### MEMBERS PRESENT:

- Glenn Adams, Cumberland County Commissioner, JD
- Jennifer Anderson, MHSA
- Tony Braswell, Johnston County Commissioner
- Heidi Carter, Durham County Commissioner, MPH, MS
- David Curro, BS
- Angela Diaz, MBA
- Greg Ford, Wake County Commissioner, MA
- Lodies Gloston, MA
- David Hancock, MBA, MPAff
- Duane Holder, MPA
- D. Lee Jackson, BA
- Donald McDonald, MSW
- Lynne Nelson, BS
- Gino Pazzaglini, Board Vice-Chair, MSW LFACHE
- Pam Silberman, JD, DrPH
- McKinley Wooten, Jr., JD
- (vacancy representing Cumberland County);
- (vacancy representing Durham County);
- (vacancy representing Durham County); and
- (vacancy representing Wake County)

### GUEST(S) PRESENT:

- Denise Foreman, Wake County Manager’s office
- Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Developmental Disability and Substance Abuse Services)

### ALLIANCE STAFF PRESENT:

- Brandon Alexander, Communications & Marketing Specialist I
- Damali Alston, Director of Network Evaluation
- Michael Bollini, Executive Vice-President/Chief Operating Officer
- Joey Dorsett, Senior Vice-President/Chief Information Officer
- Doug Fuller, Director of Communications
- Terrasine Gardner, Engagement Manager
- Kelly Goodfellow, Executive Vice-President/Chief Financial Officer
- Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer
- Veronica Ingram, Executive Assistant II
- Mehul Mankad, Chief Medical Officer
- Beth Melcher, Senior Director Clinical Innovation
- Sara Pacholke, Senior Vice-President/Financial Operations
- Brian Perkins, Senior Vice-President/Strategy and Government Relations
- Monica Portugal, Chief Compliance Officer
- Robert Robinson, Chief Executive Officer
- Sean Schreiber, Executive Vice-President/Network and Community Health
- Tammy Thomas, Senior Director of Project Portfolio Management
- Sara Wilson, Senior Director of Government Relations
- Carol Wolff, General Counsel
- Ginger Yarborough, NCQA Accreditation Manager

### 1. CALL TO ORDER:

Vice-Chair Gino Pazzaglini called the meeting to order at 4:07 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<tbody>
<tr>
<td>2. Announcements</td>
<td>Vice-Chair Pazzaglini reminded attendees that Chair George Corvin’s third and final term ended March 31, 2020. Per the by-laws, the Vice-Chair serves in any capacity where the Chair is unable to perform his duties; Vice-Chair Pazzaglini will preside at Board and Executive Committee meetings for the duration of his term (through June 30, 2020).</td>
</tr>
<tr>
<td>3. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
</tr>
<tr>
<td>4. Public Comment</td>
<td>There were no public comments.</td>
</tr>
</tbody>
</table>
| 5. Committee Reports | A. Consumer and Family Advisory Committee – page 5  
The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes and supporting documents from the March steering, Johnston, Durham, and Wake meetings, and the February Cumberland and retreat meetings.  

The committee reports were sent as part of the Board packet; Dave Curro, CFAC Chair, presented the CFAC report. Mr. Curro shared that recent CFAC meetings were conducted remotely and committee events have been cancelled or postponed in compliance with local, state and federal orders per COVID-19 concerns. The CFAC report is attached to and made part of these minutes. |
AGENDA ITEMS: | DISCUSSION: |
---|---|
The Board received the report. |  
B. Finance Committee – page 77  
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included draft minutes from the March 5, 2020, meeting, the Statement of Net Position, the Summary of Savings/(Loss) by Funding Source and ratios for the period ending February 29, 2020, and recommendations to the Board to approve all presented contracts over $500,000.  
Vice-Chair Pazzaglini presented the report. He noted that revenue exceeded expenditures and all mandated ratios were met or exceeded. Sara Pacholke, Senior Vice-President/Financial Operations, reviewed documents submitted in the Finance Committee report; she shared that the recommended contract is to update the agency’s server farm for additional space and processing power to support the current production environment, new claims system, and projected future growth. Vice-Chair Pazzaglini stated that the Finance Committee reviewed the contract and is forwarding it for Board approval. The Finance Committee report is attached to and made part of these minutes. |
BOARD ACTION  
A motion was made by Ms. Gloston to authorize the CEO to enter a contract to purchase Dell servers in an amount not to exceed $525,000 using the contract established by the State under G.S. 143-129 (e)(7); motion seconded by Dr. Silberman. Motion passed unanimously. |
6. Consent Agenda  
A. Draft Minutes from March Board Meeting and Budget Retreat Meeting – page 86  
B. By-Laws/Policy Committee Report – page 92  
C. Executive Committee Report – page 98  
D. Quality Management Committee Report – page 100  
The consent agenda was sent as part of the Board packet; it is attached to and made part of these minutes. There were no comments or discussion about the consent agenda. |
BOARD ACTION  
A motion was made by Mr. Curro to approve the minutes and adopt the consent agenda; motion seconded by Ms. Diaz. Motion passed unanimously. |
7. Training/Presentation(s)  
A. COVID-19 Update – page 107  
Alliance staff provided an update on the agency’s efforts to continue operations and to coordinate care for the people Alliance serves while maintaining staff and community safety.  
Mr. Robinson expressed gratitude for staff, NC DHHS and provider response, flexibility and agility with operational changes to ensure that Alliance providers are able to continually provide care and services. He thanked Alliance’s IT staff who supported the increase (85 %+) of Alliance staff working from home, and the technology and smooth transition to holding virtual meetings. Mr. Robinson expressed gratitude for partnerships with community stakeholders to anticipate resources with increasing needs in the community.
AGENDA ITEMS: | DISCUSSION:
---|---
Mehul Mankad, Chief Medical Officer, provided an epidemiological update. Dr. Mankad included a general overview of COVID-19, its impact and the agency’s internal and external responses. Dr. Mankad encouraged attendees to be prepared, cautious and stay calm to take care of themselves, others and the important work of the agency.

Vice-Chair Pazzaglini expressed gratitude for the efforts made by staff to maintain services and promote safety of staff and others.

Sean Schreiber, Executive Vice-President/Network and Community Health, provided a provider network update; Mr. Schreiber noted efforts to maintain crisis services, efforts to support provider stabilization, alternate telehealth definition and additional efforts to support local county governments' COVID-19 crisis planning.

Brian Perkins, Senior Vice-President/Strategy and Government Relations, and Sara Wilson, Senior Director of Government Relations; presented a legislative update. Mr. Perkins reviewed three recent federal COVID-19 legislation: Coronavirus Preparedness and Response Supplemental Appropriations Act was signed into law March 6, 2020; Families First Coronavirus Response Act was signed into law March 18, 2020; and Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law on March 27, 2020.

Ms. Wilson provided an overview of state actions to help ensure continued care during the COVID-19 epidemic, including temporary waivers for some regulations and increased flexibility to promote continued services for persons in need. The presentation was saved as part of the Board’s files.

**BOARD ACTION**
The Board received the update.

8. **Chair’s Report**
Vice-Chair Pazzaglini thanked attendees for joining today’s meeting and advised attendees that next month’s meeting may be in a similar format.

Vice-Chair Pazzaglini shared an opportunity for board members suggested by Board member, Lynne Nelson: as an additional gesture of support, Board members could temporarily decline meeting compensation for one or more quarters; these funds would be utilized by staff for administrative purposes to meet unique needs during the COVID-19 pandemic. If interested, per policy, board members may inform the CEO (in writing) to decline any meeting compensation.
AGENDA ITEMS: | DISCUSSION:
---|---
Board members discussed additional opportunities to support staff whose job duties require them to work in an Alliance office (i.e. providing daily catered lunch).

**BOARD ACTION**
A motion was made by Ms. Diaz to forego quarterly meeting compensation and for administration to use these funds at their discretion (staff lunches, to supplement provider administrative COVID-19 resources, etc.) pending a need for individual responses. Motion seconded by Ms. Gloston. Motion passed unanimously.

9. Adjournment
All business was completed; the meeting adjourned at 6:02 p.m.

Next Board Meeting
Thursday, May 07, 2020
4:00 – 6:00 pm

Minutes approved by the Board on May 7, 2020.
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: April 2, 2020

BACKGROUND: The Alliance Consumer and Family Advisory Committee, or CFAC, is made up of consumers and/or family members that live in Durham, Wake, or Cumberland Counties who receive mental health, intellectual/developmental disabilities and substance use/addiction services. CFAC is a self-governing committee that serves as an advisor to Alliance administration and Board of Directors.

State statutes charge CFAC with the following responsibilities:
- Review, comment on and monitor the implementation of the local business plan
- Identify service gaps and underserved populations
- Make recommendations regarding the service array and monitor the development of additional services
- Review and comment on the Alliance budget
- Participate in all quality improvement measures and performance indicators
- Submit findings and recommendations to the State Consumer and Family Advisory Committee regarding ways to improve the delivery of mental health, intellectual/other developmental disabilities and substance use/addiction services.

The Alliance CFAC meets at 5:30pm on the first Monday in the months of February, April, June, August, October and December at the Alliance Corporate Office, 5200 West Paramount Parkway, in Morrisville. Sub-committee meetings are held in individual counties; the schedules for those meetings are available on our website.

The Alliance CFAC tries to meet its statutory requirements by providing you with the minutes to our meetings, letters to the board, participation on committees, outreach to our communities, providing input to policies effecting consumers, and by providing the Board of Directors and the State CFAC with an Annual Report as agreed upon in our Relational Agreement describing our activities, concerns, and accomplishments.

REQUEST FOR BOARD ACTION: Receive draft minutes and supporting documents from the Johnston March 17th, the Durham March 9th, the Wake March 10th, the Cumberland February 27th, the March 2nd Steering Committee meetings, and notes and information from the February 29th retreat.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dave Curro, CFAC Chair; Doug Wright, Director of Community and Member Engagement
MEMBERS PRESENT: ☒ Michael McGuire ☒ Ellen Gibson, ☒ Dorothy Johnson ☐ Carrie Morrisy ☒ Jackie Blue ☒ Jamille Blue ☒ Sharon Harris ☒ Briana Harris ☒ Shirley Francis ☒ Tekeyon Lloyd ☐ Tracey Glenn-Thomas ☒ Renee Lloyd ☒ Carson Lloyd Jr. ☒ Felishia McPherson ☒ Alejandro Vasquez ☐ Andrea Clementi

BOARD MEMBERS PRESENT:

GUEST(S): ☒ Marsha Jones

STAFF PRESENT: ☐ Doug Wright, Director of Community & Member Engagement, ☒ Terrasine Gardner, Member Engagement Manager, ☐ Starlett Davis, Individual & Family Engagement Specialist, Nathania Headley, ☒ Briana Parkins

Dial-In Number: (605) 472-5464
Access Code: 289674

1. WELCOME AND INTRODUCTIONS:

2. REVIEW OF THE MINUTES – The minutes from the January 23, 2020, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Michael McGuire and seconded by Alejandro Vasquez to approve the minutes.

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<tr>
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<tbody>
<tr>
<td>3. Public Comments</td>
<td>Michael and Terrasine Community events and resources have been provided. Ms. Dorothy reported that NAMI had their Family Crisis Training in Sanford on 2/26/2020. The next one is May 7th in Cumberland and May 20th Harnett County. Accolades were giving about NAMI Black History Program. Ms. Ellen and Michael participated in the NAMI training and gave accolades for that as well. Ms. Felishia reported that the NAMI Walk is May 16th. Anyone can fundraise and donate. She requested that CFAC join. It is at Dorothy Dix Park. March 8th at Redeem Christian Church, on 918 Person Street, they will be having The Panel which will include NAMI Executive Board, the Local President, and Recovery Innovations staff. It is an Educational Advocacy Awareness panel. Michael announced that Felishia will be speaking at a conference in March. He would like CFAC to support her. Michael requested CFAC to participate in the NAMI Crisis Intervention Class and it is free. Terrasine announced that May 19th is the CFAC Legislature Day. Please keep it on calendars. There is an i2i conference in June 15th to 16th. Michael asked if anyone wanted to volunteer to go. It is in Raleigh. Ms. Blue and Jamile are interested in going. It is has to be taken to the Steering Committee on who wants to go.</td>
<td>Please see Starlett, Terrasine or Doug for any questions.</td>
<td>Ongoing</td>
</tr>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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| 4. ADA Updates | Shirley Francis  
- Autism Breakfast Club, every 1st and 3rd Wed, ages pre-school to elementary  
- Newly Diagnosed Workshop, call 910-826-3005 for dates, must register for workshop and child care  
- Circle of Parents, every Thursday of the month  
- High Functioning Support Group 2nd Monday of the month and High Functioning Social Group every 2nd and 4th Monday  
- Autism Lunch Club, every 2nd Tuesday, ages middle school to adult  
- Parent Education Program, 2nd Monday every other Month (our next one will be March 9th)  
- Upcoming Events:  
  - Puzzle Piece Fundraiser, month of April, Autism Awareness Month, restaurant/organization TBA  
  - Vera Bradley Bingo, Friday April 3rd  
  - Cape Beard Follicles of Freedom 9th Annual Pig Pickin' TBA | Please see Starlett and Ms. Shirley for any questions. | Ongoing |
| 5. State Updates | Roanna Newton Updates  
February 2020 CEE Updates was not available but updates were sent out via email  
The new update platform has not rolled out yet. CFAC Retreat is on Saturday. Ms. Newton will be there and the Veteran Affairs Liaison. They are looking forward to seeing all of CFAC and Community Collaborative there. | See Starlett, Terrasine or Doug for any questions | 2/29/2020 |
| 6. MCO | Terrasine Gardner  
A presentation on the Group Living Project and coming changes was given at the last meeting. The first Community Inclusion planning meetings was on 2/26/2020. The meetings went very well. The community partners attended. The two members that are moving led the meeting, asked questions and got the information needed from resources. They were very excited. There are 3 more | Please see Terrasine or Doug for any questions | Ongoing |

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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<tr>
<td>7. CFAC Retreat</td>
<td>Terrasine Gardner CFAC Retreat- The agenda was reviewed. Terrasine inquired about specific questions for Rob. Any questions would be sent to Rob tomorrow morning. Michael asked what will happen to CFAC once Alliance is a Tailored Plan. Will CFAC be with Alliance or a Standard Plan like BCBS? Terrasine Explained that the legislature 122C will still be in place and the CFAC will still fall under the MCO under the tailored plan. Dorothy explained that her questions was how was the budget going to affect us? Michael explained the importance of advocating about Medicaid Expansion and voting. Ellen explained the importance of being aware of who you are voting. Do your homework on the candidates. Dorothy sent her questions in to Starlett prior to the meeting.</td>
<td>See Starlett, Terrasine or Doug for any questions CFAC Retreat. Have any additional questions for Rob.</td>
<td>2/29/2020</td>
</tr>
<tr>
<td>8. Prep for next meeting</td>
<td>Michael McGuire- Discuss the next meeting agenda items. Go over expectations, reminders, etc for the next meeting. See you at CFAC Retreat.</td>
<td>Prepare for CFAC Retreat on Saturday</td>
<td>2/29/2020</td>
</tr>
<tr>
<td>9. Appreciation</td>
<td>Michael gave appreciation to all that attended.</td>
<td>N/A</td>
<td>N/A</td>
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ADJOURNMENT:

Meeting adjourned at 7:15pm. Next meeting 3/26/2020.

Respectfully Submitted by:

[Click here to enter text.] Date Approved
CFAC Questions and Feedback from Retreat:

1. Is it possible to have a My Chart system within Alliance for all providers to communicate?
   
   Our intent is to have a Member Portal into our care management system so people can have access to the information they need to manage their care. The biggest challenge to having data to share across disciplines is not having a Health Information Exchange (HIE) system up and running. The state continues to delay the implementation of this vital tool.

2. Can we have 2 or 3 Clinics like Lincoln Health Care Center in each Alliance County?
   
   That would be nice. For those that don’t know, the Lincoln Community Health Center has 10 sites across Durham providing primary and preventative health care for low income or uninsured members of our community. Most communities have something very similar connected with or delivered by the health departments. This is something that should be advocated for at your community level, County Commissioners, etc. because that is where most of the funding comes from.

3. Alliance needs to listen to CFAC to have more support for Veterans

   I would hope you know that we are listening. Currently anyone needing emergency services gets them, we don’t turn anyone away. That being said, when someone has other insurance such as Tricare or private insurance we would refer them to their carrier for further services. Veterans without VA benefits are eligible for our state funded services if they don’t have Medicaid. The VA is the largest hospital system in the country and designed to serve veterans, we should hold them accountable for doing just that. Also in Cumberland the Cohen centered serves the needs of Veterans and their families for free. They are always in the community providing outreach to increase the numbers of members served by them.

4. Where is the Youth Voice for CFAC?

   First, state law requires that you be at least 18 years old to be a member of CFAC. We have had and do have some younger people on our CFAC but would encourage you to recruit additional young people to come and join when the opportunity presents itself. This would be a good opportunity for Community Collaborative Partnership as Collaboratives are technically open to all ages and are ALWAYS looking for ways to attract and incorporate youth voice. This is typically a goal for each of the Collaboratives on their yearly strategic plan. Also CFAC members, guardians and families are open to bringing their youth to the CFAC meeting to be heard as always it’s an open meeting.

5. Peer Support Specialists can help with Advance Directives.

   Yes, we agree. We will continue to encourage that practice with our providers. We are also looking for other ways to encourage people to consider advanced directives and would love your support in that effort. Maybe workshops, community forums discussing advanced directives, filling one out yourself, we are open to your ideas and how we can support this opportunity. Again, this might be a good place for collaboration with the Collaboratives as they are always looking for training/educational event opportunities. Alliance staff could help when no one else is available.

6. Did state CFAC write a paper for response to Medicaid Transformation Papers?

   The State CFAC has been writing letters with their concerns on many of the Medicaid Transformation policy papers. We will work to get you copies of those as they are released.

7. Is there a way to mandate Providers give workers copies of their trainings
Currently no, it is an idea worth bringing to our Innovations Stakeholder Groups and trying to find out what the barriers are and how to reduce them. Families also have the opportunity for EOR (employee of record) that would allow the guardians to set the rates for pay for staff, although this doesn’t address the training issue it does give families some flexibility and hopefully the ability to retain staff.

8. B3 services and providers in Johnston County, how do we get more into the county
   B3 services are Medicaid services funded from savings incurred through managed care. Johnston County has available to it the same B3 services as all counties. The problem is more about having providers available to offer those services. That is an excellent item to put on the needs assessment being conducted by Dr. Carlyle Johnson next month.

9. Could Alliance partner with local nonprofits like the Autism Society to host trainings opportunities and targeted for direct support professionals?
   Certainly, we currently host a lot of trainings made available to our community providers. Again I think this is an idea that could be taken to the Innovations Stakeholder Group for consideration.
NC Department of Health and Human Services

CFAC Roles and Responsibilities

Roanna Newton & Kate Barrow
Community Engagement Specialist
Community Engagement & Empowerment Team
NC DHHS MH DD SAS

February 29, 2020
Your voice is so important that it is written into law.
North Carolina Statute

According to Statute (N.C.G.S. 122C-170):

A local CFAC shall be a self-governing and self-directed organization that advises the area authority or county program in its catchment area on the planning and management of local public MH/DD/SAS system.
Learning Objectives

At the end of this training, you will be able to:

- Describe the unique perspective of a CFAC
- Understand the Statutory Responsibilities of a CFAC
- Understand the important role CFACs play in Community Engagement
The Consumer and Family Advisory Committee Perspective
The CFAC Perspective

- CFACs provide their experiences and advice from individuals and families receiving services.
- CFACs are advisory committees to the LME/MCO governing boards.
- CFACs assists the LME/MCOs board and staff in identifying when something is...
  - Not working right and can provide suggestions
  - Working well and can be built on
Achieving A Unified Voice

• Engage in **Teambuilding**
• Lead by **Motivating Others**
• Suggest **Thinking Creatively**

**Teambuilding**
The ability to work in a team, collaborating with others, the ability to understand one’s own feelings, interests and circumstances and balance them with those of others; ability to treat people with respect, concern and support despite differences.

**Motivating Others**
The ability to cause others to do or stop doing something, to express their feelings, interests and circumstances; to internalize a goal or standard; to support or oppose an action, idea, or point of view.

**Thinking Creatively**
The ability to generate and accept new, creative, unanticipated, previously untried, or unconventional ideas or approaches.
CFAC Members Do A Lot of Work!

- Question the way things currently are
- Live what you believe
- Celebrate values and victories
- Help to unify the voice of the group
- Encourage creative ideas and value everyone’s input
- Modeling the way
- Challenging the process
- Transformational leadership
- Encouraging the heart
- Inspiring a shared vision
- Enabling others to act
CFAC Members are...

- Question the way things currently are
- Live what you believe
- Celebrate values and victories
- Help to unify the voice of the group
- Encourage creative ideas and value everyone’s input
- Challenging the process
- Modeling the way
- Transformational leadership
- Inspiring the heart
- Inspiring a shared vision
- Enabling others to act
- Change Champions!
Consumers and Family Members

Generally, members of CFAC are dedicated people who are willing and committed to

- Systems Advocacy
- Improving the Service Delivery System
- Ensuring Quality Services
- Cultivating Community Engagement
You have a role in Systems Advocacy
Jar-Gone: The Service Delivery System

How people get the things they need to live fully included in their community.

Services by LME/MCO

- Behavioral Healthcare
- Intellectual/Developmental Disabilities

All services that are included in Medicaid

- Direct Support Professional
- Healthcare
- Physical, Speech, Occupational (limited)
- Vision & Hearing

Services that are not included

- Dental
Systems Advocacy

CFACs are statutorily charged and should focus on **advising** the LME/MCO Governing Board and State CFAC

- A person who gives a recommendation about what should be done
- To talk with someone in order to decide what should be done
- Focus on recommendations based on data, personal stories, and input from community engagement opportunities
  - Example: #CareforNC

Definitions are taken from the Merriam Webster
Systems advocacy relies on a group of people who share the common goal of transforming (changing) the system to better meet the needs of the community.

That’s you!
You have a role in Improving the Service Delivery System
Improving the Service Delivery System

• Identify service gaps and underserved populations.
  – Examples: Transportation; Housing

• Make recommendations to improve services and monitor the development of additional/new services.

• Be involved in the development of the process for gathering information of the service gaps and needs and community conversations

• Explore your local gaps analysis
How Do You Give Feedback as CFAC?

- Point out areas that are not working as well and need improved outcomes
- Point out areas that are working and getting good outcomes
- Present data (qualitative- used to ask the question “why” and quantitative- the numbers)
- Provide feedback on Performance Improvement initiatives
- State recommendations
Amplify Your Message

- Develop positive working relationships with your board members and LME/MCO Staff
- Present the problem identified and a possible solution
- Illustrate with your experiences that describes the issues at hand
- State your recommendations
- Collaborate with other Local CFACs and State CFAC
Amplify Your Message

It’s your responsibility to work as team and speak with one voice.
You have a role in
Ensuring Quality Services
Quality Services

• Would the people receiving services report that their life is better as a result of the services?
• CFAC members should have a voice in quality improvement measures and performance indicators.
Providing Quality Feedback

When CFACs are providing feedback, doing so in writing so there is a record helps maintain credibility, a reference piece for addressing something that has been identified, and combining that information for a statewide report.
You have a role in Cultivating Community Engagement
CFACs and Community Engagement

Community Engagement

A way to make connections with people who are committed to making the community a good place to live for all people.

- Develop relationships between individuals with a shared interest, common goal to improve the community they live in

- Promotes livable communities: a place where ALL people, of ALL abilities can live, work, play and fully participate in all aspect of life
Cultivating Community Engagement

Encourage community building by inviting local government officials and potential community partners

- Build relationships in the community
- Gather information from a wider audience
- Active Dialogue (on-going conversation)
Community Engagement

CFACs can host meaningful, informative events that provide the community with a direct link to resources that are important to them while also providing a space for social interaction.

Some events CFACs could host:

- You Qualified for Medicaid: Now What?
- Understanding the Enrollment Process
- Navigating the Service Delivery System
- Supported Employment
- Veterans Outreach
- Voter Rights & Registration
- Guardianship
Expanding on Engagement

Start the Conversation…

• Local to State Communication
  – Write a letter: LME/MCO boards, State CFAC, local legislators, to DHHS
  – Provide Public Comment at the State CFAC Meeting
  – Participate in the State to Local Conference Call

• Community Partnerships/Collaborations
  – Community Collaboratives for Children, Youth and Families

• Engage with Providers
Call to Action
Successful CFACs

• Work in partnership with the LME/MCO and DHHS
• Work across all service categories to create a unified voice
• Members understand the importance of systems advocacy and providing advisory products
• Participate in community engagement to help achieve a place where ALL people can live, work, play and participate
Questions/Contact

Roanna Newton & Kate Barrow
Community Engagement Specialist
Community Engagement and Empowerment Team
NC DHHS DMH DD SAS
Roanna.newton@dhhs.nc.gov 919-715-3197
Katherine.barrow@dhhs.nc.gov 919-621-1116
Informational Slides
Statutory Responsibilities of the CFAC

• Review, comment on and monitor the implementation of the local business plan.

• Identify service gaps and underserved populations.

• Make recommendations regarding the service array and monitor the development of additional services.
Statutory Responsibilities of the CFAC

• Review and comment on the area authority or county program budget.

• Participate in all quality improvement measures and performance indicators.

• Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, developmental disabilities and substance abuse services.
How CFACs Carry Out Their Mission

• CFACs receive training on how the system works from:
  − LME/MCO Staff
  − DMH/DD/SAS Community Engagement & Empowerment Team
  − Conference/Workshops
  − Provider and other organizations

• CFACs may request training in a wide variety of topics:
  − Identifying Gaps and Needs
  − Identifying Underserved Populations
  − Understanding Budgets
  − Interpret Quality Management Dashboards
  − Other areas of interest
## Typical CFAC Operations

CFACs are self-governing bodies who have support from the LME/MCO to carry out their statutory responsibilities.

### Logistics
- How often they will meet
- Where they will meet
- Voting on membership

### Communication
- Advisement to the governing board, LME/MCO, and staff
- Community at large
- Local policymakers
- Local advocacy organizations

### Training
- Data from LME/MCO
- Training on identified topics
- Administrative Support
Examples of CFAC Subcommittees

CFACs may also have subcommittees to work to address specific areas of focus and may have Executive committees that plan for the larger CFAC.

<table>
<thead>
<tr>
<th>Standing</th>
<th>Ad-Hoc</th>
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<tbody>
<tr>
<td>These will follow the six statutory requirements</td>
<td>These will vary by region</td>
</tr>
<tr>
<td>• Gaps and Needs</td>
<td>• Nominations</td>
</tr>
<tr>
<td>• Budget</td>
<td>• Community Forum Planning Committee</td>
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<tr>
<td>• Recruitment</td>
<td>• Advocacy Day Planning Committee</td>
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<td>• Quality Improvement</td>
<td></td>
</tr>
<tr>
<td>• Local Business Plan</td>
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</tr>
</tbody>
</table>
CFAC Relational Agreement

Relational agreements are entered into upon request of either party

- CFACs and LME/MCO may develop a Relational Agreement
- Relational agreements describes roles and responsibilities of the Governing Board (LME/MCO) and the CFAC
- Relational Agreements establish channels of communication between the Governing Board and the CFAC
- They also include a process for resolving disputes between the CFAC and the governing board
CFAC & LME MCO Governing Boards

Section 122C-118.1 Provides the statutory requirements for the LME MCO Governing Boards

- [https://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_122C/GS_122C-118.1.html](https://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_122C/GS_122C-118.1.html)

- Statute defines who appoints, who is eligible for membership, and term limits:
  - Chair of the local CFAC or the chair’s designee
  - At least one family member of the local CFAC as recommended by the local CFAC (MH/DD/SUD)
  - At least one openly declared consumer member of the local CFAC as recommended by the local CFAC (MH/DD/SUD)
CFACs: Engagement Beyond Meetings

• CFAC members may serve on numerous LME/MCO internal committees, examples include:
  – GCQIC (Global Continuous Quality Improvement Committee)
  – Human Rights Committees
  – Provider Network Committees to name a few

• CFAC members are also encouraged to engage with local community organizations board, committees, and tasks forces
CFAC Membership Guidelines

Specifically, 122C-170 Subsection B states that:

- Each of the disability groups will be equally represented on the CFAC
- The CFAC shall reflect as closely as possible the racial and ethnic composition of the catchment area
- The terms of members shall be three years
- No member may serve more than three consecutive terms

N.C. 122C-170, Subsection B
Members of CFAC

CFAC members are people who are:

• Adult citizens of North Carolina
• Ages 18 and over who are
• Consumers and family members of services for
  – Mental Health
  – Developmental Disabilities
  – Substance Abuse Services
What is a CFAC?

- CFACs usually have somewhere between 12 and 24 members.
- Have memberships in multiples of 3’s such as (12, 15, 18, 21, or 24).
- Equal representation among the three service categories of Mental Health, Developmental Disabilities, and Substance Use Disorders.
CFAC Members?

• Access services within the LME/MCO Services
• Voted into the CFAC
• Trained on an ongoing basis
• Volunteer advocates
Activity
Engagement Activity

You are given scenario from separate community members’ experiences that present a service gap or a need.

What would you do with this information?

What resources are available in the community that could assist in addressing the problem?

What are policies and practices that may need to be reevaluated?
CFAC Goals

- CFAC and Community Collaborative will support each other at meetings. CFAC will have a representative at the Community Collaborative Meeting and the Community Collaborative will have a representative at the CFAC meetings. This will allow the representative to report back what each committee is involved in and how they can collaborate.

- CFAC and Community Collaborative will make sure communication on events, trainings, community happenings, etc will be shared between the two. The SOC Coordinator will add the CFAC members to her email list so that they can get all that is going on. The IFES will make sure that the SOC has all that CFAC is sharing to provide to the Community Collaborative.

- CFAC and Community Collaborative will participate in outside meetings together at other organizations such as NAMI and other outside organizations that are working towards similar goals. This will be done quarterly.

- CFAC and the Community Collaborative will participate in events together. Each organization will let each other know when opportunities come up to participate together.
MEMBERS PRESENT: ☒, Michael McGuire  ☐, Jason Phipps ☐, Carole Johnson ☐, Trula Miles ☐, Vicky Bass ☐, Megan Mason ☐, Brenda Soloman  
BOARD MEMBERS PRESENT: None  
GUEST(S): Roanna Newton  
STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Terrasine Gardner, Star Davis, Noah Swabe, Stacy Guse, Ramona Branch

### 1. WELCOME AND INTRODUCTIONS

### 2. REVIEW OF THE MINUTES – The minutes from the February 3, 2020, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Michael McGuire and seconded by Carole Johnson to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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</thead>
<tbody>
<tr>
<td>3. Public Comment</td>
<td>None</td>
<td></td>
<td></td>
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<tr>
<td>Individual/Family Challenges and Solutions</td>
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<tr>
<td>4. State Updates</td>
<td>SWOT analysis and discussion – Roanna spent some time going over the two forms she would like for the members to fill out. The SWOT analysis and some specific questions about CFAC and their performance. It was decide that Steering Committee Members would fill these out and have them available for Ramona at their meeting in April. Staff will help out with some of the logistical questions.</td>
<td>Steering Committee Members fill out the forms to the best of your ability. Don’t hesitate to ask for help if needed or if you have questions. Bring to the next meeting.</td>
<td>April 6, 2020</td>
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<tr>
<td>5. Subcommittees</td>
<td>No updates presented.</td>
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<td>• Wake</td>
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<td>• Durham</td>
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<td>• Area Board</td>
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<tr>
<td>• Human Rights</td>
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<tr>
<td>• Quality Management</td>
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<tr>
<td>6. Announcements</td>
<td>Next Month – Community Needs Assessment – Carlyle Johnson</td>
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</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
CFAC March Updates ****PLEASE NOTE, DUE TO THE CORONAVIRUS AND THE NEED FOR CONTAINMENT, SOME TRAININGS, CONFERENCES, OR MEETINGS WILL BE EITHER CANCELLED OR POSTPONED, YOU WILL BE ADVISED ONCE WE RECEIVE CONFIRMATION.


- March 12-13, 2020: FASDinNC is partnering with The Arc of North Carolina to host Fetal Alcohol Spectrum Disorders: Moving from Awareness to Action. FASD will be the pre-conference focus at The Arc of NC’s Rooted in Advocacy Conference being held in Winston-Salem on March 12th and 13th, 2020. Continuing education credits will be offered through Northwest AHEC for multiple disciplines, including NBCC and NC SAPPB hours. The cost for the pre-conference is only $50, and if you register before January 19th, you can attend both days for $200. Once you register for the pre-conference, you will be given an option to add the main day of the Rooted in Advocacy Conference. Register today @ [https://www.rootedinadvocacy.org/](https://www.rootedinadvocacy.org/)

- **March 25, 2020: Bull City Fresh Start- DPAC- 9am-2pm**

  **The R.A.C.E. for Equity training has been cancelled for now (below)**

- **March 25, 2020 R.A.C.E for Equity Wake County Community Collaborative Introduction to Results Based Accountability and System of Care, Methodist Home for Children 1041 Washington St Raleigh NC**

- March 26, 2020 7:30-9:30 pm One Wake Internal Assembly preliminary proposals for review. Location Common Thread Church 1417 Clifton St Raleigh NC (park in the Temple Baptist parking lot. Website: [www.onewake.org](http://www.onewake.org) to sign up and search/register for future events

- **March 26, 2020: Durham Community Collaborative- Durham County Human Service Building: 10am-1130am (Every fourth Thursday of the month)**
• **May 3, 2020: Durham Community Reunion: Durham Central Park
  501 Foster Street- 2-6pm

• **May 5, 2020: Information & Education Expo- Bicentennial Mall –
  Across from the NC Legislative Building- 16 W Jones Street Raleigh NC
  27601 10am-2pm
  *Come have dinner, hear from speakers about their own experiences and
  the importance of mental wellness, and spend some time with friends
  and colleagues. Children ages 13 and up may accompany parents/legal
  guardians.
  When: Thursday, May 9, 2019, from 6:00 PM to 8:00 PM
  Cost: Free
  Where: William F. Andrews Center on the main campus of WakeMed,
  3024 New Bern Ave., Raleigh, NC  27610  (919-350-7305)
  Parking:  No cost for parking in the parking deck beneath the Andrews
  Center (P4 Yellow Parking Deck)*May 12, 2020, 5th Annual Mental
  WELLness Dinner Matters, more to come

• **May 16, 2020: NAMI Walks- Dorothea Dix
  https://www.namiwalks.org/index.cfm?fuseaction=donorDrive.event&eve
  ntID=915

• **May 19, 2020: CFAC Legislative Day @ NC General Assembly Raleigh
  NC 10am-12pm

• April 23, 2020: Town Hall Meetings with Kody Kinsley Alliance Health-
  5200 Paramount Parkway Suite 200 Morrisville NC 6-8pm

• June 15-16, 2020: i2i Spring Conference- North Raleigh Hilton Raleigh
  NC: Registration opens Mid-April

• August 4, 2020: National Night Out! Durham, Time is TBD (to be
determined) stay tuned for updates!

Please keep in mind that if you would like to attend to any of these events to let
your Individual & Family Engagement Specialist know as soon as possible, so
that it may be approved by the Steering Committee.
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<tr>
<th>LME/MCO: ___________________</th>
<th>CFAC: _______________</th>
<th>Date: __________</th>
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<tr>
<td><strong>Strengths</strong></td>
<td><strong>Weaknesses</strong></td>
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<td><strong>Opportunities</strong></td>
<td><strong>Challenges/Threats</strong></td>
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COMMUNITY ENGAGEMENT & EMPOWERMENT:
FY 2019-2020 Annual Local CFAC self-evaluation questionnaire

LME/MCO: _________________________________ CFAC: ________________________ DATE: ______________

In order to collect data as to how each CFAC is performing in their ability to fulfill the statutory requirements, the staff members of the Community Engagement & Empowerment Team kindly ask that you as a collective CFAC complete this simple 3-page questionnaire at your next CFAC meeting. The questions are straightforward, and we ask that when you respond you answer in terms of your CFAC’s advisement efforts and actual product. The purpose of this exercise is to help determine what areas of training and technical assistance the Community Engagement & Empowerment team staff in collaboration with your LME/MCO liaison can look to provide for your CFAC and to help assist with future strategic planning. Please answer openly and honestly and provide either supporting information and documentation regarding advisement or a rationale of no more than 3 bullet points as to why the task was not met which supports your collective response.

1. Does your Local CFAC perform the tasks of reviewing, commenting on, and monitoring the implementation of your LME/MCO’s Local Business Plan?

   1              2       3   4
   Does not meet   Discussed but no advisement  Meets    Exceeds
   •            •

2. Does your Local CFAC identify service gaps and underserved populations and provide comment regarding these to your respective governing board?

   1              2       3   4
   Does not meet   Discussed but no advisement  Meets    Exceeds
   •            •

   •            •
3. Does your Local CFAC communicate to its respective governing board **recommendations regarding the service array** and monitor the development of additional services?

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<td>1</td>
<td>Does not meet</td>
<td>Discussed but no advisement</td>
<td>Meets</td>
<td>Exceeds</td>
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4. Does your Local CFAC perform at commenting on the **LME/MCO’s program budget** and relaying this information to the respective governing board?

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<tr>
<td>1</td>
<td>Does not meet</td>
<td>Discussed but no advisement</td>
<td>Meets</td>
<td>Exceeds</td>
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5. Does your Local CFAC function at participating in **ALL quality improvement measures and performance indicators** and provide advisement to the respective governing board?

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<tbody>
<tr>
<td>1</td>
<td>Does not meet</td>
<td>Discussed but no advisement</td>
<td>Meets</td>
<td>Exceeds</td>
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6. Does your Local CFAC perform at submitting to the **State CFAC findings and recommendations regarding ways to improve the delivery of MH/DD/SA services**?

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<tr>
<td>1</td>
<td>Does not meet</td>
<td>Discussed but no advisement</td>
<td>Meets</td>
<td>Exceeds</td>
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•
1. During FY 2019-2020 has the CFAC updated its by-laws? YES NO when: ______________

2. When was the last time the CFAC/LME MCO Relational Agreement was updated?
   Date: ______________

3. How many total positions does your CFAC have? ________

4. What is the current total membership of your CFAC? ________
   MH _______
   I/DD _______
   SUD _______

5. What are the current number of vacant positions on your CFAC?
   MH _______
   I/DD _______
   SUD _______

6. How are you engaging in new CFAC member recruitment?

THANK YOU FOR YOUR PARTICIPATION
Resolution in Support
Of
NC State Consumer & Family Advisory Committee (SCFAC)

WHEREAS, North Carolina’s 100 counties experience on a daily basis; short falls in treatment of its residents in resources to treat, support and sustain life and health;

WHEREAS, NC counties are challenged with the decision to spend tax dollars for needed services for those experiencing Mental Health/Intellectual Developmental Disabilities/Substance Use Disorder/Traumatic Brain Injury (MH/IDD/SUD/TBI) challenges;

WHEREAS, the NC State CFAC is tasked with seven (7) statutory mandates to advise the NC Department of Health and Human Services (DHHS) and the legislature;

- Review, comment on, and monitor the implementation of the State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services
- Identify service gaps and underserved populations
- Make recommendations regarding the service array and monitor the development of different services
- Review and comment on the State budget for mental health, developmental disabilities, and substance abuse services
- Participate in all quality improvement measures and performance indicators
- Receive the findings and recommendations by local CFAC’s regarding ways to improve the delivery of mental health, developmental disabilities, and substance abuse services
- Provide technical assistance to local CFACs in implementing their duties

THEREFORE, the NC State CFAC in its efforts to address the needs of MH/IDD/SUD/TBI individuals, their families and the larger community; requests county support for the engagement of:

- Systems Advocacy;
- Improved Service Delivery;
- Ensurance of Quality Services and
- Cultivation of Community Engagement.

BE IT FURTHER RESOLVED that NC State CFAC is endorsed by Perquimans County Board of Commissioners to represent the needs of Perquimans County disability population etc.

Adopted this the 2nd day of March, 2020.

Wallace E. Nelson, Chairman
Perquimans County Board of Commissioners

ATTEST:
Mary Hunnicutt
Clerk to the Board

Perquimans County’s Vision:
To be a community of opportunity in which to live, learn, work, prosper and play.
• Medicaid Expansion must be a priority for the NCGA. Thirty-seven other states have expanded Medicaid.
• The Wait List for services must be addressed. There are over 12,000 individuals waiting for the waiver.
• We must ensure choices are available and consumers are educated on their choices.
• The GA must look at the direct support professional crisis not just in our state but across the nation and address. Direct support professionals must be paid more than people working in fast food.
• Any revisions to NCGS 122C must include appropriate measures for consumer and family input. Currently this is addressed through NC SCFAC, local CFAC’s and other consumer-driven advisory organizations.
• There needs to be enough state funds allocated to the LME/MCO’s to provide services to non-insured individuals. Funding has occurred over the last few years and services have been impacted.
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the February 10, 2020, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Dan Shaw and seconded by Tammy Shaw to approve the minutes. Motion passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
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<th>TIME FRAME:</th>
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<tbody>
<tr>
<td>3. Guest</td>
<td>Kim Chansen, Wellness City was our guest tonight. She was invited to speak at our meeting due to the interest the group had in the current impact their move has in our community. Kim went over the move in detail and was able to shed some light on how they came to decide on the new location, and give information on the upcoming classes that offered at the facility. She also handed out a map with the closest bus stop, a calendar, and pictures of the facility. After her overview, she opened up the floor for members to ask questions and get clarity on their concerns.</td>
<td>Ramona will email monthly newsletter from Wellness City to CFAC group.</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Public Comments</td>
<td>Trula Miles stated that she was not in attendance to the CFAC Retreat because she was participating in the “All Up In My Feelings” event. She stated that it was informative and she was glad she attended. Charlitta Burriss stated that she was in her home town serving her family members and was able to experience firsthand what it was like to care for someone in a crisis situation.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Interest in Membership/Outreach</td>
<td>None at this time.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>6. LME/MCO Updates</td>
<td>Doug gave the LME/MCO updates. Key Points: Medicaid Transformation is on hold for the time being</td>
<td>Ongoing</td>
<td>Ongoing</td>
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</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
**AGENDA ITEMS:**

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<thead>
<tr>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
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<tbody>
<tr>
<td>1. Legislative Reconvene in April and they are not expected to pass the</td>
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<td>2. Once Medicaid Transformation is on the go again Tailored plans will</td>
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<td>3. Tackling budget cuts: It is suggested to ask for money for specific</td>
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<tr>
<td>4. State Updates SWOT Analysis &amp; Self Eval Summary: members that were</td>
<td>Please submit any questions to Doug or Ramona before April 23, 2020 if you</td>
<td></td>
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<tr>
<td>5. CJAC Retreat Summary; Yearly Planning: Steve Hill went over the CFAC</td>
<td>will not be in attendance.</td>
<td>3/24/2020</td>
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<tr>
<td>6. Event Planning Bull City Fresh Start 03.25.2020- Durham Bulls Athletic</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
**AGENDA ITEMS:**

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<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
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<tr>
<td>CFAC Legislative Day 05.19.2020 10am-12pm: Members were encouraged to attend. Information &amp; Education Expo: Dave Curro, Steve Hill, Dan Shaw, and Pinkey Dunston will support the CFAC resource table for this event.</td>
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**ADJOURNMENT:** the next meeting will be April 13, 2020, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch, Individual & Family Engagement Specialist

03.10.2020
Durham CFAC Summary

During our breakout sessions for yearly planning the group decided that they would continue to focus on outreach events and community collaboration this next year. They talked with Alliance Health’s System of Care Coordinator, Ashley Bass-Mitchell and agreed to support SOC and Durham, Community Collaborative in the following events:

May 3rd- Community Reunion
May 28th- Making a Difference Breakfast

They decided that they will partner with Durham Community Collaborative and System of Care for their annual CFAC event. They have decided that this will be an early fall event that will take place in the Durham Community, this will be discussed at the March CFAC meeting.

The members will participate in the Bull City Fresh Start on March 25th, where they will host a resource table and educate the community on CFAC.

They will host a CFAC resource table in the Information & Education Expo (IDD) on May 5th

They will host a CFAC resource table at NAMI Walks on May 16th

They have decided that it would be a good idea to block off some time during the April meeting for all members to write letters to legislators for State CFAC Advocacy Day on May 19th
MEMBERS PRESENT: ☒ Carole Johnson, ☒ Megan Mason, ☒ Karen McKinnon, ☐ Connie King-Jerome, ☒ Israel Pattison, ☒ Annette Smith ☒, Ben Smith ☐, Wanda (Faye) Griffin, ☒ Diane Morris, ☒ Jessica Larrison, ☒ Vicky Bass, ☒ Gregory Schewizer, ☒ Bradley Gavriluk

BOARD MEMBERS PRESENT:
GUEST(S): Roanna Newton, DHHS
STAFF PRESENT: ☒ Doug Wright, Director of Individual and Family Affairs, ☒ Terrasine Garner Engagement Manager, ☒ Stacy Guse Individual and Engagement Specialist

***Call-In 1 (919) 838-9800 ID # 3304 PW # 3304

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the February 11, 2020, Wake Consumer and Family Advisory Committee (CFAC) Subcommittee meeting were reviewed; a motion was made by Jessica Larrison and seconded by Bradley Gavriluk to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<tbody>
<tr>
<td>3. Public Comments</td>
<td>Individual and Family Challenges</td>
<td>Stacy to create a contact list for the new subcommittee.</td>
<td>3-11-2020</td>
</tr>
<tr>
<td>4. CFAC Retreat</td>
<td>Summary: Yearly Planning. A new Wake CFAC subcommittee will be created to</td>
<td>Stacy will email subcommittee the contact list to allow members to determine dates and times teleconference will occur</td>
<td>3-16-2020</td>
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<td>address the “Living Wages for Paraprofessionals”. The members showing</td>
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<td>strong interest meet twice a month for 1 hour to try and find a solution for</td>
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<td>the Paraprofessionals have a living wage. Wake CFAC members for this sub-</td>
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<td>subcommittee will be: Annette Smith, Ben Smith, Anna Cunningham, Carole</td>
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<td></td>
<td>Johnson, Cindy Peters, Diane Morris, Maribel Rivera-Estes. The sub-</td>
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<td>subcommittee will be called “Wake CFAC Common Goal Collaboration”. This</td>
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<td>subcommittee will tackle many community concerns regarding individuals</td>
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<td>needing assistance such as but not limited to: housing, support staff,</td>
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<td></td>
<td>transportation….etc.</td>
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<tr>
<td>5. MCO/LME updates</td>
<td>Doug gave LME/MCO’s updates:</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td></td>
<td>• Medicaid Transformation is on hold for the time being.</td>
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<td>• NC Legistration will reconvene April 2020 to discuss a passing the NC</td>
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<td>budget. NC is currently working from the 2019 state budget, it is</td>
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<td></td>
<td>unlikely the 2020 budget will pass.</td>
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<td></td>
<td>• Once Medicaid Transformation is passed, Tailored Plans will start</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>within a year after the Standard Plans are implemented.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
### AGENDA ITEMS: STATE UPDATES

**6. State updates**

**DISCUSSION:**

SWOT Analysis & Self Evaluation Summary: members that were asked to fill out these documents were: Steve Hill, Brenda Solomon, and Regina Mays. These members were asked to bring in their completed hard copies to the next Steering Committee meeting on April 6, 2020.

Roanna announced that the CE&E update should be emailed out to everyone by the end of the week. This will be a condensed, newsletter version and will go out 1x per month.

CFAC members are encouraged to participate in the upcoming Town Hall meetings. Alliance Health will host the meeting on April 23, 2020 from 6-8pm. Roanna asked the group to please attend if they were able and if they were not able, and had questions, to please submit them to Doug or Ramona so that they could submit them to her to have them answered.

<table>
<thead>
<tr>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please submit any questions to Doug or Ramona before April 23, 2020 if you will not be in attendance.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### AGENDA ITEMS: STEERING COMMITTEE UPDATES

**7. Steering Committee Updates**

The next Steering Committee meeting will take place on April 6, 2020 @ Alliance Health. The SWOT analysis and Self Eval will be on the agenda.

Wake CFAC members will be attending the Steering Committee: Carole, Megan Mason, Vicki Bass are attending.

<table>
<thead>
<tr>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### AGENDA ITEMS: OPPORTUNITIES

- **March 25, 2020 R.A.C.E for Equity Wake County Community Collaboration Introductions. 1041 Washington St. Raleigh NC**
- **May 5, 2020: Information & Education Expo- Bicentennial Mall – Across from the NC Legislative Building- 16 W Jones Street Raleigh NC 27601 10am-2pm**
- **NAMI Walks 5-16-2020 Dorothea Dix**
- **May 19, 2020 CFAC Legislation Day at NC General Assembly Raleigh NC 10am-12pm.**
- **CFAC Legislative Day 5-19-2020 10a.m. - 12 p.m.**
- **April 23, 2020: Town Hall Meetings with Kody Kinsley Alliance Health-5200 Paramount Parkway Suite 200 Morrisville NC 6-8pm**
- **June 15-16, 2020 i2i Conference North Raleigh Hilton Reg**

<table>
<thead>
<tr>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### ADJOURNMENT:

*ADJOURNMENT:* the next meeting will be April 14, 2020, at 5:30 p.m.

Respectfully Submitted by:

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Wake February 29, 2020 CFAC Summary

During our breakout session for the annual planning, group decided they would collaborate as a unified team to make more of an impact in Wake County. The Wake County Collaborative Committee would like Wake CFAC members to be active participants during the Annual Wake Mental WELLness dinner May 2020.

Wake CFAC and Community Collaborative will collaborate during these events:

Talk to your Legislators May 5, 2020, with a resource table.

Nami Walk May 19, 2020, with a resource table.

Making a Difference Breakfast May 5, 2020, with a resource table.

The Wake CFAC, Community Collaborative, and System of Care Coordinator will unite for the annual CFAC event. This will be an ongoing discussion.

Wake CFAC is to hold a special event and invite community legislators about the concerns in the community and transportation concerns. Specifically, have those legislators to come and talk about how the Medicaid changes will affect Alliance Health.

Wake CFAC will draft a letter to the Wake Tech CNA program to introduce Mental Health as part of the curriculum. This will be discussed during our March and April meetings.

Wake CFAC members would appreciate if Sean Schreiber to come to a meeting and discuss the provider network system and how providers are chosen to provide services for Alliance Health.
MEMBERS PRESENT: Jason Phipps, Marie Dodson, Jerry Dodson, Anthony Navarro, Jessica Storts
BOARD MEMBERS PRESENT: None
GUEST(S): Roanna Newton
STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Terrasine Gardner, Member Engagement Manager, Noah Swabe, Individual and Family Engagement Specialist

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – (There was not a quorum, vote on February minutes is tabled until April)

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comment</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Individual/Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenges and Solutions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. CFAC Charter</td>
<td>Revisions to the Johnston CFAC Charter Draft were reviewed; members discussed and suggested changes and additions to the charter.</td>
<td>Jason made note of changes and suggestions to the charter and will make changes and revisions for review at the April general meeting</td>
<td>April 21, 2020</td>
</tr>
<tr>
<td>5. LME/MCO Updates</td>
<td>Doug discussed what Alliance is doing as an organization in response to COVID-19 and safety of members and staff. Doug and Terrasine discussed how some providers are responding and modifying service delivery. Alliance’s top priority is ensuring members are being served and member’s needs are being met during the COVID-19 response. Doug provided an update about Medicaid Transformation, Dave Richards attended the Alliance board meeting giving an update on Medicaid Transformation. Mr. Richards reports that Medicaid Transformation is still suspended pending an approved budget. In light of recent events it is unlikely there will be a budget in the April session.</td>
<td>Continue to update the CFAC as the situation develops</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5. State Updates</td>
<td>NC DHHS services has postponed and/or cancelled all in-person events and is halting planning of any additional events at this time. Several webinars are being hosted throughout the coming weeks in regards to COVID-19. The Community Empowerment Team at NC DHHS will be funnelling all resources through Doug in order to avoid overwhelming folks with the same information multiple times. SWOT analysis will be extended, and members selected for SWOT were encouraged to continue working on the analysis and follow up at the April meeting.</td>
<td>Complete SWOT analysis</td>
<td>April 21, 2020</td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. CFAC Retreat</td>
<td>CFAC members reported the CFAC retreat was informative and great networking with the other CFAC’s and further their relationship with the Community Collaborative.</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>7. Current Events</td>
<td>CFAC members were provided with the monthly update of upcoming events, although it appears most events have been cancelled or postponed until further notice in light of COVID-19.</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>8. Guardianship Event</td>
<td>Guardianship event has been postponed until further notice due to COVID-19; CFAC will continue to monitor the situation and resume planning once health and safety are no longer a concern.</td>
<td>Monitor COVID-19 and revaluate at a later date</td>
<td>Ongoing</td>
</tr>
<tr>
<td>9. Announcements</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

10. **ADJOURNMENT**: The next meeting will be April 21, 2020, at 5:30 p.m.

Respectfully Submitted by:

Noah Swabe, Individual and Family Engagement Specialist

[Click here to enter text.]

Date Approved
ITEM: Finance Committee Report

DATE OF BOARD MEETING: April 2, 2020

BACKGROUND: The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Board Meeting. This month’s report includes the draft minutes from the March 5, 2020, meeting, the Statement of Net Position, the Summary of Savings/(Loss) by Funding Source and ratios for the period ending February 29, 2020 and recommendations to the Board to approve all presented contracts over $500,000.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): David Hancock, Committee Chair; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer
AGENDA

1. Review of the Minutes – March 5, 2020

   a. Summary of Savings/(Loss) by Funding Source
   b. Statement of Revenue and Expenses (Budget & Actual)
   c. Cash Trend
   d. Senate Bill 208 Ratios
   e. DMA Contractual Ratios

3. Approval of Contract(s)

4. Budget Retreat Summary

5. Adjournment
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th></th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
</table>
| 3. Monthly Financial Report   | The monthly financial reports were discussed which includes the Statement of Net Position, Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Cash Trend Analysis, Senate Bill 208 Required Ratios, and DMA Contract Ratios as of January 31, 2020. Ms. Pacholke discussed the monthly reports.  
  • As of 1/31/20 we have total assets of $163.1M, total liabilities of $68.4M and net position of $94.6M with $33.2M unrestricted  
  • As of 1/31/20 we have savings of $6.6M  
  • We are meeting all SB208 and DMA contract ratios. |            |            |
| 4. Quarterly Updates          | Ms. Goodfellow provided updates on  
  • Solvency standards – State clarified the 80/20 requirement. We are only required to reinvest 80% on services and 20% on tailored plan start up once we exceed the upper limit of cash. State has made other revisions to the solvency standard involving removing penalties and reducing the onsite review  
  • PMPM – discussing having risk margin built into the PMPM with the State  
  Ms. Pacholke provided updates on  
  • Non-Medicaid budget – Discussed the non-Medicaid budget to actual report as of 1/31/20. Discussed the importance of page 2. Going forward we will only report page two. |            |            |
| 5. Approval of Contracts      | The following motions were made related to contract approvals:  
  • A motion to recommend to the Board to ratify the contract executed by the CEO for Phase II of renovations of the Cumberland Recovery Response |            |            |

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date..
## AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. <strong>Center (Roxie Center)</strong> for an amount not to exceed $282,000. A motion was made by Mr. Pazzaglini and seconded by Mr. Corvin to recommend to the Board to ratify the contract. The motion passed unanimously.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. A motion to recommend to the Board to authorize the CEO to enter into a contract with WakeMed to implement the Emergency Department Treatment Engagement for Opioid Disorder Pilot for an amount not to exceed $420,000 using State Allocation letter #20-A-42. A motion was made by Mr. Corvin and seconded by Mr. Pazzaglini to recommend to the Board to approve the contract. The motion passed unanimously.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. <strong>LGERS Notice</strong></td>
<td>Ms. Goodfellow reported to the Committee that we received notification from LGERS that an employee is eligible to retire and if she chooses to retire, we may owe an additional amount related to her retirement. They do not provide an estimated amount.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. <strong>Budget Retreat</strong></td>
<td>Ms. Pacholke reminded the Committee that the Budget retreat will be held on March 16th starting with lunch at 12:30.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. **ADJOURNMENT**: the meeting adjourned at 3:55 p.m.; the next meeting will be April 2, 2020, from 3:00 p.m. to 4:00 p.m.

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
Summary of Savings/(Loss) by Funding Source as of February 29, 2020

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$257,638,195</td>
<td>$250,224,791</td>
<td>$7,413,404 $</td>
</tr>
<tr>
<td>Medicaid Waiver Risk Reserve</td>
<td>5,978,972</td>
<td>5,978,972</td>
<td>8,803,893 $</td>
</tr>
<tr>
<td>Federal Grants &amp; State Funds</td>
<td>43,612,913</td>
<td>45,226,133</td>
<td>(1,613,220) $</td>
</tr>
<tr>
<td>Local Funds</td>
<td>18,529,219</td>
<td>18,387,011</td>
<td>142,207 $</td>
</tr>
<tr>
<td>Administrative</td>
<td>39,608,874</td>
<td>41,816,770</td>
<td>(2,207,896) $</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$365,368,173</td>
<td>$355,654,706</td>
<td>$9,713,466 $</td>
</tr>
</tbody>
</table>

Committed
- Legislative Reductions: (227,252)$, (340,878)$
- Intergovernmental Transfers: (2,005,211)$, (3,007,817)$
- Reinvestments-Service: (313,075)$, (1,582,000)$
- Reinvestments-Administrative: (1,295,580)$, (1,476,006)$
- Total Committed: (3,841,118)$, (6,406,701)$

Restricted
- 8,351,827$ to 7,777,663$
- 5,202,758$ to 11,311,122$

Total Fund Balance Change: 9,713,466$ to 12,682,084$

Fund Balance as of February, 29 2020

<table>
<thead>
<tr>
<th>Fund Balance Description</th>
<th>June 30, 2019</th>
<th>Change</th>
<th>February 29, 2020</th>
<th>Projection as of June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>4,946,365</td>
<td>(384,596)</td>
<td>4,561,769</td>
<td>4,256,938</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>51,602,006</td>
<td>5,978,972</td>
<td>57,580,977</td>
<td>60,495,899</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>7,005,672</td>
<td>-</td>
<td>7,005,672</td>
<td>7,005,672</td>
</tr>
<tr>
<td>Prepays</td>
<td>858,436</td>
<td>2,757,451</td>
<td>3,615,887</td>
<td>431,633</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>7,864,108</td>
<td>2,757,451</td>
<td>10,621,559</td>
<td>7,437,306</td>
</tr>
<tr>
<td>Committed</td>
<td>7,342,029</td>
<td>(227,252)</td>
<td>7,114,777</td>
<td>7,001,151</td>
</tr>
<tr>
<td>Intergovernmental Transfer</td>
<td>3,007,817</td>
<td>(2,005,211)</td>
<td>1,002,606</td>
<td>-</td>
</tr>
<tr>
<td>Reinvestments-Service</td>
<td>1,832,000</td>
<td>(313,075)</td>
<td>1,518,925</td>
<td>250,000</td>
</tr>
<tr>
<td>Reinvestments-Administrative</td>
<td>4,953,013</td>
<td>(1,295,580)</td>
<td>3,657,433</td>
<td>3,477,007</td>
</tr>
<tr>
<td>Total Committed</td>
<td>17,134,859</td>
<td>(3,841,118)</td>
<td>13,293,741</td>
<td>10,728,158</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>6,426,721</td>
<td>5,202,758</td>
<td>11,629,479</td>
<td>17,737,843</td>
</tr>
<tr>
<td>Total Fund Balance</td>
<td>87,974,059</td>
<td>9,713,466</td>
<td>97,687,525</td>
<td>100,656,143</td>
</tr>
</tbody>
</table>

February 29, 2020 Actual
- Investment in Fixed Assets: 59%
- Restricted - Risk Reserve: 13%
- Restricted - Other: 11%
- Total Committed: 12%
- Unrestricted: 5%

June 30, 2020 Projection
- Investment in Fixed Assets: 59%
- Restricted - Risk Reserve: 18%
- Restricted - Other: 11%
- Total Committed: 4%
- Unrestricted: 60%
A  Projected Administrative Loss as of 6/30/20

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Committed-Intergovernmental Transfers</td>
<td>3,007,817</td>
</tr>
<tr>
<td>Committed-Reinvestments-Administrative</td>
<td>1,476,006</td>
</tr>
<tr>
<td>Net Administrative Savings/(Loss) After Committed Funds</td>
<td>-</td>
</tr>
</tbody>
</table>

B  FY20 Committed Reinvestment Plan

<table>
<thead>
<tr>
<th><strong>Crisis Services</strong></th>
<th>FY20</th>
<th>Spent February 29, 2020</th>
<th>Projection June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland Crisis Facility</td>
<td>1,200,000</td>
<td>311,400</td>
<td>1,200,000</td>
</tr>
<tr>
<td>NC START</td>
<td>132,000</td>
<td>-</td>
<td>132,000</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$ 1,332,000</strong></td>
<td><strong>311,400</strong></td>
<td><strong>$ 1,332,000</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Engagement and Self-Management</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Misc</td>
<td>$ 500,000</td>
<td>1,675</td>
<td>$ 250,000</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$ 500,000</strong></td>
<td><strong>1,675</strong></td>
<td><strong>$ 250,000</strong></td>
</tr>
<tr>
<td><strong>Total - Services</strong></td>
<td><strong>$ 1,832,000</strong></td>
<td><strong>313,075</strong></td>
<td><strong>$ 1,582,000</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Administration</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tailored Plan planning and implementation</td>
<td>$ 4,953,013</td>
<td>$ 1,295,580</td>
<td>$ 1,476,006</td>
</tr>
<tr>
<td><strong>Total - Administrative</strong></td>
<td><strong>$ 4,953,013</strong></td>
<td><strong>$ 1,295,580</strong></td>
<td><strong>$ 1,476,006</strong></td>
</tr>
<tr>
<td><strong>Total Service and Administration</strong></td>
<td><strong>$ 6,785,013</strong></td>
<td><strong>$ 1,608,655</strong></td>
<td><strong>$ 3,058,006</strong></td>
</tr>
</tbody>
</table>

C  Key Assumptions

1) Restricted - Other State Statutes - using 6/30/19 amount. This will change once 6/30/20 is closed.
2) The loss related to Federal Grants and State Funds is equal to the FY20 single stream reductions.
3) The savings related to Medicaid Waiver Services is 75% of the average of year to date revenues vs. expenses.
4) Projections are based on currently available information and therefore are subject to change.
### Statement of Revenue and Expenses (Budget and Actual) - As of February 29, 2020

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$38,787,140</td>
<td>$1,772,319</td>
<td>$18,529,219</td>
<td>$20,257,921</td>
<td>47.77%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>$53,383,119</td>
<td>$5,393,592</td>
<td>$43,612,913</td>
<td>$9,770,206</td>
<td>81.70%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$385,741,463</td>
<td>$34,112,927</td>
<td>$263,617,167</td>
<td>$122,124,296</td>
<td>68.34%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$477,911,722</td>
<td>$41,278,838</td>
<td>$325,759,299</td>
<td>$152,152,423</td>
<td>68.16%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>$387,584</td>
<td>$32,299</td>
<td>$258,395</td>
<td>$129,190</td>
<td>66.67%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>$4,359,385</td>
<td>$363,283</td>
<td>$2,906,264</td>
<td>$1,453,121</td>
<td>66.67%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>$52,601,109</td>
<td>$4,655,587</td>
<td>$35,950,676</td>
<td>$16,650,433</td>
<td>68.35%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>$500,000</td>
<td>$30,470</td>
<td>$493,540</td>
<td>$6,460</td>
<td>98.71%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>$57,848,078</td>
<td>$5,081,640</td>
<td>$39,608,874</td>
<td>$18,239,204</td>
<td>68.47%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$535,759,800</td>
<td>$46,360,478</td>
<td>$365,368,173</td>
<td>$170,391,627</td>
<td>68.20%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>$38,787,140</td>
<td>$1,771,060</td>
<td>$18,387,011</td>
<td>$20,400,129</td>
<td>47.40%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>$53,383,119</td>
<td>$5,110,613</td>
<td>$45,226,133</td>
<td>$8,156,986</td>
<td>84.72%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$385,741,463</td>
<td>$31,549,540</td>
<td>$250,224,791</td>
<td>$135,516,671</td>
<td>64.87%</td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td>$477,911,722</td>
<td>$38,431,213</td>
<td>$313,837,936</td>
<td>$164,073,786</td>
<td>65.67%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>$9,335,253</td>
<td>$749,804</td>
<td>$6,824,032</td>
<td>$2,511,221</td>
<td>73.10%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>$43,819,039</td>
<td>$3,830,055</td>
<td>$31,221,689</td>
<td>$12,597,349</td>
<td>71.25%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$4,193,786</td>
<td>$305,139</td>
<td>$3,771,049</td>
<td>$422,738</td>
<td>89.92%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>$500,000</td>
<td>$0</td>
<td>$500,000</td>
<td>$0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td>$57,848,078</td>
<td>$4,884,999</td>
<td>$41,816,770</td>
<td>$16,031,307</td>
<td>72.29%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$535,759,800</td>
<td>$43,316,212</td>
<td>$355,654,706</td>
<td>$180,105,093</td>
<td>66.38%</td>
</tr>
<tr>
<td><strong>CHANGE IN NET POSITION</strong></td>
<td>$3,044,266</td>
<td>$9,713,466</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Senate Bill 208 Ratios - As of February 29, 2020

**Current Ratio** = Compares current assets to current liabilities. Liquidity ratio that measures an organization’s ability to pay short term obligations. The requirement is 1.0 or greater.

**Percent Paid** = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.
**Defensive Interval** = Cash + Current Investments divided by average daily operating expenses. This ratio shows how many days the organization can continue to pay expenses if no additional cash comes in. The requirement is 30 days or greater.

**Medical Loss Ratio (MLR)** = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue. The requirement is 85% or greater cumulative for the rating period (7/1/19-6/30/20).
ITEM: Draft Minutes from the March 5, 2020 Board Meeting and the March 16, 2020, Budget Retreat

DATE OF BOARD MEETING: April 2, 2020

REQUEST FOR BOARD ACTION: Approve the draft minutes from the March 5, 2020, board meeting and the March 16, 2020, budget retreat.

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Robert Robinson, CEO; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Veronica Ingram, Executive Assistant II
MEMBERS PRESENT: ☒Glenn Adams, Cumberland County Commissioner, JD (via phone; exited at 5:16 pm), ☒Jennifer Anderson, MHSA, ☒Cynthia Binanay, MA, BSN, ☐Tony Braswell, Johnston County Commissioner, ☐Heidi Carter, Durham County Commissioner, MPH, MS, ☒George Corvin, Chair, MD, ☒David Curro, BS, ☐Angela Diaz, MBA, ☐Greg Ford, Wake County Commissioner, MA, ☒Lodies Gloston, MA (via phone), ☒David Hancock, MBA, MPAff, ☒Duane Holder, MPA (via phone), ☒D. Lee Jackson, BA (via phone; exited at 5:50 pm), ☐Donald McDonald, MSW, ☒Lynne Nelson, BS (via phone 4:00-4:29 pm), ☒Gino Pazzaglini, Vice-Chair, MSW LFACHE, ☒Pam Silberman, JD, DrPH, ☒Lascel Webley, Jr., MBA, MHA, ☒McKinley Wooten, Jr., JD and ☐(vacancy)

GUEST(S) PRESENT: Jeff Barnhart, McGuireWoods Consulting, LLC; Janet Conner-Knox, A Caring Heart; Denise Foreman, Wake County Manager’s office; Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Developmental Disability and Substance Abuse Services); and Dave Richard, NC DHHS (Department of Health and Human Services) Deputy Secretary for NC Medicaid

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II; Damali Alston, Director of Network Evaluation; Michael Bollini, Executive Vice-President/Chief Operating Officer; Joey Dorsett, Senior Vice-President/Chief Information Officer; Doug Fuller, Director of Communications; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Veronica Ingram, Executive Assistant II; Mehul Mankad, Chief Medical Officer; Ann Oshel, Senior Vice-President/Community Health and Well-Being; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Sean Schreiber, Executive Vice-President/Network and Community Health; Tammy Thomas, Senior Director of Project Portfolio Management; Sara Wilson, Senior Director of Government Relations; Carol Wolff, General Counsel; and Doug Wright, Director of Community and Member Engagement

1. CALL TO ORDER: Chair George Corvin called the meeting to order at 4:06 p.m.

 AGENDA ITEMS:  DISCUSSION:
2. Oath of Office  Veronica Ingram, NC Notary Public, administered the oath of office to new Board member Jennifer Anderson.
3. Announcements  
   A. PRESENTATION OF ACAP (Association for Community Affiliated Plans) AWARD: Mr. Robinson presented David Curro with the 2020 Leadership in Advocacy Honorable Mention Award.
   B. AGENCY EFFORTS TO SUPPORT RESIDENTS OF MCDOUGALD TERRACE: Ann Oshel, Senior Vice-President/Community Health and Well-Being, shared about the agency’s daily efforts to coordinate care for displaced residents now and when they return to their homes. Mehul Mankad, Chief Medical Officer, shared about the initial meeting with Durham officials and coordinators with the City of Durham and local providers.
   C. CORONAVIRUS (COVID-19) UPDATE: Dr. Mankad provided an update on this virus noting information from the CDC (Center for Disease Control).
   D. BUDGET RETREAT: Chair Corvin reminded Board members of the upcoming annual budget retreat on March 16, 2020, from 12:30-4:00 pm; he encouraged members to RSVP.
   E. ANNUAL COMPLIANCE FORMS: Monica Portugal, Chief Compliance Officer, reminded Board members of the annual attestations forms, which can be returned to her or Ms. Ingram.
   F. COMMEMORATIVE PLAQUES: Chair Corvin presented plaques to outgoing board members: Cynthia Binanay and Lascel Webley. Vice Chair Pazzaglini presented plaques to outgoing member and current Chair, George Corvin.
4. Agenda Adjustments  There were no adjustments to the agenda.
5. Public Comment  There were no public comments.
### AGENDA ITEMS:

#### DISCUSSION:

6. Committee Reports

<table>
<thead>
<tr>
<th>A. Consumer and Family Advisory Committee – page 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the Johnston January 21 and February 18 meetings, the Cumberland January 23 meeting, the Durham January 13 and February 10 meetings, the Wake January 14 and February 11 meetings, and the January 6 and February 3 Steering Committee meetings.</td>
</tr>
<tr>
<td>Dave Curro, CFAC Chair, presented the report. Mr. Curro provided an update from the annual retreat at the end of February 2020 and recent CFAC subcommittee meetings. He also mentioned upcoming events including a legislative day facilitated by the state CFAC and CFAC’s review of the Tailored Plan RFA. The CFAC report is attached to and made part of these minutes.</td>
</tr>
</tbody>
</table>

**BOARD ACTION**

The Board received the report.

<table>
<thead>
<tr>
<th>B. Finance Committee – page 116</th>
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</thead>
<tbody>
<tr>
<td>The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 2:30/3:00 p.m. prior to the regular Board Meeting. This month’s report included the draft minutes from the December 5, 2019, meeting, financial reports and ratios from the periods ending December 31, 2019, and January 31, 2020, and recommendations to the Board to approve all presented contracts over $250,000.</td>
</tr>
<tr>
<td>David Hancock, Committee Chair, presented the report. Mr. Hancock shared that all contractual ratios were met; he also reminded Board members of the upcoming budget retreat. He mentioned a contract request to complete renovation of The Roxie Center. The Finance Committee report is attached to and made part of these minutes.</td>
</tr>
</tbody>
</table>

**BOARD ACTION**

A motion was made by Ms. Nelson to ratify the contract executed by the CEO in an amount not to exceed $282,000 to complete renovation of Cumberland Recovery Response Center (Roxie Center); motion seconded by Mr. Curro. Motion passed unanimously.

A motion was made by Ms. Nelson to authorize the CEO to execute a contract with WakeMed to develop a pilot to address emergency department treatment engagement for opioid disorder in an amount not to exceed $420,000 via State allocation letter 20-A-42; motion seconded by Dr. Silberman. Motion passed unanimously.

7. Consent Agenda

<table>
<thead>
<tr>
<th>A. Draft Minutes from December 5, 2019, and December 19, 2019, Board Meetings – page 131</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. By-Laws/Policy Committee Report – page 137</td>
</tr>
<tr>
<td>C. Executive Committee Report – page 143</td>
</tr>
<tr>
<td>D. Human Rights Committee Report – page 148</td>
</tr>
<tr>
<td>E. Network Development and Services Committee Report – page 187</td>
</tr>
<tr>
<td>F. Quality Management Committee Report – page 189</td>
</tr>
</tbody>
</table>

There were no comments or discussion about the consent agenda; it is attached to and made part of these minutes.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Vice-Chair Pazzaglini to adopt the consent agenda; motion seconded by Mr. Wooten. Motion passed unanimously.</td>
</tr>
<tr>
<td>8. Reappointment Requests – page 197</td>
<td>In accordance with the By-Laws, the terms of some Board members were staggered; two board member’s terms expire March 31, 2020. Chair Corvin shared that both members, David Curro and Angela Diaz, were willing to serve additional terms.</td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Mr. Hancock to recommend to the Durham Board of County Commissioners the reappointment of David Curro; motion seconded by Mr. Webley. Motion passed unanimously.</td>
</tr>
<tr>
<td></td>
<td>A motion was made by Dr. Silberman to recommend to the Wake Board of County Commissioners the reappointment of Angela Diaz; motion seconded by Ms. Nelson. Motion passed unanimously.</td>
</tr>
<tr>
<td>9. Visit/Presentation</td>
<td>NC DHHS (Department of Health and Human Services) Deputy Secretary for NC Medicaid, Dave Richard presented an update on NC Medicaid Transformation and the impact of the NC General Assembly’s budget stalemate. Board members discussed with Mr Richard funding appropriations among NC MCOs (of NC legislature’s mandated funding reduction), improving the timeline for the State to disseminate Federal funds to NC MCOs, the State’s stance on single counties disengaging from their current MCO, and potential go live date(s) for Tailored Plans once Standard Plans go live. Chair Corvin thanked Mr. Richard for the work he and his department perform on behalf of North Carolina residents.</td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>The Board received the presentation.</td>
</tr>
<tr>
<td>10. Chair’s Report</td>
<td>Chair Corvin reminded Board members of the need to reschedule a future Board meeting in Johnston County. The February meeting was scheduled to be in Johnston County and was cancelled due to inclement weather. Per Article III, Section A of the bylaws, regular meetings of the Board shall be held at least six times each year at a location and time designated by the Board.</td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Dr. Silberman to authorize staff to reschedule an upcoming Board meeting in Johnston County as soon as space is available; motion seconded by Ms. Nelson. Motion passed unanimously.</td>
</tr>
<tr>
<td></td>
<td>Chair Corvin expressed gratitude to the Board and staff for they work they perform and their efforts for persons Alliance serves. He thanked the Board for electing his to serve as Chair and their continued governance of the agency.</td>
</tr>
<tr>
<td>11. Adjournment</td>
<td>All business was completed; the meeting adjourned at 6:09 p.m.</td>
</tr>
</tbody>
</table>

**Next Board Meeting**
Thursday, April 02, 2020
4:00 – 6:00 pm

Minutes approved by Board on [Click or tap to enter a date]
MEMBERS PRESENT: ☐ Glenn Adams, Cumberland County Commissioner, JD; ☐ Jennifer Anderson, MHSA (via phone); ☐ Cynthia Binanay, MA, BSN; ☐ Tony Braswell, Johnston County Commissioner; ☒ Heidi Carter, Durham County Commissioner, MPH, MS (via phone); ☒ George Corvin, Board Chair, MD; ☒ David Curro, BS (via phone); ☒ Angela Diaz, MBA (via phone); ☐ Greg Ford, Wake County Commissioner, MA; ☐ Lodies Gleston, MA (via phone); ☒ David Hancock, MBA, MPAff (via phone); ☒ Duane Holder, MPA; ☒ D. Lee Jackson, BA; ☒ Donald McDonald, MSW (via phone); ☒ Lynne Nelson, BS (via phone); ☒ Gino Pazzaglini, Board Vice-Chair, MSW LFACHE (via phone); ☒ Pam Silberman, JD, DrPH (via phone); ☐ Lascel Webley, Jr., MBA, MHA; ☒ McKinley Wooten, Jr., JD (via phone) and ☐ (vacancy)

GUEST(S) PRESENT: Mary Hutchings, Wake County Manager's office (via phone); Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Developmental Disability and Substance Abuse Services) (via phone); and Shannon Wright (via phone)

ALLIANCE STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer (via phone); Aaron Deiker, Accountant (via phone); Joey Dorsett, Senior Vice-President/Chief Information Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer (via phone); Veronica Ingram, Executive Assistant II; Mehul Mankad, Chief Medical Officer; Beth Melcher, Senior Director of Clinical Innovations; Ann Oshel, Senior Vice-President/Community Health and Well-Being (via phone); Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Sean Schreiber, Executive Vice-President/Network and Community Health; Ashley Snyder, Accounting Manager (via phone); Sara Wilson, Senior Director of Government Relations; Carol Wolff, General Counsel; Doug Wright, Director of Community and Member Engagement (via phone); Jeff Wright, Finance Manager (via phone)

1. WELCOME AND INTRODUCTIONS: The meeting began at 12:45 pm. Chair Corvin welcomed attendees. Mr. Robinson provided an update on the agency's efforts to continually coordinate care for the people Alliance serves and to maintain staff safety throughout COVID-19 implications. Chair Corvin congratulated staff for their agility in coordinating care for the persons Alliance serves, expanding telecommuting options for staff, and maintaining today's meeting by utilizing remote participation options.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Financial Review</td>
<td>Sara Pacholke, Senior Vice-President/Financial Operations, presented the net position and financial review as of January 31, 2020, Medicaid and non-Medicaid revenue, savings, risk reserve, and average number of covered lives. Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; reviewed the Medicaid lives analysis which impacts the agency's PMPM (per member per month) rate. Ms. Goodfellow also reviewed financial goals, strategies and updated projections including implementing NC DHHS's Tailored Plan. Board members discussed strategies to plan for FY2020-2021 budget and how COVID-19 may impact the budget. Ms. Goodfellow also mentioned discussions with the State to reassess the PMPM rate and potential impacts if a rate change is not implemented.</td>
</tr>
<tr>
<td>3. Medicaid Review</td>
<td>Mehul Mankad, Chief Medical Officer, reviewed Medicaid categories of service and provided a general overview of each service definition. Additionally, Dr. Mankad reviewed the service trends for service expenses/revenue. Dr. Mankad also reviewed trends by category of service, which is reviewed monthly by staff. He reviewed three staff committees and the purpose of each committee: budget and finance committee; medical budget committee and utilization management committee. Lastly, Dr. Mankad reviewed the preliminary FY2020-2021 Medicaid plan.</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
</tr>
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<tr>
<td>4. None-Medicaid Review</td>
<td>Sean Schreiber, Executive Vice-President/Network and Community Health, provided an overview of the FY2019-2020 non-Medicaid services, expenses and revenue, noting the impact of NC legislative reduction of Single Stream funding which primarily affects this population (as well as new/pending projects/pilots). Mr. Schreiber reviewed the preliminary FY2020-2021 non-Medicaid plan. Board members clarified how lack of services (due to reduced funding) could be monitored and/or mediated and requested clarification on others services that could be available for this population.</td>
</tr>
<tr>
<td>5. Tailored Plan</td>
<td>Ms. Goodfellow provided an update on the Tailored Plan portion of the budget, including spending to date, items that continually impact this budget, and projections.</td>
</tr>
<tr>
<td>6. Operations (Administrative)</td>
<td>Ms. Goodfellow reviewed business and strategic growth and how the PMPM rate will impact these changes including implementing the Tailored Plan. She reviewed the monthly process to update projections, review PMPM rate, covered lives and service trends in addition to how COVID-19 may impact the budget. She also reviewed considering how to best manage Single Stream reductions and costs while continually improving quality services for the people Alliance serves.</td>
</tr>
<tr>
<td>7. Next Steps</td>
<td>Ms. Goodfellow shared that the rate offer is expected in April, which staff may negotiation with the State. In May the FY2020-2021 recommended budget will be presented to the board for review. In June the budget and reinvestment plan will presented to the Board for approval. Chair Corvin commended staff for exemplary work managing services and funds with continued reduced funding.</td>
</tr>
<tr>
<td>8. Adjournment</td>
<td>The meeting adjourned at 2:20 p.m.</td>
</tr>
</tbody>
</table>
ITEM: By-Laws/Policy Committee Report

DATE OF BOARD MEETING: April 2, 2020

BACKGROUND: Per the Alliance Health Board Policy on Development of Policies and Procedures, the Policy Committee reviews all policies minimum annually and revises policies as needed. The Policy Committee also reviews new proposed policies.

Policies reviewed at the March 12, 2020, Policy Committee meeting and ready for Board approval without revisions:
None

Policies reviewed with recommended revisions:
None

Policies reviewed and recommended to repeal: None

New policies reviewed and ready for Board approval:
G 15 Emergency Succession for the Chief Executive Officer

REQUEST FOR BOARD ACTION: Accept the report. Accept Board Policy Committee minutes from the March meeting as submitted. Approve the above listed new policy.

CEO RECOMMENDATION: Accept the report. Approve the proposed new policy.

RESOURCE PERSON(S): Lodies Gloston, Committee Chair; Monica Portugal, Chief Compliance Officer
1. WELCOME AND INTRODUCTIONS – The meeting was called to order at 4:15 p.m.

2. REVIEW OF THE MINUTES – The minutes from the December 12, 2019, meeting were reviewed; a motion was made by Mr. Jackson and seconded by Ms. Gloston to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. New Proposed Policy G15 Emergency Succession for the Chief Executive Officer</td>
<td>The Committee reviewed and discussed the new proposed policy. G 15 Emergency Succession for the Chief Executive Officer. A motion was made by Mr. Jackson and seconded by Ms. Gloston to approve the revised policy. Motion passed unanimously.</td>
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</table>

4. ADJOURNMENT: the meeting adjourned at 4:17 p.m.; The next meeting will be June 11, 2020, from 4:00 p.m. to 5:30 p.m.
I. PURPOSE

The purpose of this policy is to guide the Board of Directors during the specific circumstance wherein the Chief Executive Officer (CEO) becomes unable to serve in his/her position suddenly and unexpectedly due to an emergency, a controversy, or other unforeseeable situation.

II. POLICY STATEMENT

The Board Chair shall immediately convene an emergency meeting of the Board’s Executive Committee and Alliance Health’s (Alliance) Executive Team to assess the crisis and its implications and to develop plans to mitigate risks to the organization and to effectively communicate to the public and staff. This Policy becomes effective when there is a crisis and will remain applicable until the crisis has been managed. This Policy applies simultaneously with Operational Procedure, #5029, Succession Plan, section 2.c (initiation of the process if the vacancy is in the CEO position), which identifies a temporary Acting Chief Executive Officer.

III. DEFINITIONS

None

IV. PROCEDURES

A. Who is responsible for managing the organization?

Per Operational Procedure, #5029, Succession Plan, the Executive VP/Chief Operating Officer becomes the Acting CEO and is responsible for managing the organization and the crisis itself. In the crisis situation described above, at the Board’s discretion, the Board may convene an emergency meeting to appoint a different member of the Executive Team to serve in the Acting CEO role.

The Acting CEO will serve as the single point of contact between the Board and the organization throughout the crisis.
B. Who will speak for the organization to the media?

The Board Chair, Board Vice Chair, Acting CEO and/or the Director of Communications will be the communication conduit for/with the media regarding the crisis, notwithstanding Board Policy, #G-13, Media Policy. The decision about who communicates what information and when will be at the discretion of the Board Chair.

Alliance will have an agreement with a Communications/Public Relations firm who will be available to consult with the Board and/or Acting CEO as needed.

Available internal resources: Acting CEO and the Director of Communications

C. What information is appropriate to give to the public?

The Board must comply with any and all federal, state and local rules regarding confidentiality and privacy from a legal, compliance and human resources perspective.

Available resources: Both the General Counsel and Chief Compliance Officer, or their identified support resources

D. Who will speak for the organization to external (non-media) stakeholders and internal staff?

The Acting CEO or designee will be the primary communication conduit with external stakeholders and internal staff.

E. What immediate actions should the Board and Acting CEO take?

1. The Acting CEO (whether COO, or alternate appointment via emergency meeting of the Board) assumes the Acting CEO position.

2. The Board Chair convenes an emergency meeting of the Board’s Executive Committee and Alliance’s Executive Team (and any other staff members deemed necessary by the Board Chair) to assess the crisis and its implications, and to take steps to mitigate risks, ensure leadership succession, and to effectively communicate to the public and to staff.

   a. During this emergency meeting, the group will decide on a communications plan that includes at a minimum a unified message, key talking points, next steps, points of contact and contact information for media and other stakeholders.

   b. Other plans—such as risk mitigation plans, or crisis management plans—may be developed as an output from this meeting, as deemed necessary by the Board Chair and Acting CEO.

3. The Board’s Executive Committee and Alliance’s Executive Team (and any other staff members deemed necessary by the Board Chair and Acting CEO) will become an ad hoc crisis management team that will implement decisions and communications plans. The crisis management team might also include a human resources representative, a financial officer, a legal counsel, stakeholders or others, based on the nature of the crisis.
4. Once the immediate communications are complete and the crisis is stabilized, if it is determined that the CEO cannot return to his/her position, the Board Executive Committee follows the Operational Procedure, #5029, *Succession Plan*, Section 3.b., Initiation of Hiring Process for Permanent Unplanned Absence.
Attachment 1.

RESOURCES


Applicable Alliance Policies and Procedures
Policy GA-7 Business Continuity Plan
Policy G-10 Delegation of Authority to the Chief Executive Officer
Policy G-13 Board of Directors Media Policy
Procedure 4508 Business Continuity Plan
Procedure 5029 Succession Plan
ITEM: Executive Committee Report

DATE OF BOARD MEETING: April 2, 2020

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. This month’s report includes draft minutes from the March 16, 2020, meeting.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dr. George Corvin, Board Chair; Robert Robinson, CEO
BOARD EXECUTIVE COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
4:00-6:00 p.m.

Monday, March 16, 2020

APPOINTED MEMBERS PRESENT: ☐Cynthia Binay, MA (Previous Board Chair); ☒George Corvin, MD (Board Chair), ☒Ladies Gloston, MA (Policy Committee Chair) (via phone; entered at 4:17 pm); ☒David Hancock, MBA, PFAff (Finance Committee Chair) (via phone), ☒Donald McDonald, MSW (Network Development and Services Committee Chair) (via phone); ☒Lynne Nelson, BS (Human Rights Committee Chair) (via phone), ☒Gino Pazzaglini, MSW LFACHE (Board Vice-Chair) (via phone; entered at 4:07 pm), ☒Pam Silberman, JD, DrPH (Quality Management Committee Chair) (via phone); and ☐Lascel Webley, Jr., MBA, MHA (Audit and Compliance Committee Chair)

APPOINTED, NON-VOTING BOARD MEMBERS PRESENT: None

BOARD MEMBERS PRESENT: None

GUEST(S): None

STAFF PRESENT: Veronica Ingram, Executive Assistant II; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Robert Robinson, CEO; Sara Wilson, Senior Director of Government Relations; and Carol Wolff, General Counsel

1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 4:04 pm

2. REVIEW OF THE MINUTES – The minutes from the February 17, 2020, meeting were reviewed; a motion was made by Mr. McDonald and seconded by Mr. Hancock to approve the minutes. Motion passed unanimously.

AGENDA ITEMS: DISCUSSION: NEXT STEPS: TIME FRAME:

3. Updates
   a. LEGISLATIVE UPDATE/MEDICAID TRANSFORMATION: Mr. Robinson mentioned that the State's Standard Plan/Tailored Plan implementation may be delayed due to COVID-19 implications. The State will provide an update.
   b. BOARD VIDEOS FOR STAFF INTRANET: Ms. Ingram mentioned that the remaining videos were postponed and will be rescheduled at a later date.
   c. RATE SETTING PROCESS: Mr. Robinson mentioned conversations between several NC MCOs and the State about this process, especially actuary details of the risk reserve and underwriting gains.

   a) None specified.
   b) Ms. Ingram will reschedule these videos.
   c) None specified.

4. CEO Review Schedule
   Chair Corvin reminded Committee members that in August 2019, the Board approved the Executive Committee to serve as ad hoc committee to provide preliminary review of the CEO and make recommendations to the full board. The Committee reviewed the timeline for this process including next steps.

   COMMITTEE ACTION
   A motion was made by Ms. Gloston to approve the FY20 CEO Review schedule as submitted. Motion seconded by Vice-Chair Pazzaglini. Motion passed unanimously.

   Ms. Ingram will forward the updated agenda to staff.

5. Agenda for April Board Meeting
   Committee reviewed the draft agenda and recommended adding the following:
   • approval of the minutes from the budget retreat
   • adding an update on COVID-19 (including national efforts, governmental efforts/budgets and implications for Alliance providers)

   Ms. Ingram will forward the updated agenda to staff.

6. ADJOURNMENT: the meeting adjourned at 4:40 pm; the next meeting will be April 20, 2020, at 4:00 p.m

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: April 2, 2020

BACKGROUND: The Global QMC is the standing committee that is granted authority for Quality Management by the MCO. The Global QMC reports to the MCO Board of Directors which derives from General Statute 122C-117. The Quality Management Committee serves as the Board’s monitoring and evaluation committee charged with the review of statistical data and provider monitoring reports. The goal of the committee is to ensure quality and effectiveness of services and to identify and address opportunities to improve LME/MCO operations and local service system with input from consumers, providers, family members, and other stakeholders.

The Alliance Board of Directors’ Chairperson appoints the committee consisting of five voting members whereof three are Board members and two are members of the Consumer and Family Advisory Committee (CFAC). Other non-voting members include at least one MCO employee and one provider representative. The MCO employees typically assigned are the Director of the Quality Management (QM) Department who has the responsibility for overall operation of the Quality Management Program; the MCO Medical Director, who has ultimate responsibility of oversight of quality management; the Quality Review Manager, who staffs the committee; the Quality Management Data Manager; and other staff as designated.

The Global QMC meets at least quarterly each fiscal year and provides ongoing reporting to the Alliance Board. The Global QMC approves the MCO’s annual Quality Improvement Projects, monitors progress in meeting Quality Improvement goals, and provides guidance to staff on QM priorities and projects. Further, the Committee evaluates the effectiveness of the QM Program and reviews and updates the QM Plan annually.

The draft minutes from the previous meeting are attached

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Pam Silberman, Committee Chair; Wes Knepper, Director of Quality Management
APPOINTED MEMBERS PRESENT: ☐ Cynthia Binanay, MA, BSN (Board member), ☒ David Curro, BS (Board member), ☒ David Hancock, MBA, MPAff (Board member) ☒ Duane Holder, MPA (Board member) by phone, ☐ Pam Silberman, JD, DrPH (Board member; Committee Chair); ☒ Israel Pattison (CFAC)

APPOINTED, NON-VOTING MEMBERS PRESENT: ☒ Diane Murphy, (Provider, IDD) ☒ Dava Muserallo, (Provider MH/SUD)

BOARD MEMBERS PRESENT: ☒ George Corvin, M.D. (Board Member)

GUEST(S) PRESENT: ☐ Mary Hutchings; ☒ Yvonne French (LME Liaison) by phone

STAFF PRESENT: Damali Alston, Director of Network Evaluation; Michael Bollini, Chief Operating Officer; Diane Fening, Executive Assistant I; Tia Grant, QI Manager; Wes Knepper, Quality Management Director; Doug Wright, Director of Community and Member Engagement

1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 12:58 pm

2. REVIEW OF THE MINUTES – The minutes from the December 5, 2019, meeting were reviewed. David Curro moved that we approve the minutes. The motion passed.

AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME: |
--- | --- | --- | --- |
3. OLD BUSINESS | QIP Updates (Wes) | QIP-Quality Improvement Plan | QIP-Quality Improvement Plan |
|  | • The Access to Care report has been consistent on the routine side; making slow and steady progress on urgent side. Very small percentage of callers are for routine care. We have been talking to the State about this measure, and whether they want to continue with it, and they have not responded about that yet. | | ED-Emergency Department |
|  | • Care Coordination Clinical Contacts – this QIP has suffered from many organizational changes. This one is being reassessed. | | |
|  | • Expedited Care QIP - (people that don’t have a provider) authorizations turned around in 3 days regardless of whether or not they request them as authorized. Trying to make sure that every child coming out of an ED or inpatient setting is authorized for care in three days. In general, it is trending down. Hard to get providers to change their behavior. Looking at new ways of doing this. If the provider does not request it as expedited, there is no guarantee that it will be processed by Alliance as expedited. Providers would be paid faster if the requests came in expedited. Sean is looking at identifying quality metrics and provider contacts incentives. | | |
### AGENDA ITEMS:

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<td>• Provider Profiles QIP-making sure we have accurate and up to date provider profiles. We hit this benchmark for first time. If continues going well, this QIP will come up for closure soon.</td>
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<td>• Improve Adverse Letters-letters informing people that our Utilization Management (UM) department has either made a denial or reduction of service from what was requested to be authorized. We started doing more intense measurement and getting the feedback promptly to the UM department. The most recent measure met benchmark at end of February. Working very closely with UM department to see where this is breaking down and so we think it’s to a place where performance should start happening.</td>
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<td>• Call Center LTSS Timeliness -people calling for either Innovations or TBI health information. There is a requirement to respond in a certain timeframe. We are doing well, will let this measure go for another month and then will possibly close.</td>
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<td>• For next project, we are meeting to discuss next QIP possibility. Not there yet.</td>
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<td>• TCLI IPS/SE – increase total number of members in the TCLI referred for individual placement supports – going well.</td>
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<td>• New QIPs will be talked about and a recommendation will be brought to the CQI committee and this committee for approval. We are working with Suzanne Davis- Marens on the recommendation.</td>
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<td>• TCLI QIP related to referring people to supportive employment (part of a DOJ settlement). We were under referring to the service. We are at 24 this quarter and we need to get to 33 by the end of FY20. Wes expects we will get to that. We are required to have a TCLI QIP every year.</td>
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### HEDIS Measure Update (Damali)

- Developing letters that will go out to psychiatric prescribers and service providers regarding their members that meet the measure and what the expectation is. (How to work with members around on what HEDIS is, getting their well care checks, and seeing their physicians to get all their lab work completed.) The HEDIS measures are: Diabetes screening for members with schizophrenia and bipolar disorders who are on anti-psychotic medications; LTSS-Long Term Services and Supports
  - Innovation Waiver-Medicaid waiver to provide intense level of care for people with development disabilities outside of institutions.
  - TBI-Traumatic Brain Injury
  - TCLI-Transitions to Community Living Initiative
  - IPS/SE-Individual Placement Supports/Supported Employment
  - DOJ-Department of Justice

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| monitoring for children who are on antipsychotic medications, medication adherence for adults with schizophrenia on antipsychotic medications. We have letters that have been finalized. Also working on a campaign blast that will go on the website for providers and members. The reports that will go to providers quarterly. Will be a quarterly view of the measures for NCQA or an annual view, providing them with a rolling quarter view. We are currently working on a communication strategy on how to work with our physical health partners and what the communication is with them and the other health partners. Will be doing a pilot with “Health Crowd” on these measures that we will be utilizing to text our members educational information and reminders. It will also do IVR (interactive voice response). There are some campaigns for these measures.  
- All of these measures are claims based.  
Performance “Super” Measure Update (Damali)  
- Will be another two months or so until we have the claims data and before we will be able to see if we are making any headway in measures. Hospital transition team at Holly Hill are able to see more members because of a direct referral process and two additional staff. We are hoping to see Triangle Springs hospitalization program being utilized by our Medicaid members more in the future. Continue to struggle with Recovery innovations. They added more staff in January, so we hope to see that turn around. There are two types of things we are doing-we are trying to get people seen that would not otherwise be seen and adding codes to UNC to get credit for work that is being done. One is adding performance and the other is capturing performance. | HEDIS-Healthcare Effectiveness Data and Information Set  
NCQA-National Committee for Quality Assurance | |

4. NEW BUSINESS
Provider Satisfaction Survey (Wes)  
- Member satisfaction and provider satisfaction. Wes sent committee members list of documents that are posted on our website. Wes showed a PowerPoint that summarized these at a high level. They are very long.  
- Provider satisfaction-only looking at active Medicaid providers. We got back almost 600 usable surveys, which is a quarter of those for the state. 45% usable response rate, which is good. Great comprehensive look at our providers. Alliance ranked high for overall satisfaction. For the past three
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| years, Alliance scored higher than all other MCOs on referring consumers whose needs match the agency.  
- Providers thought that the accuracy of our authorizations went up, fairness of corrective actions increased and information provided increased. Things that went down were trainings (IT, Networks), accessibility and responsiveness of staff, helpfulness of Provider Networks meeting, denial explanations. There was 2-3% change in all.  
- For the past four years, clinical coverage policies have been the most requested training and there has now been a spike in that, possibly due to TBI waiver coming on and having a new set of clinical coverage policies.  
- Recommended actions based on provider satisfaction: consider soliciting and taking more feedback related to meetings, trainings (particularly Provider Network meetings), review the denial process with providers, reaching out when people are requesting contact and review responsiveness. We are taking training pieces seriously.  
- Dava asked if we could look into doing something that focuses on provider satisfaction, perhaps as a QIP. She said that what some other MCO’s do is have a provider liaison meet with provider once a year and see how they are doing.  
- Alliance’s Provider Networks is looking at network specialists as part of the transition to the Tailored Plan. We need to figure out what works now with the providers we already have a relationship with and add a level of customer service to our interaction with providers. Customer service, relationship building, finding other ways to uniquely engage people.  
| | | | |
| ECHO Survey (Wes)  
- Surveyed adult and children separately. We received 65 useable surveys on the adult side, which is an 11.4% useable response rate, typical for surveys. Those results that have an asterisk by them are the ones with too low a response rate to be meaningful. Overall satisfaction was slightly above average. From last year, we had an increase in people reporting that they had the ability to handle social situations, talked about including family/friends in | | | |

*ECHO-Experience of Care and Health Outcomes*
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| treatment, and were better able to deal with symptoms since last year. Decreased are care coordinators asking how to best to support that member, people feeling that they could refuse a specific type of treatment and that the clinicians listened carefully. Some of the bigger shifts are because of the smaller sample size.  
- **What we can do to improve satisfaction:** make sure that members are told about treatment options, that they are better able to deal with daily problems and that clinicians listened carefully and involved them in treatment. These are the ones based on correlation with satisfaction that will drive any increase next year.  
- There were 77 responses on the children’s side still very low at 13.5% response rate. Guardians responding on behalf of children: there was an increase in getting an appointment when wanted. The 7 questions with the largest improvement had a low number of respondents making interpretation difficult. There was a decrease for: got urgent care when needed, clinicians listening, being seen within 15 minutes of appointment time, and being told about treatment options available.  
- **What it most highly correlated with satisfaction and will drive our performance in the future are making sure that guardians feel that their kids can deal with the problems better this year than last year and that clinicians are listening carefully.**  

**Recruiting new CFAC member**  
- Joe Kilsheimer has left the committee so we need to recruit a new CFAC member for this committee. Dave Curro said that he has asked in CFAC but hasn’t heard much back. He and Israel will bring it up again. Wes will hold a training for any new member.  
- There was a suggestion to put acronym explanations on the agenda or minutes if they will be used in the meeting.  
- Next meeting – We will not have an April meeting.  

*CFAC-Consumer and Family Advisory Committee*

- Diane will detail acronyms in the Next Steps column of the minutes for future meeting minutes
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<td>5. ADJOURNMENT:</td>
<td>the meeting adjourned at 2:11 pm; the next meeting will be May 7, 2020, from 1:00 p.m. to 2:30 p.m.</td>
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ITEM: COVID-19 Update

DATE OF BOARD MEETING: April 2, 2020

BACKGROUND: Alliance staff will provide an update on the agency’s efforts to continue operations and to coordinate care for the people Alliance serves while maintaining staff and community safety; the update will also include how the agency is addressing the impact on providers, federal legislation, and state regulatory changes.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Robert Robinson, CEO
ITEM: TP Update

DATE OF BOARD MEETING: April 2, 2020

BACKGROUND: Review status of Tailored Plan implementation

REQUEST FOR AREA BOARD ACTION: Review the update.

CEO RECOMMENDATION: Review the update.

RESOURCE PERSON(S): Tammy Thomas, Senior Director of Project Portfolio Management Office