



Thursday, October 07, 2021

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

MEMBERS PRESENT: Glenn Adams, Cumberland County Commissioner, JD; Heidi Carter, Durham County Commissioner, MPH, MS; Maria Cervania, Wake County Commissioner, MPH; Carol Council, MSPH; David Curro, BS; Vicki Evans; Lodies Gloston, MA; David Hancock, MBA, MPAff; John Lesica, MD; Donald McDonald, MSW; Lynne Nelson, Chair, BS; Gino Pazzaglini, MSW LFACHE; Pam Silberman, JD, DrPH; Samruddhi Thaker, PhD; and McKinley Wooten, Jr., JD

APPOINTED MEMBERS ABSENT: Ted Godwin, Johnston County Commissioner; D. Lee Jackson, BA; one vacancy representing Durham County; and two vacancies 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, Intellectual Disability, and Substance Abuse Services); Mary Hutchings, Wake County Finance Department; and Pam Wade

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II; Joey Dorsett, Senior Vice-President/Chief Information Officer; Angel Felton, Senior Vice-President/Population Health and Care Management; Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Veronica Ingram, Executive Assistant II; Wes Knepper, Senior Vice-President/Quality Management; Joshua Knight, Director of Internal Audit; Mehul Mankad, Chief Medical Officer; Shawn Mazyck, Senior Vice-President/Provider Network; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, CEO; Sean Schreiber, Executive Vice-President/Chief Operating Officer; Jennifer Stoltz, Administrative Assistant II; Tammy Thomas, Senior Vice-President/Business Evolution; Sara Wilson, Senior Director of Government Relations; Carol Wolff, General Counsel; Doug Wright, Director of Member and Community Engagement; and Ginger Yarbrough, NCQA Accreditation Manager

1. **CALL TO ORDER:** Board Chair Lynne Nelson called the meeting to order at 4:02 p.m.

AGENDA ITEMS:	DISCUSSION:
2. Agenda Adjustments	There were no agenda adjustments.
3. Public Comment	There were no public comments.
4. Chair's Report	Chair Nelson reported that two board members resigned, Angela Diaz and Duane Holder. She shared that the FY22 (fiscal year 2021-2022) board vice-chairperson position is vacant and the executive committee's recommendation will be presented during committee reports.
5. CEO's Report	<p>Mr. Robinson reminded Board members and attendees of the October 10 Walk for Hope, which is virtual this year. Alliance is a sponsor and Board/staff may join Alliance's team or make a donation on Alliance's behalf via Alliance's team link.</p> <p>Mr. Robinson reminded board members that i2i conference registration is open; they may contact Ms. Ingram by October 25 to register.</p> <p>He provided an update from a recent meeting of the Johnston Board of County Commissioners and expressed gratitude to Alliance board members: Lee Jackson and Commissioner Ted Godwin.</p> <p>Mr. Robinson and Sean Schreiber, Executive Vice-President/Chief Operating Officer, introduced new staff, Shawn Mazyck, Senior Vice-President/Provider Network. Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer, provided a staffing update as the agency prepares for tailored plan implementation and Mecklenburg and Orange counties' realignment.</p>

Thursday, October 07, 2021

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
6. Consent Agenda	<p>A. Draft Minutes from September 2, 2021, Board Meeting – page 4 B. Audit and Compliance Committee Report – page 8 C. Network Development and Services Committee Report – page 16 D. Quality Management Committee Report – page 18</p> <p>The consent agenda was sent as part of the Board packet. There were no comments or discussion about the consent agenda.</p> <p><u>BOARD ACTION</u> A motion was made by Mr. Pazzaglini to adopt the consent agenda; motion seconded by Dr. Silberman. Motion passed unanimously.</p>
7. Committee Reports	<p>A. Consumer and Family Advisory Committee (5 minutes) – page 23 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 CFAC's annual report, draft minutes from the September steering committee, and draft minutes from the Durham, Wake, Johnston, and Cumberland subcommittee meetings.</p> <p>Doug Wright, Director of Member and Community Engagement, presented the report. He noted that the report was sent as part the packet and included the CFAC annual report, updates on the state budget, county realignments, updates to the CFAC by-laws and agreements with the agency and Alliance Board. Mr. Wright also noted an upcoming meeting with CFAC representatives in Mecklenburg and Orange counties. The CFAC report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> The Board received the report.</p> <p>B. Executive Committee Report (10 minutes) – page 98 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 report included draft minutes from the previous meeting and a recommendation to elect a Board member to the vacant FY22 Board Vice-Chairperson position.</p> <p>Chair Nelson reviewed the vacant vice-chair position, which was reviewed by the executive committee at its September 20, 2021, meeting. She shared that Lodies Gloston is willing to serve as FY22 Vice-Chair and the executive committee recommends her nomination and appointment. Chair Nelson opened the floor for additional nominations.</p> <p><u>BOARD ACTION</u> A motion was made by Mr. Wooten to close the nominations (for FY22 Vice-Chair) with the said name (Lodies Gloston); motion seconded by Mr. Pazzaglini. Motion passed unanimously.</p> <p>C. Finance Committee Report (10 minutes) – page 101 The Finance Committee's function is to review financial statements and recommend policies/practices on fiscal matters to the Board, including reviewing/recommending budgets, audit reports, and financial statements. This Committee also reviews and recommends policies and procedures for managing contracts and other purchase of service arrangements. This month's report included documents and draft minutes from the previous meeting and a request to approve FY22 (2021-2022) committed funds and reinvestment plan.</p>

Thursday, October 07, 2021

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
	<p><u>BOARD ACTION</u> A motion was made by Dr. Silberman to approve the one-year reinvestment plan of \$44,636,221.00 and to commit \$47,630,674.00 as of 6/30/21; motion seconded by Ms. Gloston. Motion passed unanimously.</p>
8. Closed Session(s)	<p><u>BOARD ACTION</u> A motion was made by Mr. Curro to enter closed session pursuant to NC General Statute 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; motion seconded by Ms. Council. Motion passed unanimously.</p>
9. Reconvene Open Session	The Board returned to open session.
10. Special Updates/Presentation(s)	<p>A. County Realignment Update Brian Perkins, Senior Vice-President/Strategy and Government Relations, presented the update. Mr. Perkins stated that Orange and Mecklenburg counties realignment with Alliance is effective December 15, 2021. He shared about internal workgroups in place to prepare for the realignment and an external workgroup that includes NC DHHS and Alliance staff.</p> <p><u>BOARD ACTION</u> The Board received the update.</p> <p>B. FY21 Workforce Demographics (20 minutes) – page 109 Alliance’s Equal Employment Opportunity Policy (policy number HR-1) states the following: “Annually, the Chief Executive Officer shall provide an organizational workforce report to include the distribution of employees by age, race, ethnicity and gender to the Board.” Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer, presented the report; the report included growth trends and current demographics.</p> <p>Chair Nelson requested DEI in hiring practices for the November board meeting. Commissioner Adams requested other slides with details by county. Commissioner Cervania requested DEI goals with metrics shared. Ms. Garland-Downey shared that the goal is to have staffing reflective of the communities served. Mr. Curro requested demographics of the aspiring leaders program. The presentation is saved as part of the board’s files.</p> <p><u>BOARD ACTION</u> The Board received the report.</p>
11. Adjournment	All business was completed; the meeting adjourned at 5:52 p.m.

Next Board Meeting
Thursday, November 04, 2021
4:00 – 6:00 pm

Minutes approved by Board on November 4, 2021.



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Draft Minutes from the September 2, 2021, Board Meeting

DATE OF BOARD MEETING: October 7, 2021

BACKGROUND: The Alliance Health Board of Directors (Board) per North Carolina General Statutes 122C is responsible for comprehensive planning, budgeting, implementing and monitoring of community based mental health, developmental disabilities and substance abuse services to meet the needs of individuals in Alliance's catchment area. The minutes from the previous meeting(s) are attached and submitted for review and approval by the Board.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): N/A

REQUEST FOR AREA BOARD ACTION: Approve the draft minutes from the September 2, 2021, meeting.

CEO RECOMMENDATION: Approve the draft minutes from the September 2, 2021, meeting.

RESOURCE PERSON(S): Lynne Nelson, Chair; Robert Robinson, CEO

[\(Back to agenda\)](#)



Thursday, September 02, 2021

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

MEMBERS PRESENT: Glenn Adams, Cumberland County Commissioner, JD (entered at 5:18 pm); Heidi Carter, Durham County Commissioner, MPH, MS; Maria Cervania, Wake County Commissioner, MPH; Carol Council, MSPH; David Curro, BS; Lodies Gloston, MA; Ted Godwin, Johnston County Commissioner; David Hancock, MBA, MPAff; D. Lee Jackson, BA; John Lesica, MD; Lynne Nelson, Chair, BS; Gino Pazzaglini, MSW LFACHE; Pam Silberman, JD, DrPH; and Samruddhi Thaker, PhD

APPOINTED MEMBERS ABSENT: Angela Diaz, MBA; Vicki Evans; Donald McDonald, MSW; McKinley Wooten, Jr., JD; vacancy representing Durham County; and vacancy representing Wake County

GUEST(S) PRESENT: Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Intellectual Disability, and Substance Abuse Services) Mary Hutchings, Wake County Finance Department; Jason Phipps, Alliance CFAC; and Pamela Wade

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II; Joey Dorsett, Senior Vice-President/Chief Information Officer; Angel Felton-Edwards, Senior Vice-President/Population Health and Care Management; Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Veronica Ingram, Executive Assistant II; Wes Knepper, Senior Vice-President/Quality Management; Joshua Knight, Director of Internal Audit; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Mehul Mankad, Chief Medical Officer; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Matthew Ruppel, Senior Director of Program Integrity; Ashley Snyder, Director of Accounting and Finance; Jennifer Stoltz, Administrative Assistant II; Tammy Thomas, Senior Vice-President/Business Evolution; Carol Wolff, General Counsel; Doug Wright, Director of Community and Member Engagement; and Ginger Yarbrough, NCQA Accreditation Manager

1. CALL TO ORDER: Board Chair Lynne Nelson called the meeting to order at 4:04 p.m. She welcomed new Board member, Ted Godwin.

AGENDA ITEMS:	DISCUSSION:
2. Agenda Adjustments	Chair Nelson shared one adjustment to the agenda: Finance Committee Report will be pulled from consent agenda and addressed under item 7B.
3. Public Comment	There were no public comments.
4. Chair’s Report	Chair Nelson reported the following: <ul style="list-style-type: none"> Acknowledging a novel time for Alliance as the agency prepares for tailored plan implementation and multiple county realignments. She shared that upcoming meetings, like today’s, may be longer than usual and thanked staff and Board members for their work to help the agency fulfill its vision: “To be a leader in transforming the delivery of whole person care in the public sector.” Due to public health guidelines, the board will continue meeting virtually through January 2022.
5. CEO’s Report	Mr. Robinson reported the following: <ul style="list-style-type: none"> The December 8-10 conference hosted by i2i center for integrated health will be a hybrid event; registration opens mid-September and Ms. Ingram will assist any board members interested in attending. Based on suggestions from Executive Committee members, Alliance developed an incentive to encourage staff to receive COVID vaccinations; current attestations place Alliance staff at 85% vaccination rate.
6. Consent Agenda	A. Draft Minutes from August 5, 2021, Board Meeting – page 4 B. By-Laws/Policy Committee Report – page 9 C. Executive Committee Report – page 13 D. Quality Management Committee Report – page 28

AGENDA ITEMS:	DISCUSSION:
	<p>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.</p> <p><u>BOARD ACTION</u> A motion was made by Ms. Gloston to adopt the consent agenda (approve the board minutes and committee recommendations); motion seconded by Dr. Silberman. Motion passed unanimously.</p>
<p>7. Committee Reports</p>	<p>A. Consumer and Family Advisory Committee – page 33 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 August 2 Steering Committee, August 9 Durham Subcommittee, August 10 Wake Subcommittee, and August 17 Johnston Subcommittee meetings.</p> <p>Jason Phipps, CFAC Chair, presented the report. Mr. Phipps provided an update from previous meetings, noting presentation of Alliance’s draft strategic plan, the December timeline for county realignments, and elections for this fiscal year’s CFAC officers. The CFAC report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> The Board received the report.</p> <p>B. Finance Committee – page 70 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 September 6, 2020, meeting, the budget to actual report and ratios for the period ending August 31, 2018, and recommendations to the Board to approve all presented contracts over \$250,000.</p> <p>David Hancock, Committee Chair, presented the report. Mr. Hancock noted that revenues exceeded expenditures. Kelly Goodfellow, Executive Vice-President/Chief Financial Officer, provided an overview of two contracts, which were reviewed by the Finance Committee and submitted for approval. The Finance Committee report is attached to and made part of these minutes.</p> <p><u>BOARD ACTION</u> A motion was made by Dr. Silberman to authorize the CEO to enter into a contract with Emergent Devices, Inc. for the purchase of NARCAN (naloxone HC1) Nasal Spray as a sole source of supply for an amount not to exceed \$1,080,000.00 under G.S. 143-129 (e)(6); motion seconded by Mr. Curro. Motion passed unanimously.</p> <p>A motion was made by Mr. Pazzaglini to authorize the CEO to enter into contracts in an amount not to exceed \$1,845,000.00 for the purposes of hardware and software components for county expansion and tailored plan implementation, which include a contract for the purchase of Dell laptop computers and docking stations for \$720,000 made using a contract established by a competitive bidding group purchasing program, NCPA, under G.S. 143-129 (e) (3); motion seconded by Mr. Jackson. Motion passed unanimously.</p>

Thursday, September 02, 2021

AREA BOARD REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:
8. Lease Agreement for Space at 3205 Freedom Drive, Charlotte, NC – page 57	<p>Mecklenburg County has offered Alliance a secure space in its Community Resource Center at the Valerie C. Woodard (“VCW”) building for \$1 per year. Pursuant to the By-Laws, this item requires approval by a supermajority of Board members. Carol Wolff, General Counsel, presented the proposal.</p> <p>BOARD ACTION A motion was made by Ms. Council to approve the lease from Mecklenburg County for space at 3205 Freedom Drive, Charlotte, North Carolina and to authorize the CEO to execute the lease; motion seconded by Commissioner Godwin. Motion passed unanimously.</p>
9. Closed Session(s)	<p>BOARD ACTION A motion was made by Mr. Pazzaglini to enter closed session pursuant to NC General Statute 143-318.11 (a) (1), (a) (3), and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1, to consult with or give instructions to an attorney in order to preserve the attorney-client privilege, and to consider the qualifications, competence, and performance of an employee; motion seconded by Ms. Gloston. Motion passed unanimously.</p>
10. Reconvene Open Session	<p>The Board returned to open session.</p> <p>Chair Nelson added a topic to the agenda: Governance Realignment Recommendation. Mr. Robinson provided background on this topic, noting the statute requirement for board representation for all areas of the catchment area, which will be impacted by the pending realignment of Orange and Mecklenburg counties. Ms. Wolff presented an overview of the recommendations; option 3a included three bands of seat distribution which also included the following:</p> <ul style="list-style-type: none">• One specified seat for a CFAC representative (unaffiliated with a county)• 18 seats with a three-tier system based on tailored plan population by county<ul style="list-style-type: none">○ <6,000 members = 2 seats○ 6,001-12,000 members = 3 seats○ >12,000 members = 4 seats <p>The presentation is saved as part of the Board’s files.</p> <p>BOARD ACTION A motion was made by Mr. Pazzaglini to approve option 3a (as specified above); motion seconded by Ms. Gloston. Motion passed unanimously.</p>
11. Adjournment	All business was completed; the meeting adjourned at 6:59 p.m.

Next Board Meeting
Thursday, October 07, 2021
4:00 – 6:00 pm

Minutes approved by Board on Click or tap to enter a date..



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Audit and Compliance Committee Report

DATE OF BOARD MEETING: October 7, 2021

BACKGROUND: The purpose of the Audit and Compliance Committee is to put forth a meaningful effort to review the adequacy of existing compliance systems and functions and to assist the Board in fulfilling its oversight responsibilities. This Committee also develops, reviews, and revises the By-Laws and Policies that govern Alliance.

This report includes draft minutes from the previous meeting.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): Draft minutes and updated Committee Charter.

REQUEST FOR AREA BOARD ACTION: Receive the report.

CEO RECOMMENDATION: Receive the report.

RESOURCE PERSON(S): David Curro, Committee Chair; Monica Portugal, Chief Compliance Officer

[\(Back to agenda\)](#)



Wednesday, August 25, 2021

BOARD AUDIT AND COMPLIANCE COMMITTEE - REGULAR MEETING
 (virtual meeting via videoconference)
 4:00-5:30 p.m.

APPOINTED MEMBERS PRESENT: David Curro, BS (Committee Chair); Vicki Evans (Board Member); D. Lee Jackson, BA; John Lesica, MD; Samruddhi Thaker, PhD

BOARD MEMBERS PRESENT: None

GUEST(S) PRESENT: None

STAFF PRESENT: Monica Portugal, Chief Compliance Officer; Josh Knight, Director of Internal Audit; Lynn McKoy, Director of Corporate Compliance; Matt Ruppel, Sr. Director of Program Integrity; Sherry Perkins, Director-HIPAA Privacy & Security; Jamie Preslar, Administrative Assistant III

1. **WELCOME AND INTRODUCTIONS** – The meeting was called to order at 4:01 pm by David Curro.
2. **REVIEW OF THE MINUTES** – The minutes from the May 26, 2021, meeting were reviewed; a motion was made by Mr. Jackson and seconded by Ms. Evans to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Meeting Schedule	<p>Portugal provided a summary of the previously approved merging of the Board Policy Committee responsibilities into the Audit & Compliance Committee. Portugal shared new proposed meeting schedule. Committee discussed.</p> <p>COMMITTEE ACTION: A motion was made by Ms. Evans to change the Audit & Compliance Committee meeting dates going forward from the fourth Wednesday of August, November, February and May, to the third Wednesday of the months of August, October, December, February, April, and June; motion seconded by Mr. Jackson. Motion passed unanimously.</p>	Portugal to send an email with new meeting schedule to Veronica Ingram and to send calendar invitations for FY22 meetings to Committee members.	None Specified
4. Review of Committee Charter	<p>Portugal relayed a brief history of the Committee Charter. First time amending since developed due to merging Board Policy Committee with Audit & Compliance Committee. Summarized proposed changes. Members present had reviewed the Charter in advance or elected to read through on their own during the Committee meeting.</p> <p>COMMITTEE ACTION: A motion was made by Mr. Jackson to accept the Committee Charter with changes; motion seconded by Ms. Evans. Motion passed unanimously.</p>	Charter will be submitted to the full Board in October.	October 7, 2021
5. Introduction to Office of Compliance and Risk Management	Portugal shared Organizational Chart to assist in explaining roles within the Office of Compliance and Risk Management (OCRM) in relation to Alliance Health and the Audit & Compliance Committee. Touched on current number of OCRM staff with plans for additional hiring. Portugal introduced Preslar; Ruppel, McKoy, Knight, and Perkins provided self-introductions which included employment history with	N/A	N/A

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..](#)

Wednesday, August 25, 2021

BOARD AUDIT AND COMPLIANCE COMMITTEE - REGULAR MEETING
 (virtual meeting via videoconference)
 4:00-5:30 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	Alliance, job titles, and primary responsibilities within OCRM to prevent/detect/remediate issues as will be seen in reports from Portugal to the Committee at each meeting.		
6. Internal Audits & Monitoring: A. Privacy/Security B. Compliance	Portugal summarized privacy/security and compliance audits of employee access, telecommuting practices, and exclusion checks, providing scores to the Committee. Curro asked questions; Portugal and Perkins responded. Discussion of expectations, comparison of current/prior scores.	N/A	N/A
7. Work Plan/Audit Plan Dashboard	Portugal briefly reviewed Compliance Work Plan and Annual Audit Plan. All items started; nothing behind. Summarized reports completed.	N/A	N/A
8. Compliance Dashboard	Portugal reviewed the Compliance Quarterly Dashboard and what the Committee should expect from Portugal. Addressed employee training, Reconsiderations, special investigations, EOB surveys, overpayments, HIPAA and compliance investigations, and security awareness campaign. Curro presented questions. Ruppel, Portugal, and Perkins responded. Portugal shared that planned changes involving Alliance Health may affect these areas in the short-term.	Portugal to review items covered with new Committee members Lesica and Thaker who were not in attendance.	N/A
9. Quarterly Reports A. Network Compliance B. Overpayments C. Special Investigations D. Internal Investigations E. HIPAA Incidents	Portugal provided a brief overview for Evans. Did not review further as the Compliance Dashboard was summarized at the August Board Meeting. The data for the Quarterly Reports was shared at the August Board meeting. Was not reviewed further at this meeting.	N/A	N/A

10. **ADJOURNMENT:** The meeting adjourned at 4:55 pm; the next meeting will be October 20, 2021, from 4:00 p.m. to 5:30 p.m.

*Items shared during meeting are stored with these meeting minutes in the Audit & Compliance Committee folder.

AUDIT AND COMPLIANCE COMMITTEE CHARTER

This Audit and Compliance Committee Charter was adopted by the Alliance Health Board of Directors ~~of the Alliance Behavioral Healthcare~~ on this 3rd day of December, 2015, and amended on .

A. PURPOSE

To put forth a meaningful effort to review the adequacy of existing compliance systems and functions. To assist the ~~b~~Board of ~~d~~Directors in fulfilling its oversight responsibilities for (1) the integrity of the company's annual financial statements, (2) the system of risk assessment and internal controls, (3) the company's compliance with legal and regulatory requirements, (4) the independent auditor's qualifications and independence, (5) the performance of the company's internal audit function, and (6) to provide an avenue of communication between management, the independent auditors, and the Board of Directors.

The Audit and Compliance Committee also develops, reviews, and revises Board of Directors By-Laws and Policies that Govern Alliance Health (Alliance) and submits to the full Board for approval.

B. AUTHORITY

The committee is empowered to:

- Conduct or authorize investigations into any matters within its scope of responsibility.
- Appoint and oversee the work of the public accounting firm employed by Alliance to conduct the annual audit. This firm will report results directly to the ~~e~~Committee.
- Resolve any disagreements between management and the auditor regarding financial reporting.
- Seek any information it requires from the CEO, Chief Compliance Officer, Legal Counsel, Chief Financial Officer or other employee with expertise and authority to answer questions of the Committee.
- Retain independent counsel, accountants, experts and others to advise the ~~e~~Committee as it determines necessary to carry out its duties.
- Secure funding sufficient to allow the ~~e~~Committee to discharge its responsibilities.

The Alliance ~~Behavioral Healthcare~~ ~~b~~Board will ensure that the Audit and Compliance Committee has sufficient resources to carry out its duties.

C. COMPOSITION

The ~~e~~Committee will consist of at least ~~four~~ five members of the ~~b~~Board of ~~d~~Directors. The ~~e~~Chair of the ~~b~~Board will appoint ~~e~~Committee members and the ~~e~~Committee ~~e~~Chair in accordance with the Alliance Health Area Board of Directors By-Laws. At least one member shall qualify as a financial expert. The Chair of the Audit and Compliance Committee may not also be the Chair of the Finance Committee.

Approved by the Alliance Health Behavioral Healthcare Area Board of Directors December 3, 2015, rev.

Ideally, all members on the audit and compliance eCommittee shall possess or obtain a basic understanding of governmental financial reporting and auditing.

The Chief Compliance Officer will serve as staff liaison to the Committee.

D. MEETINGS

The eCommittee will meet at least ~~three-four~~ times a year, with authority to convene additional meetings, to adequately fulfill all the obligations outlined in this charter. Committee members are expected to attend meetings, in person or via tele- or videoconference as allowed by the ~~Area Board~~ By-Laws. A majority of the actual membership shall constitute a quorum. A majority is more than half.

The Chief Compliance Officer will prepare and provide in advance to members, meeting agendas along with appropriate briefing materials. A draft agenda will be sent to the Committee Chair prior to finalization. Minutes of these meetings will be recorded.

The eCommittee may invite other individuals such as members of management, auditors or others to attend meetings and provide pertinent information, as necessary. The Committee will meet with Alliance's independent auditor at least annually to discuss the financial statements.

E. RESPONSIBILITIES

The Audit and Compliance Committee shall have responsibilities related to: (a) the independent auditor and annual financial statements; (b) the Alliance compliance program and internal auditing; (c) oversight of management's internal controls, compliance and risk assessment practices; (d) program integrity activities and special investigations; (e) ~~Area Board of Directors conflict of interest~~, (f) review and recommendation of new or revised Board Policies, and ~~(g)~~ miscellaneous issues related to the financial practices of Alliance.

The eCommittee will carry out the following responsibilities:

1. Independent Audit:

- Appoint and oversee independent auditors retained by Alliance and pre-approve all audit services provided by the independent auditor.
- Establish processes for the engagement of the independent auditor to provide permitted audit services. Alliance's independent auditor shall be prohibited from providing non-audit services unless having received previous written approval from the audit and compliance eCommittee. Non-audit services include tasks that directly support Alliance's operations, such as bookkeeping or other services related to the accounting records or financial statements of Alliance, financial information systems design and implementation, appraisal or valuation services, actuarial services, investment banking services, and other tasks that may involve performing management functions or making management decisions.

Approved by the Alliance ~~Health Behavioral Healthcare Area Board of Directors~~ December 3, 2015, rev.

- Review the performance of the external auditors. In performing this review, the eCommittee will obtain and review a report by the independent auditor describing (a) the firm's internal quality-control procedures; (b) any material issues raised by the most recent internal quality-control review, peer review, or inquiry or investigation by governmental or professional authorities, within the preceding three years, and (c) all relationships between the independent auditor and Alliance.
- Ensure evaluation of the independent audit partner at least every three years.
- Review significant accounting and reporting issues and understand their impact on the financial statements. These issues include:
 - Complex or unusual transactions and highly judgmental areas
 - Major issues regarding accounting principles and financial statement presentations, including any significant changes in the company's selection or application of accounting principles
 - The effect of regulatory and accounting initiatives, as well as off balance sheet structures, on the financial statements of the company.
- Review with management and the independent auditors the results of the audit, including any difficulties encountered. This review will include any restrictions on the scope of the independent auditor's activities or on access to requested information, and any significant disagreements with management.
- Provide the Board with a recommendation for action on the independent auditor's report.

2. Internal Control:

- Review management's assessment of the effectiveness of Alliance's internal controls.
- Review the report on internal controls by the independent auditor as a part of the financial audit engagement.

3. Internal Audit:

- Ensure that the internal audit function is organizationally independent from Alliance operations.
- Review the reports of internal auditors and the annual internal audit plan.
- -Review the results of internal audits and procedures for implementing accepted recommendations of the internal auditor.

4. External Audit:

- Receive findings of examinations by regulatory agencies including the Center for Medicare and Medicaid Services (CMS), North Carolina Department of Health and Human Services (NC DHHS), External Quality Review Organization (EQRO), [URACNCQA](#), or other regulatory oversight and accrediting agencies that staff determine should be brought to the attention of the eCommittee.
- Review remediation plans to ensure effective mitigation of areas of vulnerability.

5. Compliance:

- Ensure that the scope and adequacy of the compliance program compared to the size of the organization and complexity of Alliance's operations; considering the

Approved by the Alliance ~~Health Behavioral Healthcare Area~~ Board of Directors December 3, 2015, [rev.](#)

nature and magnitude of regulatory impact and thereby the nature and skill set of the resources needed to manage and monitor compliance.

- Review results of the annual Risk Assessment and the annual Compliance Work Plan.
- Review reports on regulatory compliance activities to ensure that the company operates in compliance with relevant laws and regulations.
- Review with Chief Compliance Officer and General Counsel legal and regulatory matters that may have a material impact on the financial statements or compliance with contractual and regulatory obligations.
- Ensure that Alliance has an appropriate confidential mechanism for individuals to report suspected compliance violations, such as violations of the code of ethics and conduct, Alliance policies and procedures, conflict of interest, fraudulent or other criminal or unethical activities.
- Review the results of investigation of allegations of non-compliance.
- Review the process for communicating the code of ethics and conduct to Alliance personnel, and results of monitoring compliance.
- Review reports on the status of ensuring compliance with Medicaid requirements.
- Review reports on the status of activities to ensure compliance with Federal and State privacy and security laws and regulations.
- Evaluate the effectiveness of compliance program efforts.

6. Program Integrity/Special Investigations:

- Ensure that Alliance has an appropriate confidential mechanism for individuals to report suspected fraudulent and abusive activities, allegations of corruption, criminal activity, and conflict of interest by Alliance employees or providers in the Alliance Network or any persons having business dealings with Alliance.
- Ensure efficient processes are in place for the receipt, retention, investigation and/or referral of investigative findings concerning fraud to NC DHHS Division of Medical Assistance Program Integrity Unit and the Department of Justice Medicaid Investigations Division.
- Receive reports on activities performed to prevent, detect, and resolve instances of fraud, waste and abuse in the Alliance Network.
- Evaluate the effectiveness of program integrity efforts.

7. HIPAA Privacy and Security:

- Ensure that the privacy and security program is of sufficient scope compared to the size and complexity of the organization.
- Review results of the annual Privacy and Security Risk Assessment and identified remediation plan.
- Review reports on privacy and security compliance activities to ensure that Alliance operates in compliance with relevant laws and regulations.

8. Environmental Health and Safety:

- Review the structure, scope, and results of environmental health and safety activities.

9. ~~Area~~ **Board of Directors Conflict of Interest:**

- Review potential, perceived and actual conflict and make recommendations to the full ~~Area~~ Board.

10. Board Policies:

- Develop, review, and revises Board of Directors By-Laws and Policies that Govern Alliance.
- Recommend new or revised Board Policies to the Board of Directors.
- Review Board Policies at least annually, within 12 months of policies' approval to ensure compliance with applicable law, federal and state statutes, administrative rules, state policies, contractual agreements and accreditation standards.

10.11. Other Responsibilities:

- Discuss with management the company's policies with respect to risk assessment and risk management.
- Review and assess the adequacy of the ~~e~~CCommittee charter, requesting ~~b~~BBoard approval for proposed changes.
- Evaluate the ~~e~~CCommittee's performance and report the results to the ~~b~~BBoard.



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Network Development and Services Committee Report

DATE OF BOARD MEETING: October 7, 2021

BACKGROUND: The Network Development and Services Committee reviews progress on the agency's network development plan and service development activities. The committee reports to the Board and provides guidance and feedback on development of the needs and gaps assessment to meet state and agency requirements.

This report includes draft minutes from the previous meeting.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): N/A

REQUEST FOR AREA BOARD ACTION: Receive the report.

CEO RECOMMENDATION: Receive the report.

RESOURCE PERSON(S): Lodies Gloston, Committee Chair; Sean Schreiber, Executive Vice-President/Chief Operating Officer

[\(Back to agenda\)](#)



Wednesday, September 08, 2021

BOARD NETWORK DEVELOPMENT & SERVICES COMMITTEE - AGENDA

5200 W. Paramount Parkway, Morrisville, NC 27560
4:00-5:00 p.m.

Meeting was held virtually, via Zoom

APPOINTED MEMBERS PRESENT: Sally Hunter; Heidi Carter, MPH, MS, Durham County Commissioner, Board member, Angela Diaz, MBA, Board member, Lodies J. Gloston, MA (Committee Chair) Board member, John Lesica, MD, Board member

BOARD MEMBERS PRESENT:

GUEST(S) PRESENT: Yvonne French (DMH Liaison);

STAFF PRESENT: Sean Schreiber, Chief Operating Officer, Member, Provider and Infrastructure Solutions Division, Laura Stephens, Administrative Assistant Provider Networks; Diane Fening, Executive Assistant MPIS Division

- 1. WELCOME AND INTRODUCTIONS** - Valerie Koepfel (youth advocate program operating in Mecklenburg two years ago) Jennifer Jake (National Director of Health Services at a youth advocate program) were interested in credentialing and left the meeting shortly after joining.
- 2. REVIEW OF THE MINUTES** – the minutes were not reviewed as there was no quorum

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. County Expansion Update	<ul style="list-style-type: none"> Sean gave an update on the Mecklenburg and Orange expansion. Virtual and in person meetings have been organized with 50 providers in Mecklenburg. We will follow up with onboarding. Enrollment packets have been posted on Cardinal’s website and Alliance’s website. Have heard that there aren’t enough child residential services in Mecklenburg. We’ll have to update our network adequacy in January after we have providers on board. There was a discussion about access to care. 		
4. Value-Based Contract Update			
5. ADJOURNMENT: The meeting adjourned at 4:35			



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: October 7, 2021

BACKGROUND: The Quality Management (QM) 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.

This report includes draft minutes from the previous meeting.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): N/A

REQUEST FOR AREA BOARD ACTION: Receive the report.

CEO RECOMMENDATION: Receive the report.

RESOURCE PERSON(S): Pam Silberman, Committee Chair; Wes Knepper, Senior Vice-President/Quality Management



Thursday, September 02, 2021

BOARD QUALITY MANAGEMENT COMMITTEE - REGULAR MEETING
 5200 W. Paramount Parkway, Morrisville, NC 27560
 1:00-2:30 p.m.

This meeting was held virtually, via Zoom

APPOINTED MEMBERS PRESENT: David Curro, BS (Board member); Marie Dodson (CFAC), Pam Silberman, JD, DrPH (Board member; Committee Chair)
 Israel Pattison (CFAC); Carol Council (Board Member); Lodies Gloston (Board Member)

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

BOARD MEMBERS PRESENT:

GUEST(S) PRESENT: Mary Hutchings; Yvonne French (LME Liaison); Pamela Wade

STAFF PRESENT: Diane Fening, Executive Assistant I; Doug Wright, Director of Community and Member Engagement; Tia Grant, Quality Improvement Manager; Damali Alston, Director of Network Evaluation; Mehul Mankad, Chief Medical Officer; Ginger Yarbrough, NCQA Accreditation Manager; Laini Jarrett, Quality Review Coordinator II; Sean Schreiber, Chief Operating Officer

- 1. WELCOME AND INTRODUCTIONS** – The meeting was called to order at 1:00 pm
- 2. REVIEW OF THE MINUTES** –The minutes from the August 5, 2021 meeting were reviewed. Carol Council made a motion to approve the minutes and Dave Curro seconded. The motion passed.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
OLD BUSINESS	<p>Wes shared some information about questions asked in the last meeting:</p> <ul style="list-style-type: none"> • Credentialing Stale Dating is an internal Alliance requirement that was put in place because we were getting materials that were so far apart in dates. Wes shared feedback with credentialing team. Wes will follow up with Cathy to see if they will bring this to the APAC committee. • Available Quality Data for Mecklenburg and Orange Two measures that we get county level data for are 7 day follow up measures for mental health and SUD for Medicaid. Our Medicaid 7 day follow up doesn't change much with Mecklenburg, but the SUD disorder follow up was considerably lower. Most of this is driven by Mecklenburg. We can't do anything about this yet, but will be planning for it in December. Wes said that we are going to adjust the existing QIPs for Medicaid SUD follow up. • Performance Dashboard - 9 measures were not met. 6 of 9 access to care report. It measures members calling our call center asking for care 	<p>APAC – Alliance Provider Advisory Council</p> <ul style="list-style-type: none"> • Wes will follow up with Cathy Estes Downs to see if credentialing stale dating will brought to the APAC committee <p>SUD-Substance Use Disorder</p> <p>QIP-Quality Improvement Plan</p>	<ul style="list-style-type: none"> • Not specified

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..](#)

Thursday, September 02, 2021

BOARD QUALITY MANAGEMENT COMMITTEE - REGULAR MEETING
 5200 W. Paramount Parkway, Morrisville, NC 27560
 1:00-2:30 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>and how quickly they are seen with a paid claim. 95% of people are calling their provider directly, and only 5% going through our call center.</p>		
<p>3. NEW BUSINESS</p>	<p>Value-Based Purchasing (Sean) Sean shared a PowerPoint presentation. Alliance has been doing various value-based contracting work for the past few years. Area of focus for the past year or so is 7-day follow up. Sean believes that there is a Covid impact. We will probably have to continue for full year with our initiatives before we know if they are successful or not.</p> <p>In the future, want to shift to 3-5 core models that we can put a lot of our members and our providers under.</p> <p>7 day follow up VBCs –</p> <ul style="list-style-type: none"> • these are pay for performance for state-funded outpatient providers implemented in February 2021. Incentivizing 20% improvement over their individual baselines. Bonus opportunities. • Peer Bridger model – contracted with Southlight. If individual leaves and follows up with the Peer Bridger program, provider has the ability to earn bonus. Tiered bonus opportunity up to \$40,000 per provider. • One Care Cumberland-small network of providers that agreed to provide priority access for individuals discharging from Cape Fear Valley Health System inpatient psychiatric unit and Cumberland crisis response center. Cape Fear just started three weeks ago, making referrals. Get a bonus for getting employment, and bonuses throughout the year for maintaining employment, and promotions. • Inpatient Pay for Performance Implemented 4/21 triangle springs • Coming in Quarter 2: 	<p><i>VBC - Value Based Contracts</i></p>	

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..](#)

Thursday, September 02, 2021

BOARD QUALITY MANAGEMENT COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
1:00-2:30 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	The next committee meeting is October 7. Carol asked Wes if we have any data yet on race and ethnicity of the measures. Wes said that it is being worked on and he will bring it to this committee when ready, probably in the next couple of months.		

5. **ADJOURNMENT:** the meeting adjourned at 2:08 pm; the next meeting will be October 7, 2021, at 1:00.

DRAFT



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Consumer and Family Advisory Committee (CFAC)

DATE OF BOARD MEETING: October 7, 2021

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 or TBI services. CFAC is a self-governing committee that serves as an advisor to Alliance administration and Board of Directors.

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 Alliance's website.

The Alliance CFAC tries to meet its statutory requirements by providing minutes to its 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.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): Draft minutes and supporting documents from the September 6 Steering Committee, the Durham September 13, the Wake September 14, the Johnston 21 and the Cumberland 23 meetings. Also included is CFAC's annual report.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Jason Phipps, CFAC Chair; Doug Wright, Director of Community and Member Engagement

[\(Back to agenda\)](#)



Tuesday, September 07, 2021

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
Held Via Video Conference

MEMBERS PRESENT: Jason Phipps Pinkey Dunston, Trula Miles, Marie Dodson, Jerry Dodson,
 Shirley Francis, Brenda Solomon, Dave Curro, Annette Smith, Karen McKinnon, Tammy Shaw, Regina Mays, Charlitta Burruss

BOARD MEMBERS PRESENT: None

GUEST(S): ShaVaila Ingram, NCDHHS, Jessica Aguilar, SCFAC, Grupo Poder Y Esperanza

STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Starlett Davis, Member Engagement Specialist, Ramona Branch, Member Engagement Specialist, Noah Swabe, Member Engagement Specialist, Erica Asbury, Member Engagement Specialist

- WELCOME AND INTRODUCTIONS** – the meeting was called to order at 5:34 pm
- REVIEW OF THE MINUTES** – The minutes from the August 2, 2021 meeting were reviewed; a motion was made by Dave Curro and seconded by Marie Dodson to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comment Individual/Family Challenges and Solutions	No comments.	Ongoing	N/A
4. State Updates	ShaVaila Ingram, NCDHHS was in attendance and went over the State updates: September CEE: <ul style="list-style-type: none"> ➤ National Recovery Month, held each year during the month of September, In 2020, the federal government turned the reigns over to the recovery community for the sponsorship and management of the Recovery Month observance ➤ September is National Suicide Month- see September CEE for website links ➤ Joint DMHDDSAS & DHB Update call: Consumers & Family Members Monday, September 27th from 2 - 3 pm ➤ Regional CFAC meetings: Alliance, Eastpointe, Sandhills and Trillium September 20, 2021, from 6 pm -7 pm ➤ The State to Local Collaboration Call will resume the regular schedule of every 4th Wednesday of the month- Next meeting September 22 6-730pm ➤ The State Consumer and Family Advisory Committee (SCFAC) meeting is on 2nd Wednesday of every month and is open to the public- Next Meeting: Wednesday, September 8, 2021 Time: 9:00 am to 3 pm ➤ DHHS I/DD Stakeholder Workgroup Meetings- The workgroup will work collaboratively with a shared vision and planning- Dates for the next workgroup : September 16th - 3-5PM November 18th—3-5 PM ➤ Peer Support: Allegations or observation of unethical and/or illegal behavior of a CPSS may be reported at https:// pss.unc.edu/contact-us or by calling 919-843-3018. 	Ongoing	N/A
5. LME-MCO Updates	Doug went over the LME/MCO Updates:	Ongoing	N/A

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..

Tuesday, September 07, 2021

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
 5200 W. Paramount Parkway, Morrisville, NC 27560
 Held Via Video Conference

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	State budget: <ul style="list-style-type: none"> ➤ Senate leader Phil Berger told reporters on Wednesday evening that he does not expect the legislature’s compromise budget, called the conference budget, to be done before the end of September ➤ The current logjam is over spending on multiple issues. That is similar to their debate in late spring, when the House and Senate traded offer upon offer about a total spending number. They have that: \$25.7 billion. But they don’t agree on how much money to put in different categories of spending ➤ Once they agree on spending, subcommittees will work out the details. Those details include salary increases, Berger said. He said that even if the process goes quickly, he doesn’t think there will be a session break anymore between the budget and when lawmakers return to work on redistricting in October 		
6. By-Laws/ Charters	Discussion/Review/Process/Changes: As Alliance moves into a tailored plan, the current CFAC Bylaws and Charters (County Specific) need to be reviewed, processes need to be changed, and verbiage updated. <ul style="list-style-type: none"> ➤ Doug went over the By Laws briefly pointing out and advising of some of the changes that need to take place ➤ Doug advised that this task is rather time consuming and Jason created a subcommittee specifically for this task ➤ Alliance staff will support the subcommittee ➤ The following members volunteered during this meeting to participate in the subcommittee: <ul style="list-style-type: none"> • Marie Dodson- Johnston County • Dave Curro- Durham County • Charlitta Burruss- Durham County • Annette Smith- Durham County • Cumberland County will name a volunteer later 	Ongoing	N/A
7. Realignments	The realignment is scheduled to go live on December 15, 2021 <ul style="list-style-type: none"> ➤ Alliance will be “doubling in size” ➤ Job opportunities continue to be added daily to Alliance’s job board to staff the new areas 	Ongoing	N/A

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..](#)

Tuesday, September 07, 2021

CONSUMER AND FAMILY ADVISORY COMMITTEE - REGULAR MEETING
 5200 W. Paramount Parkway, Morrisville, NC 27560
 Held Via Video Conference

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> ➤ Doug has been planning a meet and greet to welcome the CFAC members from Mecklenburg and Orange counties from Cardinal. There are currently (3) members from Mecklenburg and (4) from Orange. Cardinal had regional CFAC subcommittees instead of individual county CFAC. The members will be invited to join the October Steering Committee meeting ➤ The floor was opened to members for any questions and concerns they may have about the realignment 		
<p>8. Accessibility to translation</p>	<p>The group had a discussion about the accessibility to translators in the future for CFAC meetings, this topic will continue to be revisited The group welcomed a visitor from the SCFAC at tonight's meeting: Jessica Aguilar, and she spoke briefly about translators Her contact info was given: Phone: 704.726.3156 Email: grupopodereys@gmail.com</p>	<p>Ongoing</p>	<p>Revisit</p>
<p>9. Subcommittees</p> <ul style="list-style-type: none"> • Wake • Durham • Cumberland • Johnston • Area Board • Human Rights • Quality Management 	<p>Annette Smith Steve Hill Felisha McPherson Marie Dodson Dave Curro Doug Wright Israel Pattison/Marie Dodson/Dave Curro</p>	<p>No updates given because of time</p>	<p>N/A</p>
<p>10. Announcements</p>	<p>Meeting Decision (in-person?) Long term Steering Committee?</p> <ul style="list-style-type: none"> ➤ The group decided that the meetings will continue to be held virtually until February 2022. ➤ The group will make a decision at a later date whether or not to keep this meeting total virtual for all that join or have it as a hybrid where some meet in person as well as having some virtual because of the new members that are too far away to travel to the Home office. 	<p>Will make a decision regarding the long term during the October or November meeting</p>	<p>N/A</p>

11. ADJOURNMENT: The next meeting will be October 4, 2021, at 5:30 p.m.



COMMUNITY ENGAGEMENT & EMPOWERMENT TEAM

Community Updates | September 2021

NCDHHS- DMH/DD/SUS

In Person Training—CE&E Team

The CE&E Team has started our Community Training's in-person! Reach out to your CE&E Team members to set up any of our trainings or from our Technical Assistance Program (TTAP) Our team will continue to follow all guidelines that are suggested by the State, the CDC or your organization/facility. Training opportunities include

The CE&E Team is here to help— contact us to begin planning for your next event!

Please reach out to our team at :

CEandE.staff@dhhs.nc.gov

Stacey Harward, BSW: Stacey.Harward@dhhs.nc.gov

ShaValia Ingram MS, MSW, LCSWA:

Shavalia.Ingram@dhhs.nc.gov

Wes Rider, BS: Wes.Rider@dhhs.nc.gov

Kate Barrow, BA: Katherine.Barrow@dhhs.nc.gov

Hurricane Season Has Began!

Hurricane Season started June 1 2021 and should end November 30th 2021. We have already had 7 2021 has already had 5 named storms and 2 hurricanes that have come on land. Remember to be prepared have a Disaster Preparedness Kit, Evacuation plan, Sit down and think about what you are going to do prior to there ever being a storm. Make a list of what you will need for several weeks , water , food (can food) can opener, Pet food , medications. Candles matches , emergency cash , important papers Wills, Living Wills, POA's ... Remember some people have been with out power for as long as 12 days if not longer.

To help families with language barriers and to make safety and emergency information more accessible, Enlace Latino NC has launched [Preparate NC \(preparatenc.com\)](http://Preparate NC (preparatenc.com)) a guide in Spanish with resources for the hurricane season.

<https://tinyurl.com/yemreozb>

Hurricane Preparedness:

<https://www.weather.gov/wrn/hurricane-preparedness>

[Personal Preparedness for People with Disabilities Social Media Toolkit](#)



National Recovery Month, held each year during the month of **September**, In 2020, the federal government turned the reigns over to the recovery community for the sponsorship and management of the Recovery Month observance. [Faces & Voices of Recovery](#) a long-standing Recovery Month Planning Partner and active member of this community, is now hosting the Recovery Month website, managing the social media outreach, developing and dissemination of the promotional materials as well as the central location for all Recovery Month events.

SAMHSA will remain an active Recovery Month Planning Partner and supporter of this important observance.

Recovery Month Website:
<https://rm.facesandvoicesofrecovery.org/>

Recovery Month Toolkit: <https://tinyurl.com/d5c655pr>

National Suicide Prevention Month

"Suicide is often preventable. Knowing the warning signs for suicide and how to get help can help save lives. Learn about behaviors that may be a sign that someone is thinking about suicide. For more information, "visit <https://go.usa.gov/xVKmp>. #shareNIMH #SPM21

"Suicide is a leading cause of death in the United States and a major public health concern. Learn more about the warning signs of suicide, ways to help prevent suicide, and effective treatment options." #shareNIMH nimh.nih.gov/health/publications/suicide-faq

To get information and to sign up for the **National Institute of Mental Health** news letter:

<https://tinyurl.com/5xwh7nyk>

The division sponsored a Town Hall discussion on Suicide last September use link below click on videos and scroll down to find the Town Hall

<https://www.facebook.com/GovInst/>

If you or someone you know needs help now, you should immediately call the **National Suicide Prevention Lifeline** at: **1-800-273-8255** or call **911**



Monthly Meetings

PROVIDER & CONSUMER CALLS

Joint DMHDDSAS & DHB Update call: Providers

Thursday, September 2nd from 3 - 4 pm

Joint DMHDDSAS & DHB Update call: Consumers & Family Members

Monday, September 27th from 2 - 3 pm

Links are distributed to listserv members closer to the date of the call. If you would like to be on our list serve please email the CE&E Team at:

CEandE.staff@dhhs.nc.gov

Regional CFAC Meetings

Alliance, Eastpointe, Sandhills and Trillium

September 20, 2021, from 6 pm -7 pm

Microsoft Teams meeting :

Join on your computer or mobile app

[Click here to join the meeting](#)

call in (audio only)

[+1 984-204-1487,,511233755#](tel:+19842041487511233755#)

Phone Conference ID: 511 233 755#

Cardinal, Partners and Vaya

September 28, 2021, from 6 to 7 pm

Microsoft Teams Meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

call in (audio only)

[+1 984-204-1487,,211081322#](tel:+19842041487211081322#)

Phone Conference ID: 211 081 322#

State to Local Collaboration Meeting

The State to Local Collaboration Call will resume the regular schedule of every **4th Wednesday** of the month.

CFAC members can use the same Phone Number and Conference ID for each meeting. Links to participate by web will be sent out before each meeting.

The call-in number and conference ID will not change.

Next Call: September 22, 2021 from 6:00 – 7:30 pm

<https://tinyurl.com/S2L-CollaborationCall>

+1-415-655-0003

Conference ID: 171 710 7705

Clinical Coverage Policy 8B (ASAM Levels 4 & 4WM) Stakeholder Meeting

We will be revising DRAFT CCP 8B, specifically the sections related to ASAM levels of care 4 -WM (Medically Managed Intensive Inpatient Withdrawal Management- Adult), and 4 (Medically Monitored Intensive Inpatient Services- Adolescent and Adult), as well as reviewing the 1115 SUD waiver and its impact on the SUD service array in NC. This meeting will provide an overview of the 1115 SUD waiver as well as a review of the policies that are being revised or developed by DHB and DMHDDSAS. We will be attaching the DRAFT policies and Power Point slides closer to the date of the meeting. If possible, please review all documents prior to the meeting

[Click here to join the meeting](#)

[+1 984-204-1487,,594516302#](tel:+19842041487594516302#) ID 594 516 302#

State CFAC

The State Consumer and Family Advisory Committee (SCFAC)

Nothing About Us, Without Us.

meeting is on 2nd

Wednesday of every

month and is open to

the public. September, SCFAC meetings will be held as hybrid meeting– the in person at this time is only for committee members , virtual platform, or by teleconference is for all others.

Visit the State CFAC page for more information

www.ncdhhs.gov/divisions/mhddsas/councils-commissions/state-consumer-and-family-advisory-committee.

Next Meeting: **Wednesday, September 8, 2021**

Time: **9:00 am to 3 pm**

Join by web browser:

<https://tinyurl.com/StateCFACMeeting>

Call-in: +1-415-655-0003

Access Code: 171 378 2076

Local CFAC Updates

Many local CFACs continue to meet virtually, some have started to have blended meetings . Make sure that you check with your LME/MCO to get the full calendar of events and meeting details, including how to connect with virtual meetings and or in person meetings.

Click on the directory link to find your LME/MCO: <https://www.ncdhhs.gov/providers/lme-mco-directory>

NC Medicaid Managed Care Launched

Starting July 1, nearly 1.6 million Medicaid beneficiaries in North Carolina began received the same Medicaid services in a new way through NC Medicaid Managed Care health plans. Most beneficiaries will continue to get care from the same doctors they saw previously, but they will now be a member of a health plan. Some beneficiaries did not enroll with health plans and are remaining in NC Medicaid Direct.

Learn More : <https://tinyurl.com/bpx5w7br>

NC Medicaid Beneficiary Portal

Medicaid serves low-income parents, children, seniors, and people with disabilities. The Beneficiary Portal offers information on applying for Medicaid and more.

[Go to the Beneficiary Portal](#)

Press Releases from the State

To find out the newest information from the State please check our web site at:

<https://www.ncdhhs.gov/press-releases>

Have a question about anything— send it to us!!

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services is working to centralize questions coming in so that we can ensure that questions are answered in a timely manner by the appropriate subject matter experts. In order to do this we have two portals for incoming questions which are an email Bhidd.helpcenter@dhhs.nc.gov or web portal

<https://tinyurl.com/386hpk6h> Please help us better our response time by using these avenues for submitting questions.

How Personal Assistance Services Promote the Self-Determination of People with Disabilities Recovering from Disaster

September 13, 2021 • 1-2:30 p.m.

Click to join: <https://www.zoomgov.com/j/1617356482>

The Personal Assistance Services Addendum to the Mass Care/Emergency Assistance Pandemic Planning Considerations released in January 2021 increases collaboration, planning, and knowledge surrounding the importance of establishing continuity of services for people with disabilities prior to a disaster. Without proper planning for, or provision of Personal Assistance Services at the onset of a disaster sheltering mission, the health and safety of disaster survivors may be at risk.

Learning objectives:

Understand important information about ensuring equitable survivor services through continuity of Personal Assistance Services (PAS).

Understand legal obligations and potential reimbursement for services rendered.

This is brought to you by NCDMH/DD/SAS and NC Emergency Management.

IDD Supported Living Levels 2/3 Workgroup News

Supported Living Levels 2 and 3 Workgroup Quarterly Meetings:

Anyone utilizing Innovations Supported Living levels 2 or 3; their providers or families/natural supports are invited to participate in quarterly meetings held regarding Innovations Supported Living. To receive more information on the meetings and be added to our list serve, please contact Christina Trovato at Christina.A.Trovato@dhhs.nc.gov and ask to be added to the SL 2/3 List serv.

The group will meet next on September 30, from 3:30p-5:00p Here is the link to register/join the meeting: <https://www.zoomgov.com/j/1614650399?pwd=RVBpSUxIMXIEaDNWcktySWY0VGpnZz09>

DHHS I/DD Stakeholder Workgroup Meetings

The workgroup is responsible for researching, recommending, and providing support/guidance for future implementation of best or promising practices to meet the needs of Individuals with Intellectual/Developmental Disabilities.

The workgroup will work collaboratively with a shared vision and planning. It is the last item on this link.

Dates for the next workgroup :

September 16th - 3-5PM

November 18th—3-5 PM

<https://tinyurl.com/4thc69tk>

Parent & Professional Development Series

National Center on Deaf-Blindness

Open Hands Open Access (OHOA) Modules

Presenter: [Brandy Johanson Sebera](#)

M.S. Special Education Deaf-Blind Program Instructor

Sponsored by: [North Carolina Deaf-Blind Project and ECAC](#) Join us on Tuesdays

August 31 through September 21, 12 pm-1 pm

8/31 What is an Intervener?

9/7 Intervener Strategies: Do With, Not for; Hand Under Hand

9/14 Intervener Strategies: Be a Bridge, Not a Barrier; Pace Process, Wait

9/21 How do Interveners get Trained/Advocating for Interveners

<https://tinyurl.com/ywyzkpdj>

Where you can find more information

Medicaid Transformation

Here are some additional sites that you may go to find more information on Medicaid Transformation:

<https://medicaid.ncdhhs.gov/transformation>

<https://medicaid.ncdhhs.gov/transformation/more-information>

NC Olmstead

Learn more about NC Olmstead

<https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/nc-olmstead>

<https://www.ncdhhs.gov/events>

Grant Opportunities

<https://tinyurl.com/DMHDDSAS-Grants>

Learning Opportunities & Webinars



Behavioral Health Programs

Fall 2021

Aug 31	Webinar (Live) Drugs Uncovered: The School Year Begins
Sept 2	Webinar (Live) Bullying Uncovered: The School Year Begins
Sept 3	Webinar (Live) Advanced Application of DBT Skills
Sept 7	Webinar (Live) Thinking About Ethics
Sept 10	Webinar (Live) - Suicide Prevention for People on the Autism Spectrum
Sept 10	Webinar (Live) Caring for Older Adults in a Post-COVID World
Sept 15-16	Webinar (Live): Navigating the Journey of Pediatric Diabetes
Sept 23	Webinar (Live) Pediatric Mental Health: Rising to the Challenge in 2021
Oct 5	Webinar (Live) Ethics and Domestic Violence
Oct 21	Webinar (Live) Understanding Trauma and Substance Abuse: Implications for Practice
Oct 29	Webinar (Live) Healing Developmental Trauma
Nov 4	Webinar (Live) Grief and Autism Spectrum Disorders
Nov 5	Webinar (Live) CGEC Implications of Hearing Loss for Healthy Again
Nov 17	Webinar (Live) Implicit Bias in Mental Health
Dec 8	Webinar (Live) The Customer Experience Begins with Me

Register Now!

Traumatic Brain Injury

- DMHDDSAS TBI Program was awarded a five year TBI grant from the Administration for Community Living (ACL). The purpose of the grant is to facilitate the continued development and expansion of a comprehensive, multi-disciplinary, and easily accessible system of care for individuals with lived experience and their families. Some of the key activities will include training, education and outreach to service providers and professionals, TBI screening and resource facilitation. The continued partnership with Division of Vocational Rehabilitation and a new partnership with the NC Coalition Against Domestic Violence will be integral to grant activity.
- Individuals living with TBI are now specifically named as a group being eligible for nomination to the State Consumer and Family Advisory Council (SCFAC).
- The TBI program continues to collaborate with DMHDDSAS SUD Section and DHB on the development of the ASAM 3.3 residential service criteria specifically for individuals living with TBI that will be available in the upcoming SUD Waiver.

Veterans, Servicemembers & Families

Our Next GWG will be held on Thursday, September 23rd from 2-4 pm. Please sign up on the newsletter link as this will be a virtual meeting. Subjects: Veterans Farm of NC NC CONP (Center for Optimizing Military Performance)

<https://ncgwg.org/>

<https://ncgwg.org/newsletter/>

If you would like a hard copy of the Veterans Resource Guide or would like to partner with us to get these guides out into the community, please notify your CEE Team member. An electronic copy is available at <https://helpncvets.org/resources/>

Resources in Response to the Recent Terrorist Attack and Afghanistan Transition for all that this has effected:

[Guidelines for Helping Your Family after Combat Injury](#)

[Impact of Invisible Injuries: Helping your Family and Children](#)

[Sesame Street for Military Families](#)

[Understanding Refugee Trauma: For School Personnel](#)

[After a Crisis: Helping Young Children Heal](#)



Educational Opportunities

Parents Role in Special Education



Thursday , September 9, 2021 — 12pm -1:30pm

Join ECAC's Parent Educators for an informative presentation designed to help parents understand their rights and roles in the IEP process. . We will also discuss the impact of COVID-19 on IEP implementation and student progress

<https://tinyurl.com/uizjeuu4>

September 13, 2021 — 1-2:30pm

How personal Assistance Services Promote the Self- Determination of people with disabilities Recovering from Disaster Learning Objectives

Understanding important information about ensuring equitable survivor services through continuity of Personal Assistance Services (PAS)

Understand legal obligations and potential reimbursement for services rendered

Click to join: <https://www.zoomgov.com/j/1617356482>

September 16,2021

Mind Matters: Incarceration, Injustice, Inequality— a Mental Health Conference —Mind Matters: Incarceration and Injustice will provide mental health professionals, healthcare and service providers, social justice advocates, law enforcement officials and, policy makers with...[Read more on Facebook](#)



Virtually, every Thursday, from 7pm-8:30pm, NAMI NC's Director of Programs, Peg Morrison will host a different video conferencing session with various guests covering a wide range of topics from diagnosis to recovery and everything in between. This event is free and open to the public. Join us Via Facebook Live or register to participate via Zoom [here](#).

NC Medicaid Managed Care Hot Topics Webinar Series

Every 3rd Thursday of the month from 5-30-6:30 PM
September 16, 2021 | **Medicaid Hot Topics Tailored Plan and Behavioral Health** [Register for 3rd Thursday webinars](#)

Community Partners Webinar: NC Medicaid Managed Care Standard Plan & Tailored Plan Updates

Make sure you have the latest information and resources to help you navigate managed care. Join us **Thursday, Sept. 9 from 3-4 p.m.** [Click here to register](#)

Survey Opportunity

The Technical Assistance Collaborative (TAC) is working with NC DHHS on developing a Strategic Housing Plan for North Carolina. This Housing Plan will provide a strategic guide to focus DHHS's policies and resource decision making in creating and maximizing community-based housing opportunities for people with disabilities who are experiencing homelessness, living in an institution or at risk of institutionalization over a five-year horizon.

Throughout the process, DHHS will offer multiple ways for stakeholders to engage, provide feedback, and influence the plan's goals and strategies, to include engagement and participation in focus groups, individual housing surveys, and in person planning sessions. You have been identified as a key stakeholder in this work and NCDHHS & TAC would like to invite you to participate in an online survey in order to gain your perspective and feedback on the affordable and supportive housing landscape and needs in the state. These survey answers are vital and will influence the development of the strategic supportive housing plan for North Carolina.

All answers will be kept anonymous.

Please click on the link below to provide your feedback by **September 15th, 2021**.

[NCHousingPlanSurvey](#)

Non-Emergency Medical Transportation for NC Managed Care

NC Medicaid is committed to ensuring that beneficiaries are able to get rides to their medical appointments through Non-Emergency Medical Transportation (NEMT) and Non-Emergency Ambulance Transportation (NEAT) providers, whether the beneficiary is in NC Medicaid Direct or NC Medicaid Managed Care. Prepaid Health Plans (PHPs) began providing NEMT and NEAT services to managed care beneficiaries on July 1, 2021, and local Departments of Social Services (DSS) continue to coordinate NEMT and NEAT services for NC Medicaid Direct and the Eastern Band of Cherokee Indian (EBCI) Tribal Option members.

Please reference the [Non-Emergency Transportation for NC Medicaid Managed Care Bulletin](#) posted on July 20, 2021 for detailed information about transportation services.

PEER SUPPORT CERTIFICATION RENEWAL REMINDERS

Attention Peer Support Specialists!

Peer Support Certification Renewal reminders are sent 60 days before your certification expires. Please visit the Peer Support Program [website](#) for details on how to renew your certification.

Peer Support Job Board

Click [here](#) for up-to-date available peer support jobs across the state.

Upcoming PSS Trainings

- [New PSS 40-Hour Trainings](#)
- [20-Hour Additional Trainings](#)

Reporting Complaints or Ethical Violations

Allegations or observation of unethical and/or illegal behavior of a CPSS may be reported at <https://pss.unc.edu/contact-us> or by calling 919-843-3018.

PSS Employment Information

- 3762 Certified Peer Support Specialists as of July 15, 2021
- 1573 Certified Peers are employed as PSS
- 828 PSS are seeking employment

Full & up-to-date statistics can be found by visiting: <https://pss.unc.edu/data>

Latest NC Certified Peer Support Specialist News

NEW! Peer Support Certification applications, including payment, can be submitted online on the NC CPSS program website. Visit <https://pss.unc.edu/certification> to get started, or call 919-843-3018 if you have any questions. As a reminder, please take a moment to read the Peer Support Certification & Re-certification policies, especially if your certification is about to lapse, by clicking this link: <https://pss.unc.edu/new-policies-effective-july-1st-2020>.

Your feedback on this page is much appreciated! Please feel free to email us at CEandE.Staff@dhhs.nc.gov with any tips.

Community Engagement & Empowerment Team

The Division of MH/DD/SAS, Community Engagement and Empowerment team provides education, training, and technical assistance to internal and external organizations and groups to facilitate community inclusion and meaningful engagement of persons with lived MH/DD/SUD experience across HHS policy making, program development, and service delivery systems. Learn more at: <https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/>

CFAC By-laws

**Alliance Behavioral Healthcare.
Consumer and Family Advisory Committee.
Bylaws.**

Contents.

- Article 1 - Terms
 - Section 1 - Name
 - Section 2 - Affiliation
 - Section 2 - Definitions
- Article 2 - Area Authority
 - Section 1 - Area Board Responsibilities
 - Section 2 - Relational Agreement
- Article 3 - Consumer and Family Advisory Committee
 - Section 1 - Purpose
 - Section 2 - Mission
 - Section 3 - Vision
 - Section 4 - Statutory Responsibilities
 - Section 5 - Additional Responsibilities
- Article 4 - Advisors
 - Section 1 - Rights
 - Section 2 - Qualifications
 - Section 3 - Responsibilities
 - Section 4 - Fees and Remuneration
 - Section 5 - Term
- Article 5 - Local CFACs
 - Section 1 - Team Responsibilities
 - Section 2 - Removing a Team Member
- Article 6 - Steering Committee
- Article 7 - Officers
- Article 8 - Committees
- Article 9 - Grievances
- Article 10 - Amendments
- Article 11 - Dissolution

Article 1. Terms.

§1-1. Name.

The name of this committee shall be the Alliance Behavioral Healthcare Consumer and Family Advisory Committee (also referred to as "CFAC" or "the committee").

1-2 Affiliation

Pursuant to N.C.G.S. § 122C-170, the CFAC shall be a committee of the established local Area Board.

§1-2. Definitions

1. "Consumer" means an individual who is a client or a potential client of public services from a State or area facility.
2. "N.C.G.S." shall refer to the North Carolina General Statutes including statutes that have been modified or replaced by the legislature since the adoption of these by-laws.
3. "Department" shall refer to the North Carolina Department of Health and Human Services.
4. "Area authority" shall refer to the area mental health, developmental disabilities, and substance abuse authority.
5. "Catchment area" shall refer to the geographic part of the State served by a specific area authority or county program.
6. "Area board" shall refer to the area mental health, developmental disabilities, and substance abuse board.
7. "Local management entity/managed care organization" or "LME/MCO" shall refer to a local management entity that is under contract with the Department to operate the combined Medicaid Waiver program authorized under Section 1915(b) and Section 1915(c) of the Social Security Act.
8. "Director" shall refer to the Executive Director of the LME/MCO chosen by the Area Board.
9. "Local Consumer and Family Advisory Committee (CFAC)" means a self-governing and a self-directed organization that advises the area authority or county program in its catchment area on the planning and management of the local public mental health, developmental disabilities, and substance abuse services system.
10. "Relational Agreement" shall refer to a document establishing a relationship between and agreed-upon roles within the Area board and the Local CFAC.
11. "Advisor" refers to an eligible, willing and able individual appointed to serve on the Local Consumer and Family Advisory Committee.
12. Steering Committee refers to the officers, the local CFAC chairs, and additional members appointed by the local CFACs to give direction to the local committees, to share

information, and to communicate effectively with the LME-MCO the thoughts, ideas, and concerns of all CFAC members.

Article 2. Area Authority.

§ 2-1. Responsibilities.

Pursuant to N.C.G.S. § 122C-170(d), the area board and the LME/MCO director shall:

1. Establish a committee made up of consumers and family members to a Local Consumer and Family Advisory Committee (CFAC).
2. Provide sufficient staff to assist the CFAC in implementing its duties pursuant to N.C.G.S. § 122C-170(c), including:
 1. Data for the identification of service gaps and underserved populations;
 2. Training to review and comment on business plans and budgets;
 3. Procedures to allow participation in quality monitoring; and
 4. Technical advice on rules of procedure and applicable laws

§ 2-2. Relational Agreement.

At the request of either the CFAC or the area board, the CFAC and the area board shall execute an agreement that:

1. Identifies the roles and responsibilities of each party,
2. Identifies channels of communication between the parties, and
3. Provides a process for resolving disputes between the parties

Article 3. Consumer and Family Advisory Committee.

§3-1 Purpose.

The committee shall advise the LME/MCO on the planning and management of the local public mental health, developmental disabilities, and substance abuse services system pursuant to N.C.G.S. §122C-170.

§3-2 Mission.

The committee shall:

1. Be an active and constructive partner and participant in state and local mental health system development;
2. Represent the interests of consumers and families in our geographic area and state systems of care;
3. Participate in the creation and maintenance of local systems in our communities that are responsive to the needs of consumers and families;
4. Participate in the creation and maintenance of local systems in our communities in which consumers and families are an integral part of planning, management and evaluation activities;
5. Provide appropriate feedback to consumers, families, the area authority, the LME/MCO,, its providers and the State regarding the system;
6. Seek to dispel myths, misinformation, and stigma regarding disabilities.

§3-3. Vision.

The committee shall strive to:

1. Promote a community-based support system that seeks to have each person reach his or her full potential.
2. Give voice to the interests and opinions of persons with needs related to mental health challenges, intellectual and developmental disabilities and substance use disorders.
3. Embrace the dignity of all residents in our communities so that each person may achieve his or her highest level of responsibility in the community.
4. Promote the empowerment of consumers and the active involvement of family members

§ 3-4. Statutory Responsibilities.

Pursuant to N.C.G.S. § 122C-170, the committee shall:

1. Adopt bylaws to govern the selection and appointment of its members, their terms of service, the number of members, and other procedural matters;
2. Review, comment on, and monitor the implementation of the local business plan;
3. Identify service gaps and underserved populations;
4. Make recommendations regarding the service array and monitor the development of additional services;
5. Review and comment on the area authority or county program budget;
6. Participate in all quality improvement measures and performance indicators; and
7. 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.

§ 3-5. Additional Responsibilities.

In accordance with the provisions of these bylaws, the committee shall:

1. Meet regularly for the purpose of fulfilling its statutory responsibilities and to conduct business;
2. Adopt and publish policies and procedures regarding members':
 1. Qualifications,
 2. Leaves of absence,
 3. Resignation,
 4. Termination, and
 5. Disclosure of potential conflicts of interest;
3. Maintain the composition and membership of the committee including the recruiting and appointment of new members.

Article 4. Advisors.

§ 4-1. Rights.

1. The committee shall take no actions that impede or prevent the participation, self-determination and independent decision-making capability of its advisory members.
2. Any restriction or condition of membership established by the team shall apply equally to all individuals.
3. Each advisor is entitled to no more than one (1) vote on actions of the committee.

§ 4-2. Qualifications.

1. Pursuant to N.C.G.S. § 122C-170(b):
 1. Adult individuals are qualified to be advisory members of the committee if they or a member of their family are a consumer of mental health, developmental disabilities, and substance abuse services.
 2. No member may serve more than three consecutive terms.
 3. Employees of the area authority or the LME/MCO are not eligible for membership on the committee.
2. Qualified advisor candidates shall demonstrate willingness, ability and intention to comply with the duties, rights and responsibilities of team membership.
3. Advisors shall be appointed without regard to race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

§4-3 Responsibilities.

Each advisory member of the committee shall:

1. Participate openly, expressing their thoughts, ideas, and concerns without hesitation.
2. Treat each other, staff of the LME-MCO, and guests with dignity and respect.
3. Prepare for meetings by reading information sent or by doing research on items of interest to them and the group.
4. Listen to community member's concerns and relay those concerns to the committee.
5. Do their utmost to participate in at least one outreach event in their community.
6. Advocate for their community at whatever level they are most comfortable participating.
7. Honor their statutory responsibilities by focusing their energy and time in fulfilling those responsibilities.

§4-4. Fees and Remuneration.

1. Advisors are volunteers, and receive no benefits or compensation for their participation on the committee.
2. No fees, dues or assessments shall be required for membership on the committee.
3. Advisors may be reimbursed by the committee for reasonable expenses incurred while participating in approved committee activities.

§ 4-5. Advisor Term.

Pursuant to N.C.G.S. § 122C-170(b) an advisor's term shall be three years, and no advisor may serve more than three consecutive terms.

Article 5. Local CFAC

§ 5-3 Local CFAC Responsibilities.

Each local CFAC shall:

1. Adopt and publish procedures by which interested, qualified individuals may apply to become a member of the team.
2. Develop a charter that guides their action and tasks to be completed.

§ 5-2. Removing an Advisor.

1. Teams shall adopt and publish procedures by which an advisor may be removed from the local CFAC.
2. Local CFACs shall remove any advisor who:
 1. Fails to fulfill their duties as established by the local CFAC or committee rules; or
 2. Does not properly disclose conflicts of interest and act accordingly as required by these bylaws;

3. When the local CFAC removes a member, the former member shall be notified of the action immediately by written correspondence.

Article 6.
Steering Committee

1. The Steering Committee shall be made up of duly elected officers and the chairs of each of the local CFACs.
2. Local CFACs have the right to send up to two additional members to the Steering Committee as voting members on a monthly basis; the additional members attending can be determined by the local CFAC.
3. The Steering Committee will meeting monthly, rotating in person meetings with telephonic meetings or as needed or called for by one or more of the Steering Committee members.
4. A quorum will be considered one more than 50% of the officers and the local CFAC chairs.
5. The Steering Committee has the authority to take any action necessary and to act as the conduit for information to and from the LME-MCO.

Article 7.
Officers.

1. The officers of the Alliance CFAC Steering Committee shall be a Chair, a Vice- Chair, and a Secretary/Treasurer. We will strive to have the Chair and the Vice-Chair from different counties.
2. Officers must have served on the CFAC for, at least, six months.
3. Officers should be limited to serve for two consecutive 1-year terms in office.
4. The Alliance CFAC Steering Committee Chair shall appoint a three-member Nominations Subcommittee that will propose a slate of officers by May of each calendar year with elections to be held in June of each calendar year.
5. Any officer may be removed from office by the affirmative vote of two-thirds of the Alliance CFAC Steering Committee at any regular or special meeting called for that purpose. Reasons for removal include conduct detrimental to the mission and purpose of the Committee, for lack of empathy with or respect for consumers/family members, or for refusal to render reasonable assistance in carrying out the Committee's mission and purpose.
6. In the event that the Alliance CFAC Steering Committee determines it is necessary to remove a member from an office, the Alliance CFAC Steering Committee will notify the member in writing within 14 days upon removal from office.

7. In case an office becomes vacant, the majority of the members of the Alliance CFAC Steering Committee may elect an officer to fill the vacancy for the remainder of that term.

Article 8. Committees

1. The Alliance CFAC Steering Committee shall, as necessary, appoint subcommittees with a chairperson to address specific issues or tasks on behalf of the committee.
2. Subcommittee members shall be composed of CFAC members appointed by the CFAC chair. Subcommittees will choose the member to chair.
3. The general public is welcomed and encouraged to participate.

Article 9 Grievances

In the event that conflict between the Committee and its liaison, any staff person or regarding policies or procedures cannot be resolved, appeal shall be made to the CEO. If resolution is not achieved, the Committee may appeal to the Area Authority Board. If the conflict cannot be resolved at the local level, then the CFAC may involve an external mediator.

Article 10 Amendments

The Alliance CFAC Steering Committee shall have power to make, alter, amend, and repeal the Bylaws as long as two-thirds of the elected members are present, whether changes are made by consensus, or an affirmative vote of the majority of the elected members of the Committee. The action shall be proposed at a regular or special meeting of the Alliance CFAC Steering Committee at which a quorum is present and adopted at a subsequent regular meeting at which at least 2/3 of the elected members are present.

Article 11 Dissolution

The Alliance CFAC may voluntarily dissolve at such time as there is a two thirds affirmative vote of the current members that such action is appropriate or necessary.

**RELATIONAL AGREEMENT
Between**

**Alliance Behavioral Healthcare Local Management Entity / Managed Care
Organization (“LME/MCO”)**

And

Alliance Behavioral Healthcare LME/MCO Board of Directors

And

**Alliance Behavioral Healthcare Consumer and Family Advisory Committee
(CFAC)**

I. PARTIES. This agreement is entered into by and between Alliance Behavioral Healthcare LME / MCO, which is responsible for managing publicly-funded mental health, intellectual/ developmental disability and substance abuse (“MH/IDD/SA”) services, with corporate offices located at 4600 Emperor Boulevard, Suite 200, Durham, NC 27703 (hereinafter “Alliance”), the Alliance Board of Directors (hereinafter “the Board”), and the Alliance Consumer and Family Advisory Committee (hereinafter “CFAC”) (individually referred to as a Party and collectively as the Parties).

II. EFFECTIVE DATE AND TERM. This Agreement shall be effective upon complete execution by all Parties and shall continue in effect unless terminated as otherwise provided herein. All timelines in this Agreement refer to calendar days unless otherwise specified. A “business” or “working” day refers to a day on which Alliance is officially open for business.

III. PURPOSE. The Purpose of this Agreement is to establish the roles and responsibilities of each Party, channels of communication between the Parties, and a process for resolving disputes between the Parties as set forth in N.C.G.S. §122C-170.

IV. DEFINITIONS.

1. Area Board - the governing unit of the LME/MCO that includes representatives from each county in the Alliance catchment area.
2. Consumer and Family Advisory Committee (CFAC) – a legislatively mandated self-governing and self-directed organization made up of consumers and family members who represent the three disability areas of mental health, intellectual/ developmental disabilities, and substance abuse. N.C.G.S. §122C-170 requires that CFACs advise the LME/MCO and its Governing Board on “the planning and management of the local mental health, developmental disabilities, and substance abuse services system.”

3. Local Business Plan – The three (3) year business plan that is required to be adopted by the Board for the management, delivery, and oversight of publicly-funded MH/IDD/SA services that, among other things, establishes how the LME/MCO will ensure the availability, quality, and effectiveness of services.
4. Local Management Entity/Managed Care Organization (LME/MCO) – a local management entity that is under contract with DHHS to operate the combined Medicaid Waiver program authorized under Section 1915(b) and Section 1915 (c) of the Social Security Act.. Alliance Behavioral Healthcare is a multi-county LME/MCO existing under N.C.G.S. Chapter 122C for Cumberland, Durham and Wake counties.
5. N.C. Department of Health and Human Services (DHHS) – the State agency responsible for health and human services and designated as the single State Medicaid agency; this includes the oversight of publicly-funded mental health, intellectual/ developmental disabilities, and substance abuse services (MH/IDD/SAS) in the State of North Carolina.
6. Office of Consumer Affairs - A Department of the LME/MCO that ensures that the voices and perspectives of consumers and family members are heard and integrated at all levels of the organization and empowers consumers and family members through education and exposure to resources.
7. Within Available Resources – Refers to the limited availability of LME/MCO funding, which is subject to annual appropriation by the N.C. General Assembly and Federal appropriation by the U.S. Congress. Any and all funding and staff commitments by Alliance in this Agreement, including but not limited to the CFAC budget, are subject to this limitation.

V. ROLES AND RESPONSIBILITIES OF THE CFAC.

1. The CFAC shall review, comment on, and monitor the implementation of the local business plan (LBP) to Alliance, the Board, stakeholders, and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).
2. The CFAC shall identify service gaps and underserved populations and make recommendations on areas of service eligibility and service array to Alliance and the Board.
3. The CFAC shall make recommendations regarding the service array and monitor the development of additional services.
4. The CFAC shall review and comment on the LME/MCO program budget.
5. The CFAC shall participate in all quality improvement measures and performance indicators.
6. The CFAC shall submit findings and recommendations regarding ways to improve the delivery of MH/IDD/SA services to the State CFAC. These findings and recommendations

shall utilize any template provided by the State CFAC and/or be approved by consensus agreement of the CFAC.

7. The CFAC shall conduct regularly scheduled meetings that are open to any interested individual.
8. The CFAC shall develop by-laws for self-governance. These by-laws are not binding upon Alliance or the Board.
9. The CFAC shall identify CFAC members' training needs and participate in suggested training activities.
10. The CFAC shall work to recruit, appoint, retain, support and orient its membership.
11. The CFAC shall submit recommendations on CFAC appointments to the Board Chair and Alliance CEO/ Area Director for representation on the Board's Human Rights and Quality Management Committee and other Board and Alliance committees as requested by the Board and CEO/ Area Director.
12. The CFAC shall participate in Alliance committees as appropriate and as approved by the CEO/Area Director and the Board.
13. CFAC representatives appointed to such committees shall routinely share information regarding the committees' activities with the CFAC members.
14. The CFAC Chair and Vice-Chair(s), with input from CFAC members, will identify an executive committee of the CFAC to represent the CFAC through participation at the joint executive committee meetings with representatives from the Board and Alliance.
15. The Executive Committee of the CFAC will schedule quarterly meetings with the CEO/ Area Director and Board Chair of the LME/MCO.
16. The CFAC may report to the Board at the monthly Board meeting about its activities and needs from the Board. The CFAC agrees to submit an annual written report to the Board regarding the six core functions of the CFAC, including a report of issues/concerns in fulfilling these core functions. This report will be submitted to the Board by the end of the first quarter of each fiscal year. The Executive Committee of the CFAC may also communicate as needed regarding the LME/MCO's policies, activities, and budget.
17. The CFAC Executive Committee, on behalf of the CFAC, will reply, in writing, to written recommendations and/or inquiries from Alliance or the Board within two (2) weeks of receipt.
18. At least once a year, the CFAC will conduct an open town hall or forum meeting to encourage and help facilitate education as well as input and dialogue from the broadest range of consumer and family members in the Alliance catchment area.

19. The CFAC will work closely with the Office of Consumer Affairs to ensure the voices of consumers and family members are integrated in all departments of Alliance.
20. No later than the last working day of February each year, the CFAC will submit its requested annual budget and justification to the Alliance Chief Financial Officer for inclusion into the overall LME/MCO budget.

VI. ROLES AND RESPONSIBILITIES OF ALLIANCE.

Alliance shall:

1. Provide sufficient support to assist the CFAC in implementing its duties under N.C.G.S. §122C -170, including data for the identification of service gaps and underserved populations, training to meet statutory requirements and review and comment on business plans and budgets, procedures to allow participation in quality monitoring, and technical advice on rules of procedure and applicable laws.
2. Provide an annual funding allocation, based on the previous year's expenditures and within available resources, to support the CFAC to undertake its statutory responsibilities. Reimbursement for approved expenses shall be made in accordance with Alliance policies and procedures, Generally Accepted Accounting Principles, audit standards, and the DMH/DD/SAS Area Program Budgeting Procedures Manual (APSM 75-1, effective July 1, 1995 including any revisions or updates thereto). Approved expenses may include stipends, training costs (including but not limited to facility needs), and transportation/ travel expenses, and may not include reimbursement for the cost of child/ disabled adult/ elder care.
3. Provide an Alliance/CFAC liaison and clerical support to the CFAC within available resources.
4. Distribute relevant documents, reports, and information to CFAC members by appropriate methods, including presentations, electronic media, and/ or hard copy methods and alternate formats, when needed.
5. Obtain input from the CFAC regarding the annual update of the community need and provider capacity assessment, and report the results of the annual assessment to the CFAC.
6. Include CFAC members on appropriate Alliance committees and/or collaboratives, including QM, Communication, Budget/Finance, and others that involve activities required for CFAC to perform statutory duties.
7. Notify the CFAC at least three (3) weeks in advance of the date of the annual budget retreat and provide information and documents to the CFAC members, including training activities designed to acquaint the CFAC with the budget development process to encourage participation.

8. Endeavor to respond in writing to issues, questions, or recommendations received in writing from the CFAC within two (2) weeks.
9. Conduct at least two (2) catchment area-wide forums each year to discuss topics such as budgets, gaps analysis, or other emerging issues.

VII. ROLES AND RESPONSIBILITIES OF THE ALLIANCE-CFAC LIAISON.

Within available resources, the Alliance-CFAC Liaison support activities shall include:

1. Assist in maintaining a current CFAC membership list with contact information as submitted in a timely fashion by the CFAC Chair/ Vice-Chair(s).
2. Identify meeting locations and send email reminders (hardcopies may be sent to members without email) to all members prior to meeting dates.
3. In coordination with the CFAC secretary, receive the meeting agenda from the CFAC Chair/ Vice-Chair(s) at least five (5) working days prior to the meeting to assure the availability of meeting materials. To the extent possible, meeting agendas, reminders and related materials will be sent to members via email messages and attachments.
4. Assist with coordinating presentations, training and other arrangements for upcoming meetings within available resources and as approved by the CEO/ Area Director.
5. Assist with financial reimbursements and refreshments for meetings, when applicable and within available resources and audit requirements.
6. Assist with transportation, funding and care arrangements for CFAC members attending conferences within available resources.
7. Assist with maintaining updated CFAC information on the Alliance website.
8. Assist with CFAC membership recruitment, within available resources.
9. Forward relevant State and other documents to CFAC members using appropriate media. This may include information regarding policy changes, upcoming training, conference opportunities, etc.
10. Coordinate with the CFAC secretary and be responsible for taking minutes of regularly scheduled CFAC meetings and provide “draft” minutes to the CFAC Chair/ Vice-Chair(s) and CFAC members for review at least ten (10) days prior to the following regularly scheduled meeting. The liaison will facilitate the placement of approved minutes on the CFAC website and distribute to CFAC members.

VIII. ROLES AND RESPONSIBILITIES OF THE BOARD.

The Alliance Board shall:

1. Officially recognize the CFAC as the body that seeks to fulfill the obligations of N.C. Gen. Stat. § 122C-170.
2. Accept and consider comment from the CFAC on substantive planning and management issues such as, but not limited to, decisions regarding service retention/elimination, new service initiatives, or any significant shift or reduction in service resources and delivery.
3. Endeavor to reply, in writing, to written questions or recommendations from the CFAC within two (2) weeks of receipt.
4. Provide at least five (5) working days' written notification of proposed actions regarding service retention/elimination, new service initiatives, or any significant shift or reduction in service resources and delivery. Whenever possible, the CFAC requests respect for its regular meeting schedule and CFAC shall in turn respect the Board's schedule. When this is not possible due to external factors, the CFAC will respond as quickly as possible within the time frame needed by Alliance.
5. Encourage its members to attend CFAC meetings, possibly on a rotating basis.

IX. JOINT RESPONSIBILITIES OF ALLIANCE, THE CFAC, AND THE BOARD.

1. Work together to achieve a public MH/I-DD/SA service system for Alliance Enrollees that is collaborative, accessible, responsive and efficient.
2. Work jointly to develop action plans regarding any systemic issues or concerns with systems of care, service retention/elimination, new service initiatives, or any significant shift or reduction in service resources and delivery.
3. Determine the level of professional staff participation necessary to ensure support but not control the Alliance CFAC.
4. Work together to ensure that the Alliance CFAC remains viable, is representative of all disability groups and reflect the racial, gender, and geographic differences in the catchment area.

X. DISPUTE RESOLUTION. In the event of any conflict, the Parties agree to work with the Office of Consumer Affairs to try and resolve any concerns in an informal and team oriented approach. If conflicts between the CFAC and its liaison or any Alliance staff person or the Board cannot be resolved informally, the CFAC may request a meeting with CEO/ Area Director. If resolution is not achieved, the CFAC may request a meeting with the Board Chairperson.

If the conflict cannot be resolved, it shall be submitted to mediation, which shall focus on the needs of everyone concerned and seek to solve problems cooperatively, with an emphasis on dialogue and accommodation. Mediation shall occur in Durham or Wake County, North Carolina, before a mediator certified by the North Carolina Dispute Resolution Commission. The goal of the mediation shall be to preserve and enhance relationships by developing a mutually acceptable agreement which will fulfill the needs of everyone concerned. A Party desiring mediation may begin the process by giving the other Party a written "Request to Mediate" notice describing the issues involved and inviting the other Party to join with initiating the calling Party to name a mutually agreeable mediator and a time frame for the mediation which shall occur no more than thirty (30) days following the notice unless the Parties mutually agree otherwise. The Parties and the mediator may adopt any procedural format that seems appropriate for the particular dispute. The contents of all discussions during the mediation shall be confidential and nondiscoverable. If the Parties can agree upon a mutually acceptable agreement, it shall be reduced to writing, signed by all Parties and the dispute shall be fully resolved.

XI. TERMINATION.

This Agreement may be terminated, in whole or in part, by mutual written consent of all parties or by any Party upon sixty (60) days' written notice to the other Parties.

XII. MISCELLANEOUS.

1. **INDEPENDENT CONTRACTOR.** CFAC understands and agrees that, in performing their responsibilities pursuant to this Agreement, it is acting as an independent contractor. CFAC shall not have the right to bind or obligate Alliance or the Board in any manner without prior written consent.
2. **HOLD HARMLESS.** Each Party agrees that it will be responsible for its own acts and the results thereof and shall not be responsible for the acts of the other Party and the results thereof. Each Party therefore agrees that it will assume all risk and liability to itself, its agents or employees for any injury to persons or property resulting in any manner from the conduct of its own operations and the operations of its agents or employees under this Agreement, and for any loss, cost, or damage caused thereby during the performance of this Agreement. Notwithstanding the foregoing, nothing contained in this Agreement shall be deemed to constitute a waiver of the sovereign immunity of Alliance as a local political subdivision of the State of North Carolina, which immunity is hereby reserved to Alliance.
3. **ASSIGNMENT.** Neither Party shall have the right to assign, delegate or otherwise transfer, and shall not assign, delegate or otherwise transfer, in whole or part, directly or indirectly, by operation of law or otherwise, any of its rights, obligations, or duties under this Agreement without the prior written consent of the other Party. Any purported assignment, delegation or transfer without prior written consent of either Party shall be void.

4. NO THIRD PARTY RIGHTS. This Agreement and the covenants and agreements contained herein are solely for the benefit of the Parties hereto. No other person shall be entitled to enforce or make any claims, or have any right pursuant to the provisions of this Agreement.

5. GOVERNING LAW AND VENUE. This Agreement shall be governed by and in accordance with the laws of the State of North Carolina. Subject to the requirement of mediation contained herein, any suit or action arising out of or in connection with this Agreement, or any breach hereof, shall be brought and maintained exclusively in the General Court of Justice in Durham County, North Carolina. The Parties hereby irrevocably submit to the exclusive jurisdiction of such courts for the purpose of such suit or action and hereby expressly and irrevocably waive, to the fullest extent permitted by law, any objection it may now or hereafter have to the venue of any such suit or action in any such court and any such claim that any suit or action has been brought in an inconvenient forum.

6. NOTICE. All notices, reports, records, or other communications which are required or permitted to be given to the Parties under the terms of this Agreement shall be sufficient in all respects if given in writing and delivered in person, by electronic mail, by confirmed facsimile transmission, by overnight courier, or by registered or certified mail, postage prepaid, return receipt requested, to the following address:

Alliance Behavioral Healthcare
Attention: Consumer Affairs Department
4600 Emperor Boulevard, Suite 200
Durham, NC 27703

7. SEVERABILITY. If any one or more provision of this Agreement contravenes any law and such contravention would thereby invalidate this Agreement, then such provision shall be limited or curtailed only to the extent necessary to make such provision valid and enforceable or declared to be invalid and unenforceable, subject to severance from the remaining portion of this Agreement and shall not affect the validity or enforceability of any other provision of this Agreement. In such event, this Agreement shall be read and construed as though it did not contain such provision in a manner to give effect to the intention of the Parties to the fullest extent possible.

8. WAIVER. The failure of any Party to seek redress for violation of or to insist upon the strict performance of any covenant or condition of this Agreement shall not constitute a waiver of such provision, and no waiver of any provision of this Agreement shall be deemed, or shall constitute, a waiver of any other provision, whether or not similar, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless executed in writing by the Party making the waiver.

9. ENTIRE AGREEMENT. This Agreement constitutes the entire agreement and understanding of the Parties as to the subject matter contained herein. There are no restrictions, promises, representations, warranties, covenants or undertakings other than those expressly set forth or referred to in such documents. This Agreement and such documents supersede all prior

agreements and understandings among the Parties and their representatives with respect to the subject matter hereof.

10. AMENDMENT. This Agreement may not be amended except by a written Agreement signed by an authorized representative of each Party.

11. CONSTRUCTION. The Parties have participated jointly in the negotiation and drafting of this Agreement. If an ambiguity or question of intent or interpretation arises, this Agreement shall be construed as if drafted jointly by the Parties, and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any of the provisions of this Agreement. Any reference to any federal, state, local, or foreign statute or law shall be deemed also to refer to all rules and regulations promulgated thereunder, unless the context requires otherwise. The words “include” and “including” shall mean “include” or “including” without limitation. Whenever the singular number is used in this Agreement and when required by the context, the same shall include the plural and vice versa, and the masculine gender shall include the feminine and neuter genders and vice versa.

12. CAPTIONS. The caption headings of the sections and subsections of this Agreement are for convenience of reference only, are not intended to be, and should not be construed as, a part of this Agreement, and shall not affect the construction or interpretation of any of its provisions.

13. FORCE MAJEURE. Neither Party will be deemed in default of this Agreement to the extent that performance of its obligations are delayed or prevented by reason of circumstance beyond its reasonable control, including without limitation, changes in State or Federal appropriation, acts of terrorism, labor strike, or fire, natural disaster, earthquake, accident or other acts of God.

14. COUNTERPARTS. This Agreement shall be executed in two (2) counterparts, each of which, for all purposes, shall be deemed to be an original instrument, and all of which together shall constitute a single agreement.

IN WITNESS WHEREOF, each Party has caused this agreement to be executed in multiple copies, each of which shall be deemed an original, as the act of said Party. Each individual signing below certifies that it has been granted the authority to bind that Party to the terms of this Agreement.

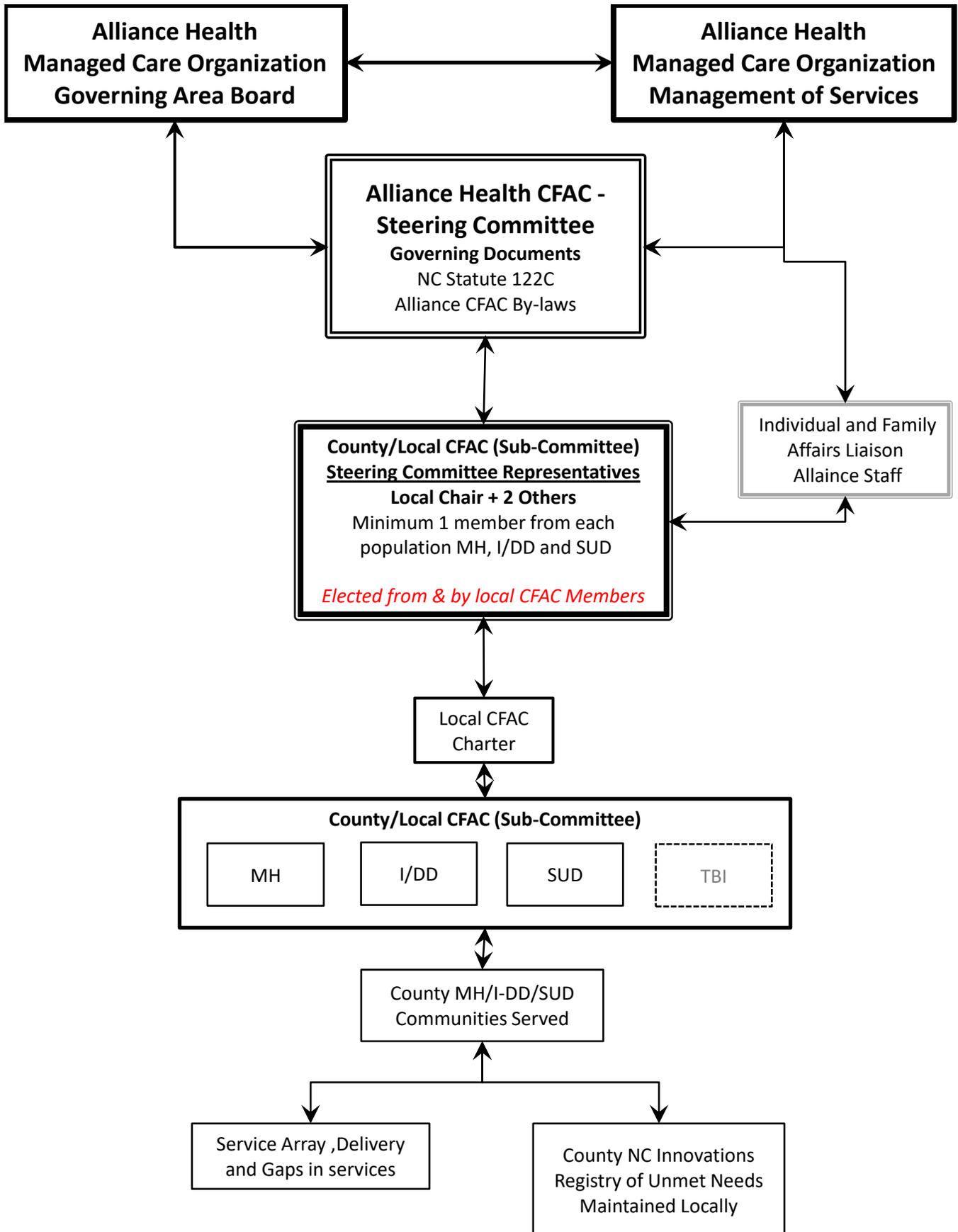
SIGNATURES:

CFAC Chair Date

CFAC Vice-Chair Date

Alliance Behavioral Healthcare Board Chair Date

Alliance Behavioral Healthcare CEO/Area Director Date



Alliance Consumer and Family Advisory Committee

FY2021 ANNUAL REPORT



OUR VISION

Alliance CFAC promotes a community-based support system that seeks to have each person reach his or her full potential. This committee of individuals and family members gives voice to the interests and opinions of persons with needs related to mental health, developmental disabilities, and substance use.

It embraces the dignity of all residents in our communities so that each person may achieve his or her highest level of responsibility in the community.

It promotes the empowerment of individuals and the active involvement of family members.

MEMBERS

- | | | |
|----------------------|----------------------|----------------------------|
| Vicki Bass | Ellen Gibson | Regina Mays |
| Dorothy Best | Tracey Glenn-Thomas | Dr. Michael McGuire |
| Jackie Blue | Wanda (Faye) Griffin | Karen McKinnon |
| Charlitta Burriss | Briana Harris | Felishia McPherson |
| Helen Castillo | Sharon Harris | Trula Jean Miles |
| Andrea Clementi | James Henry | Diane Morris |
| Dave Curro | Steve Hill | Carrie Morrisey |
| Christopher Dale | Connie King Jerome | Anthony Navarro |
| Albert Dixon, Jr. | Dorothy M. Johnson | Israel Pattison |
| Bobby Dixon | Latasha Jordan | Jason Phipps |
| Elena (Marie) Dodson | Jessica Larrison | Gregory Edward Schweizer |
| Jerry Dodson | Carson Lloyd, Jr. | Annette Smith |
| Pinkey Dunston | Renee Lloyd | Ben Smith |
| Shirley Francis | Tekeyyon Lloyd | Brenda Soloman |
| Bradley Gavriluk | Marilyn Lundin | Alejandro Vasquez |
| Leanna George | Megan Mason | Cassandra Williams-Herbert |

EXECUTIVE SUMMARY

Jason Phipps, Alliance CFAC Chair



The Alliance Health Consumer and Family Advisory Committee started the Fiscal Year 2021 with change in executive leadership.

We would like to thank Dave Curro for all of his hard work with CFAC and the communities we represent and for his continued dedication as he continues to serve on the Alliance Board of Governing Directors. Thank you Dave.

Like so many in our communities across the state, nation and globally, CFAC too has experienced the loss of friends and family members to the COVID-19 virus. Our Durham CFAC lost one of its members, Dan Shaw – a longtime advocate in the behavioral health community and dear friend to all who knew him. We were saddened to hear of Dan's passing, as each loss to this virus, and grieve with those who are left behind. Hopefully the treasured memories of those friends and loved ones bring comfort and with time healing to all.

CFAC has continued to meet via video conferencing and have received updates from the NC DHHS Community Engagement and Empowerment Team members on the

State's move to a managed care environment for Medicaid beneficiaries Standard Plans and Behavioral Health/IDD Tailored Plans.

Our members have had the opportunity to participate in various virtual meetings to provide feedback on the process of moving to Standard and Tailored plans. We expressed our concerns that the move as a whole was confusing to Medicaid beneficiaries and needed improved communication.

We continue to voice our concerns about the length of time people are spending on the NC Innovations waiver's Registry of Unmet Needs, an average of seven years. We urge the State legislature to make the needed budget accommodations to improve the situation.

Our Wake county CFAC's Direct Support Professionals (DSP) initiative is going strong and reaching across the state in an effort to address the DSP staffing support crisis. Hopefully this can be achieved by ensuring that DSP workers are paid fairly and members are able to get the consistent support needed to live well in their community.

CFAC penned a letter of support to NC DHHS for Alliance Health and its application to NC DHHS to serve as a Behavioral Health/IDD Tailored Plan.

With the potential of county realignments with Alliance Health, we reviewed and updated our new member packets to include steps for effective advocacy, both individual and systemic, as well as contact

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CFAC Officers

Alliance CFAC Steering Committee

Chair:

Jason Phipps (Johnston)

Vice-Chair:

Dr. Michael McGuire (Cumberland)

Treasurer/Secretary:

Shirley Francis (Cumberland)

Wake CFAC

Chair:

Vickie Bass

Vice-Chair:

Annette Smith

Durham CFAC

Chair:

Charlitta Burriss

Vice-Chair:

Regina Mays

Johnston CFAC

Chair:

Marie Dodson

Vice-Chair:

Cassandra Williams-Herbert

Cumberland CFAC

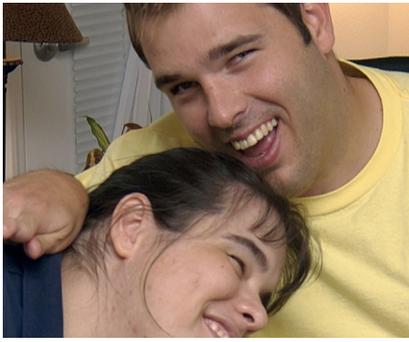
Chair:

Felishia McPherson

Vice-Chair:

Renee Lloyd





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information and resources for NC DHHS and other statewide MH/I-DD/SUD advocacy agencies. It also provides guidelines on how to contact our elected officials and how to navigate the NC legislature’s website to find information on relevant bills and legislation.

Although we have struggled this year with the COVID-19 virus, we are working through the issues and are looking forward to when we can meet

again face-to-face soon to engage our communities without the concerns brought about by the pandemic.

In closing, I would like to thank the Alliance Health Board of Directors and Alliance Health’s CEO and staff for their continued support and inclusion of the Consumer and Family Advisory Committee. It means a lot to the people they serve to have their opinions heard and valued.

STATE STATUE CHARGES CFAC WITH THE FOLLOWING

- 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/developmental disabilities and substance use/addiction services

During the year members of Alliance CFAC received a comprehensive array of training:

CFAC Composition and Structure in Tailored Plans

CFAC Roles and Responsibilities

Coronavirus Self-Monitoring

Creating a Recovery Oriented System of Care

DMH Military and Veterans Program

Effective Systems Advocacy

NC Medicaid Enrollment Broker

NC Medicaid Direct Transition

Stakeholder Engagement

Suicide Prevention

SWOT Analysis

Tailored Plan Enrollment and Eligibility

Teen Violence

Understanding Bullying



This report is dedicated to the memory of Dan Shaw, longtime CFAC member and passionate advocate.

This picture of Dan comes from a commercial that is part of Alliance’s Re-Think campaign.



CFAC ACHIEVEMENTS

- Multiple community events in each county
- Listened to our community members
- Recruited and educated new members
- Advocate effectively at the state level
- Provided consistent advice to the Alliance Board consistently through monthly reports and our annual report
- Advised the Alliance Board and staff on gaps and needs, and budget priorities
- Participated on Board Global Quality Management Committee
- Provided feedback on Medicaid transformation and its many moving parts
- Developed an advocacy toolkit
- Developed a direct care worker crisis white paper



MAJOR CONCERNS

- Funding – Cuts to services to the uninsured population, inevitably will cost more down the road due to needs not being met and challenges becoming more substantial
- Child Facility Based Crisis in Fuquay Varina
- Direct Care Worker crisis – members go without services authorized and needed because there is no one to offer them
- Innovations waitlist – continues to grow (over 14,000 statewide)
- Address the Direct Care worker crisis

MH/SUD WISH LIST

- Peer Run SUD Recovery Community Centers.
- Expansion of MH Peer Services (less expensive, farther upstream, effective)
- Prevention (Peer Respite, Drop In Centers, Life Skills)
- Increase Peer Support programs for MH/SUD

IDD WISH LIST

- Baseline of services for members on the Registry of Unmet Needs
- Increased Innovations Waiver slots
- Other waiver options

Scope of Influence

Members of Alliance CFAC serve on a variety of additional allied groups and organizations:

Alliance Board of Directors

Alliance Audit and Compliance Subcommittee

Alliance Global Quality Management Committee

AL-ANON Family Groups

Alcoholics Anonymous

American Legion

Americans with Disabilities Act

Autism Society of NC

Certified Peer Support Specialist

Celebrate Recovery Program

Commissioner, Federal Congressional Advisory Board

Council on Aging

DHHS Medicaid and CHIP Payment and Access Commission

Durham Community Collaborative

Educational Services for Exceptional Children



DURHAM COUNTY CFAC SUMMARY

While this past year has been very unpredictable, led by Chair Steve Hill and Vice-Chair Charlitta Burriss the Durham County CFAC subcommittee persevered and were able to get some items taken care of as we are meeting on Zoom to keep our committee moving forward along with staying connected with the group.

We discussed the COVID-19 virus and checked in on each other, and members shared their thoughts and concerns about the ongoing pandemic. Several members continue to be impacted by these unprecedented times.

A few members of the Durham CFAC also participated with Steering Committee on a regular basis.

One of our highlights of the year was the opportunity we had to meet with Senator Mike Woodard and the Durham delegates, Senator Natalie Murdoch, House Representatives Vernetta Alston, Zach Hawkins and Marcia Morey in January to follow up on the following questions:

- What are Legislative proposals to remedy the Samantha R. v. NC lawsuit and the likelihood of it being passed and signed into law by the Governor?
- Are there any projected single stream funding cuts that we need to know about, and what can we do to stop the cuts and increase the funding?

- Can you tell us about the funding for elementary school children to be screened for mental health issues that is supposed to go into effect in 2021?
- How are we addressing the issue of safe, affordable housing for individuals with developmental disabilities and severe persistent mental health issues?

In March we lost one of our members when Dan Shaw passed away. Dan was a long-standing member and a fierce advocate, he was a great man and will be missed by us and his community.

The Durham Committee also came up with some trainings/presentations that we are interested in having during our monthly meetings, including the following:

- Depression and helping others
- Coping skills
- Advocacy
- Addressing services to minors
- Child Protective Services
- Domestic violence
- Trauma-informed care
- Adverse Childhood Experience
- Seasonal Affective Disorder
- Effective communication
- Treatment trends and new services

Alliance staff liaison Ramona Branch will work to coordinate and incorporate some of these future trainings.

Scope of Influence

Faith Connections
on Mental Illness

Families Moving
Forward

First in Families

Homeless Veteran's
Council

Johnston Collaborative
for Families, Youth and
Children

Johnston County Housing
Collaborative

Johnston County
Recovery Collaborative

Lighthouse Food
Ministries

Meals on Wheels

Multiple Sclerosis
Association

MS Self-Help Group

NAMI Durham

NAMI Harnett/
Cumberland/Lee

NAMI Johnston

NAMI North Carolina

NAMI Wake

NC Council on
Developmental
Disabilities

Next Step Support Group

Oxford House

WAKE COUNTY CFAC SUMMARY

Chaired by Annette Smith, the Wake CFAC sub-committee has attempted to keep both members and interested consumers abreast of COVID policy changes and ways to keep everyone engaged during this period where we are unable to meet face-to-face. We have been in communication with other county CFACs and have taken advantage of some of their trainings and presentations, including tips on guardianship and advocacy.

We continue to be active with both the NC DSP Workforce as well as the SL2/3 Collaborative and the Olmstead Group. Each group has a definite need for qualified consistent direct support staff which allows us to share our information and action items to meet more goals. The DSP taskforce has been active promoting and educating many groups, including members of the General Assembly, on why increases in Innovation DSP wages is needed now. Annette Smith and her son Ben spoke at a press conference supporting HB914 to bring all DSPs up to \$15 per hour to meet what State facilities pay their DSP staff.

This year our State received ARPA funds which would equate to \$300 million earmarked for HCBS-only actions. Our goal is to education the Senate and House Budget conferees that this money could best be used to solve the Innovation DSP wage crisis

for the first 2¾ years while the General Assembly establishes a full wage and staff study for future budgets.

We have also been busy educating consumers on the differences between the Standard and Tailored Plans, and we broadcast all DHHS seminars and webinars to ensure that those who have questions get answers.

Our membership increased from 12 to 14 to allow those who have been active but not allowed to join to be able to formally join, and we have a slot open for a TBI member. We continue to meet via Zoom and always have a quorum. It has been a challenge to meet our community outreach goals but we are fulfilling that responsibility as best we can.

We continue to attend State CFAC meetings and have begun to engage with other LME members on common issues that we want to address. We do this by hearing how they address the problem and sharing our action items and solutions.

In July 2021 Vicky Bass was elected Chair and Annette Smith Co-chair with the hope of allowing others to bring fresh ideas and perspectives to the group. We look forward to representing all consumers of Alliance services and look forward to being able to be more active in the community.



Scope of Influence

NC Substance Abuse Federation

Next Step Support Group

Oxford House

Parents of Adult Children with Intellectual Disabilities

Partners Against Crime (PAC1)

Peer Support Specialist

Recovery Community of Durham

Recovery Communities North Carolina

Special Olympics

The Arc of the Triangle

TROSA

Urban Ministries

Veteran's Consumer Council

Veterans of Foreign Wars

Village of Wisdom

CUMBERLAND COUNTY CFAC SUMMARY

While this year has been challenging, under the leadership of Chair Felishia McPherson and Vice-Chair Renee Lloyd, the Cumberland Subcommittee has worked to be as impactful in the community as possible, continuing its commitment to be a voice for the community. They have been spreading awareness in the outlying areas of Cumberland County as well as the metropolitan area by educating the community about CFAC, Alliance, and changes that may affect the public. They have also taken part in educating the inner city of Fayetteville by collaborating with Cumberland County Community Collaborative and delivering a forum on the changes surrounding the direction of Medicaid transformation and other transitions that were affecting the community.

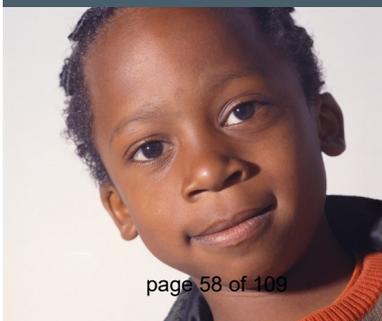
They continue to collaborate with the Cumberland Community Collaborative and other community organizations, never passing up an opportunity to have a face-to-face conversation about CFAC and Alliance. This has proven challenging while making sure that their personal health and wellness and that of their loved ones remained a priority. I am proud to report as a community CFAC and Alliance actually demonstrated daily how much stronger they are together in such a time of uncertainty and transition.

We are currently at maximum capacity for membership, and continues to

encourage individuals to participate in public meetings to spread awareness which has proven to be quite inclusive. The committee stays dedicated and focused by keeping up attendance via the subcommittee meetings and having representation at the Steering Committee meetings via Zoom and telephone. An elected member from the Cumberland subcommittee sits on the Steering Committee.

Needs and gaps continue to be part of the discussion and the group submitted its ideas and concerns. Our members are always brainstorming ways to bridge the gap of information and resources for those in need, and will continue to support the community and each other by participating in other events such as NAMI-HCL, CIT, Minority Mental Health Awareness Activities and spreading vital information to the public. We continue express concern for the impact state cuts and Medication transformation is having and will have on their community.

Our members represented CFAC at a number of area events including State CFAC meetings, i2i and One Community in Recovery conferences, a Virtual Medicaid Transformation Forum, and NAMI and ADA meetings at the state and local levels. We listen to the Governor's meetings each week and receive daily emails from Alliance, DHHS and the CDC.



*Meeting Times
and Locations:*

Alliance CFAC
Steering Committee

First Monday in
February, April, June,
August, October and
December at 5:30pm

Alliance Home Office
5200 W. Paramount
Parkway
Morrisville

Alternate months by
teleconference

Alliance Durham CFAC
1820 James Street,
Durham

Second Monday of each
month at 5:30pm

Alliance Wake CFAC
Second Tuesday of each
month at 5:30pm
1251 Goode Street
Raleigh

Alliance Cumberland
CFAC
Fourth Thursday of each
month at 5:30pm
711 Executive Place,
Fayetteville

Johnston County CFAC
Third Tuesday of each
month at 5:30pm
521 North Brightleaf
Boulevard, Smithfield



JOHNSTON COUNTY CFAC SUMMARY

The Johnston CFAC subcommittee is led by Chair Marie Dodson and Vice-Chair Cassandra Williams-Herbert. As well as serving on the Johnston CFAC, our members continue to serve, often representing CFAC, on other advocacy and community agencies, including Johnston Collaborative For Families, Youth and Children, Johnston County Recovery Collaborative, Johnston County Housing collaborative, the Council on Educational Services for Exceptional Children, the Autism Society of NC, NAMI of Johnston County, the local chapters of AL-ANON and the Council on Aging.

In May, Johnston CFAC and Alliance Health staff hosted a County Alternatives to Guardianship forum held via Zoom and co-hosted by Linda Kendall Fields, M.ED of the NC Rethinking Guardianship Initiative. The committee contacted the Clerk of Superior Court to coordinate a live demonstration of the guardianship process. It was recorded to be provided at a later date.

Johnston subcommittee members continue to play important roles with the Alliance Steering Committee and Alliance Board committees. Jason Phipps was elected Chair of the CFAC Steering Committee, while Marie Dodson represents Johnston County on the Global Quality Management and Human Rights committees.

Johnston CFAC continues to receive updates on Medicaid Transformation from the NC DHHS Community Engagement Team. Updates from Alliance Health management and staff on how Alliance and its providers are preparing for the changes ahead are received as well. Our questions, feedback and suggestions are sought, welcomed and considered.

This year has been one of transition as we all have been preparing for the roll out of the state Tailored and Standard Plans and communicating information about Medicaid Transformation has been a focus of our community outreach events.

The COVID pandemic has eliminated in person meetings and has greatly impacted our ability to participate in events to expand our membership. We are in need of a prospective member representing the TBI community. Looking forward, our goal is to correct this problem when COVID imposed restrictions are relaxed.

We are also looking for ways to keep our members that are in self-quarantine and have limited technological resources available engaged with CFAC. We continue to be the voice of our communities around the decision-making table to ensure their needs are being met and voices are being heard.

REALIGNMENT REPORT – SEPTEMBER 1, 2021

Every other week, the Realignment Report will provide an “at-a-glance” update on Cardinal Innovations' activities related to the realignment of counties and their members as an FYI for its members, providers, and the community. The report will highlight current cycle accomplishments, address any issues for resolution, and feature important milestones for the upcoming cycle.

9/1/21 – Cabarrus,
Union, Stanly to
Partners

11/1/21 – Forsyth,
Davie to Partners

12/1/21 – Davidson,
Rockingham to
Sandhills

12/15/21 –
Mecklenburg, Orange
to Alliance

REALIGNMENT HIGHLIGHTS THIS CYCLE:

Cardinal successfully transitioned 18,000+ members to Partners on Sept. 1!

REALIGNMENT

- Cardinal developed a *Transition Playbook* for the safe and seamless transition of members. The playbook has been sanctioned by NC-DHHS as the standardized process for realignment work.

MEMBERS

- Cardinal has worked closely with Partners to securely transmit data, including Registry of Unmet Needs (RUN) information, for more than 18,000 members in Cabarrus, Stanly, and Union counties, under oversight from NC-DHHS.
- Cardinal has conducted warm handoffs with Partners to ensure continuity of care for members receiving hospital/inpatient services, facility-based crisis services for children, and services delivered in alcohol and drug abuse treatment centers.
- Cardinal has organized joint special staffings with affected social service agencies to facilitate transitions of complex cases.
- Cardinal is working with Partners to transition a total of 53 staff members, including 20 care coordinators, to support the ongoing care of members in Cabarrus, Stanly, and Union counties.
- Cardinal will begin transmitting member data for other realignments, following *Transition Playbook* requirements and scheduling.

PROVIDERS

- Cardinal is partnering with DHHS to improve efficiency by streamlining the contracting process for all impacted LME/MCOs.
- Cardinal asks its providers to submit future and continued reauthorization requests to Partners on Sept. 1 and thereafter.
- Cardinal is encouraging its providers to participate in Partners' outreach efforts, including its provider information sessions (visit Partners' [Provider Events calendar](#) if interested in attending a future session).

COMMUNITY

- Cardinal has hosted individual and joint Consumer and Family Advisory Committees (CFAC) to review the realignment schedule and transition processes and is making CFAC introductions to the new LME/MCO.
- CCR and Cardinal are participating in individual county realignment committee meetings to facilitate transition planning.
- Cardinal has transmitted community resource data files, including county DSS contacts, hospital and health facilities, court personnel, and CFAC membership and current initiatives to Partners Health Management.

For more information, visit <https://www.cardinalinnovations.org/County-Realignment>.

Cardinal Innovations SME Meeting Summary

Meeting Date: September 3, 2021

AREA OF FOCUS: Community Engagement/CFAC

Action Item	Start Date	Target Date	Completion Date	Responsible LME-MCO Staff	Responsible CCR Staff	Current Status/Notes	Outcome
CI to provide list of historical CFAC members from Mecklenburg and Orange counties.	9/3/21	9/10/21		King Jones, CI	Janet Breeding		
CI will schedule a Meet and Greet for Mecklenburg and Orange members with Alliance.	9/3/21	9/30/21		King Jones, CI Doug Wright, Alliance	Janet Breeding		
Alliance SME will introduce realignment plan moving forward to its Steering Committee scheduled for 9/7/21.	9/3/21	9/7/21		Doug Wright, Alliance	Janet Breeding		
CI SME to apprise Alliance if there will be a third Mecklenburg CFAC member following meetings in September and October.	9/3/21	10/31/21		King Jones, CI	Janet Breeding		
CI SME to explore member interest regarding participation in revision of by-laws and relational agreement during Central CFAC meeting on 9/7/21. CI SME to share pertinent feedback.	9/3/21	9/7/21		King Jones, CI	Janet Breeding	9/3/21 - CI SME shared info regarding CFAC structure and upcoming changes with regard to realignment and consolidation. Alliance advised that they are open to what "works best" for the members in terms of participation between now and 12/15/21. Discussion regarding lessons learned and how to best support this transition moving forward.	
CI SME to provide information for Kenny Robinson, Freedom Fighting Missionaries. Alliance to outreach as per request of Mr. Robinson and CI.	9/3/21	9/30/21	9/3/21	Victoria Avramovic, CI Doug Wright, Alliance	Janet Breeding	9/3/21 - Strong community partner. Kenny Robinson Freedom Fighting Missionaries (704) 521-0878 krboinson@freedomfightingmissionaries.org	9/3/21 - Action item - Met.
Transfer of all data/information containing phi to occur via Secure File Transfer Process.	9/3/21	12/15/21		King Jones, CI Doug Wright, Alliance	Janet Breeding		
All meeting invites are to include Christina Dupuch - cdupuch@canslermail.com and Janet Breeding - jbreeding@canslermail.com .	9/3/21	12/15/21		King Jones, CI Doug Wright, Alliance	Janet Breeding		

Attendee	Representing	3-Sep-21	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7
Doug Wright	Alliance	C						
Brian Perkins	Alliance	C						
King Jones	CI	C						
Victoria Avramovic	CI	C						
Janet Breeding	CCR	C						

***Key for Attend: P=Present; C=Call-in/Virtual; A=Absent**



Monday, September 13, 2021

Durham CFAC MEETING - REGULAR MEETING

Virtual meeting via videoconference

MEMBERS PRESENT: Steve Hill, Tammy Shaw, Latasha Jordan, Dave Curro,
 Brenda Solomon, Chris Dale, Pinkey Dunston, Regina Mays, Charlitta Burruss, Helen Castillo, Deborah Dolan

BOARD MEMBERS PRESENT: None

GUEST(S): Suzanne Thompson, DHHS ShaValia Ingram, DHHS

STAFF PRESENT: Doug Wright, Director of Community & Member Engagement, Ramona Branch, Member Engagement Specialist, Lareesa Whitt, Supportive Housing Manager, Manuel Hyman, ILI Coordinator, Renata Bender, ILI Coordinator

<https://alliancehealthplan.zoom.us/meeting/register/tJYsfu2pqT4uGNFVqnthPr1QiVWiAekkIsUN>

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the August 9, 2021, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; motion made by Dave Curro, second by Chris Dale.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comments/ Covid -19 Check In	None	N/A	N/A
Housing Presentation	<ul style="list-style-type: none"> ➤ Lareesa Whitt, Supportive Housing Manager with Alliance Health was in attendance tonight and went over a presentation that highlighted Alliances current programs for members in our current catchment area ➤ Lareesa was joined by Manuel Hyman, and Renata Bender, Alliance Health’s Independent Living Initiative Coordinators for our current catchment area. Manuel gave a brief introduction and explained specifics of the ILI program ➤ After the presentation, members were given the opportunity to ask questions and gain clarity on specific topics that were discussed ➤ The presentation will be emailed to each CFAC attendee and they will be able to review and submit follow questions if any to Ramona or Doug for answers or clarification. 	N/A	N/A
4. LME/MCO Updates	Doug went over the LME/MCO updates:	Ongoing	N/A

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>The realignment is scheduled to go live on December 15, 2021</p> <ul style="list-style-type: none"> ➤ Alliance will be “doubling in size” ➤ Job opportunities continue to be added daily to Alliance’s job board to staff the new areas ➤ Doug has been planning a meet and greet to welcome the CFAC members from Mecklenburg and Orange counties from Cardinal. There are currently (3) members from Mecklenburg and (4) from Orange. Cardinal had regional CFAC subcommittees instead of individual county CFAC. The members will be invited to join the October Steering Committee meeting ➤ The floor was opened to members for any questions and concerns they may have about the realignment ➤ Annual Report- Doug advised each in attendance that this was emailed and to please take time to go over the report and submit any questions to Ramona or Doug 		
<p>5. State Update S. Ingram</p>	<p>ShaVaila Ingram, NCDHHS was in attendance and went over the State updates: September CEE:</p> <ul style="list-style-type: none"> ➤ National Recovery Month, held each year during the month of September, In 2020, the federal government turned the reigns over to the recovery community for the sponsorship and management of the Recovery Month observance ➤ September is National Suicide Month- see September CEE for website links ➤ Joint DMHDDSAS & DHB Update call: Consumers & Family Members Monday, September 27th from 2 - 3 pm ➤ Regional CFAC meetings: Alliance, Eastpointe, Sandhills and Trillium September 20, 2021, from 6 pm -7 pm ➤ The State to Local Collaboration Call will resume the regular schedule of every 4th Wednesday of the month- Next meeting September 22 6-730pm ➤ The State Consumer and Family Advisory Committee (SCFAC) meeting is on 2nd Wednesday of every month and is open to the public 	<p>Ongoing</p>	<p>N/A</p>



Monday, September 13, 2021

Durham CFAC MEETING - REGULAR MEETING

Virtual meeting via videoconference

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> ➤ DHHS I/DD Stakeholder Workgroup Meetings- The workgroup will work collaboratively with a shared vision and planning- Dates for the next workgroup : September 16th - 3-5PM November 18th—3-5 PM ➤ Peer Support: Allegations or observation of unethical and/or illegal behavior of a CPSS may be reported at https:// pss.unc.edu/contact-us or by calling 919-843-3018. 		
6. Steering Committee Updates	By-Laws Revisions	Out of time	Agenda for October
7. Announcements	<ul style="list-style-type: none"> ➤ Ramona to send out email for the members to respond about what (2) issues they would like to focus on to advocate for during this year ➤ Language: Terminology is changing as we move into Tailored Plans: Those that have Medicaid will be referred to as “Members”, and those that will be receiving state funds or the uninsured will be referred to as “Recipients” 	N/A	N/A

ADJOURNMENT: 7pm The next meeting will be October 11, 2021, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch , Member Engagement Specialist

09.22.2021

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



Alliance
Health

Housing *is* Healthcare

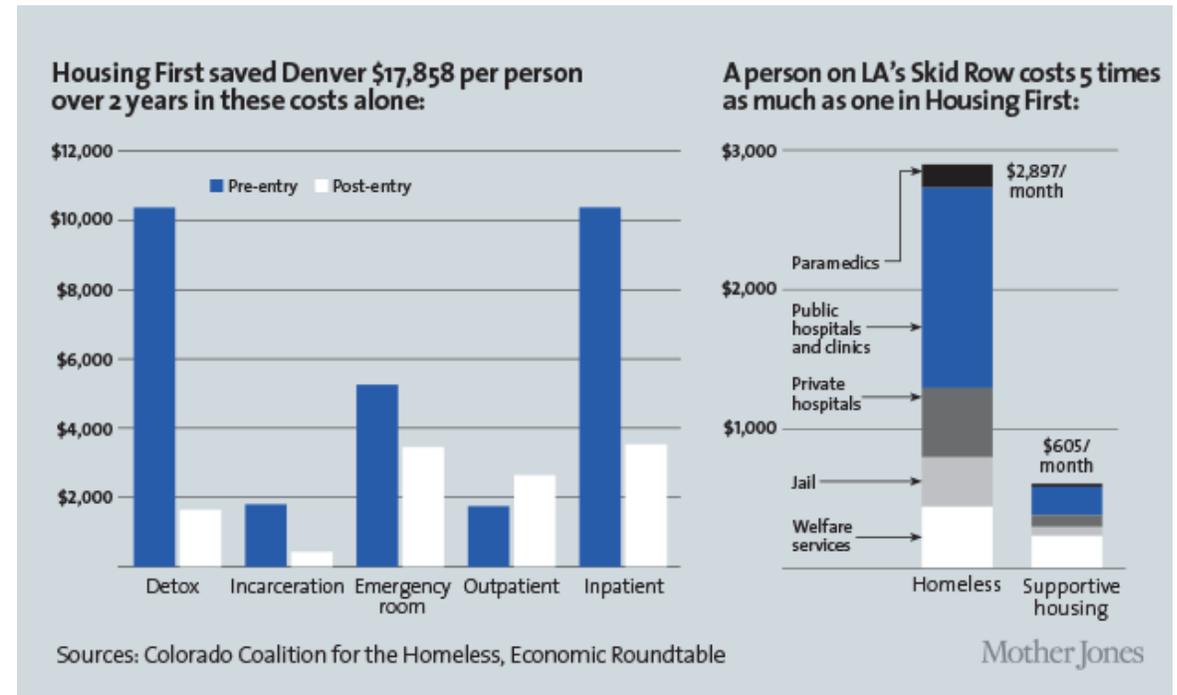
Laressa Witt MA, MSW, LCSWA
Supportive Housing Manager
lwitt@alliancehealthplan.org
910-916-5752

CFAC Sept 2021

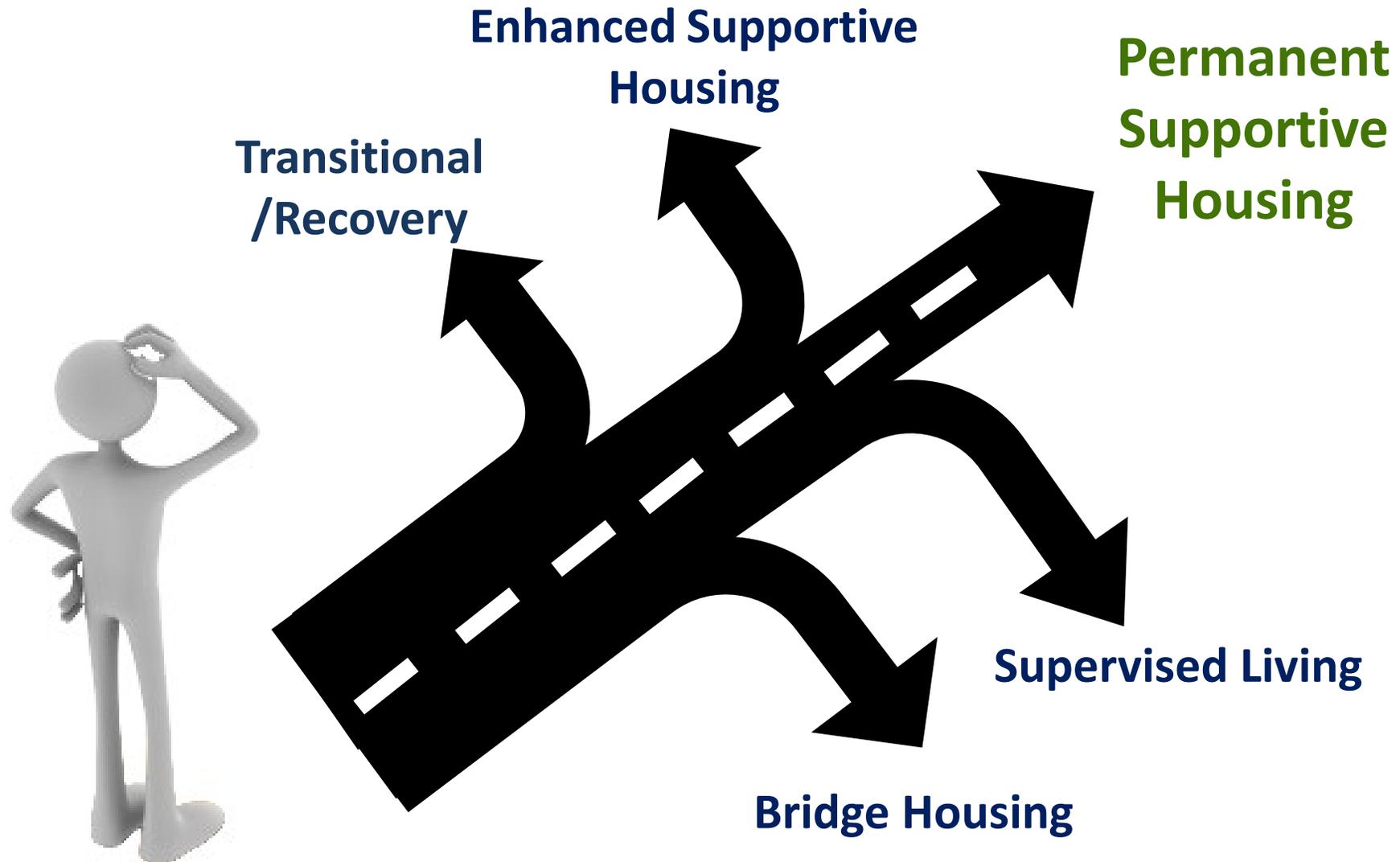
Research

■ UNC Charlotte found first year of Housing First saved \$1.8 Mil in healthcare cost (Thomas 2014)

- 78% reduction emergency visits
- 79% fewer days in the hospital
- 84% fewer days in jail
- 78% drop in arrests



Array of Community Living Options





BRIDGE Housing



Durham Bridge Housing at the Carolina Duke Inn



- 8 Rooms/ 3-5 months program
- Connected to an enhanced services: Care Coordination, ACTT, CST, TCLI
- Onsite Property Management, Peer Support
- Contracted with Reinvestment Partners and SouthLight

Wake Bridge Housing

- 2 Units with 6 rooms 3-5 months program
 - One dedicated to TCLI
 - One dedicated to Familiar Faces
- Connected to an enhanced services: Care Coordination, ACTT, CST, TCLI
- Case Management Peer Support
- Contracted with RHD



Cumberland Bridge Housing Coming Soon



- 9 rooms 3-5 months program
- Coming from Crisis Center, and Emergency Rooms
- Case Management Peer Support
- Contracted with RHD

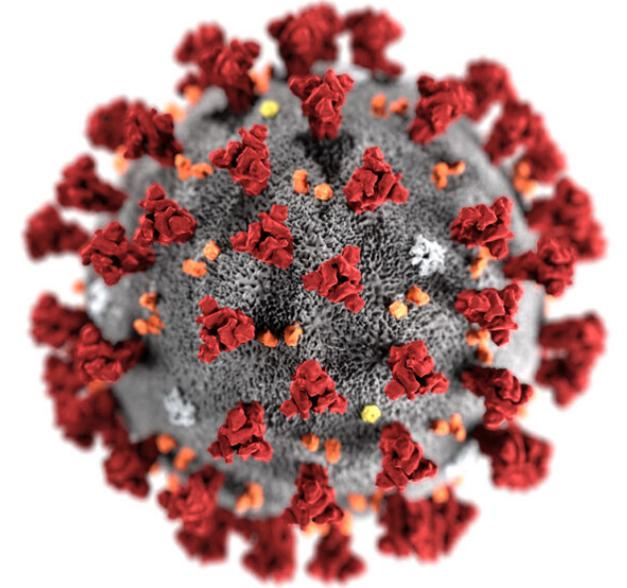
Community Transitional Recovery Program (CTRP)



- 90 day program
- 12 rooms, 6 units with double occupancy
- Complex MH needs
- Discharged from a State hospital, local crisis facility or Adult Care Homes
- Willing and able to live in the community
- Nurse, Clinical Staff, Case Management, Peer Support
- Remote Monitoring through Sensors (no cameras)

Cumberland COVID Hotels

- Partnerships Public Health, Emergency Management, Homeless Services System
- Underlining medical risk and homeless
- Case Management & Housing Navigation
- Served 49 people to date
- 61% moved into housing programs
- Of those 40% signed their own leases



Partnership and Programs



Public Housing Authorities

- **Durham Housing Authority**
- **Fayetteville Metropolitan Housing Authority***
- **Raleigh Housing Authority**
 - 18-62 yrs. with disability
 - Exiting or at risk of institutionalization
 - Connected to an enhanced service



125 Vouchers

***Offering Landlord Incentives**

Coming Home Justice Involved PSH

- Partnership with
 - Durham County Housing Authority,
 - Durham Local Reentry Council
 - Durham Criminal Justice Resource Center
- Contracted with RHD



Enhanced Supportive Housing Program



- Individuals with SPMI who would more intensive SH
- 30 units of Permanent Supportive Housing
- Psychiatrist
- Vocational Specialist
- Peer Specialist
- Case Manager
- Nurse

Health and Housing Case Management

- Connects chronically homeless people in partnership with Duke, Alliance and RHD

This is the first time I've ever had my name on a lease. It's just a burden off me. To be able to come home to my own place, it's just awesome."



Transition to Community Living (TCL)

It's about Civil Rights!

- Provides eligible adults living with serious mental illnesses the opportunity to choose where they live, work and play
- This initiative promotes recovery through providing:
 - Long-term housing
 - Community-based services
 - Supported employment
 - Community integration.



Subsidy Administration

- Current Catchment: 440 TCL Households
- Manage 1.8 mil annually in rental subsidy
- Expansion: 508 TCL Households
 - 437 Mecklenburg
 - 54 Orange County
- Liaison between NCDHHS Targeted Housing & Providers
- Landlord Engagement and Supports





Capital Investments

Tiny Home Village at Farm at Penny Lane

- Public/private partnership between local nonprofit Cross Disability Services, Inc., (XDS Inc.) and the UNC School of Social Work
- Community Center
- \$100,000 Capital Investment
- Two Tiny Homes
- For those receiving UNC Assertive Community Treatment Team (ACTT).



Integrated Supportive Housing Program (ISHP)

A wooden house-shaped keychain with a silver ring, resting on a yellow spiral-bound notebook. The keychain is a simple silhouette of a house with two windows and a chimney. The notebook is open, and the keychain is placed on the left page. The background is a soft, out-of-focus yellow.

60 Set Aside Units

**Partnering with Affordable Housing
Developers**

Kings Ridge Partnership with CASA



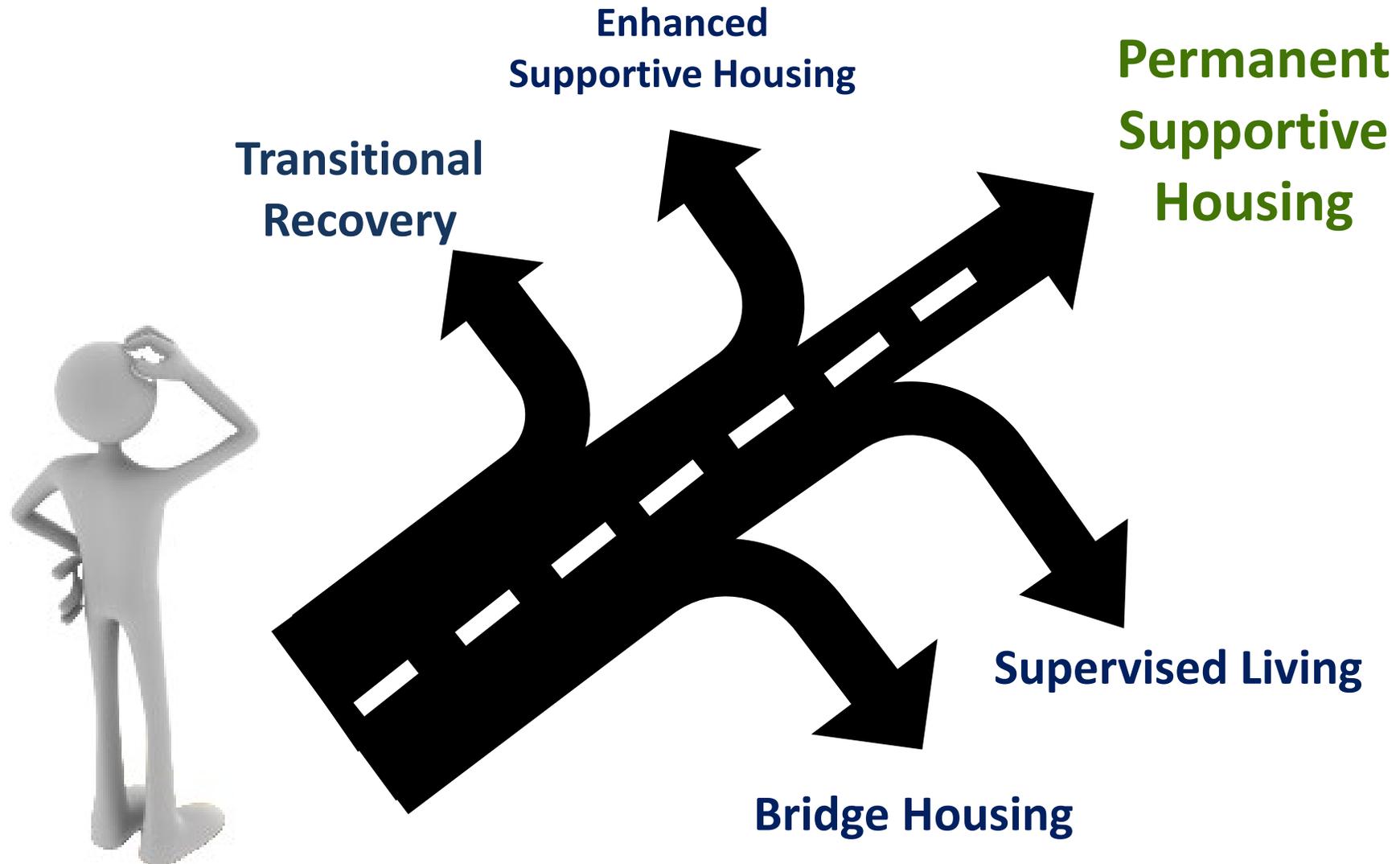
- Casa \$685,000 Capital Investment
- 100 Units
- Onsite Healthcare Services
- Reduce Homelessness by 10% in Raleigh

PERMANENT, AFFORDABLE HOUSING

King's Ridge apartments will end homelessness for individuals and families earning less than 50% of the area median income (AMI), with an emphasis on those earning less than 30% AMI*. Residents will pay one-third of their income for rent and can renew their lease year after year.

**In Wake County, 30% AMI for a family of four is \$24,060.*

Array of Community Living Options



Building Provider & Staff Competency

Supportive Housing Training
for ACTT / CST 15 Hrs.

Monthly Office Hours
Corporation for Supportive Housing

Better at Home Weekly
Supportive Housing Series

Supportive Housing Academy
UNC Center for Excellence

Bi-monthly Q &A
Ongoing Daily Technical Assistance



Alliance Health

Supportive Housing Team

Laressa Witt MA, MSW, LCSWA
Supportive Housing Manager
lwitt@alliancehealthplan.org
910-916-5752

Natalie M. Huckins
Diversion Housing Specialist
nhuckins@AllianceHealthPlan.org
984-302-1932

Alex Rubenstein, MSW
Community Relations Housing Specialist
arubenstein@AllianceHealthPlan.org
984-227-0286

MEMBERS PRESENT: Annette Smith, Rebekah Bailey, Trula James, Karen McKinnon, Benjamin Smith,
 Diane Morris, Connie King- Jerome, Vicky Bass, Jessica Larrison, Gregory Schweizer, Bradley Gavriluk, Faye Griffin, Carole Johnson, Israel Pattison, Christopher Smith, Terrasine Gardner

BOARD MEMBERS PRESENT: None

GUEST(S): Suzanne Thompson, DHHS ShaValia Ingram

STAFF PRESENT: Doug Wright, Director of Community & Member Engagement,

Erica Asbury, Member Engagement Specialist, Renate Bender ILI Coordinator, Larissa Witt, Supportive Housing Manager

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the August 10, 2021, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; no motion was made because that meeting was a Community Forum for Medicaid Transformation. A. Smith motioned to accept the minutes and G. Schweizer second.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. COVID -19 check in /Public Announcements	V. Bass shared that many social services agencies are continuing to have extreme staffing issues. She reports that she would like to follow up with her concern from last week about the lack of drivers and the inability to get timely transportation for members. A. Smith stated that she was aware of more than 100 vacancies that are needing to be filled at one single agency. A. Smith also shared that Maxim is hiring a recruiter in hopes of getting the vacancies filled soon.	N/A	N/A
4. Housing – R. Bender and L. Witt	R.Bender, ILI Coordinator for Alliance spoke and presented the criteria for securing housing through that program. R. Bender gave details about how members could be assistance through their mental health provider with the referral to ILI. L. Witt, Supportive Housing Manager gave a detailed presentation on the ways in which members can get help obtaining housing. She discussed the various programs that are available in Wake County and collaborations that are taking place to get many more people placed. Programs such as the Transition to Community Living, Transitional Recovery support program, and the Housing First Philosophy were mentioned. L. Witt also discussed the “Better at Home” weekly series. A. Smith mentioned that some programs may overlap and discussed case management.	Ongoing	N/A

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>I. Pattison talked about the need to continue to fight stigma and the prejudice that people face while needing supportive housing. He spoke about the need for Alliance to continue to champion ways that will educate the general community about the importance of safe housing for all people.</p>		
<p>5. State Updates S. Ingram</p>	<p>S. Ingram announced that CEE training is up and running and people may register through the link. Please be reminded that the Regional Meeting will be on 6/20/21 from 6-7pm. The state and local collaborative meeting will be on 9/22/21 from 6-7pm The IDD Supportive living meeting will be on 9/30/21 The IDD stakeholders meetings are 9/16 and 11/18/21 both being held from 3-5 pm The Parents and Professionals development services will be on 9/21 12-1pm The Veteran's Governors work group will take place 9/23/21 from 2-4 pm. Thursdays with NAMI are taking place weekly 7-8:30 pm. S. Ingram closed by stating that all of the details and links may be found on the DHHS website as well as the monthly newsletter.</p>	<p>Ongoing</p>	<p>N/A</p>
<p>6. Steering Committee Update/ MCO LME update D. Wright</p>	<p>D Wright reports that Alliance is continuing to work through acquiring both Mecklenburg and Orange Counties and the expected final transition will be 12/15/2021. He went on to share that the job openings throughout Alliance have been posted and interviews are being planned. D. Wright expressed that current staff from both of the new counties have been encouraged to apply for positions within Alliance. D. Wright share that CFAC that are in place have been reached out to and there will be a formal meeting and greet very soon. He stated that he is hoping to have them included during the time dedicated to write and rewrite the bylaws. The agreements will need to be updated as well. The implementation of the tailored plan is happening daily and details about specifics can be shared as tasks are completed. D. Wright announced that the Alliance Board has decided to continue to meet virtually until February and suggested that Wake CFAC consider the same actions. The Steering committee also decided not to meet in person until February. I. Pattison stated that he would be happy to support the CFAC from the new counties and would make himself available to assist.</p>		<p>N/A</p>

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



Tuesday, September 14, 2021

Wake CFAC MEETING - REGULAR MEETING

Virtual meeting via videoconference

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
7. Additional Discussion	E. Asbury shared that Flex Funds are still available to families that are Alliance members and that they could contact Margaret Soler with Alliance if they have any questions. She may be reached at 919-651-8654. A. Smith asked if we would be returning to the two learning topics that were tabled during the CFAC break. E. Asbury stated that both of those topics would be covered in the next two CFAC meetings.		N/A

ADJOURNMENT: the next meeting will be September 14, 2021, at 5:30 p.m.

Respectfully Submitted by:

Erica Asbury, Member Engagement Specialist

09.22.2021

DRAFT

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



Tuesday, September 21, 2021

Johnston CFAC MEETING - REGULAR MEETING
Virtual Meeting via Zoom
5:30 – 7:00 p.m.

MEMBERS PRESENT: Marie Dodson, Jerry Dodson, Jason Phipps, Marilyn Lund, and Albert Dixon

BOARD MEMBERS PRESENT: None

GUEST(S): Suzanne Thompson, NC DHHS

STAFF PRESENT: Doug Wright, Director of Community and Member Engagement and Noah Swabe, Member Engagement Specialist

<https://alliancehealthplan.zoom.us/j/92670863998>

Meeting ID: 926 7086 3998

Passcode: 012115

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from August were reviewed, a motion was made by Jason, seconded by Jerry, Motion Passed.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comment Individual/Family Challenges and Solutions	Temple Presents Celebrate Recovery 5K Run/Walk Saturday September 25, 2021 Marilyn shared NAMI is hosting a “how to talk to someone in crisis webinar” via zoom on Saturday September, 25, 2021 from 1pm to 3pm	None	None
4. LME/MCO Updates	Doug went over the LME/MCO updates: The realignment is scheduled to go live on December 15, 2021 Alliance will be “doubling in size”, and job opportunities continue to be added daily to Alliance’s job board to staff the new counties. Doug has been planning a meet and greet to welcome the CFAC members from Mecklenburg and Orange counties from Cardinal. There are currently (3) members from Mecklenburg and (4) from Orange. Cardinal had regional CFAC subcommittees instead of individual county CFAC. The members will be invited to join the October Steering Committee meeting Annual Report- Doug advised each in attendance that this was emailed and to please take time to go over the report and submit any questions to Noah or Doug	Alliance Health staff will continue to update the CFAC as realignment and tailored plan process move forward.	Ongoing
5. State Updates	Suzanne shared key CE&E updates reviewing upcoming training opportunities and informing the CFAC about upcoming regional and SCFAC meetings in the near future.	None	None

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



Tuesday, September 21, 2021

Johnston CFAC MEETING - REGULAR MEETING
Virtual Meeting via Zoom
5:30 – 7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	Suzanne did highlight that the upcoming stakeholder call would be a tutorial of how to navigate the states website in regards to the enrollment broker.		
6. Guardianship Video	https://youtu.be/bgPifYVXutQ CFAC members viewed the What is Guardianship video made in collaboration with the Johnston CFAC and the Johnston County Clerk of Court. CFAC members were pleased with the final video, discussion will take place on how best to use the video now that it's finished. CFAC members voted and passed a motion to approve the video for release.	Publish Guardianship video to social media outlets and further discussion on how to best use the video and pair with "Rethinking Guardianship"	Ongoing
7. Announcements	Meetings will remain via zoom and be evaluated on a monthly bases. The Johnston County CFAC will meet via zoom for the month of October.	Continue to monitor the pandemic and revisit monthly to discuss resuming in person meetings.	Ongoing

8. **ADJOURNMENT:** Next Meeting October 19, 2021 at 5:30pm via Zoom

Respectfully Submitted by:

Noah Swabe, Member Engagement Specialist

[Click here to enter text.](#)

Date Approved

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



Thursday, September 23, 2021

CFAC MEETING - REGULAR MEETING
(Virtual Meeting via Video Conferencing)
5:30-7:00 p.m.

MEMBERS PRESENT: Michael McGuire Ellen Gibson, Dorothy Johnson Carrie Morrisy Jackie 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):

STAFF PRESENT: Doug Wright, Director of Community & Member Engagement,
 Starlett Davis, Member Engagement Specialist, Laressa Witt, Supportive Housing Manager

Join Zoom Meeting

[https://alliancehealthplan.zoom.us/meeting/register/tJ0scOyrpjwrE9x3eLYcqpxB0H5r6YLuY0K2](https://alliancehealthplan.zoom.us/join/https://alliancehealthplan.zoom.us/meeting/register/tJ0scOyrpjwrE9x3eLYcqpxB0H5r6YLuY0K2)

Call in Number: +1 646 558 8656

Meeting ID: 910 6733 3915

- 1. WELCOME AND INTRODUCTIONS:** Ellen Gibson standing in for Chair and Co-Chair
- 2. REVIEW OF THE MINUTES –** The minutes from the August 26, 2021, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Tracy Glenn Thomas and seconded by Shirley Francis to approve the minutes. Motion passed.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Public Comments	Ellen and Starlett Community events and resources. Covid 19 Check ins Meeting started at 5:35pm and there was not a quorum. Moved to Housing Presentation. The committee had a quorum after the presentation and the minutes were approved with correction on the age at Senior Center made by Jackie Blue. Shirley Francis Sickle Cell Block Party- Save the date. September 25, 2021 from 11am to 3pm at Kiwanis Rec Center. Community Homeless and Hunger Stand Down- Thursday Sept 30, 2021, 10am to 2pm at Festival Park Down town	Please see Doug or Starlett for any questions	Ongoing
4. ADA Updates	Shirley Francis- ADA updated meeting information. Next meeting is in November. The speaker for last month gave info on training for ADA. It will be passed on to Starlett to be emailed. The ADA website, ADA.gov, has their own training and can be done at your own pace. ADA 1 on 1.	Please see Shirley Francis or Starlett Davis for any questions.	November 2021

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

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>Autism Society. Vera Bradley Bingo October 15th at Kiwanis 6pm to 9pm. Face to Face with limited people and mask. Packets will be online. Beautiful bags and great door prizes. Please reach out to Shirley for additional information. Ellen requested a flyer to be sent out. Starlett will send out to everyone.</p>		<p>October 15, 2021</p>
<p>5. State Updates</p>	<p>Doug Wright September CE&E Update All of the members received an electronic copy. Many of the dates have passed. In person training from CE&E team are available. Sept is National Recovery Month. Hurricane season has begun. Be prepared. State CFAC meeting will be coming in a few weeks. Regional CFAC was on the 20th for Alliance. It is on the 28th for Cardinal. Standard Plans have launched. Wake AHEC have events scheduled through Dec. Veteran Service Members and Families has some resources. Pinehurst Conference is coming up that is virtual and in person. More information next Month. Peer Support Job trainings information is available. Click links.</p>	<p>Please see Doug or Starlett for any questions</p>	<p>Ongoing</p>
<p>6. Housing Presentation</p>	<p>Alliance Permanent Supportive Housing Laressa Witt Housing is Healthcare It is found that assisting individuals into housing first and then assisting them with the services they need results in in lower percentage in ERs, hospitals, jail and arrests. There are an array of Community Living Options in Permanent Supportive Housing- Transitional/ Recovery, Enhanced Supportive Housing, Supervised Living, Bridge Housing.</p> <ul style="list-style-type: none"> • Bridge Housing is in Durham and Wake. Cumberland is coming soon. • 3-5 months program • Connected to an enhanced services: Care Coordination, ACTT, CST, TCLI • Case Management, Peer Support • Please see slides for additional information on programs. <p>Partnerships and Programs.</p> <ul style="list-style-type: none"> • Public Housing Authorities in Durham, Fayetteville, Raleigh. • 125 Vouchers/ Offering Landlord Incentives 	<p>Please see Doug or Starlett for any questions</p>	<p>Ongoing</p>

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



Thursday, September 23, 2021

CFAC MEETING - REGULAR MEETING
 (Virtual Meeting via Video Conferencing)
 5:30-7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<ul style="list-style-type: none"> • Supportive Housing Programs • Coming Home Justice Involved PSH • Enhanced Supportive Housing Program • Health and Housing Case Management • Durham Area Supportive Housing (DASH) Program • Transition to Community Living (TCL) • Subsidy Administration (Please see slide) • Capital investments • Tiny Home Village at Farm at Penny Lane • Integrated Supportive Housing Program (ISHP) • Kings Ridge Partnership with CASA • Please see presentation for available trainings for the public. 		
<p>7. MCO</p>	<p>Doug Wright MCO Updates CFAC Annual Report Doug presented the FY2021 Annual Report. An electronic copy was given to all members. It talks about the vision and members. It goes through the statues. The report was dedicated to Dan Shaw. It continues on with the achievements from the year, major concerns and wish list. Each committee chair did a brief summary of activities from the year. The report will be passed along to Board of Directors at the beginning of next month.</p> <p>Doug spoke about the realigning process. Orange and Mecklenburg will be realigning with Alliance on December 15th. Alliance will hire about 400 people before then. We will be growing significantly. Doug has been working with the CFAC in both counties. He is trying to make contact via Cardinal to set up a meet and greet to rewrite bylaws for realignment and tailored planning. A subcommittee via the Steering Committee have volunteered to be a part of the writing Bylaws process. We are waiting on representatives from Orange and Mecklenburg to be a part of that. The Tailored Plan will start July1 2022. There are a lot of documents due to the State tomorrow, October 24th and 30 days after that. Alliance is also going through a readiness review with the State to make sure we are ready. Doug has had the pleasure to</p>	<p>Please see Doug or Starlett for any questions</p> <p>Realignment is scheduled for December 15, 2021 for Orange and Mecklenburg Counties.</p>	<p>December 15, 2021</p>

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



Thursday, September 23, 2021

CFAC MEETING - REGULAR MEETING
 (Virtual Meeting via Video Conferencing)
 5:30-7:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	<p>work on the Tribal Engagement Plan. It is not something that Alliance has had in the past. It has been a great experience learning about the different cultures. Doug went over the difference between the Federally recognized and State recognized tribes and how they receive their services.</p>	<p>Tailored Plan Implementation scheduled for July1, 2022</p>	<p>July 1, 2022</p>
<p>8. Prep for next meeting</p>	<p>Starlett- Discuss the next meeting agenda items. Go over expectations, reminders, etc. for the next meeting.</p> <p>Ellen brought up the members that have not been to the meetings in a while. Starlett explained that she has made several attempts to contact but none were successful. Ellen asked what would be the protocol. Doug asked that maybe the committee give the members until the committee meets in person to make a decision about their membership due to Covid and members may not have the technology or resources needed to participate. The committee agreed.</p> <p>Starlett asked the committee to please let her know what trainings or information they would like to receive.</p> <p>November and December meetings will be discussed at the October meeting.</p> <p>Ellen wants more information on housing as resources. She wants to know more resources on how to find low income, affordable housing, and its processes. Starlett will ask Laressa to come back for a Q&A at the October Meeting. The committee will send Starlett the questions to give to Laressa. If she cannot present, Starlett will get the answers and present.</p> <p>Traci would like information about how much money individuals can have in their account past the \$2000 limit. Can the money be put in a trust? Individuals with SSI and other individuals. Do individuals have to spend money to get down to the cap? – Doug provided the name. Special Needs Trust and Able Accounts. Starlett will reach out to the Arc to speak about it.</p>	<p>Starlett will reach out to Laressa to come back for Q&A. Members will send questions to Starlett by October 14th.</p> <p>Starlett will reach out to someone from the ARC to present on Special Needs Trust and Able Accounts for next meeting</p>	<p>October 14, 2021</p> <p>October 28, 2021</p>
<p>9. Appreciation</p>	<p>Everyone gave their appreciations</p>	<p>N/A</p>	<p>N/A</p>
<p>10.</p>			

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



Thursday, September 23, 2021

CFAC MEETING - REGULAR MEETING
(Virtual Meeting via Video Conferencing)
5:30-7:00 p.m.

ADJOURNMENT: Motion made by Tracy Glenn Thomas. Second by Dorothy Johnson. Meeting adjourned at 6:55pm. Next meeting is October 28, 2021 at 5:30pm.

Respectfully Submitted by: Starlett Davis, MA

[Click here to enter text.](#)

Date Approved

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



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Executive Committee Report

DATE OF BOARD MEETING: October 7, 2021

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. The Executive Committee may act on matters that are time-sensitive between regularly scheduled Board meetings and fulfill other duties as set forth in the by-laws or as otherwise directed by the Board of Directors. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting.

As stated in the By-Laws, the Officers of the Board of Directors include Chairperson and Vice-Chairperson; the terms are aligned with the agency's fiscal year. Each Board member, other than County Commissioners, shall be eligible to serve as an officer. The Vice-Chairperson shall be familiar with the duties of the Chairperson and be prepared to serve or preside at any meeting on any occasion where the Chairperson is unable to perform his/her duties. The Vice-Chairperson position is currently vacant.

This report includes draft minutes from the previous meeting and a recommendation to elect a FY22 Vice-Chairperson.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): Elect a FY22 Vice-Chairperson.

REQUEST FOR AREA BOARD ACTION: Receive the report.

CEO RECOMMENDATION: Receive the report.

RESOURCE PERSON(S): Lynne Nelson, Board Chair; Robert Robinson, CEO

[\(Back to agenda\)](#)



Monday, September 20, 2021

BOARD EXECUTIVE COMMITTEE - REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

APPOINTED MEMBERS PRESENT: David Curro, BS (Audit and Compliance Committee Chair); Lodies Gloston, MA (Network Development and Services Committee Chair); David Hancock, MBA, PFAff (Finance Committee Chair) – entered at 4:19 pm; Lynne Nelson, BS (Board Chair); Gino Pazzaglini, MSW LFACHE (previous Board Chair); and Pam Silberman, JD, DrPH (Quality Management Committee Chair) – entered at 4:24 pm

APPOINTED MEMBERS ABSENT: Donald McDonald, MSW (Client Rights/Human Rights Committee Chair)

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; Jennifer Stoltz, Administrative Assistant II; Sara Wilson, Senior Director of Government Relations; and Carol Wolff, General Counsel

- 1. WELCOME AND INTRODUCTIONS** – the meeting was called to order at 4:17 pm
- 2. REVIEW OF THE MINUTES** – The Committee reviewed minutes from the August 16, 2021, meeting; a motion was made by Ms. Gloston and seconded by Mr. Curro to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Updates	County Realignment: Mr. Perkins provided an update on Mecklenburg and Orange counties' realignment with Alliance. Mr. Perkins also reviewed upcoming meetings with stakeholders in Mecklenburg County.	Mr. Robinson will provide an agency overview and introduction to the Mecklenburg Board of County Commissioners.	9/21/21
4. Closed Session	<u>COMMITTEE ACTION:</u> A motion was made by Dr. Silberman to enter closed session pursuant to North Carolina General Statute (NCGS) 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1. Motion seconded by Mr. Curro. Motion passed unanimously.	N/A	N/A
5. Reconvene Open Session	Committee returned to open session.	N/A	N/A
6. NC Open Meetings Law Training	Ms. Ingram facilitated a brief overview of this topic. The presentation is saved as part of the Committee's files. <u>COMMITTEE ACTION:</u> The committee received the presentation.	N/A	N/A
7. Updates	FY22 Vice-Chair: Mr. Robinson provided an update. Duane Holder was appointed, but has resigned from the Board due to potential conflict of interest related to his employment with in Wake County. Chair Nelson shared that Lodies Gloston is willing to serve, which would require approval by the Board.	FY22 Board Vice-Chair nominations will be presented to the Board at the October meeting.	10/7/21

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..](#)

Monday, September 20, 2021

BOARD EXECUTIVE COMMITTEE - REGULAR MEETING

(virtual meeting via videoconference)
4:00-6:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	COMMITTEE ACTION: A motion was made by Mr. Pazzaglini to recommend to the Board the appointment of Lodies Gloston as FY22 Vice-Chair; motion seconded by Dr. Silberman. Motion passed unanimously.		
8. Agenda for October Board Meeting	Committee reviewed the draft agenda and provided input.	Ms. Ingram will forward the agenda to staff.	9/20/21

9. **ADJOURNMENT:** the meeting adjourned at 5:36 pm; the next meeting will be October 18, 2021, at 4:00 p.m.

DRAFT



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: Finance Committee Report

DATE OF BOARD MEETING: October 7, 2021

BACKGROUND: The Finance Committee's function is to review financial statements and recommend policies/practices on fiscal matters to the Board, including reviewing/recommending budgets, audit reports, and financial statements. This Committee also reviews and recommends policies and procedures for managing contracts and other purchase of service arrangements.

This month's report includes documents and draft minutes from the previous meeting.

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): Request approval of FY22 committed funds and reinvestment plan.

REQUEST FOR AREA BOARD ACTION: Receive the report and review/approve the recommendation(s).

CEO RECOMMENDATION: Receive the report and review/approve the recommendation(s).

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

[\(Back to agenda\)](#)



Finance Committee Meeting

Thursday, October 7, 2021

3:00-4:00 pm

AGENDA

1. Review of the Minutes – September 2, 2021
2. Monthly Financial Reports as of August 31, 2021
 - a. Summary of Savings/(Loss) by Funding Source
 - b. Statement of Revenue and Expenses (Budget & Actual)
 - c. Senate Bill 208 Ratios
 - d. DHB Contractual Ratios
3. Year End Summary
 - a. Committed Funds and Reinvestment Plan

A **motion** to recommend the board approve the one year reinvestment plan of \$44,636,221 and commit \$47,630,674 as of 6/30/21.

4. Contract(s)
5. Adjournment

Next Meeting: Thursday, November 4, 2021 from 3:00-4:00

Alliance Health

Held virtually via Zoom



Thursday, September 02, 2021

BOARD FINANCE COMMITTEE - REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560
 Virtual Meeting via videoconference - 3:00-4:00 p.m.

APPOINTED MEMBERS PRESENT: David Hancock, MBA, MPA (Committee Chair), D. Lee Jackson, Carol Council,
 Gino J. Pazzaglini, and Vicki Evans

BOARD MEMBERS PRESENT: n/a

GUEST(S) PRESENT: Mary Hutchings, Pamela Wade, Wake County

STAFF PRESENT: Rob Robinson, CEO, Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Ashley Snyder, Director of Accounting and Finance

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 3:00 PM
2. **REVIEW OF THE MINUTES** – The minutes from the August 5, 2021, meeting were reviewed; a motion was made by Mr. Pazzaglini and seconded by Mr. Hancock to approve the minutes. Motion passed unanimously.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
3. Monthly Financial Report	The monthly financial reports were discussed which includes Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DHB Contract Ratios as of July 31, 2021. Ms. Snyder discussed the following reports. <ul style="list-style-type: none"> • Through 7/31/21, we have savings of \$3.7M. • We are meeting all SB208 ratios • We are meeting the defensive interval required in the DHB contract, however the MLR is currently below the 85% threshold (83.96%). As this is the first month of the year, Alliance expects this to increase above the requirement. Reminder that this is a cumulative measure. 		
4. Contract Awards	Ms. Goodfellow went over two contracts. The first was for the purchase of NARCAN for \$1.08M related to a state allocation. The second was for the approval of an entire project bid of \$1.8M for IT purchase needs due to the Mecklenburg/Orange expansion and TP implementation. A motion was made by Mr. Pazzaglini and seconded by Mr. Hancock to recommend the Board to enter into a contract with Emergent Devices, Inc. for the purchase of NARCAN. A motion was made by Mr. Pazzaglini and seconded by Mr. Hancock to recommend to the board to authorize the CEO to enter into contracts for the purposes of hardware and software components for County expansion and Tailored Plan implementation.		
5. 6/30/2021 update	Ms. Snyder gave an update on the 6/30/2021 close. She discussed necessary adjustments related to accruals. She discussed challenges due to new auditors. She discussed the goal of being complete by 10/31.		
6. Closed Session	A motion was made by Mr. Pazzaglini and seconded by Carol Council to close the session pursuant to NC General Statute 143-318-11 (a) 1 to prevent the disclosure of information that is privileged or confidential pursuant to the law of this State or of		

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..](#)

Thursday, September 02, 2021

BOARD FINANCE COMMITTEE - REGULAR MEETING

5200 W. Paramount Parkway, Morrisville, NC 27560
Virtual Meeting via videoconference - 3:00-4:00 p.m.

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
	the United States, or not considered a public record within the meaning of Chapter 132 of General Statutes The Committee returned to open session at 3:43 and the meeting was adjourned.		

7. **ADJOURNMENT:** the meeting adjourned at 3:43 PM; the next meeting will be October 7, 2021, from 3:00 p.m. to 4:00 p.m.

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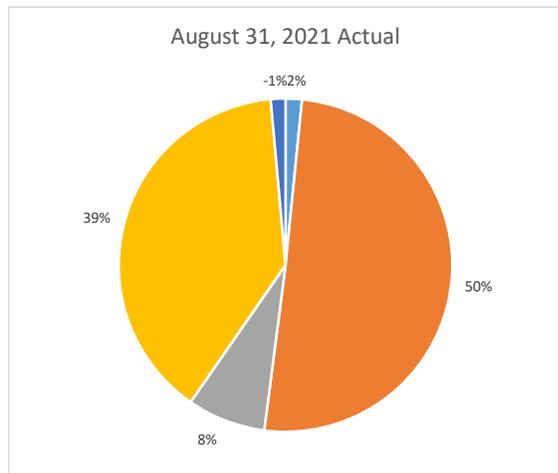


Summary of Savings/(Loss) by Funding Source as of August 31, 2021

	Revenue	Expense	Savings/(Loss)
Medicaid Waiver Services	\$ 77,502,252	\$ 75,373,518	\$ 2,128,734
Medicaid Waiver Risk Reserve	1,801,088	-	1,801,088
Federal Grants & State Funds	11,138,506	11,168,075	(29,569)
Local Funds	4,784,192	4,784,192	-
Administrative	11,886,815	12,625,489	(738,674)
Total	\$ 107,112,853	\$ 103,951,274	\$ 3,161,579
Committed			
Intergovernmental Transfers			(499,076)
Reinvestments-Service			(342,456)
Reinvestments-Administrative			(1,149,035)
Total Committed			(1,990,567)
Restricted			
			3,790,416
Unrestricted			
			1,361,730
Total Fund Balance Change			\$ 3,161,579

Fund Balance

	June 30, 2021	Change	August 31, 2021
Investment in Fixed Assets	2,407,362	(89,429)	2,317,933
Restricted - Risk Reserve	71,494,795	1,801,088	73,295,883
Restricted - Other			
State Statutes	4,017,894	-	4,017,894
Prepays	842,976	2,078,757	2,921,733
State	351,452	-	351,452
Cumberland	3,002,823	-	3,002,823
Durham	771,217	-	771,217
Restricted - Other	8,986,362	2,078,757	11,065,119
Committed			
Intergovernmental Transfer	2,994,453	(499,076)	2,495,377
Reinvestments-Service	9,000,000	(342,456)	8,657,544
Reinvestments-Administrative	46,611,446	(1,149,035)	45,462,411
Total Committed	58,605,899	(1,990,567)	56,615,332
Unrestricted	(3,406,347)	1,361,730	(2,044,617)
Total Fund Balance	\$ 138,088,071	\$ 3,161,579	\$ 141,249,650



■ Investment in Fixed Assets ■ Restricted - Risk Reserve ■ Restricted - Other ■ Total Committed ■ Unres

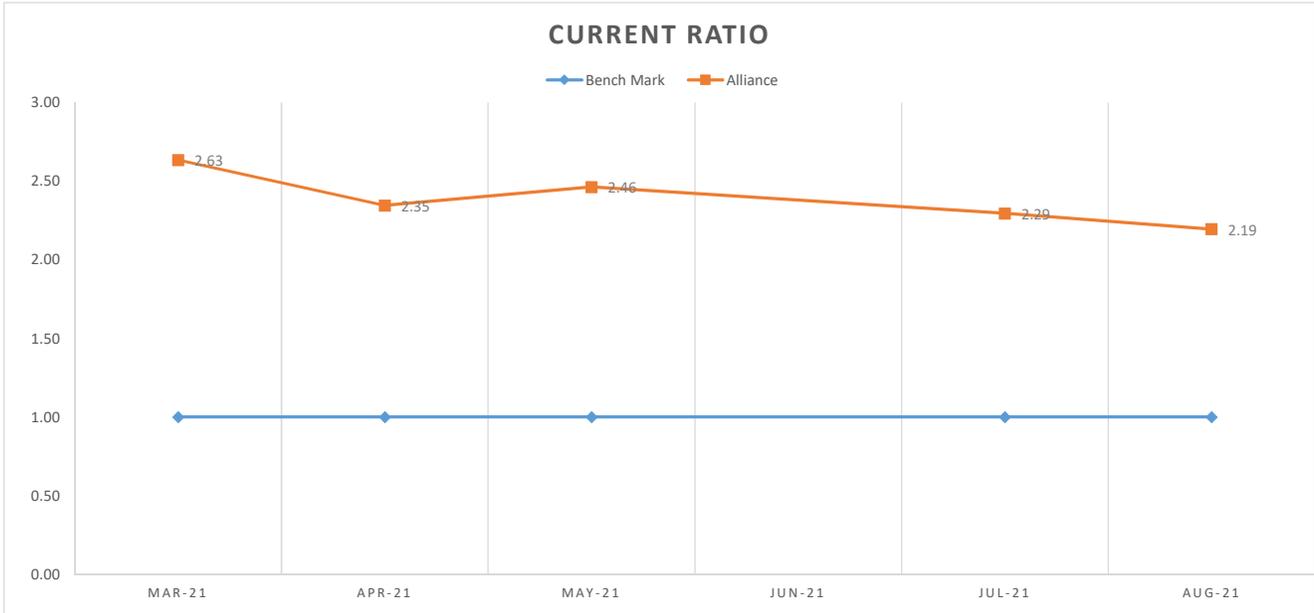


Alliance Health
Statement of Revenue and Expenses
As of August 31, 2021

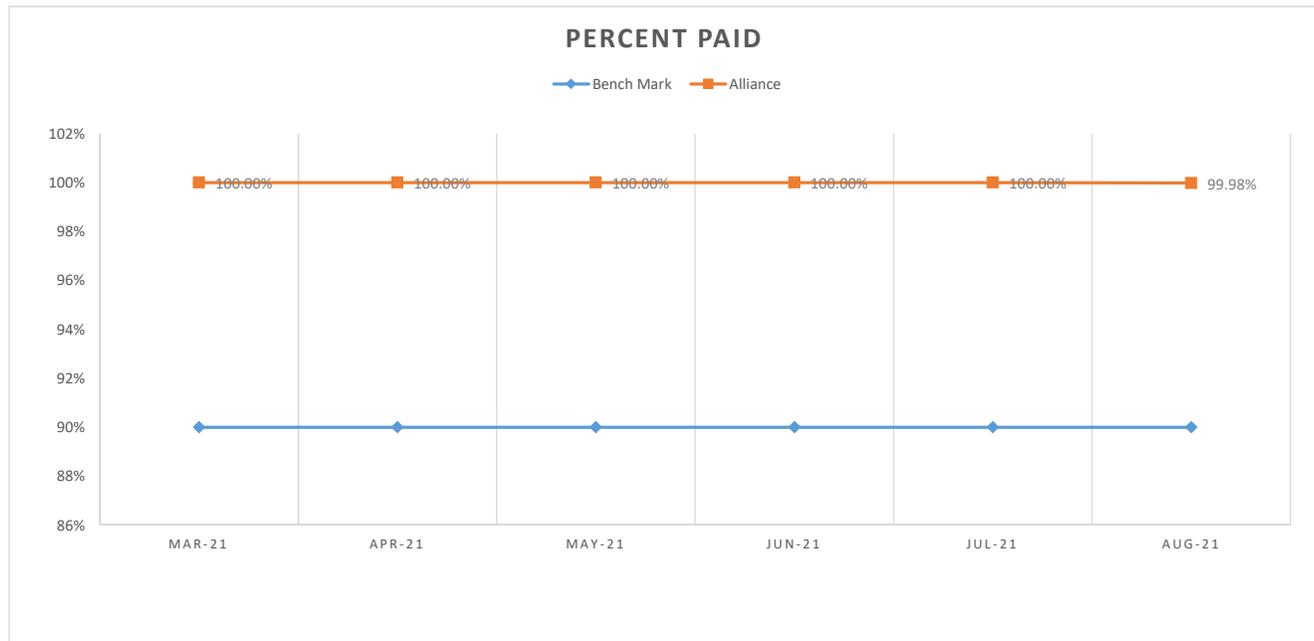
	Current Month Actual August 31, 2021	Year to Date Actual August 31, 2021	Current Year Budget June 30, 2022	Budget Remaining June 30, 2022
Revenue				
Service Revenue				
Medicaid Waiver Service	39,745,949	79,303,340	419,996,322	340,692,982
State and Federal Grants	5,649,902	11,138,506	52,437,919	38,397,670
Local Grants	3,161,254	4,784,192	39,083,864	34,299,672
Total Service Revenue	48,557,105	95,226,038	511,518,105	413,390,324
Administrative Revenue				
Medicaid Waiver	5,352,163	10,783,945	57,688,571	46,904,626
State and Federal	395,692	791,385	3,851,407	2,664,330
Local	32,545	65,090	390,540	292,905
Miscellaneous	123,217	246,395	500,000	132,319
Total Administrative Revenue	5,903,617	11,886,815	62,430,518	49,994,180
Total Revenue	54,460,722	107,112,853	573,948,623	463,384,504
Expenses				
Service Expense				
Medicaid Waiver Service	34,775,309	75,373,518	419,996,322	315,236,292
State and Federal Service	5,679,369	11,168,075	52,437,919	38,390,054
Local Service	3,161,253	4,784,193	39,083,864	36,119,262
Total Service Expense	43,615,931	91,325,786	511,518,105	389,745,608
Administrative Expense				
Salaries and Benefits	4,881,026	10,070,493	46,893,788	36,268,303
Professional Services	732,071	1,102,374	7,400,697	5,709,996
Operational Expenses	774,999	1,455,910	7,636,033	5,534,902
Miscellaneous Expense	14	(3,288)	500,000	503,287
Total Administrative Expense	6,388,110	12,625,489	62,430,518	48,016,488
Total Expenses	50,004,041	103,951,275	573,948,623	437,762,096
Current Year Change in Net Position	4,456,681	3,161,578	-	25,682,812



Senate Bill 208 Ratios - As of August 31, 2021



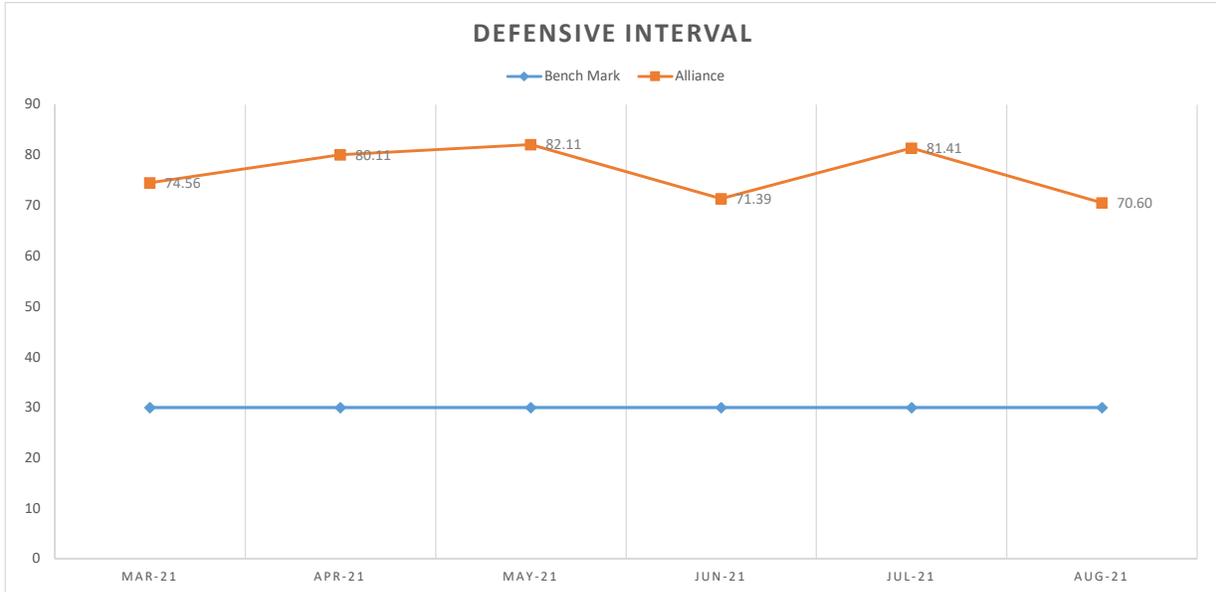
Current Ratio = Compares current assets to current liabilities. Liquidity ratio that measures an organization's ability to pay short term obligations. The requirement is 1.0 or greater.



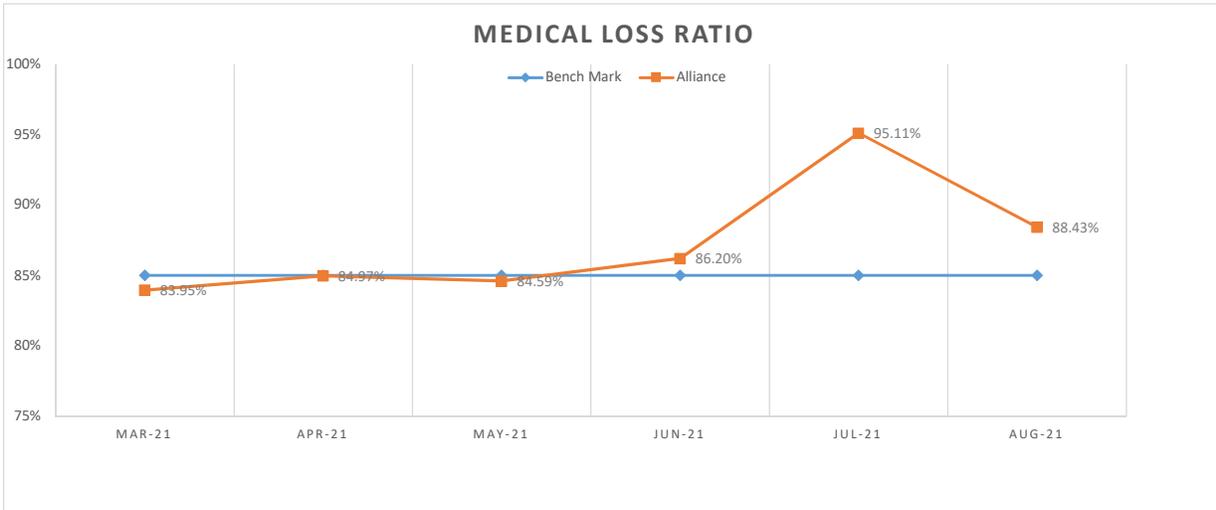
Percent Paid = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.



Division of Health Benefits Ratios - As of August 31, 2021



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 (7/1/20-6/30/21).



**Alliance Health
BOARD OF DIRECTORS
Agenda Action Form**

ITEM: FY21 Workforce Demographic

DATE OF BOARD MEETING: October 7, 2021

BACKGROUND: The Equal Employment Opportunity Policy (policy number HR-1) states the following: "Annually, the Chief Executive Officer shall provide an organizational workforce report to include the distribution of employees by age, race, ethnicity and gender to the Board."

SPECIFIC INFORMATION FOR BOARD REVIEW (if applicable/available): N/A

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer

[\(Back to agenda\)](#)