \$37,479,000 million increase for the Behavioral Health Workforce Development Programs, which includes the following six programs: 1) Behavioral Health Workforce Education and Training for Professionals (BHWET), 2) BHWET for Paraprofessionals, 3) the Behavioral Workforce Development Technical Assistance and Evaluation (BHWDTAE) Program, 4) Addiction Medicine Fellowship (AMF), 5) Integrated Substance Use Disorder Treatment Program (ISTP), and 6) Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP). Each of these six programs should equally receive a 25% increase in appropriations.
- \$4,750,000 million increase for Graduate Psychology Education

The recommendations were brought up to a vote and accepted unanimously with the caveat that the specific increases in the final recommendation could be updated at the next ACICBL meeting.

### **Update: FY25 NOFO for Addiction Medicine Fellowship (AMF)**

*Cynthia Harne MSW, LCSW-C, Chief, Medical Training and Geriatrics Branch, Division of Medicine and Dentistry, BHW*

Ms. Harne presented on the AMF Program. The purpose of the AMF is to expand the number of fellows at accredited AMF and Addiction Psychiatry Fellowship (APF) programs in underserved, community-based settings. The AMF Program encompasses both the psychiatry and addiction subspecialties for primary care doctors. The goal of the AMF program is to create a robust, community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across health care sectors.

The program was first funded in FY 2021 for \$20,155,862 covering 44 awards. In FY 2023 funding totaled \$23,468,099 for 42 awards. A total of 41 awards are expected for FY 2024. Over the past months, HRSA staff have requested feedback from stakeholders and professionals in the field prior to the development of the AMF NOFO for 2025. Stakeholders included grantees, associations, teaching health centers, fellows in training, and community-based organizations.

These listening sessions provided significant feedback, and covered the following topics:

- Recruitment challenges
- Funding structure in the FY 2020 NOFO
- Funding for Federally Qualified Health Centers, community hospitals, and community-based organizations where fellows are in rotation
- Incorporation of residency rotations to address the pipeline
- Need for specialty preceptors for fellows in community-based organizations
- Funding for preceptors
- Cost and time for credentialing of AMF and APF faculty and preceptors
- Building faculty for the AMF program
- Addressing stigma
- Positive impact of national match on recruitment
- Program growth (requires time and funding)

#### *Discussion*

The discussion included the questions/comments below.

Dr. Osten-Garner asked Ms. Harne if she could speak more about some of the barriers that stigma presents about the profession.

- Ms. Harne replied that some professionals might not want to pursue the specialty because of the stigma surrounding addiction.

Dr. Teasdale asked if the feedback items listed above were comprehensive.

- Ms. Harne explained that the list was not exhaustive and was only a highlight of the feedback provided. She added that the listening sessions will continue to obtain even more feedback as the FY 2025 NOFO is developed.

Ms. Hart asked if the stigma was around the people being served or about the profession.

- Ms. Harne explained that they heard about stigma in both those being served and the profession.
- Dr. Pandya suggested that one way to address stigma might be to make training in addiction mandatory for some specialties (such as psychiatry), rather than optional.

Dr. Peraza asked if HRSA would consider including in their future listening sessions other

stakeholders such as the communities and patients receiving services and training. She also asked if listening sessions could be held for other NOFOs.

- Ms. Harné thanked Dr. Peraza for the suggestion and said they would take it under consideration. She added that listening sessions are taking place in other areas, such as her branch (Medical Training and Geriatrics) as well as for the bureau as a whole. Dr. Weiss added that engaging stakeholders has been done across the board within the Division of Medicine and Dentistry.

### **Update: Summary of Workgroup Discussions on Implementation of Past ACICBL Recommendations**

*Mary Worstell, MPH, Member, ACICBL (Presented by Shane Rogers)*

Mr. Rogers presented on behalf of Ms. Worstell, who did not attend the meeting. During the last January ACICBL meeting, Committee members inquired about the implementation of previous recommendations made by the ACICBL. A group of HRSA staff and two ACICBL members reviewed and analyzed all 188 recommendations made by ACICBL since 2001. This included an analysis of all 22 reports and 6 letters developed by the Committee.

Implementation of the recommendations was initially evaluated in the following three categories: 1) Fully implemented, 2) Partially implemented, and 3) Not implemented. The review of all 188 recommendations showed that 27 percent of the recommendations were fully implemented, 45 percent were partially implemented, and 28 percent were not implemented.

This analysis included a high degree of interpretation, as several of the past recommendations included multiple parts, different segments, or were targeted to programs or entities that do not necessarily fall under the Committee's legislative charge. This led to the evaluation of only the most-recent recommendations that fell under the Committee's charge. When examined with these parameters in mind, results showed that 72 percent of recommendations were either fully or partially implemented.

The analysis found that future Committee recommendations should be written in a manner that is short and direct and targets the specific entity or entities that are responsible for implementing the recommendation. Also, one of the ways to make future recommendations more powerful is to align them with topic areas already being considered by other federal agencies.

Therefore, the recommendations should either include a note referencing this alignment or the alignment should be included in the rationale, along with a description highlighting potential opportunities for coordination. Furthermore, when developing recommendations, the Committee

could also include a potential return on investment—particularly if it is a financial return—to help support the recommendations further. Recommendations should also be SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound).

### *Discussion*

The discussion included the questions/comments below.

Dr. Osten-Garner said they could reference in the rationale previous efforts or recommendations. For example, for resiliency one could reference the Surgeon General’s report on workplace mental health and resiliency across the health workforce.

- Mr. Rogers agreed and said that rationales are important because they provide detail on how the Committee reached a specific recommendation.

Ms. Hart asked if the administration in charge had an impact on whether a recommendation was implemented or not.

- Dr. Weiss said recommendations are not specific to any administration. Rather, they have to do more with future planning and timing—determining whether it is the optimal time to implement a recommendation.

Ms. Bush suggested that a review of recommendations could be a frequent activity carried out by the Committee (e.g., a review of the implementation of recommendations every three years).

- Dr. Weiss replied that Mr. Rogers does this every year, not only for ACICBL but for all HRSA federal advisory committees under his charge.
- Dr. Osten-Garner recommended that an annual review by the Committee could help avoid mistakes made in past recommendations (e.g., recommendations outside of the Committee’s purview).

### **Discussion: Topics and Speakers for September Meeting**

*Grace M. Kuo, PharmD, MPH, PhD, FCCP, FNAP, Chair, ACICBL*

Dr. Kuo shared with Committee members recommendations made by the workgroups regarding topics and speakers for the next ACICBL meeting to be held on September 6, 2024.

Workgroup members recommended the following speakers/topics:

- A speaker from Texas Tech University Health Sciences Center to discuss AI, telehealth, and ethics.

- A HRSA speaker to discuss Behavioral Health Workforce Education and Training (BHWET) and Graduate Psychology Education (GPE) Program stakeholder information and future plans.
- A speaker to discuss coordination of siloed programs (e.g., BHWET and Area Health Education Centers (AHEC)) and provide examples of successful coordination and collaborations among the different mechanisms under ACICBL.
- Programs for cultivating and developing a local health care workforce that will remain in place to serve the community, especially in rural and frontier counties. One such effort is *BeHERE Nevada* which is being led by Dr. Sarah Hunt.
- Invite HRSA branch chiefs to discuss upcoming NOFOs.

### **Public Comment**

*Shane Rogers, DFO, ACICBL*

No public comment was offered.

### **Business Meeting**

*Shane Rogers, DFO, ACICBL*

*Zuleika Bouzeid, Advisory Council Operations, ACTPCMD-ACICBL-COGME*

Mr. Rogers announced the date for the next upcoming virtual Committee meeting—September 6, 2024. He informed Committee members about the rotation of members and the expiration of their terms. Six current committee members will be rotating off the ACICBL in August of 2024.

Currently, nomination packages for 10 new members have been routed for administrative review. If all packages are not approved prior to the September 2024 meeting, Mr. Rogers will submit a six-month extension package for some Committee members to ensure a quorum for the September meeting. He reminded Committee members that the ACICBL can hold a maximum of 14 members.

Mr. Rogers also informed Committee members that starting with the next meeting, Ms. Janet Robinson will be HRSA’s new designated administrative support staff member for the Committee, replacing Ms. Zuleika Bouzeid.



**Wrap-Up and Adjourn**

*Grace M. Kuo, PharmD, MPH, PhD, FCCP, FNAP, Chair, ACICBL*

*Shane Rogers, DFO, ACICBL*

Dr. Kuo thanked all Committee members for their input and work in finalizing the recommendations. She also thanked Mr. Rogers and HRSA staff for the meeting's logistical support.

Mr. Rogers adjourned the meeting at 4:21 p.m. ET.