EXECUTIVE SUMMARY

Charge and Process

In late 2011 Back to Project Future (BPF) was established by AACAP President Martin Drell, M.D., as one of his Presidential Initiatives during his term (2011-2013). Dr. Drell appointed James MacIntyre, II, M.D., chair of the BPF Steering Committee, and was given overall responsibility for the initiative. The Steering Committee was charged with developing a plan to help guide AACAP leadership, members and staff in the coming decade. The BPF Steering Committee completed its work with a final report, Plan for the Coming Decade, in September 2013.

Back to Project Future was designed and organized to create a time-limited and highly-focused structure and process that enabled a diverse group of AACAP members to come together to develop a consensus of priorities and action steps for AACAP that spanned three key areas: Service/Clinical Practice, Training and Workforce, and Research. The report’s findings and recommendations were developed to be useful to: child and adolescent psychiatrists in practice, child and adolescent psychiatrists in academic institutions, child and adolescent psychiatrist researchers, public policymakers, and primary care physicians and allied child mental health professionals. The report defines a “shared vision” and “roadmap” of where the subspecialty of child and adolescent psychiatry and AACAP will be in 2023 and how to get there from 2013.

Framework and Vision Statement

Plan for the Coming Decade uses a framework of goals, recommendations, rationales, and action steps. These elements collectively support the BPF “Vision Statement.” The elements are defined as follows:

- **GOAL** – Statements containing key elements needed to support and achieve the BPF “Vision.” “Goal” statements are broad and more aspirational than “Recommendations.”
- **RECOMMENDATION** – Statements containing core concepts (idea kernels) that move the “Goal” toward a specific plan of action.
- **RATIONALE** – Narrative statements and sections that provide a context and critical perspective on the importance of the “Goal” or “Recommendation.”
- **ACTION STEP** – Specific actions, activities and initiatives that support the goals and recommendations. These constitute specific steps needed to implement a “Recommendation.”

The Steering Committee developed the following Vision Statement for the project:

The Back to Project Future Presidential Initiative will develop prioritized recommendations that define and promote high quality preventive and clinical services, education and training, research, and advocacy in child and adolescent psychiatry across the coming decade (2013–2023). These recommendations will be used to guide AACAP in:

- promoting mentally healthy children, adolescents, and families;
- defining the professionalism, ethics, training, and skills of child and adolescent psychiatrists;
- promoting the development of broadly effective interventions and treatments for children and adolescents;
- supporting child and adolescent psychiatrists’ practice in systems of care and other child serving systems.
Goals & Recommendations (the “Roadmap”) for the Coming Decade

The majority of the report consists of a comprehensive description of goals, recommendations, and action steps developed by the BPF Steering Committee and Subgroups to be the “roadmap.” The goals, recommendations, and action steps represent the consensus of the BPF Steering Committee and Subgroups in 2013, and are submitted for further study and consideration by AACAP leadership, members, and staff. Some goals, recommendations, and action steps are more fully developed than others. This section should be viewed as a resource document – a broad menu with many choices of “routes” on the roadmap.

The Back to Project Future goals for the coming decade are:

Goal 1 (Core knowledge and skills) – As providers of quality clinical care to children, adolescents, and families, child and adolescent psychiatrists will develop and maintain competence and lifelong learning throughout their careers in a core knowledge base and skills that incorporates research findings and advances in the field.

Goal 2 (Unique role and advocacy) – Child and adolescent psychiatrists, as physician specialists in both mental health and mental illness in children, adolescents, and families, should articulate, promote, and preserve their unique role, skills, and expertise in healthcare and advocate for the mental health rights and needs of children, adolescents, and families.

Goal 3 (New healthcare systems and models) – As experts in pediatric mental health, child and adolescent psychiatrists must be prepared to both practice child and adolescent psychiatry and provide leadership in new and emerging healthcare systems and models of healthcare delivery.

Goal 4 (Expanded access to care) – Child and adolescent psychiatrists and AACAP should support the development of new models of practice that improve access to quality psychiatric care for all children, adolescents, and their families.

Goal 5 (Role as educators and collaborators) – Child and adolescent psychiatrists should be trained and supported throughout their careers to be educators and to collaborate with child serving systems of care.

Goal 6 (Research) – AACAP will promote the full range of research to improve the prevention and treatment of psychiatric disorders throughout childhood, adolescence, and early adulthood.

Goal 7 (Recruitment and shortages) – AACAP will continue to promote increased recruitment into child and adolescent psychiatry and develop additional strategies to address the critical shortages and maldistribution of child and adolescent psychiatrists.

Goal 8 (Technological advances) – Evolving technological advances must be incorporated into the training, teaching methodology, and clinical practice of child and adolescent psychiatry.

Goal 9 (Global perspective) – AACAP and child psychiatrists should increasingly promote the international and global perspective to meet the mental health needs of children, adolescents, and families around the world.

Goal 10 (Diversity and culture) – Child and adolescent psychiatrists should enhance their cultural competency and awareness to meet the needs of our nation’s changing demographics.

Goal 11 (Ethics) – Child and adolescent psychiatrists will incorporate and adhere to the AACAP’s ethical and professional standards (Code of Ethics, AACAP 2009) in clinical practice, training and research.

Conclusions

The richness and density of the complete BPF report is important and necessary for future study and consideration by AACAP leadership, members, and staff. The following takeaway points summarize and focus on several key themes that are addressed throughout the report:
• (Affordable Care Act) The ACA is here and its implementation and roll-out means major changes to child and adolescent psychiatry (CAP) practice, role and payment over the next 5-10 years.

• (Training and Practice) CAP training and practice will need to change and incorporate new technology (e.g., e-health, telepsychiatry, etc.) and changes in healthcare delivery.

• (CAPs Role) CAPs must continue to be the diagnosticians and treatment coordinators for the most complex and severe cases.

• (CAP Shortages) In order to be relevant in the evolving healthcare system, CAPs need to extend their “reach” by using newer technology (e.g., telepsychiatry) and collaboration/consultation with other healthcare providers and child-serving systems of care.

• (Lifelong Learning) AACAP must offer relevant education to students and members throughout their careers. AACAP’s CME and MOC programs must be adapted and tailored to the coming changes that are facing AACAP members.

• (Advocacy) AACAP and its members must expand advocacy efforts at all levels (local, state, and national) to promote quality psychiatric care for children, adolescents, and families and to increase funding for graduate medical education and research.

• (Member Needs) As the “professional home” for CAPs, AACAP must remain committed to providing its members all the support and assistance needed to manage the significant changes anticipated in role, training, and practice during the coming decade.

Structure of Report

*Section I – “Introduction”* contains the project’s “Executive Summary” and a brief “Background” section describing the organization and development of BPF.

*Section II – “Overview of the Coming Decade”* summarizes the major issues and themes in CAP anticipated during the decade. This overview also briefly describes how the issues and themes are addressed in the Plan for the Coming Decade.

*Section III – “Goals & Recommendations (the “roadmap”) for the Coming Decade”* contains the “BPF Vision Statement and BPF Core Values and Principles.” The majority of this section is a comprehensive resource document, “Goals, Recommendations, and Action Steps,” containing the detailed recommendations and action steps for each goal in Plan for the Coming Decade. The collective “Goals, Recommendations, and Action Steps” constitute the “roadmap” for AACAP and the field of child and adolescent psychiatry.

*Section IV – “Special Topics”* contains brief overviews and analyses of six areas in child and adolescent psychiatry that were selected by the Steering Committee in view of their importance to the field in the coming decade.

*Section V – “Conclusions”* contains the key takeaway points from the report that were developed by the BPF Steering Committee. This section also has the BPF Steering Committee’s priority “Recommendations with Action Steps” from the report to help focus the first two years of implementation (2013-2015).

*Section VI – “Next Steps/Implementation”* describes possible implementation strategies for Back to Project Future.

Next Steps/Implementation

With the submission of this report to President Martin Drell, the Back to Project Future Presidential Initiative will have met its initial charge—to develop a plan and roadmap for the coming decade in child and adolescent psychiatry. The project’s report needs review and approval by AACAP’s Council. If approved by AACAP leadership (i.e., Council and Executive Committee), then project implementation decisions will need to be made regarding
the budget and allocation of resources (e.g., staff time, travel and meeting costs, etc.) to support the project’s goals, recommendations and action steps.

**Dissemination**

The BPF Steering Committee believes that this report will be of interest to many different groups. There are two principal types of audience for this report—primary and secondary. Primary audiences to receive the report would include: AACAP leadership, Council, Assembly of Regional Organizations of CAP, members, and staff. Secondary audiences to receive the report could include: other professional medical organizations, allied health organizations, parent/advocate organizations, and foundations/philanthropic groups. The BPF Steering Committee hopes the report will stimulate important dialogue with each of these audiences and help advance the field of CAP throughout the coming decade.

**BACKGROUND AND PROCESS**

The project was conceptualized by Martin Drell, M.D., and designated as one of his Presidential Initiatives during his term as AACAP President (2011-2013). Back to Project Future (BPF) is named in recognition of the importance and relevance of the first Project Future conducted by AACAP during 1978-1983. The 1983 report, Child Psychiatry: A Plan for the Coming Decades, from the original Project Future, identified several priority needs for child psychiatrists: to embrace and invest in research and research careers; to treat children with the most debilitating of mental illnesses; to collaborate more with pediatricians; and to invest more in systems of care. The report also defined a set of values and a new identity for child and adolescent psychiatry in the 1980s and 1990s. In re-reading the original Project Future report and remembering its impact on the field, Dr. Drell recognized many similar circumstances, familiar themes and recommendations between 1983 and 2011. In reflecting on the current state of child and adolescent psychiatry (CAP), Dr. Drell decided it was time to go “back to Project Future.”

Back to Project Future was designed and organized to create a time-limited and highly-focused structure and process that enabled a diverse group of AACAP members to come together to brainstorm and develop a consensus of priorities and action steps for AACAP that spanned three key areas: Service/Clinical Practice, Training and Workforce, and Research. The report’s findings and recommendations have been developed to be useful to: CAPs in practice, CAPs in academic institutions, CAP researchers, public policymakers, and primary care physicians and allied child mental health professionals. This report is intended to assist and guide the AACAP leadership, membership, and staff in responding to the changing social and economic realities that face CAPs in the coming decade. This report defines a “shared vision” and “roadmap” of where the subspecialty of CAP and AACAP will be in 2023 and how to get there from 2013.

Back to Project Future’s overall purposes included:

- To estimate the psychiatric needs of children, adolescents and their families in the coming decade (2013-2023).
- To develop a general concept of the knowledge and skills that will be needed CAPs in the coming decade.
- To identify the major issues faced by the profession and to formulate recommendations to address these issues in the coming decade.
- To develop a set of consensus recommendations with trends and an action plan to guide the AACAP (leadership, members, and staff) as it moves forward into the coming decade (2013-2023). The consensus recommendations will provide guidance, direction and support for the AACAP in three focal areas—Service/Clinical Practice, Training and Workforce, and Research.

In order to develop and produce a comprehensive and practical report, the Steering Committee created and adopted a “framework” for Back to Project Future with the following elements: goals, recommendations, rationales, and action
steps. These elements collectively support the BPF “Vision Statement.” The complete “framework” is titled “Goals and Recommendations (the “roadmap”) for the Coming Decade” (Section III). The elements are defined as follows:

- **GOAL** – Statements containing key elements needed to support and achieve the BPF “vision.” “Goal” statements are broad and more aspirational than “Recommendations.”

- **RECOMMENDATION** – Statements containing core concepts (idea kernels) that move the “Goal” toward a specific plan of action.

- **RATIONALE** – Narrative statements and sections that provide a context and critical perspective on the importance of the “Goal” or “Recommendation.”

- **ACTION STEP** – Specific actions, activities and initiatives that support the goals and recommendations. These constitute specific steps needed to implement a “Recommendation.”

This BPF report represents a final consensus of the BPF Steering Committee’s work. The report incorporates the input and work of the three BPF Subgroups as well as other groups and individuals. For the final review and revision process of the report the Steering Committee used the following questions to make decisions about the content in the final report:

- Does the draft report chart a course (serve as a “road map”) for AACAP and CAP?
- Does the report include what’s new and coming in the next 10 years?
- Does the report address what needs to change or be redefined in CAP?
- Does the report identify what needs to be preserved or protected?
- Does the report address how to train and prepare CAP residents and early career psychiatrists (ECPs) to be innovative, creative, entrepreneurial and technologically adept in the coming decade?
- Does the report speak to how best to leverage technology to support/enhance training and clinical practice?

A complete description of the background and comprehensive process involved in developing *Back to Project Future* and the project’s written report is contained in the Appendix (see “Background and Process”).