

# LEVERS FOR CHANGE TO PREPARE THE FUTURE HEALTHCARE WORKFORCE

## REPORTING BACK

1. What are **actionable steps** that can be taken to move this work forward?
2. Which **stakeholders** need to be involved in these efforts?

**TABLE 1: Improving training to focus on *behavioral health promotion/risk prevention by implementing multigenerational surveillance***

## **1. Action Steps**

- **Review discipline specific competencies (and update gaps) for multigenerational issues**
- **Develop curriculum, tools, and TA to incorporate competencies in training**
- **Expand federal training grant programs for children and adolescent behavioral health**

## **2. Stakeholders**

- **Families and public**
- **Providers of behavioral health care for children and youth in any setting**
- **Foundations, Congress, and other funders**

**TABLE 2:** Incorporating exposure to **evidence-based practices into content and assessment** of training programs

## 1. Action Steps

- **Shared work plan for embedding training into systems of change**
- **Create lessons learned document about training systems**
- **Have a C-CAB workshop on development and outcomes of backbone/intermediary organizations**

## 2. Stakeholders

- **Intermediary organizations to support and sustain systems change**
- **City, state, regional governmental organizations**
- **Federal organizations NASADAD, NASMHPD**

**TABLE 3:** Fostering a future ***integrated, interprofessional care through multiple*** mechanisms  
(co-location/integration, co-management, efficient and effective handoffs)

## 1. Action Steps

- **Multiple sectors populations about integrated healthcare**
- **Include integrated healthcare in professional education/clinical experiences**
- **Develop integrated care both physically and culturally**

## 2. Stakeholders

- **APA Integrated primary Care Alliance (23 Orgs)**
- **CMS**
- **Insurance**

**Table 4:** Improving training on the ***behavioral health needs of children with disabilities and chronic medical conditions*** and their families

## 1. Action Steps

- **Create alternative payment models**
- **Mobilize available models and metrics on cost effectiveness**
- **Develop and disseminate quality training**

## 2. Stakeholders

- **Families and providers**
- **Education and system administrators**
- **Payers and policy makers**

**Table 5: Engaging patients and parents in co-promotion of behavioral health to improve care** in the patient encounter as well as systematically in setting standards and developing content for training programs

## **1. Action Steps**

- **Engage families in all aspects of programs**
- **Gather best practices for parent involvement (incentives)**
- **Measure outcomes (culture change)**

## **2. Stakeholders**

- **Parents, practitioners, administrators**
- **Whole systems**
- **Professional associations, federal agencies**

**Table 6:** Using the ***power of program accreditation, professional certification, and credentialing to improve training*** regarding behavioral health across professions

## **1. Action Steps**

- **Connecting accreditation models to the prioritization of C-CAB**

## **2. Stakeholders**

- **Policy makers, funders**
- **Accrediting officials**
- **Consumers and families**
- **Medical students, faculty, and schools**

**Table 7:** Enhancing training for healthcare professionals ***to improve the behavioral health of children, youth, and families involved in other child-serving systems*** (e.g., schools, prisons, group homes, residential facilities, child welfare)

## How do we create a culture of shared benefits

### 1. Action Steps

- **Goal; System transformation; construct 3-dimensional comp. matrix; disciplines, settings, competencies for different target populations.**
- **One of the competencies is requirement to become facile on system transformation and to work in teams**
- **Provide practice coach to support dev. of teams and system transformation**

### 2. Stakeholders

- **Payers**
- **Policy makers**
- **Competency developing organizations**
- **NAM**

**Table 8:** Examining how **current reimbursement for training and clinical care limits a focus on the behavioral health** of children, youth, and families and identifying possible solutions

## 1. Action Steps

- NAM to bridge to evaluate and identify positive models of value-based care with QI and good outcomes
- Incentives for training programs, systems, and accrediting agencies to shift their programs to deliver optimal cost-effective and effective care
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## 2. Stakeholders

- Business, Pacific Business Group Health, Nat Coalition of Heath, Nat. Chamber of Commerce, Am Health Insurance Plans
- Academic institutions teams
- Foundations and institutes funding innovative care models
- NAMI