

Workforce Development to Enhance CAB Health of Children and Youth

NAM Perspectives Paper

Rationale for Promotion of C-CAB Health In Healthcare Settings

- **Near-universal child and family access**
- **Familiar, Trusted, Non-Stigmatizing**
- **Experience with Multidisciplinary care and training**
- **History of anticipatory guidance**
- **Medical home for children with chronic disease**

Characteristics of Responsive Child Health Care Settings / Training Sites

- 1. Recognize social determinants of child and family health**
- 2. Partner with families; build on their strengths**
- 3. Foster parenting skills**
- 4. Promote C-CAB health**
- 5. Recognize and mitigate C-CAB health risks**

Characteristics of Responsive Child Health Care Settings / Training Sites

- 6. Intervene for early behavioral concerns**
- 7. Provide diagnosis and treatment of behavioral disorders**
- 8. Recognize chronic disease as a C-CAB health risk**
- 9. Function as an integrated, interprofessional team**
- 10. Interface with community support services**

Training within C-CAB Related Disciplines

1. Physicians

- **Pediatrics**
 - **General**
 - **Subspecialty**
- **Family Medicine**
- **Psychiatry**
 - **Child and Adolescent**
- **Combined**
- **Obstetrics and Gynecology**

Training in C-CAB Related Disciplines

2. Pediatric Psychologists

- **Primary Care**
- **Subspecialty Care**

3. Nurses

- **Registered**
- **Nurse Practitioners**
 - **Pediatric (PNP)**
 - **Family (FNP)**
 - **Psychiatric (PMHNP)**
- **Primary Care Mental Health**

Training within C-CAB Related Disciplines

4. Social Work

- Baccalaureate**
- Masters, PhD.**
 - Integrated Behavioral Health**
 - Youth and Family**
 - Substance Use and Addiction**

5. Parent Peer Support Providers

Parent Coaches

Community Health Workers

Status of C-CAB Health Training Across Disciplines

- 1. Model programs and pathways**
- 2. Competence is not an expectation of licensing, certification or program accreditation bodies**
- 3. Numbers of individuals positioned to promote C-CAB health fall short of needs in all disciplines**

Table I: Pediatrics

Training Pathways:

Core Pediatrics – 3 years

- 1 Month BDP**
- Continuity Ambulatory Experience**
- Electives**

Subspecialty Pediatrics – 3 years

- Behavioral and Developmental**
- Adolescent Medicine**
- Child Abuse**
- Academic Generalist**
- 13 Others**

Table I: Pediatrics

Behavioral Curriculum Guidelines

Few ACGME Requirements

CAB Competencies

No ABP Stipulations

AAP Guidelines (2009)

ABP “Call to Action” (2016)

Training Program Numbers

204 General Pediatrics

38 DBP

28 Adolescent Medicine

28 Child Abuse

Workforce Numbers

General Pediatrics—Adequate

DBP – Insufficient

Triple Board - small

Other Considerations

- 1. Models of Highly Integrated Care**
- 2. Training the workforce to conduct program evaluation and outcomes research**