“Preparing Future Pediatricians to Meet the Behavioral and Mental Health Needs of Children”

Thursday,
April 5, 2018
5:30 pm - 9:30 pm

Friday,
April 6, 2018
8:00 am - 5:00 pm

NASEM Offices
Washington, DC
Dear Colleague,

It is our pleasure to welcome you to the stakeholders’ meeting, “Preparing Future Pediatricians to Meet the Behavioral and Mental Health Needs of Children”, organized by the National Academies of Sciences, Engineering, and Medicine (NASEM) in collaboration with the American Board of Pediatrics (ABP).

The overarching objective of this meeting is to improve outcomes for children and families through advancing pediatric education and training in behavioral and mental health (hereafter referred to as “B/MH”).

You have been specially selected from a group of key leaders, including:

- Pediatric Department Chairs and Program Directors,
- Representatives from graduate medical education and pediatric organizations,
- Funders,
- Trainees,
- Parents, and
- Representatives from various health system organizations.

It is our goal that you and other participants walk away with new and/or reinvigorated professional and social networks and that you make specific action commitments designed to pave the way towards a brighter future for children, adolescents, young adults, and their families.

Thank you for bringing your expertise and enthusiasm to this important dialogue.

Best,

Wendy Keenan
Program Officer, NASEM Forum on Promoting Children’s Cognitive, Affective, and Behavioral Health

Laurel K. Leslie
Vice President of Research, ABP
Member, NASEM Forum on Promoting Children’s Cognitive, Affective, and Behavioral Health

Marshall "Buzz" Land
 Consultant, ABP
Member, NASEM Planning Committee on Training the Future Child Health Care Workforce to Improve Behavioral Health Outcomes for Children, Youth, and Families

Julia McMillan
Member, NASEM Planning Committee on Training the Future Child Health Care Workforce to Improve Behavioral Health Outcomes for Children, Youth, and Families

Sarah Tracey
Associate Program Officer, NASEM Forum on Promoting Children’s Cognitive, Affective, and Behavioral Health

Ashley Tucker
Program Coordinator, ABP
2018 Behavioral and Mental Health Stakeholder Meeting: “Preparing Future Pediatricians to Meet the Behavioral and Mental Health Needs of Children”

OVERARCHING GOAL
To improve outcomes for children and families through advancing pediatric education and training in behavioral and mental health (B/MH)

OBJECTIVES
• Raise awareness about children’s B/MH and the need for a focused effort to improve general and subspecialty pediatric education and training in the prevention, identification, treatment, and appropriate referral of common B/MH issues
• Bring together pediatric chairs and program directors as dyads to engage with other critical stakeholders (other pediatric organizations, patients, trainees, undergraduate and graduate medical education leaders and funders, health systems representatives) in improving pediatric training
• Identify facilitators and barriers for improving training from perspectives of a variety of stakeholders, including academic programs, families, trainees, funders, and non-pediatric behavioral and mental health providers from other disciplines
• Identify actionable next steps

PLANNING COMMITTEE
Thomas Boat (co-leader), Cincinnati Children's Hospital Medical Center
Marshall “Buzz” Land (co-leader), American Board of Pediatrics and University of Vermont
Laurel Leslie (co-leader), American Board of Pediatrics and Tufts University School of Medicine
Julia McMillan (co-leader), John Hopkins University
Michael Artman, University of Kansas Medical Center
John Duby, Wright State University Boonshoft School of Medicine
Wendy Keenan, National Academies of Sciences, Engineering, and Medicine
Laura Miller, Ohio Perinatal Quality Collaborative
Jean Robillard, University of Iowa
Terry Stancin, Case Western Reserve University School of Medicine and MetroHealth Medical Center
Sarah Tracey, National Academies of Sciences, Engineering, and Medicine
Franklin Trimm, University of South Alabama Health System
Ashley Tucker, American Board of Pediatrics
Debra Waldron, American Academy of Pediatrics
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<th>Time</th>
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<th>Facilitators/Participants</th>
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<td>5 – 6 pm</td>
<td>REGISTRATION</td>
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<td>5:30 – 6:30 pm</td>
<td>WELCOME AND INTRODUCTIONS</td>
<td>Facilitator: Marshall “Buzz” Land, American Board of Pediatrics</td>
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<td>• David Nichols, American Board of Pediatrics</td>
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<td>• Wendy Keenan, National Academies of Sciences, Engineering, and Medicine</td>
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<td>• Mike Artman, Children's Mercy Kansas City</td>
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<td>• Franklin Trimm, University of South Alabama Children’s &amp; Women’s Hospital and Association of Pediatric Program Directors</td>
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<td>6:30 – 6:45 pm</td>
<td>BUFFET DINNER SERVED</td>
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<td>6:45 – 7:15 pm</td>
<td>“THERE’S A BIG CRACK IN PEDIATRIC TRAINING, AND CHILDREN AND FAMILIES ARE FALLING THROUGH IT”</td>
<td>Presenter: Laurel K. Leslie, American Board of Pediatrics</td>
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<td>7:15 – 7:45 pm</td>
<td>PARENT AND PATIENT VOICES</td>
<td>Facilitator: Laura Miller, Ohio Perinatal Quality Collaborative and March of Dimes National Office</td>
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<td>• Teresa King, DC Department of Behavioral Health</td>
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<td>• Lydia Proulx, Youth M.O.V.E. National</td>
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<td>• Shauna Signorini, Oregon Health &amp; Science University</td>
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<td>7:45 – 8:20 pm</td>
<td>TRAINEE VOICES</td>
<td>Facilitator: Debra Waldron, American Academy of Pediatrics</td>
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<td>• Stephanie Brennan, Texas Tech University Health Sciences Center</td>
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<td>• Addison Gearhart, University of California, Irvine</td>
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<td>• Irène Mathieu, Children's Hospital of Philadelphia</td>
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<td>• Angela Sandell, Children's Hospital of Pittsburgh</td>
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<td>• Kelly Wills, Boston Children’s Hospital</td>
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<td>8:20 – 8:50 pm</td>
<td>TRIZ EXERCISE</td>
<td>Facilitator: Franklin Trimm, University of South Alabama Children’s &amp; Women’s Hospital and Association of Pediatric Program Directors</td>
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<td>8:50 – 9:15 pm</td>
<td>“THERE’S A BIG CRACK IN PEDIATRIC TRAINING, WHAT SHOULD, AND CAN WE DO ABOUT IT?”</td>
<td>Presenter: Laurel K. Leslie, American Board of Pediatrics</td>
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<td>BREAKFAST AND MINGLE</td>
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<td>8 – 8:05 am</td>
<td>WELCOME AND OVERVIEW OF DAY’S AGENDA</td>
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<td><em>Wendy Keenan, National Academies of Sciences, Engineering, and Medicine</em></td>
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<td>8:05 – 9:15 am</td>
<td>WHERE ARE WE NOW? WHERE DO WE WANT TO BE?</td>
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<td><em>Facilitator: Julia McMillan, Johns Hopkins School of Medicine and American Board of Pediatrics</em></td>
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<td><strong>PART 1: WHERE ARE WE NOW?</strong></td>
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<td>Regulation and its role in B/MH training</td>
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<td><em>Ann Burke, Wright State University Boonshoft School of Medicine</em></td>
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<td><em>Sue Woods, American Board of Pediatrics</em></td>
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<td>GME funding: Does it currently limit what we can do in B/MH training?</td>
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<td><em>Mike Artman, Children's Mercy Kansas City</em></td>
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<td><strong>PART 2: THE FUTURE: WHERE DO WE WANT TO GO; HOW DO WE GET THERE?</strong></td>
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<td>Imagining the environment for training and care</td>
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<td><em>Terry Stancin, Case Western Reserve University School of Medicine, MetroHealth Medical Center</em></td>
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<td>Can we get some help with reimbursement for training?</td>
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<td><em>Katherine Hobbs-Knutson, Duke Psychiatry and Behavioral Health Sciences, Alliance Behavioral Healthcare</em></td>
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<td>The MH EPA: How will it help define the pediatrician of 2025?</td>
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<td><em>Kenya McNeal-Trice, UNC Department of Pediatrics</em></td>
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<td><em>Mike Barone, National Board of Medical Examiners</em></td>
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<td>The Future: Meeting the needs of children</td>
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<td><em>John Duby, Wright State University Boonshoft School of Medicine</em></td>
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<td>9:15 – 9:30 am</td>
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<td>DIRECTIONS FOR BRAINSTORMING BREAKOUT GROUPS AND BREAK</td>
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<td><em>Sarah Tracey, National Academies of Sciences, Engineering, and Medicine</em></td>
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<td>Keck 100</td>
<td>Groups 1A &amp; 1B</td>
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<td>Keck 105</td>
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<td>Keck 106</td>
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<td>9:30 – 10:30 am</td>
<td>BRAINSTORMING BREAKOUT GROUPS</td>
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<td>Keck 100</td>
<td>Topic Area 1: Curricula Goals, Experience, and Assessment</td>
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<td>Facilitator 1A: John Duby, Wright State University Boonshoft School of</td>
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<td>Facilitator 1B: Franklin Trimm, University of South Alabama Children’s &amp;</td>
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<td>Keck 101</td>
<td>Topic Area 2: Faculty Engagement and Development</td>
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<td>Facilitator 2A: Mike Artman, Children's Mercy Kansas City</td>
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<td>Facilitator 2B: Debra Waldron, American Academy of Pediatrics</td>
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<td>Keck 105</td>
<td>Topic Area 3: Interprofessional Training and Practice</td>
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<td>Facilitator 3A: Tom Boat, Cincinnati Children's Hospital Medical Center</td>
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<td>Medicine, MetroHealth Medical Center</td>
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<td>Keck 106</td>
<td>Topic Area 4: Envisioning the Future</td>
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<td>Facilitator 4A: Laura Miller, Ohio Perinatal Quality Collaborative and</td>
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<td>Facilitator 4B: Jean Robillard, University of Iowa</td>
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<td>10:30 – 11:15 am</td>
<td>MERGING OF BRAINSTORMING TOPIC IDEAS</td>
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<td>(Stay in breakout rooms)</td>
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<td>11:15 am – 12 pm</td>
<td>ROUND ROBIN ROTATION: REPORTING BACK ON BRAINSTORMING</td>
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<td>BREAKOUT GROUPS</td>
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<td>Facilitators: Marshall &quot;Buzz&quot; Land and Laurel Leslie, American Board of</td>
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<td>See Flowchart &amp; Map</td>
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<td>12 – 12:45 pm</td>
<td>LUNCH WITH ROTATING ABSTRACTS</td>
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<td>12:45 -1:45 pm</td>
<td>PERSPECTIVES FROM THE FIELD</td>
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<td>Facilitator: Jean Robillard, University of Iowa</td>
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<td>GME and Fellowship Funding</td>
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<td>Ellen-Marie Whelan, Centers for Medicaid and Medicare Services</td>
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<td>Laura Kavanagh, Health Resources and Services Administration</td>
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<td>Insurers and Pediatric B/MH</td>
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<td>Patrick Conway</td>
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<td>Health system reform and Pediatric B/MH</td>
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<td>Joan Alker, Center for Children and Families, Georgetown</td>
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<td>University McCourt School of Public Policy</td>
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| 1:45 – 2:45 pm| COMMITMENT TO CHANGE DISCUSSION: “THERE’S A BIG CRACK IN PEDIATRIC TRAINING, WE’RE GOING TO DO SOMETHING ABOUT IT!”
                | Facilitator: Laurel K. Leslie, American Board of Pediatrics                                   |
| 2:45 – 3 pm  | BREAK                                                                                       |
| 3 – 3:45 pm  | INTERACTIVE “FISHBOWL” CONVERSATION: EXPANDING OUR VISIONS, PARTNERS, AND ASSETS              |
                | Facilitator: Marshall “Buzz” Land, American Board of Pediatrics                              |
| 3:45 – 4 pm  | PARENT/PATIENT RESPONSE                                                                      |
                | Facilitator: Laura Miller, Ohio Perinatal Quality Collaborative and March of Dimes National Office |
| 4 – 4:05 pm  | PERSONAL EPIPHANIES                                                                          |
                | Facilitator: Terry Stancin                                                                    |
| 4 – 4:10 pm  | SUMMARY AND KEY TAKEAWAYS                                                                     |
                | • Jean Robillard, University of Iowa                                                          |
                | • Franklin Trimm, University of South Alabama Children’s & Women’s Hospital and Association of Pediatric Program Directors |
                | • Mike Artman, Children's Mercy Kansas City                                                   |
                | • Jane Foy, American Academy of Pediatrics                                                    |
                | • Sarah Tracey, National Academies of Sciences, Engineering, and Medicine                    |
                | • David Nichols, American Board of Pediatrics                                                  |
| 4:10 – 4:30 pm| EVALUATION AND ADJOURN                                                                        |
                | Marshall “Buzz” Land and Laurel Leslie, American Board of Pediatrics                          |
|              | ADJOURN                                                                                      |
Brainstorming Breakout
Groups - Day 2
9:30 am - 12:00 pm
Breakout Group Questions for Consideration

BEFORE YOU START:
1. Identify a notetaker
2. Identify a timekeeper
3. Use the questions below as a guide for your discussions
4. Remember, you will be merging with the other group discussing your same topic so leave time to summarize your ideas

***See “Breakout Group Assignments” to review your assigned group.

Group 1: Curricula Goals, Experience, and Assessment Worksheet
Purpose: Explore current and potential educational strategies that are essential to behavioral and mental health training of future pediatricians.

Components
1. Starting with the end in mind, how will we know when a trainee has achieved the desired behavioral/mental health competencies?
2. What are the critical components of a curriculum for residents to achieve those competencies?
3. What are efficient, affordable and innovative experiences that can contribute to residents achieving these competencies? Particularly experiences that could be applied broadly across programs of differing sizes and resources.

Merged Group Facilitator: Franklin Trimm
Merged Group Notetaker: John Duby

Group 2: Faculty Engagement and Development
Purpose: Explore opportunities and challenges of faculty engagement and development for implementing curriculum on behavioral, emotional, and mental health for future pediatricians.

Components
1. Starting with the end in mind: what is the measure of faculty engagement?
2. Engagement with the process
3. Engagement with self-learning
4. Engagement with trainees
5. What should faculty development entail?
6. Are there models for learning that have been successful? What are the barriers for implementation?

Merged Group Facilitator: Mike Artman
Merged Group Notetaker: Debra Waldron
Group 3: Interprofessional Training and Practice

Purpose: Explore current and potential educational activities that enhance interprofessional training and practice.

Merged Group Facilitator: Terry Stancin
Merged Group Notetaker: Tom Boat

Discussion components:

1. What health professionals do we want to see participating in the behavioral and mental health training of future pediatricians?
2. What might be ideal vs. most reasonable?
3. What roles can other health professionals assume in the training of pediatric residents?
4. How can pediatricians participate in the training of the mental health professional so that they develop the skills needed to provide interprofessional care in pediatric settings?
5. What are the training activities that promote skills for pediatricians to function as part of interprofessional teams?
6. Are there basic tenets (e.g., mental health trainees and pediatric residents should have joint training experiences)?
7. What kind of training activities might supplement basic experiences (e.g., simulated team experiences)?
8. How do we get the health care system to build and support interprofessional health care teams? What are options for billing, reimbursement now and in the future to sustain interprofessional health care teams?
9. What should the end product look like?

Group 4: Envisioning the Future

Merged Group Facilitator: Jean Robillard
Merged Group Notetaker: Laura Miller

The increasing number of children with diagnosed mental health disorders seen in primary care settings, the significant undersupply of mental health professionals trained to serve children, the lack of community services especially in rural areas, and the inadequate financing of mental health services are severely limiting the accessibility of mental health services to children. These problems are complex and cannot be solved with one single approach. Also, as the complexity of mental health problems being addressed rises, the need for new and more efficient collaborative approaches increase.

Some have suggested:

1. to develop a real system of care in which primary care pediatricians will be able to consult as needed with child psychiatrists via telepsychiatry or telephone either informally or formally
2. to foster formal collaboration program between mental health specialists and practicing pediatricians
3. to co-locate mental health specialists work in the PCC’s practice to improve access to care and enhance care coordination
4. to disseminate educational resources
5. to implement psychopharmacology quality initiatives to assure appropriate use of drugs and follow-up care
6. to improve reimbursement for mental health services in primary care by allowing a wider range of providers to bill for mental health services
7. by promoting research in the use of artificial intelligence to assist primary care physicians with the diagnosis and treatment of this population.
Commitment to Change
Breakout Groups - Day 2
1:45 pm - 2:45 pm
2018 Behavioral and Mental Health Stakeholder Meeting:
“Preparing Future Pediatricians to Meet the Behavioral and Mental Health Needs of Children”

Commitment to Change Worksheet

Project Leadership Names: __________________________________________________________

What are you committing to change at your organization and/or as an individual over the next 6 months?

“I am organizing (WHO — leadership & constituency) at (WHERE) to do (WHAT — measurable aim) by (HOW — tactics) because (WHY — motivating vision) by (WHEN — timeline).”
Six Strategic Questions to Consider While Making these Decisions:

1. **Motivating Vision:** What is the urgent challenge you are choosing to address? What is your hopeful vision of the future? How will your project move you one step closer to this vision?

2. **Theory of Change:** What is your project’s theory of change? (If we do X, Y will happen).

3. **People:** Who are your people? What stakeholders have an interest in your project? Who will be members of your leadership team? How will you grow new leaders? How will you manage naysayers?

4. **Assets:** What assets (resources, skills, talents, and experiences) do your stakeholders and leaders bring? How can you turn your collective assets into what you need to achieve your measurable aim?

5. **Measurable Aim:** What is the strategic objective on which you will focus your energy — a clear, measurable aim to which you can commit?

An effective aim has the following qualities:

- **Single strategic aim** — choose a single aim and focus all resources strategically on achieving it (even if different stakeholders contribute different resources and employ different tactics)
- **Motivational force** — the aim connects with the heart and motivates people to act
- **Leverage point** — the aim focuses on a place within a complex system where “a small shift in one thing can produce big changes in everything”
- **Momentum building** — the aim allows you to pursue short-term wins within a longer-term, sustained effort
- **Measurable** — you can easily determine and describe the aim’s impact
- **Visible, clear** — you can easily discern whether you are succeeding or failing, so that you can learn and improve
- **Concrete** — the aim allows you to begin to act now and has a foreseeable end point that creates urgency to act

6. **Tactics & Timeline:** What are your tactics? By when will you kick off the project? When will you evaluate your project? After it ends, what’s next in building towards your long-term vision?
APPENDIX
MISSION
The American Board of Pediatrics (ABP) certifies general pediatricians and pediatric subspecialists based on standards of excellence that lead to high quality health care during infancy, childhood, adolescence, and the transition into adulthood.

The ABP certification provides assurance to the public that a general pediatrician or pediatric subspecialist has successfully completed accredited training and fulfills the continuous evaluation requirements that encompass the six core competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The ABP’s quest for excellence is evidenced in its rigorous evaluation process and in new initiatives undertaken that not only continually improve the standards of its certification but also advance the science, education, study, and practice of pediatrics.

VALUES
- Accountability to the public
- Fairness and excellent service
- Communication and transparency
- Continuous quality improvement

VISION
The “North Star” for the ABP is and will remain the improvement of health outcomes for children, adolescents, and young adults (hereafter, “children”).

GUIDING PRINCIPLES
- The ABP is primarily accountable to the children and families that we serve.
- The ABP is also accountable to the public, including insurers, consumer groups, payers, and credentialers.
- To promote professional self-regulation and empower pediatricians to continually improve child health outcomes, the ABP has a responsibility to diplomates to utilize assessments that are fair, valid, reliable, and contribute to their lifelong professional development.
- The ABP acknowledges the importance of the varied professional roles that pediatricians play in improving the health care of children and strives to align assessments with professional activities.
- The ABP sets standards for key elements of accredited training based on health needs of populations served, recognizing the value added by the interdependence of the relationship between certification and accreditation.
- The ABP balances assessment strategies to embrace both assessment “of” and “for” learning across the professional life of the diplomate.
- The ABP is committed to the assessment of all core competencies.
- The leadership of ABP invites open dialog and communication with the public, our diplomates, other organizations, and stakeholders.
- The ABP’s strong belief in improvement leads us to continually evaluate and improve our policies, programs, and processes.
- The ABP priorities focus on work that our organization is uniquely positioned to do.
- The ABP joins forces with other organizations and parent groups that align with our mission, each bringing its unique perspective but harmonizing our voices to advocate for enhanced quality in pediatric care.
MISSION

The Forum on Promoting Children’s Cognitive, Affective, and Behavioral Health (C-CAB) aims to build a stronger research and practice base for practitioners and policy makers concerned with programs, practices, and policies that help promote the cognitive, affective, and behavioral (CAB) health of all children, including those with disabilities.

Through public workshops, commissioned papers, and ongoing dialogue, C-CAB brings together experts and practitioners to consider the evidence about implementation and its implications for policy and practice. In an environment free from partisan pressures and preset agendas, C-CAB members share their own research and perspectives and also look beyond them—making connections within and across disciplines, sharpening questions, sparking new ideas, and exploring possible solutions. The C-CAB Forum offers a non-partisan setting for practitioners, researchers, policy makers, and other stakeholders to build relationships and unravel complicated issues over time.

The C-CAB Forum is guided by three strategic priorities:

• Identify opportunities for research in children’s CAB health;
• Engage and educate policy makers and the public, including parents, families, researchers, and practitioners;
• Support the scaling up of effective interventions and programs.

MEMBERS

C-CAB Forum members hold expertise in a wide range of areas including child and adolescent psychiatry, health care systems, implementation and prevention sciences, pediatrics, psychology, policy, public health, social work, and substance abuse prevention. Members include representatives from sponsoring organizations as well as non-sponsor members who bring expertise and experience in the areas above.

Sponsoring organizations include federal agencies, philanthropic foundations, professional associations, and other relevant organizations. See sponsoring organizations here.

Members collaboratively drive the mission of the Forum. In 2017, members:

• Collaborated with the Forum on Global Violence Prevention, the Roundtable on Population Health Improvement, and the Roundtable on the Promotion of Health Equity on three public events addressing issues that impact the lives of children;
• Engaged representatives from state and national organizations regarding their efforts on improving children’s behavioral health;
• Convened on quarterly membership calls.

COLLABORATIVES

Collaboratives are working groups of C-CAB members and outside stakeholders who meet to enhance ongoing conversations on issues relevant to improving children’s behavioral health.

The Collaborative on Healthy Parenting in Primary Care, launched in 2015, highlighted research and policy for integrating multi-generational preventive interventions into primary care settings to advance the health of children and families. This collaborative connects practitioners, researchers, and policy makers to highlight promising programs, draft articles for publication, and present on the evidence of family-focused preventive interventions at conferences and other events.

Additional Collaboratives that launched in 2017:

• Collaborative on Creating an Integrated Health Care Workforce to Improve Cognitive, Affective, and Behavioral Health Outcomes for Children and Families;
• Vital Signs for the Health and Wellbeing of Children and Families
C-CAB FORUM ACTIVITIES

July 31-August 1, 2017


This public workshop examined the research on the impacts of exposure to violence and trauma on children’s neurocognitive and psychosocial outcomes. Presentations focused on exposure to trauma in childhood and its impact across the life course.

The workshop also explored opportunities for prevention and intervention that are grounded in science — especially the ways in which parents and caregivers can work to build resilient and mentally-strong children and youth.

October 13, 2017

The 2017 DC Public Health Case Challenge. This annual activity, co-sponsored by the National Academy of Medicine, the Roundtable on Population Health Improvement, and the C-CAB Forum aims to promote interdisciplinary, problem-based learning around a public health issue of concern to the local Washington, DC community. Universities in the DC area form multidisciplinary teams to address a challenge based on a local public health problem. Teams devise a comprehensive intervention which they present to an expert panel of judges.

2017 Case: Lead and Adverse Childhood Experiences: Neurological and Behavioral Consequences for Youth in the District of Columbia. Read the case.

November 14, 2017

Achieving Health Equity—Promoting Cognitive, Affective, and Behavioral Health: A Workshop of the Forum on Promoting Children’s Cognitive, Affective, and Behavioral Health and the Roundtable on the Promotion of Health Equity.

This workshop explored health equity as it pertains to the behavioral health of children and families. Specifically, presenters from state and local organizations highlighted policies and practices that address the barriers that exist in communities, both rural and urban. The workshop also included presentations on the social determinants of health, opportunities for behavioral health promotion across sectors and settings, and access to effective universal and targeted services that improve the behavioral health of children and families.

2017 PUBLICATIONS

Implementing Evidence-Based Prevention by Communities to Promote Cognitive, Affective, and Behavioral Health in Children: Proceedings of a Workshop


Training the Future Child Health Care Workforce to Improve Behavioral Health Outcomes for Children, Youth, and Families: Proceedings of a Workshop

Forum on Promoting Children’s Cognitive, Affective, and Behavioral Health

Members

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Chairman Emeritus, Department of Psychiatry
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Distinguished Gardner/Monks Professor of Child Psychiatry
Harvard Medical School

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