Chapter 3: Strengthening Adolescent Health Leadership and Infrastructure and Improving the Quality of Youth Policies, Programs, and Services

Recommendation 3.1: Establish an Adolescent Health Resource Center

An Adolescent Health Resource Center should be established within the Women and Children's Health Section of the Division of Public Health. The Center should be staffed by an Adolescent Health Director, an Adolescent Health Data Analyst, and an Adolescent Health Program Manager. Center staff should be responsible for supporting adolescent health around the state by coordinating the various health initiatives; expanding the use of evidence-based programs, practices, and policies; and providing adolescent health resources for youth, parents, and service providers. As part of its work, the Center should create and maintain a website that serves as a gateway to resources on adolescent health in North Carolina as well as provide links to relevant national resources. The North Carolina General Assembly should appropriate $300,000[a] in recurring funds beginning in SFY 2011 to support this effort.

Recommendation 3.2: Fund Evidence-Based Programs that Meet the Needs of the Population Being Served (PRIORITY RECOMMENDATION)

Public and private funders supporting adolescent initiatives in North Carolina should place priority on funding evidence-based programs to address adolescent health behaviors, including validation of the program's fidelity to the proven model. Program selection should take into account the racial, ethnic, cultural, geographic, and economic diversity of the population being served. When evidence-based programs are not available for a specific population, public and private funders should give funding priority to promising programs and to those programs that are theory-based and incorporate elements identified in the research literature as critical elements of effective programs.

a The Division of Public Health estimates it would cost $300,000 in salary and benefits to support a health director, data analyst, and program manager for the Adolescent Health Resource Center. (Petersen R. Chief, Chronic Disease and Injury Section, Division of Public Health, North Carolina Department of Health and Human Services. Oral communication. March, 25, 2009.

a) **The North Carolina General Assembly should amend the purpose of the North Carolina Child and Family Leadership Council[b] (Council) to include increasing coordination between North Carolina Departments that provide funding, programs, and/or services to youth. Whenever possible the North Carolina Child and Family Leadership Council should encourage departments and agencies to adopt common evidence-based community prevention programs that have demonstrated positive outcomes for adolescents across multiple protective and risk behaviors, and to share training and monitoring costs for these programs. This initiative should focus on evidence-based strategies that have demonstrated positive outcomes for adolescents in reducing substance use, teen pregnancies, violence, and improving mental health and school outcomes. To facilitate this work:**

   1) **The Council should work to identify a small number of evidence-based programs that have demonstrated positive outcomes across multiple criteria listed above. As part of this work, the Council should collaborate with groups that have already done similar work to ensure coordinated efforts. All youth-serving agencies should agree to place a priority on funding the evidence-based programs identified. Each agency should dedicate existing staff to provide technical assistance and support to communities implementing one of the chosen evidence-based programs.**

   2) **Agencies should identify state and federal funds that can be used to support these initiatives. Each agency should work to redirect existing funds into evidence-based programs and to use new funds for this purpose as they become available. Agencies can support programs individually or blend their funding with funds from other agencies.**

   3) **Funding should be made available to communities on a multiyear and competitive basis. Funding priority should be given to communities that are high-risk based on the behaviors listed above. Communities could apply to use a best or promising program or practice if they can demonstrate why existing evidence-based programs and practices will not meet the needs of their community. In such cases, a program evaluation should be required to receive funding.**

   The North Carolina General Assembly should appropriate $25,000[c] in recurring funds beginning in SFY 2011 to the Council to support their work.

b) **The agencies and other members of the Alliance for Evidence-Based Family**

b The North Carolina Child and Family Leadership council includes the Secretary of the Department of Health and Human Services, the Superintendent of the Department of Public Instruction, the Chair of the State Board of Education, the Secretary of the Department of Juvenile Justice and Delinquency Prevention, the Director of the Administrative Office of the Courts, and others as appointed by the Governor.

c $25,000 would be used to support 1/3 of a full-time employee at the Department of Administration to provide administrative support to the North Carolina Child and Family Leadership Council.

Strengthening Programs should identify funds that could be blended to support family strengthening programs that focus on families of adolescents.

c) North Carolina foundations should fund pilots and evaluations of existing evidence-based parent-focused interventions. If found to be effective, the North Carolina General Assembly and North Carolina foundations should support statewide program dissemination and implementation. Pilot programs should include those targeted for specific health domains that are aimed at universal and selected populations.

Recommendation 3.3: Support Multifaceted Health Demonstration Projects

The North Carolina General Assembly should provide $1.5 million annually for five years beginning in 2011 to the Division of Public Health to support four multicomponent, locally-implemented adolescent health demonstration projects. Funds should be made available on a competitive basis.

a) To qualify for funding, the demonstration project should involve families, adolescents, primary health care providers (which may include school-based health centers), schools, Juvenile Crime Prevention Councils, and local community organizations. Projects must include evidence-based components designed to improve health outcomes for at-risk adolescent populations and increase the proportion of adolescents who receive annual well visits that meet the quality of care guidelines of the US Preventive Services Task Force, Centers for Disease Control and Prevention, American Academy of Pediatrics/Bright Futures, and the Advisory Committee on Immunization Practices.

b) Priority will be given to projects that recognize and comprehensively address multiple adolescent risk factors and to counties that have greater unmet health or educational needs, including but not limited to counties that have graduation rates below the state average, demonstrated health disparities or health access barriers, or high prevalence of adolescent risky health behaviors.

Demonstration projects will be selected and provided with technical assistance in collaboration with the Department of Public Health (DPH), Department of Public Instruction, Community Care of North Carolina, and the NC School Community Health Alliance. These groups will work collaboratively to identify appropriate outcome indicators, which will include both health and education measures. As part of this project, DPH should contract for an independent evaluation of the demonstration projects.

Chapter 4: Improving Adolescent Health Care

Recommendation 4.1: Cover and Improve Annual High-Quality Well Visits for Adolescents up to Age 20

a) The Division of Medical Assistance (DMA) should:

   1) Implement the DMA Adolescent Health Check Screening Assessment policy.

   2) Review and update the DMA Adolescent Health Check Screening Assessment policy at least once every five years.

b) Other public and private health insurers, including the State Health Plan, should cover annual well visits for adolescents that meet the quality of care guidelines of the US Preventive Services Task Force, Centers for Disease Control and Prevention, American Academy of Pediatrics/Bright Futures, and Advisory Committee on Immunization Practices.

c) Community Care of North Carolina (CCNC), Area Health Education Centers (AHEC) Program, and the Division of Public Health should pilot tools and strategies to help primary care providers deliver high quality adolescent health checks. Strategies could include:

   1) Trainings and other educational opportunities around the components of the Adolescent Health Check including dental screening, laboratory tests as clinically indicated (e.g. STD/HIV, dyslipidemia, pregnancy test, etc.), nutrition assessment, health risk screen and developmentally-appropriate psychosocial/behavioral & alcohol/drug use assessments, physical exam, immunizations, anticipatory guidance and follow-up/referral, and, for female adolescents, a family planning component.

   2) The development and implementation of a quality improvement model for improving adolescent health care.

   North Carolina's foundations should provide $500,000 over three years to support this effort.

Recommendation 4.2: Expand Health Insurance Coverage to More People

The Task Force believes that everyone should have health insurance coverage. In the absence of such, the North Carolina General Assembly should begin expanding coverage to groups that have the largest risk of being uninsured. Such efforts could include, but not be limited to:

a) **Provide funding for the Division of Medical Assistance to do the following:**

   1) **Expand outreach efforts and simplify the eligibility determination and recertification process to identify and enroll children and adolescents who are already eligible for Medicaid or NC Health Choice.**

   2) **Expand Medicaid income eligibility levels for adolescents 19-20 up to 200% of the federal poverty guidelines (FPG) or higher if the income limits are raised for younger children.**

b) **Expand publicly subsidized coverage to children and adolescents with incomes up to 300% FPG on a sliding scale basis.**

c) **Change state laws to require insurance companies to offer parents the option to continue dependent coverage until the child reaches age 26, regardless of student status.**

Recommendation 4.3: Fund School-Based Health Services in Middle and High Schools (PRIORITY RECOMMENDATION)

a) **The Department of Public Instruction and the Division of Public Health should work together to improve school-based health services in middle and high schools. The North Carolina General Assembly (NCGA) should appropriate $7.8 million in recurring funds in SFY 2011, $13.1 million in recurring funds in SFY 2012, and additional funding in future years to support school-based health services, including:**

   1) **$2.5 million[d] in recurring funds beginning in SFY 2011 to support school-based and school-linked health centers (SBLHC) and provide funding for five new SBLHCs.**

   2) **$5.3 million in recurring funds each year from SFY 2011-2015 (for a total cost of $26.8 million[e]) to the Division of Public Health to achieve the recommended statewide ratio of 1 school nurse per 750 middle and high school students.**

d $2.5 million is the estimated cost to fund 5 new school-based or school-linked health centers. (Tyson CF. School Health Unit Manager, Division of Public Health, North Carolina Department of Health and Human Services. Written (email) communication. March 23, 2009).

e $26.8 million is the estimated cost to achieve the recommended 1:750 ratio in middle and high schools. (Tyson CF. School Health Unit Manager, Division of Public Health, North Carolina Department of Health and Human Services. Written (email) communication. March 30, 2009).

3) **The NCGA should continue to support the Child and Family Support Teams (CFST) pilot and evaluation. If CFSTs are shown to improve health and educational outcomes for youth, they should be fully funded to allow for statewide implementation.**

Priority in funding should be given to schools and communities with higher populations of at-risk youth and/or greater identified need.

b) **North Carolina foundations should fund evaluations of the effectiveness of these initiatives.**

Recommendation 4.4: Developing a Sixth Grade School Health Assessment

The Women and Children's Health Section of the Division of Public Health should convene a working group to develop a plan to operationalize a sixth grade health assessment. The working group should include the Department of Public Instruction, Division of Medical Assistance, the North Carolina Pediatric Society, North Carolina Academy of Family Physicians, Community Care North Carolina (CCNC), representatives from local health departments, and other health professionals as needed. The plan should be presented to North Carolina School Health Forum and the North Carolina General Assembly by the beginning of the 2011 Session.

Chapter 5: Improving Adolescent Health through Education

Recommendation 5.1: Increase the High School Graduation Rate (PRIORITY RECOMMENDATION)

a) **The North Carolina State Board of Education (SBE) and the North Carolina Department of Public Instruction (DPI) should expand efforts to support and further the academic achievement of middle and high school students with the goal of increasing the high school graduation rate. The SBE should implement evidence-based or best and promising policies, practices, and programs that will strengthen interagency collaboration (community partnerships), improve student attendance rates/decrease truancy, foster a student-supportive school culture and climate that promotes school connectedness, explore and implement customized learning options for students, and more fully engage students in learning. Potential evidence-based or promising policies, practices, and programs might include, but are not limited to:**

1) **Learn and Earn partnerships between community colleges and high schools.**

2) **District and school improvement interventions to help low-wealth or underachieving districts meet state proficiency standards.**

3) **Alternative learning programs for students who have been suspended from school that will support continuous learning, behavior modifications, appropriate youth development, and increased school success.**

4) **Expansion of the North Carolina Positive Behavior Support Initiative to include all schools in order to reduce short- and long-term suspensions and expulsions.**

5) **Raising the compulsory school attendance age.**

b) **The SBE should work with appropriate staff members in DPI, including curriculum and finance representatives, and staff from the North Carolina General Assembly (NCGA) Fiscal Research Division, to examine the experiences of other states and develop cost estimates for the implementation of the initiatives to increase the high school graduation rate. These cost estimates should be reported to the research division of the NCGA and the Education Oversight Committee by April 1, 2010 so that they can appropriate recurring funds.**

Recommendation 5.2: Enhance North Carolina Healthy Schools Partnership (PRIORITY RECOMMENDATION)

a) **The North Carolina School Health Forum should be reconvened to ensure implementation of the coordinated school health approach and expansion of the North Carolina Healthy Schools Partnership (NCHSP).**

b) **The North Carolina School Health Forum should develop model policies in each of the eight components of a Coordinated School Health System. This would include reviewing and modifying existing policies as well as identifying additional school-level policies that could be adopted by schools to make them healthier environments for students. When available, evidence-based policies should be adopted. The North Carolina School Health Forum and NCHSP should develop a system to recognize schools that adopt and fully implement model policies in each of the eight components.**

c) The Department of Public Instruction (DPI) should expand the NCHSP to include a local healthy schools coordinator in each local education agency (LEA). The North Carolina General Assembly should appropriate $1.64 million in recurring funds beginning in SFY 2011 increased by an additional $1.64 million in recurring funds in each of the following six years (SFY 2012-2017) for a total of $11.5 million[f] recurring to support these positions.

1) The North Carolina School Health Forum should identify criteria to prioritize funding to LEAs during the first five years. The criteria should include measures to identify LEAs with the greatest unmet adolescent health and educational needs.

2) In order to qualify for state funding the LEA must show that new funds will supplement existing funds through the addition of a local healthy schools coordinator and will not supplant existing funds or positions. To maintain funding, the LEA must show progress towards implementing evidence-based programs, practices, and policies in the eight components of the Coordinated School Health System.

3) Local healthy schools coordinators will work with the School Health Advisory Council (SHAC), schools, local health departments, primary care and mental health providers, and community groups in their LEA to increase the use of evidence-based practices, programs, and policies to provide a coordinated school health system and will work towards eliminating health disparities.

d) The NCHSP should provide monitoring, evaluation, and technical assistance to the LEAs through the local healthy schools coordinators. The NCGA should appropriate $225,000[g] in recurring funds beginning in SFY 2011 to DPI to support the addition of three full-time employees to do this work. Staff would be responsible for:

1) Implementing the monitoring system (including gathering data, measuring compliance, and reporting to the State Board of Education) for the Healthy Active Children Policy.

f This level of funding ($100,000 per LEA for 115 LEAs) would support one local healthy schools coordinator in each district as well as provide funding for travel, materials, and administrative support.

g Each full-time employee estimated to cost $75,000 in salary and benefits. The NC Healthy Schools Section believes that 3 staff members would be needed to handle the new responsibilities. Gardner, D. Section Chief, North Carolina Healthy Schools, Department of Public Instruction; and Reeve R. Senior Advisor for Healthy Schools, North Carolina Healthy Schools, Division of Public Health, North Carolina Department of Health and Human Services. Written (email) communication. October 15, 2009.)

2) **Implementing the monitoring system (including gathering data, measuring compliance, and reporting to the State Board of Education) for the Youth Risk Behavior Survey (YRBS) and School Health Profiles Survey (Profiles).**[h]

3) **Providing technical assistance and professional development to LEAs for coordinated school health system activities and implementing evidence-based programs and policies with fidelity.**

4) **Implementing, analyzing, and disseminating the YRBS and Profiles survey, including reporting on school-level impact measures (SLIMs).**

5) **Working with the North Carolina PTA and other partners as appropriate to develop additional resources and education materials for parents of middle and high school students for the Parent Resources section of the NCHSP website. Materials should include information for parents on how to discuss material covered in the Healthful Living Standard Course of Study with their children as well as evidence-based family intervention strategies when available. Information on how to access the materials should be included in the Student Handbook.**

Recommendation 5.3: Actively Support the Youth Risk Behavior Survey and School Health Profiles Survey

The North Carolina State Board of Education (SBE) should support and promote the participation of Local Education Agencies (LEAs) in the Youth Risk Behavior Survey (YRBS) and the School Health Profiles Survey (Profiles). As part of this effort, the SBE should:

a) **Identify strategies to improve participation in the YRBS and the Profiles survey. Options should include, but not be limited to, training for superintendents and local school boards, changing the time of year the survey(s) are administered, financial incentives, giving priority for grant funds to schools that participate, a legislative mandate, convening a clearinghouse to reduce duplicative surveys of youth risk behaviors and other school health surveys.**

b) **Expect any LEA randomly selected by the Centers for Disease Control and Prevention to participate in the YRBS and/or the Profiles survey to implement both surveys in their entirety unless a waiver to not participate is requested by the LEA and granted by the SBE.**

h Note: The School Health Profiles are the way to monitor whether LEAs are making progress on their Coordinated LEA Health Action Plan.

c) **Develop policies addressing the ability of schools, parents, and students to opt out of the YRBS and Profiles surveys, over-sampling for district-level data, and any additional data that needs to be added to the surveys.**

Recommendation 5.4: Revise the Healthful Living Standard Course of Study

a) **The North Carolina General Assembly (NCGA) should require schools to use evidence-based curricula when available to teach the objectives of the Healthful Living Standard Course of Study.**

b) **The NCGA should appropriate $1.15 million[i] in recurring funding beginning in SFY 2011 to the North Carolina Department of Public Instruction (DPI) to provide grants to Local Education Agencies (LEAs) to implement evidence-based curricula. To implement this provision, the North Carolina Healthy Schools Partnership (NCHSP) should identify 3-5 evidence-based curricula that demonstrate positive change in behavior across multiple health risk behaviors (i.e. substance use, violence, sexual activity) and provide grants (of up to $10,000 per LEA) for implementation and technical assistance to ensure curricula are implemented with fidelity.**

c) **The State Board of Education (SBE) and DPI should work together to ensure that middle and high schools are effectively teaching the Healthful Living standard course of study objectives.**

   1) **The NCHSP should coordinate trainings[j] for local school health professionals on the Centers for Disease Control and Prevention's Health Education Curriculum Assessment Tool (HECAT) and the Physical Education Curriculum Assessment Tool (PECAT) so that they are able to assess and evaluate health and physical education programs and curricula.**

   2) **SBE should require every LEA to complete the HECAT and PECAT for middle and high schools every 3 years beginning in 2013 and submit them to the North Carolina Healthy Schools Section. The Superintendent should ensure the involvement of the Healthful Living Coordinator and the School Health Advisory Council.**

   3) **Tools to assess the implementation of health education should be developed as part of the DPI's Accountability and Curriculum Reform Effort (ACRE).**

i $1.15 million in funding would provide $10,000 per local education agency to support the adoption of evidence-based curricula. Typically there are training and materials costs to adopting evidence-based curricula.

j The CDC provides trainings on using these tools free of charge. Would need funding to cover substitutes, food and facilities for trainings- would be a one-time cost.

d) The NCGA should require SBE to implement a five-year phase-in requirement of 225 minutes of weekly "Healthful Living" in middle schools and 2 units of "Healthful Living" as a graduation requirement for high schools. The new requirements should require equal time for health and physical education. SBE shall be required to annually report to the Joint Legislative Education Oversight Committee regarding implementation of the physical education and health education programs and the Healthy Active Children Policy. SBE should work with appropriate staff members in DPI, including curriculum and finance representatives, and NCGA fiscal research staff, to examine the experiences of other states and develop cost estimates for the five-year phase-in, which will be reported to the research division of the NCGA and the Joint Legislative Education Oversight Committee by April 1, 2010.

e) The SBE should encourage DPI to develop healthful living electives beyond the required courses, including, but not limited to, academically rigorous honors-level courses. Courses should provide more in-depth coverage of Healthful Living Course of Study Objectives. DPI and health partners should identify potential courses and help schools identify evidence-based curricula to teach Healthful Living electives.

Chapter 6: Preventing Unintentional Injuries

Recommendation 6.1: Improve Driver Education (PRIORITY RECOMMENDATION)

The North Carolina General Assembly should continue funding driver education through the North Carolina Department of Transportation (DOT). The DOT should work to improve the comprehensive training program for young drivers. The revised driver education program should include the following components:

a) The Governor's Highway Safety Program (GHSP) should work with the Center for the Study of Young Drivers at the University of North Carolina (and other appropriate groups) to conduct research to determine effective strategies for enhancing the quality of driver training and to develop pilot programs to improve driver education. The GHSP should work with the Department of Public Instruction to implement a large-scale trial of the program through the current driver education system in public schools. Any program developed should include materials to involve parents appropriately and effectively in young driver training. Materials should help educate parents as to what types of information, skills, and knowledge are critical to effectively teach their adolescents to drive.

b) **The DOT should fund an independent evaluation of the pilot projects. Evaluation should include collecting data on the driving records of those exposed to the program and those exposed to traditional driver education. If the pilot programs are shown to be successful, they should be expanded statewide.**

Recommendation 6.2: Strengthen Driving While Intoxicated (DWI) Prevention Efforts

a) **All North Carolina state and local law enforcement agencies with traffic responsibilities should actively enforce DWI laws throughout the year and should conduct highly-publicized checking stations. State and local law enforcement agencies should report at the beginning of each biennium their efforts to increase enforcement of DWI to the North Carolina House and Senate Appropriations Subcommittees on Justice and Public Safety.**

b) **The North Carolina General Assembly should increase the reinstatement fee for DWI offenders by $25. Funds from the increased DWI fees should be used to support DWI programs, including training, maintenance of checking station vehicles and equipment, expanding the operation of DWI checking stations to additional locations and times, and expanding dissemination of the existing *Booze It & Lose It* campaign.**

c) **The North Carolina General Assembly should appropriate $750,000[k] in recurring funding beginning in SFY 2011 to the North Carolina Division of Public Health to work with the Governor's Highway Safety Program, the UNC Highway Safety Research Center, and other appropriate groups to improve the effectiveness of checking stations and to develop and implement an evidence-based dissemination plan for the existing *Booze It & Lose It* campaign. The plan should focus on reaching adolescents and young adults.**

Recommendation 6.3: Fund Injury Prevention Educators

a) **The University of North Carolina Injury Prevention Research Center should hire three full-time employees for the dissemination of evidence-based injury prevention programs and policies to schools and youth sports clubs across the state. Staff would:**

k The North Carolina Department of Transportation estimates it would cost $750,000 to improve the effectiveness of checking statesions and to develop and implement an evidence-based dissemination plan for the existing *Booze It & Lose It* campaign. (Nail D. Assistant Director, Governor's Highway Safety Program, North Carolina Department of Transportation. Written (email) communication. June 12, 2009.)

1) **Train coaches and other youth athletic staff/volunteers and employees of local Parks and Recreation Departments on how to implement evidence-based programs proven to reduce youth sports and recreation injuries, such as those developed by staff at the University of North Carolina Injury Prevention Research Center.**

2) **Develop and distribute materials targeting parents to increase awareness of the frequency of sports and recreation injuries and to provide information on how to prevent the most common sports and recreation injuries.**

3) **Implement injury prevention programs in schools and youth sports leagues and monitor compliance.**

b) **The North Carolina General Assembly should appropriate $300,000[l] in recurring funds beginning in SFY 2011 to support this effort.**

Chapter 7: Reducing Substance Use and Abuse and Improving Mental Health for Adolescents and Young Adults

Recommendation 7.1: Review Substance Use and Mental Health Prevention and Services in Educational Settings

a) **The North Carolina General Assembly should direct the State Board of Education, Office of Non-Public Education, North Carolina Community College System, and University of North Carolina System to review their existing substance abuse and mental health prevention plans, programs, and policies, as well as the availability of substance abuse and mental health screening and treatment services, in order to ensure that these educational institutions offer comprehensive substance abuse and mental health prevention, early intervention, and treatment services to students enrolled in their schools. These institutions should submit a description of their prevention plans, programs, and policies; procedures for early identification of students with substance abuse or mental health problems; and information on screening, treatment, and referral services to the Education Cabinet, Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, the Appropriations Subcommittee on Education, and Education Committees upon the convening of the legislative session every other year beginning in 2011.**

l The UNC Injury Prevention Research Center estimates it would cost $300,000 in salary and benefits to support three full-time employees for the dissemination of evidence-based injury prevention programs and policies to schools and youth sports clubs across the state..

b) **The Department of Public Instruction, North Carolina Community College System, and University of North Carolina system should coordinate their prevention efforts with the other prevention activities led by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to ensure the development of consistent messages and optimization of prevention efforts. Prevention efforts should employ evidence-based programs that focus on intervening early and at each stage of development with age-appropriate strategies to reduce risk factors and strengthen protective factors before problems develop.**

Recommendation 7.2: Support the North Carolina Youth Suicide Prevention Plan

The North Carolina Youth Suicide Prevention Task Force along with the Division of Public Health's Injury and Violence Prevention Branch should implement the recommendations in *Saving Tomorrows Today: the North Carolina Plan to Prevent Youth Suicide*. The North Carolina General Assembly should appropriate $112,500[m] in recurring funds beginning in SFY 2011 to the Division of Public Health's Injury and Violence Prevention Branch for 1.5 full-time employees to support this effort.

Recommendation 7.3: Develop and Implement a Comprehensive Substance Abuse Prevention Plan

a) **The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) should develop a comprehensive substance abuse prevention plan for use at the state and local levels. The plan should increase the capacity at the state level and within local communities to implement a comprehensive substance abuse prevention system, prioritizing efforts to reach children, adolescents, young adults, and their parents. The goal of the prevention plan is to prevent or delay the onset of use of alcohol, tobacco, or other drugs, reduce the use of addictive substances among users, identify those who need treatment, and help them obtain services earlier in the disease process.**

    1) **The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should pilot test this prevention plan in six counties or multicounty areas and evaluate its effectiveness. DMHDDSAS should develop a competitive process and select at least one rural pilot and one urban pilot in the three DMHDDSAS regions across the state. DMHDDSAS should provide technical assistance to the selected communities. If effective, the prevention plans should be implemented statewide.**

m The Injury and Violence Prevention Branch estimates it would cost $112,500 in salary and benefits to support the one 1.5 full-time employees needed to oversee implementation of the recommendations in *Saving Tomorrows Today: the North Carolina Plan to Prevent Youth Suicide*.

2) **The pilot projects should involve multiple community partners, including but not limited to, Local Management Entities, primary care providers, health departments, local education agencies (LEAs), 2- and 4-year colleges, universities, and other appropriate groups.**

3) **The pilots should incorporate evidence-based programs, policies, and practices that include a mix of strategies including universal and selected populations. Priority should be given to evidence-based programs that have been demonstrated to yield positive impacts on multiple outcomes, including but not limited to: preventing or reducing substance use, improving emotional well-being, reducing youth violence or delinquency, and reducing teen pregnancy.**

b) **The North Carolina General Assembly should appropriate $1.95 million in SFY 2010 and $3.72 million in SFY 2011 in recurring funds to the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to support and evaluate these efforts.**[n]

Recommendation 7.4: Increase Alcohol Taxes

The North Carolina General Assembly should index the excise taxes on malt beverages and wine to the consumer price index so they can keep pace with inflation. The increased fees should be used to fund effective prevention and treatment efforts for alcohol, tobacco, and other drugs.

Recommendation 7.5: Drinking Age Remain 21

The North Carolina General Assembly should not lower the minimum drinking age below age 21.

Recommendation 7.6: Integrate Behavioral Health into Health Care Settings

a) **The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) should work with the Office of Rural Health and Community Care, Governors Institute on Alcohol and Substance Abuse, and Area Health Education Centers (AHEC) to expand the use of Screening, Brief Intervention, and Referral into Treatment (SBIRT) in Community Care of North Carolina (CCNC) networks and other healthcare settings to increase the early identification and referral into treatment of patients with problematic substance use. A similar evidence-based model for screening, brief intervention, and referral to treatment should be identified and expanded to increase the early identification and referral of patients with mental health concerns.**

n The appropriation requests were developed by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services as part of the North Carolina Institute of Medicine Task Force on Substance Abuse Services.

b) **The North Carolina Office of Rural Health and Community Care should work in collaboration with the DMHDDSAS, the Governors Institute on Alcohol and Substance Abuse, the ICARE partnership, and other professional associations to support and expand co-location in primary care practices of licensed health professionals trained in providing mental health and substance abuse services.**

c) **The North Carolina General Assembly should appropriate $2.25 million in recurring funds beginning in SFY 2011 to support these efforts, allocating $1.5 million to DMHDDSAS and $750,000 to the North Carolina Office of Rural Health and Community Care.[o]**

Recommendation 7.7: Ensure the Availability of Substance Abuse and Mental Health Services for Adolescents (PRIORITY RECOMMENDATION)

a) **The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) should develop a plan for a comprehensive system that is available and accessible across the state to address adolescents' substance abuse treatment needs. In developing this plan, DMHDDSAS should:**

1) **Ensure a comprehensive array of local or regional substance abuse services and supports.**

2) **Develop performance based contracts to ensure timely engagement, active participation in treatment, retention, and program completion.**

3) **Ensure effective coordination of care between substance abuse providers and other health professionals, such as primary care providers, emergency departments or school health professionals.**

4) **Identify barriers and strategies to increase quality and quantity of mental health and substance abuse providers in the state.**

5) **Immediately begin expanding capacity of adolescent substance abuse treatment services.**

6) **Include identification of co-occurring disorders and dual diagnoses, including screening all adolescents with mental health disorders for substance use and abuse and vice versa.**

o These appropriation requests were developed by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the North Carolina Office of Rural Health and Community Care, respectively, as part of the North Carolina Institute of Medicine Task Force on Substance Abuse Services.

b) DMHDDSAS should review the availability of mental health treatment services for adolescents among public and private providers.

Chapter 8: Preventing Youth Violence

Recommendation 8.1: Enhance Injury Surveillance Evaluation

a) The Department of Juvenile Justice and Delinquency Prevention should collect gang activity data from schools each year.

b) The North Carolina General Assembly should amend the Public Health Act § 130A-1.1 to include injury and violence prevention as an essential public health service.

c) The North Carolina General Assembly should appropriate $175,000 in recurring funds beginning in SFY 2011 to the Department of Public Heath to develop an enhanced intentional and unintentional injury surveillance system with linkages. This work should be led by the State Center for Health Statistics and the Injury and Violence Prevention Branch and done in collaboration with the North Carolina Medical Society, North Carolina Pediatric Society, North Carolina Hospital Association, North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Governor's Highway Safety Program within the North Carolina Department of Transportation, Carolinas Poison Center (state poison control center) at Carolinas Medical Center, North Carolina Office of the Chief Medical Examiner, Department of Juvenile Justice and Delinquency Prevention, and others as appropriate. The collaborative should examine the need and feasibility for linkages to electronic health records and enhanced training in medical record coding using E codes (injury) and ICD-9/10 codes (disease).

Recommendation 8.2: Support Evidence-Based Prevention Programs in the Community (PRIORITY RECOMMENDATION)

The Department of Juvenile Justice and Delinquency Prevention (DJJDP) should strongly encourage Juvenile Crime Prevention Councils (JCPC) to fund evidence-based juvenile justice prevention and treatment programs, including prevention of youth violence and substance use, and community-based alternatives to incarceration. Additionally, DJJDP should strongly encourage JCPC-funded programs to address multiple health domains in addition to violence prevention.

b) DJJDP should restructure JCPC funding grants to allow grants of longer than one year duration so that programs have the resources and commitment to implement and support evidence-based programs with fidelity.

Recommendation 8.3: Raise the Age of Juvenile Court Jurisdiction

The North Carolina General Assembly should enact legislation to raise the age of juvenile court jurisdiction from 16 to 18. Full implementation of the increased age for juvenile court jurisdiction should be delayed two years to enable the Youth Accountability Planning Task Force of the North Carolina Department of Juvenile Justice and Delinquency Prevention to report back recommendations on implementation and costs to the General Assembly.

Chapter 9: Reducing Adolescent Sexual Activity and Preventing Sexually Transmitted Diseases and Teenage Pregnancies

Recommendation 9.1: Increase Immunization Rates for Vaccine-Preventable Diseases

a) The North Carolina Division of Public Health (DPH) should aggressively seek to increase immunization rates for all vaccines recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), including but not limited to the human papillomavirus (HPV) vaccine which is not currently covered through the state's universal childhood vaccine distribution program (UCVDP).

b) All public and private insurers should provide first dollar coverage (no co-pay or deductible) for all CDC recommended vaccines that the state does not provide through the UCVDP, and should provide adequate reimbursement to providers to cover the cost and administration of the vaccines.

c) Health care providers should offer and actively promote the recommended vaccines, including educating parents about the importance of vaccinations. The HPV vaccine should be made available to females ages 9 to 26; however, vaccine delivery should be targeted toward adolescents ages 11-12, as recommended by the CDC's Advisory Committee on Immunization Practices (ACIP).

d) Parents should ensure that their children receive age appropriate vaccinations.

e) **DPH should monitor the vaccination rate for the HPV vaccine not currently covered through the UCVDP to determine whether the lack of coverage through the UCVDP leads to lower immunization rates. If so, the DPH should seek recurring funds from the North Carolina General Assembly to cover the HPV vaccines through the UCVDP, work with insurers to ensure first dollar coverage and adequate reimbursement for recommended vaccines, or seek new financial models to cover vaccines for children not adequately covered through the UCVDP.**

f) **DPH should conduct an outreach campaign to promote all the recommended childhood vaccines among all North Carolinians. The North Carolina General Assembly should appropriate $1.5 million in recurring funds beginning in SFY 2011 to support this effort.**

Recommendation 9.2: Ensure Comprehensive Reproductive Health and Safety Education for More Young People in North Carolina

a) **Local school boards should adopt an opt-out consent process to automatically enroll students in the comprehensive reproductive health and safety education program unless a parent or legal guardian specifically requests that their child not receive any or all of this education.**

b) **The State Board of Education should require Local Education Authorities to report their consent procedures, as well as the number of students who receive comprehensive reproductive health and safety education, and those who receive more limited sexuality education. Information should be reported by grade level and by school.**

Recommendation 9.3: Expand Teen Pregnancy and STD Prevention Programs and Social Marketing Campaigns (PRIORITY RECOMMENDATION)

a) **The North Carolina Division of Public Health (DPH) should develop and disseminate an unintended pregnancy prevention campaign and expand the Teen Pregnancy Prevention Initiative to reach more adolescents. The North Carolina General Assembly should appropriate $3.5 million[p] in recurring funds to DPH to support this effort.**

p The North Carolina Division of Public Health estimates it would cost $3.5 million to develop and disseminate an unintended pregnancy prevention campaign and expand the Teen Pregnancy Prevention Initiative to reach more adolescents (Holliday J., Head, Women's Health Branch, Division of Public Health, North Carolina Department of Health and Human Services. Oral communication. May 14, 2009.

b) DPH should expand the *Get Real. Get Tested*. campaign for HIV prevention; create sexually transmitted disease prevention messages; and collaborate with local health departments to offer non-traditional testing sites to increase community screenings for STDs and HIV among adolescents, young adults, and high-risk populations. The North Carolina General Assembly should appropriate $2.4 million[q] in recurring funding to DPH to support this effort.

Chapter 10: Preventing Adult-Onset Diseases

Recommendation 10.1: Support the Implementation of North Carolina's Comprehensive Tobacco Control Program (PRIORITY RECOMMENDATION)

a) The North Carolina General Assembly (NCGA) should adopt measures to prevent and decrease adolescent smoking. As part of this effort, the NCGA should:

1) Increase the tax on tobacco products and new revenues should be used for a broad range of prevention activities including preventing and reducing dependence on tobacco, alcohol, and other substances.

a. The NCGA should increase the tax on a pack of cigarettes to meet the current national average. The cigarette tax should be regularly indexed to the national average whenever there is a difference of at least 10% between the national average cost of a pack of cigarettes (both product and taxes) and the North Carolina average cost of a pack of cigarettes.

b. The NCGA should increase the tax on all other tobacco products to be comparable to the current national cigarette tax average, which would be 55% of the product wholesale price.

2) The NCGA should support the state's Comprehensive Tobacco Control Program by

a. Protecting the North Carolina Health and Wellness Trust Fund's (HWTF) ability to continue to prevent and reduce tobacco use in North Carolina by

q The North Carolina Division of Public Health estimates it would cost $2.4 million to expand the *Get Real. Get Tested*. campaign for HIV prevention; create sexually transmitted disease prevention messages; and collaborate with local health departments to offer non-traditional testing sites to increase community screenings for STDs and HIV among adolescents, young adults, and high-risk populations (Foust, EM. Head, HIV/STD Prevention and Care, Division of Public Health, North Carolina Department of Health and Human Services. Oral communication. May 14, 2009).

i. Ensuring that no additional funds are diverted from HWTF's share of the Master Settlement Agreement.

ii. Releasing HWTF from its obligation to use over 65% of its annual MSA receipts to underwrite debt service for State Capital Facilities Act, 2004.

b. The NCGA should better enable the Division of Public Health (DPH) and North Carolina Health and Wellness Trust Fund (HWTF) to prevent and reduce tobacco use in North Carolina by appropriating $26.7 million in recurring funds in SFY 2011 to support implementation of the Comprehensive Tobacco Control program. The NCGA should appropriate other funds as necessary until state funding, combined with HWTF's annual allocation for tobacco prevention (based on provision A), reaches the Centers for Disease Control and Prevention recommended amount of $106.8 million by 2020.

c. DPH should work collaboratively with the HWTF and other stakeholders to ensure that the funds are spent in accordance with best practices as recommended by the Centers for Disease Control and Prevention. A significant portion of this funding should be targeted towards youth.

3) The NCGA should amend current smoke-free laws to mandate that all worksites and public places are smoke-free.

4) In the absence of a comprehensive state smoke-free law, local governments, through their Boards of County Commissioners should adopt and enforce ordinances, board of health rules, and policies that restrict or prohibit smoking in public places, pursuant to NCGS §130A-497.

b) Comprehensive evidence-based tobacco cessation services should be available for all youth.

1) Insurers, payers, and employers should cover comprehensive, evidence-based tobacco cessation services and benefits including counseling and appropriate medications.

2) Providers should deliver comprehensive, evidence-based tobacco cessation services including counseling and appropriate medications.

Recommendation 10.2: Improve School Nutrition in Middle and High Schools (PRIORITY RECOMMENDATION)

North Carolina funders should develop a competitive request for proposal to fund a collaborative effort between North Carolina Department of Public Instruction and other partners to test the potential for innovative strategies to deliver healthy meals in middle and high schools while protecting/maintaining revenue for the child nutrition program. Funders should require grant recipients to conduct an independent rigorous evaluation that includes the cost of implementing healthy meals.

Recommendation 10.3: Establish Joint-Use Agreements for School and Community Recreational Facilities

a) **The North Carolina School Boards Association should work with state and local organizations including, but not limited to, the North Carolina Recreation and Park Association, Local Education Agencies, North Carolina Association of Local Health Directors, North Carolina County Commissioners Association, North Carolina League of Municipalities, North Carolina High School Athletic Association, and Parent Teacher Associations to encourage collaboration among local schools, parks and recreation, faith-based organizations, and/or other community groups to expand the use of school facilities for after-hours community physical activity. These groups should examine successful local initiatives and identify barriers, if any, which prevent other local school districts from offering the use of school grounds and facilities for after-hour physical activity and develop strategies to address these barriers. In addition, this collective group should examine possibilities for making community facilities available to schools during school hours, develop model joint-use agreements, and address liability issues.**

b) **The State Board of Education should encourage the School Planning Section, Division of School Support, North Carolina Department of Public Instruction to do the following:**

   1) **Provide recommendations for building joint-use park and school facilities.**

   2) **Include physical activity space in the facility needs survey for 2010 and subsequent years.**

Recommendation 10.4: Fund Demonstration Projects in Promoting Physical Activity, Nutrition, and Healthy Weight[r]

The North Carolina Division of Public Health, along with its partner organizations, should fully implement the *Eat Smart, Move More North Carolina Obesity Plan* for combating obesity in selected local communities and identify best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state. As part of this project, the North Carolina General Assembly should appropriate $500,000 in non-recurring funds for six years beginning in SFY 2011 to the North Carolina Division of Public Health for pilot programs of up to $100,000 per year to reduce overweight and obesity among adolescents. Funded programs should be evidence-based or promising practices and should include an evaluation of their effectiveness. If shown to be effective, programs should be expanded statewide.

Recommendation 10.5: Expand the CCNC Childhood Obesity Prevention Initiative

If shown to be successful through program evaluations, Community Care of North Carolina (CCNC) should continue expansion of the Childhood Obesity Prevention Initiative including the dissemination and use of already developed clinical initiatives aimed at obesity reduction for Medicaid-enrolled and other children and their families. The North Carolina General Assembly should appropriate one-time funding of $174,000 in SFY 2011 to the North Carolina Office of Rural Health and Community Care to support this effort.

r This is one part of a recommendation adopted by the Prevention Task Force and the legislatively created Obesity Task Force. The full recommendation is for $10.5 million Division of Public Health to allow full implementation of the *Eat Smart, Move More North Carolina* state plan for obesity in selected local communities and to identify best practices for improving nutrition and increasing physical activity that will ultimately be adopted across the state.