



Clinical/Health Care-Based Strategies

Facilitator

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Agenda

1:15-1:30: Welcome, introductions and overview of Task Force's priority recommendations addressing public policies

1:30-2:15: Implementing Task Force priority recommendations

- What needs to be done?
- Who's going to take the lead?
- What other groups should be involved?

2:15-2:30: Implementation ideas for other recommendations



Agenda

1:15-1:30: Welcome, introductions and overview of Task Force's priority recommendations addressing public policies

- **Rec. 4.1. Improve adolescent well-visits**
- **Rec. 7.6/7.7. Implement SBIRT and co-location of behavioral health services; improve substance abuse and mental health treatment system**

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● ● ● | Health and Clinical Care

- *Recommendation 4.1:* All public and private health insurers should cover annual high-quality well-visits for adolescents up to age 20.
 - DMA should implement the Adolescent Health Check screening and assessment policy
 - Public and private insurers should pay for high quality annual well visits that meet clinical standards
 - CCNC, AHEC and DPH should help train and provide tools to improve quality of adolescent health checks.

● ● ● | Substance Abuse and Mental Health Prevention and Treatment

- *Recommendation 7.6:* DMHDDSAS and partners should work to integrate behavioral health into health care settings by increasing the use of Screening, Brief Intervention, and Referral into Treatment (SBIRT) and expanding the co-location of licensed behavioral health professionals in primary care settings.
 - Health professional associations should be involved.
 - NCGA should appropriate \$2.25M (R) to DMHDDSAS and Office of Rural Health and Community Care (ORHCC) to support these activities.

● ● ● | Substance Abuse and Mental Health Prevention and Treatment

- *Priority recommendation 7.7:* DMHDDSAS should ensure that treatment services are available throughout the state.
 - DMHDDSAS should review the availability of mental health and substance abuse treatment services for adolescents throughout the state, and develop a plan to ensure that these needs are being met.

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Other Clinical Care Recommendations Not Discussed in Other Breakouts

- 3.3: Funding for multi-faceted adolescent health demonstrations.
- 4.4: Develop a 6th grade school health assessment.
- 8.1: Enhance injury/violence surveillance
- 9.1: Outreach for vaccines
- 10.5: CCNC childhood obesity initiative



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- **What needs to be done?**
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2:15-2:30: Implementation ideas for other recommendations

- ● ● | **Rec. 4.1: Improve Access and Quality of Adolescent Well Visits**

- *What needs to be done:*
- *Who will take the lead:*
- *What other groups should be involved:*



Rec. 7.6/7.7: Improving Access to Substance Abuse and Mental Health Treatment

- *What needs to be done:*
- *Who will take the lead:*
- *What other groups should be involved:*



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● ● ● | Quality of Programs/Services

- *Recommendation 3.3:* The North Carolina General Assembly (NCGA) should provide funding to the Division of Public Health to support multifaceted adolescent health demonstration projects.
 - Demonstrations should be designed to improve health outcomes for at-risk populations and increase proportion of adolescents who receive high quality well visits.
 - NCGA: \$1.5 M (R) to DPH.

● ● ● | **Health and Clinical Care**

- Rec. 4.4. Develop a sixth grade school health assessment.
 - DPH should convene a work group to develop a plan to operationalize a 6th grade school health assessment.
 - Health professionals should be included in developing the assessment tool, including representatives of the NC Pediatric Society and NC Academy of Family Physicians and other health professionals.



Violence

- *Recommendation 8.1:* The NCGA should provide funds to the Division of Public Health to enhance injury and violence surveillance for intentional and unintentional injuries with linkages between data systems.
 - NCGA should appropriate \$175,000 (R) to DPH to enhance injury surveillance system and better collection of e-code data.



Sexual Health

- *Recommendation 9.1:* The North Carolina Division of Public Health should increase immunization rates for vaccine-preventable diseases.
 - Health care providers should offer and actively promote recommended vaccines, including HPV.
 - NCGA should appropriate \$1.5 M (R) to DPH to conduct an aggressive outreach campaign.



Preventing Adult Chronic Disease

- Rec. 10.5. Expand the CCNC Childhood Obesity Prevention Initiative
 - NCGA should appropriate one-time funding of \$174,000 to ORHCC to continue the childhood obesity prevention initiative as part of CCNC.
 - If successful, this initiative should be expanded.



Summary of All Clinical-Related Recommendations

- 3.3: Funding for multi-faceted adolescent health demonstrations.
- 4.1: Insurers cover adolescent well-visits
- **4.3: Improve school health services**
- 4.4: Develop a 6th grade school health assessment.
- 7.6: Implement SBIRT and co-location in primary care
- **7.7: Increase availability of substance abuse and mental health treatment services**
- 8.1: Enhance injury/violence surveillance
- 9.1: Outreach for vaccines
- 9.3: Teen pregnancy and STD prevention
- 10.1: Tobacco control and taxes
- 10.5: CCNC childhood obesity initiative