

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