March 26, 2020

NOTICE REGARDING ALLIANCE BOARD MEETINGS AND BOARD COMMITTEE MEETINGS

Taking into consideration the CDC, NC Department of Health and Human Services, and our local government’s recommendations on social distancing and measures taken across our catchment area to include travel bans, school closures, quarantines, and event cancellations, Alliance is taking the following measures until further notice.

In line with the locally declared State of Emergency here in Wake County, there will be no public attendance at Alliance public meetings.

- Public comment will be taken digitally on all items, with the following guidelines:
  - (1) any public comment must be sent in by 5 p.m. the day before the meeting to this address VIngram@AllianceHealthPlan.org or by calling (919) 651-8466 and leaving a voicemail
  - (2) must state which agenda item you are commenting on, or if it is for informal discussion; and
  - (3) must be no more than 350 words.

- All Alliance Board members will participate in this meeting by phone, including any votes.

These mitigation efforts are in line with Durham and Wake County’s amended State of Emergency orders on and about March 25, 2020, and the nation’s effort to slow the spread of the virus and allow us to better address COVID-19’s impact on this state.

This is a temporary measure for the health and safety of everyone, as we collectively work through social distancing techniques and stay-at-home orders to prevent the spread of COVID-19.

Beginning on April 2, 2020, all Alliance Board meetings as well as Board Committee meetings will be held electronically only. Board members, participants and members of the public will be able to participate via electronic means only.

Please be aware that this guidance could change, as this is a rapidly evolving national and local health emergency.

Here is information to participate in the Alliance Board meeting on Thursday, August 6, 2020 at 4:00 pm:

- To participate via smart phone, computer or tablet, please register for this meeting
- To improve audio quality for all participants, please mute your device when you are not speaking
AGENDA

1. Call to Order/Roll Call

2. Agenda Adjustments

3. Public Comments (5 minutes)

4. Chair’s Report (10 minutes)

5. CEO Report (10 minutes)

6. Consent Agenda (5 minutes)
   A. Draft Minutes from August 6, 2020, Board Meeting – page 3
   B. By-Laws/Policy Committee Report – page 8
   C. Executive Committee Report – page 24
   D. Finance Committee Report – page 26

   **CEO Recommendation**
   Approve the consent agenda (the August Board minutes and any Committee recommendations).

7. Consumer and Family Advisory Committee (5 minutes) – page 34
   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 includes draft minutes from August Steering, Durham, Wake, Johnston Committee meetings.

   **CEO Recommendation**
   Receive the report.

8. Closed Session (80 minutes)
   The Board will hold a 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.

9. Reconvene Open Session

10. Adjournment

Next Meeting: Thursday, October 1, 2020
(virtual meeting via videoconference: https://www.alliancehealthplan.org/calendar/month/2020-10)
ITEM: Draft Minutes from the August 6, 2020, Board Meeting

DATE OF BOARD MEETING: September 3, 2020

REQUEST FOR BOARD ACTION: Approve the draft minutes from the August 6, 2020, meeting.

CEO RECOMMENDATION: Approve the minutes.

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

GUEST(S) PRESENT: Denise Foreman, Wake County Manager’s office; Jason Phipps, Alliance CFAC; Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Developmental Disabilities and Substance Abuse Services)

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II; Michael Bollini, Executive Vice-President/Chief Operating Officer; Heather Copley, Data Scientist; Joey Dorsett, Senior Vice-President/Chief Information Officer; Doug Fuller, Director of Communications; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Cheala Garland-Downey/Executive Vice-President/Chief Human Resources Officer; Veronica Ingram, Executive Assistant II; Mehul Mankad, Chief Medical Officer; Jennifer Meade, Community Health and System of Care Manager; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Sara Wilson, Senior Director of Government Relations; Carol Wolff, General Counsel, and Doug Wright, Director of Community and Member Engagement

1. CALL TO ORDER: Vice-Chair Gino Pazzaglini called the meeting to order at 4:00 p.m.

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<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
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<td>2. Agenda Adjustments</td>
<td>There were no adjustments to the agenda. Chair Pazzaglini reviewed changes to the agenda’s structure, which were made to optimize effective and efficient meetings.</td>
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<td>3. Public Comment</td>
<td>There were no public comments.</td>
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<td>4. Chair’s Report</td>
<td>Chair Pazzaglini presented the Chair’s Report, he noted the following:</td>
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<td>• Emails from Alliance: All emails will be sent only to Board members’ Alliance email addresses. If needed, Board members have access to the ZixOne app, which can be used to receive encrypted emails and comply with HIPAA requirements for confidentiality. Chair Pazzaglini advised members to contact Ms. Ingram or IT to provide any guidance and technical assistance.</td>
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<td>• Code of Ethics Standard: As mentioned directed by the Board at the June 4, 2020, Board meeting, staff were directed to revise the agency’s Code of Ethics, which was reviewed and revised by the Board Executive Committee. Chair Pazzaglini reminded Board members that the full Code of Ethics would be reviewed/revised this year as part of an annual process to review policies.</td>
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BOARD ACTION:
A motion was made by Dr. Silberman to approve the proposed standard and add it to the existing Employee Code of Ethics and Conduct; motion seconded by Mr. Wooten. Motion passed unanimously.
AGENDA ITEMS:   DISCUSSION:

• FY21 Board Self-Evaluations: Chair Pazzaglini mentioned this upcoming self-evaluation will be during the second quarter of this fiscal year and is an opportunity for board members to provide feedback on board and board committee functioning.

• Board Recruitment and Board Committee Assignments: Chair Pazzaglini reminded Board members of the current four vacancies on the board (https://www.alliancehealthplan.org/about-alliance/board/). He also shared about progress with applications for some of the vacant seats. Additionally, he reminded Board members of pending changes for Board Committees and how the current vacancies affect Committees, including Board members serving on additional Committees until the vacancies are filled. Per Chair Pazzaglini, current Committee assignments will remain in place until new Committee membership is confirmed.

5. CEO’s Report
Mr. Robinson presented the CEO report; he shared that staff are continuing to work from home through January 10, 2021, and requested that the Board continue holding virtual meetings through the same timeline due to COVID-19 public health concerns. Chair Pazzaglini shared that the Board will continue to meet remotely through the remainder of 2020.

6. Sale of Property – page 4
The Board reviewed an offer to purchase 3309 Durham Drive in Raleigh and a request to delegate to the Executive Committee and the CEO to complete the sale of this property. This topic required a supermajority approval. Carol Wolff, General Counsel, reviewed background on this property.

**BOARD ACTION**
A motion was made by Commissioner Adams to accept the offer to purchase 3309 Durham Drive, Raleigh from Wolfpack Family, LLC as set forth in the Purchase Agreement and to authorize the CEO to take the necessary legal actions to close the sale, including execution of the Purchase Agreement and closing documents, and to waive the by-laws and delegate to the Board Executive Committee to take any reasonable and supportable action necessary to sell this property in the event this sale does not close, without further action by the Board; motion seconded by Mr. Wooten. Motion passed unanimously.

7. Consent Agenda

A. Draft Minutes from June 4, 2020, Board Meeting – page 15
B. Client Rights/Human Rights Committee Report – page 22
C. Quality Management Committee Report – page 85

The consent agenda was sent as part of the Board packet; it is attached to and made part of these minutes. There were no comments or discussion about the consent agenda.

**BOARD ACTION**
A motion was made by Ms. Gloston to approve the minutes and adopt the consent agenda; motion seconded by Mr. Hancock. Motion passed unanimously.

8. Committee Reports

A. Consumer and Family Advisory Committee – page 91
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 the annual CFAC report.

Jason Phipps, CFAC Chair, presented the report. Mr. Phipps introduced himself to the Board as the new Alliance CFAC Chair. He mentioned that CFAC, like Alliance’s Board will continue meeting virtually due to public health guidelines. He also stated that the CFAC
**AGENDA ITEMS:**

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<td>annual report was part of the Board packet. Chair Pazzaglini expressed gratitude to Mr. Phipps for taking this leadership role in CFAC. The CFAC report is attached to and made part of these minutes.</td>
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**BOARD ACTION**

The Board received the report.

B. Finance Committee – page 104

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 June 4, 2020, meeting, the Summary of Savings/(Loss) by Funding Source and ratios for the period ending May 31, 2020 and recommendations to the Board to approve all presented contracts over $500,000.

David Hancock, Committee Chair, presented the report. Mr. Hancock stated that revenue exceeded expenditures and provided updated projections for this year. Sara Pacholke, Senior Vice-President/Financial Operations, reviewed details of a proposed FY20 budget amendment including consultation with UNC-SOG (School of Government) and Alliance’s auditors. This item required super majority approval. The Finance Committee report is attached to and made part of these minutes.

**BOARD ACTION**

A motion was made by Mr. Hancock to recommend that the Board approves the FY20 budget amendment 2 to transfer $6,171,401 from Medicaid services appropriation to State services appropriations and $6,171,401 Medicaid services revenue to State services revenue; motion seconded by Commissioner Ford. Motion passed unanimously.

C. Executive Committee – page 113

The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. This month’s report included approved minutes from the June 15, 2020, meeting and draft minutes and supporting document(s) from the July 20, 2020, meeting, notably recommended revisions to the Code of Ethics.

Chair Pazzaglini reminded Board members that the Board has typically chosen to have the Executive Committee serve as the ad hoc committee to provide preliminary review of the CEO and make recommendations to the Board. This is an annual process requiring Board approval. The Executive Committee report is attached to and made part of these minutes.

**BOARD ACTION**

A motion was made by Dr. Silberman to appoint the Executive Committee as the FY21 ad hoc committee to provide preliminary review of the CEO and make recommendations to the Board; motion seconded by Ms. Gloston. Motion passed unanimously.

9. Closed Session(s) BOARD ACTION

A motion was made by Mr. Curro 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, consider 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.
**AREA BOARD REGULAR MEETING**

Thursday, August 06, 2020  
(virtual meeting via teleconference)  
4:00-6:00 p.m.

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<td>10. Reconvene Open Session</td>
<td>The Board returned to open session.</td>
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| 11. Special Updates/     | A. COVID-19 Update – page 119  
Presentation(s)           | Mehul Mankad, Chief Medical Officer, provided the update including the NC governor’s extension of phase 2 through Labor Day and the impact on school systems. Dr. Mankad shared about Alliance CEO’s decision for staff to primarily work remotely through January 10, 2021, and the agency’s efforts to continue operations and to coordinate care for the people Alliance serves while maintaining staff and community safety. Also, Dr. Mankad shared that national benzodiazepine prescription levels are at an all-time high, which may result in future substance use disorders. |
|                           | **BOARD ACTION**  
                           | The Board received the update.                                              |
|                           | B. DSS (Department of Social Services) Proposal – page 120  
                           | Working with DSS partners, Alliance has identified a group of youth with complex needs for whom there are gaps in services and supports. Alliance has identified a continuum of services and is creating partnerships with providers and DSS to implement a plan to address the needs of these youth. Beth Melcher, Senior Director of Clinical Innovation, presented the proposal. |
|                           | Dr. Melcher noted demographics of these youth who are in DSS custody with multiple diagnoses; she reviewed a history of outcomes and expenses to support these individuals and a plan to develop an interim response while developing the comprehensive service continuum to provide better outcomes. This will create a new service option to support self-determination and transition support, kinship/foster care support, early identification/intervention, and additional partnerships with providers and DSS. |
|                           | **BOARD ACTION**  
                           | The Board received the update.                                              |
| 12. Adjournment           | All business was completed; the meeting adjourned at 6:05 p.m.              |

**Next Board Meeting**  
Thursday, September 03, 2020  
4:00 – 6:00 pm

Minutes approved by Board on [Click or tap to enter a date..](#)
ITEM: By-Laws/Policy Committee Report

DATE OF BOARD MEETING: September 3, 2020

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

Policies reviewed at the June 11, 2020, Policy Committee meeting and ready for Board approval without revisions are listed below. As no information has changed, a copy of these policies is not included in the Board packet.

B1 By-Laws

BO1 Compliance with Local Government Budget and Fiscal Control Act; BO2 Risk Management; BO5 Cellular Communication Devices; BO6 Paybacks; BO8 Management of Financial Risk; BO9 Fund Balance; BO10 Financial Stability; BO12 Accounting by Funding Source; BO13 Coordination of Benefits; BO14 Cyclical Financial Reporting; BO15 Claims Adjudication; BO16 Purchasing; BO17 Investments; BO18 Service Codes in Alpha; BO19 Budget Transfers; BO20 Eligibility for Services

C1 Corporate Compliance Plan; C2 Guarding against Fraud and Abuse; C3 Financial Incentives; C4 Employee Conflict of Interest; C5 Employee Code of Ethics and Conduct; C6 Records Retention; C7 Legal Proceedings Involving Service Records

CC1 Coordination of Care for Special Health Care Populations

CR1 Members’ Rights to Dignity, Privacy and Humane Care; CR2 Member’s Right to Confidentiality; CR3 Member Choice; CR4 Advanced Directives/Advanced Instructions

CS1 Customer Services

G1 Board of Directors Conflict of Interest; G2 Board of Directors Member Meeting Attendance Compensation; G3 Board of Directors Processes G4 Development of Policies and Procedures; G6 Chief Executive Officer Compensation; G7 Evaluation of Chief Executive Officer; G8 Board of Directors Code of Ethics; G9 Consumer, Family Advisory Committee; G10 Delegation of Authority to the Chief Executive Officer; G11 Guidelines for Public Comment at Board of Directors Meetings; G12 Area Authority Relations with Catchment Area County Boards of Commissioners; G13 Board of Directors Media Policy; G14 Dispute Resolution

GA1 Management of Service Delivery; GA2 Strategic Planning; GA3 Reporting of Abuse, Neglect, Dependency and Exploitation; GA4 Health and Safety Policy; GA5 Emergency Management Plan; GA6 Internal Control; GA7 Business Continuity Plan; GA8 Corporate Communications

HR2 Recruitment and Selection; HR4 Conditions of Employment; HR6 Employee Benefits; HR7 Alcohol and Drug Free Workplace; HR9 Sexual Harassment; HR10 Leave Policy; HR11 Family and Medical Leave Act; HR12 Clinical Staff Credentialing; HR14 Disciplinary Action; HR15 Performance Management; HR16 Separation; HR17 Employee Complaint; HR19 Reduction-in-Force

IT1 General Computer Use; IT4 Eligibility Load, Error Handling and Reconciliation; IT5 IT System Backup
PN1 Selection and Retention of Providers; PN2 Letters of Support; PN3 Provision of Services by Relatives/Legal Guardians; PN5 Rule Waiver Requests

QM1 Member, Provider and Stakeholder Satisfaction; QM2 Management and Investigation of Member Grievances; QM3 Management of Incidents

UM1 Accessibility of Utilization Review/Utilization Management Process; UM2 Pre-Review Screening for Certification; UM3 Utilization Review Criteria; UM4 Utilization Review Process; UM5 Appealing Utilization Management Decisions

Policies reviewed with recommended revisions are listed below. A copy of each policy is included in the Board packet.
BO4 Travel and Employee Expense Reimbursement; BO11 Accounting Manual;
HR1 Equal Employment Opportunity/Affirmative Action; HR5 Classification and Compensation; HR8 Employee Time and Attendance; HR18 Employee Grievance

Policies reviewed and recommended to repeal: None

New policy reviewed and ready for Board approval is listed below. A copy of the new policy is included in the Board packet.
GA-9 Non-Discrimination

REQUEST FOR BOARD ACTION: Accept the report. Accept Board Policy Committee minutes from the June meeting as submitted. As part of the annual review process, approve the above listed policies for continued use. Approve the recommended changes to the above listed policies. Approve the above listed new policy.

CEO RECOMMENDATION: Accept the report. Approve the reviewed policies for continued use and approve the proposed revised policies. Approve the proposed new policy.

RESOURCE PERSON(S): Lodies Gloston, Committee Chair; Monica Portugal, Chief Compliance Officer
BOARD POLICY COMMITTEE - REGULAR MEETING
(virtual meeting via videoconference)
4:00 p.m. - 5:30 p.m.

APPOINTED MEMBERS PRESENT: ☒Lodies Gloston, MA (Committee Chair), ☐Lee Jackson, BA ☒McKinley Wooten, JD
BOARD MEMBERS PRESENT: ☐Gino Pazzaglini
GUESTS PRESENT: ☒Kathy Dempsey, Compliance Analyst; ☒Monica Portugal, Chief Compliance Officer; ☒Jamie Preslar, Administrative Assistant III; ☒Carol Wolff, General Counsel

1. WELCOME AND INTRODUCTIONS – The meeting was called to order at 4:06 p.m.

2. REVIEW OF THE MINUTES – The minutes from the March 12, 2020, meeting were reviewed; a motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the minutes. Motion passed unanimously.

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<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<th>TIME FRAME:</th>
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<tr>
<td>3. Annual Review of By-Laws</td>
<td>A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the by-laws as presented. Motion passed unanimously.</td>
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<td>4. Annual Review of Business Operations Policies, including two policies with suggested revisions: BO4 Travel and Employee Expense Reimbursement and B0-11 Accounting Manual</td>
<td>A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the unrevised policies as presented. Motion passed unanimously. A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the policies with the suggested revisions. Motion passed unanimously.</td>
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<td>5. Annual Review of Care Coordination Policies</td>
<td>A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the policies as presented. Motion passed unanimously.</td>
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<td>6. Annual Review of Client Rights Policies</td>
<td>A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the policies as presented. Motion passed unanimously.</td>
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<td>7. Annual Review of Compliance Policies</td>
<td>A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the policies as presented. Motion passed unanimously.</td>
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<td>8. Annual Review of Customer Services</td>
<td>A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the policies as presented. Motion passed unanimously.</td>
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<td>9. Annual Review of General Administrative Policies</td>
<td>A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the policies as presented. Motion passed unanimously.</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
**AGENDA ITEMS:** | **DISCUSSION:** | **NEXT STEPS:** | **TIME FRAME:**
---|---|---|---
10. Annual Review of Governance Policies | A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the policies as presented. Motion passed unanimously. |  |  
11. Annual Review of Human Resources Policies, including 4 policies with suggested revisions: HR1 Equal Employment Opportunity/Affirmative Action HR5 Classification and Compensation HR8 Employee Time and Attendance HR18 Employee Grievance | A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the unrevised policies as presented. Motion passed unanimously. A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the policies with the suggested revisions. Motion passed unanimously. |  |  
12. Annual Review of Information Technology Policies | A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the policies as presented. Motion passed unanimously. |  |  
13. Annual Review of Provider Network Policies | A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the policies as presented. Motion passed unanimously. |  |  
14. Annual Review of Quality Management Policies | A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the policies as presented. Motion passed unanimously. |  |  
15. Annual Review of Utilization Management Policies | A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the policies as presented. Motion passed unanimously. |  |  
16. New Proposed Policies: Non-Discrimination Policy | A motion was made by Mr. Wooten and seconded by Ms. Gloston to approve the new policy. Motion passed unanimously. |  |  

17. **ADJOURNMENT:** the meeting adjourned at 4:25 p.m.; The next meeting will be September 10, 2020, from 4:00 p.m. to 5:30 p.m.
I. PURPOSE

The purpose of this policy is to provide a consistent standard for employee expense reimbursement for authorized travel for the purpose of conducting business or obtaining training. It is the intent of Alliance Health (Alliance) that employees neither gain nor lose personal funds when engaging in Agency authorized travel and/or training. It is also the intent of Alliance that all employee expense reimbursements be approved, necessary and reasonable.

II. POLICY

Alliance is committed to developing an educated and skilled workforce and shall provide funding for employee training and travel whenever possible. Funding for this purpose may be established annually during the annual budget process. Available training funds may be used for training required for obtaining or maintaining professional licensure or to obtain necessary skills required for a position when approved by the Chief Executive Officer. Mileage is reimbursed for travel that is a part of an employee’s job responsibilities or for approved travel for training purposes.

III. ALLOWABLE EXPENSES

Reimbursement for the following travel and training related expenses, both within and outside the catchment area, are allowable under this policy:
A. Mileage in accordance with current IRS regulations.
B. Meals based on the IRS per diem rates.
C. Hotel charges incurred
D. Airplane or rental car charges
E. Ancillary travel costs, e.g., tips, parking, etc.
F. Professional license reimbursement
G. Tuition/Registration.

Any exceptions to the established rates shall require the prior approval of the Chief Executive Officer.
IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to ensure that an up to date financial operations manual is maintained by the Finance Department.

II. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to maintain an up to date financial operations manual that documents finance related processes. The financial operations manual shall be developed and implemented to ensure that the department has adequate internal controls and procedures consistent with generally accepted accounting principles, in accordance with contractual requirements and to ensure the department is operated efficiently. The financial operations manual shall be reviewed and revised as necessary and at a minimum annually.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure the fair treatment of people in all aspects of Alliance Health (Alliance) operations without regard to race, color, religion, sex, sexual orientation, national origin, political affiliations, age, or disability and with proper regard for their privacy and constitutional rights as citizens.

II. POLICY STATEMENT

It is the policy of Alliance Health to comply with applicable federal civil rights laws and not to discriminate, deny benefits to, exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Alliance directly or through a contractor or any other entity with which Alliance arranges to carry out its programs and activities. Alliance and its contracted providers also do not discriminate against any person based on ethnicity, religion, creed, gender identity, sexual orientation, marital status, family/parental status, genetic information, income derived from a public assistance program, political beliefs, socio-economic status, or any other category protected under Federal or North Carolina law.

III. PROCEDURES

The CEO shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to ensure the fair treatment of applicants and employees in all aspects of personnel administration without regard to race, ethnicity, color, religion, sex, sexual orientation, gender identity or expression, national origin, political affiliations, age, disability, genetic information or veteran status and with proper regard for their privacy and constitutional rights as citizens. This “fair treatment” principle includes compliance with the federal employment opportunity and nondiscrimination laws.

II. POLICY STATEMENT

1. Equal Employment Opportunity:

Alliance Health (Alliance) is committed to equal employment opportunity for all who seek employment with the organization as well as those employed by the organization. Discrimination in all forms is prohibited. As a means of carrying out its commitment, the Board of Directors shall enforce the relevant provisions of the Civil Rights Act of 1964 as amended, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967 as amended, the Rehabilitation Act of 1973 as amended and all other statutes or regulations governing equal employment opportunity.

In furtherance of this policy, the Board of Directors prohibits retaliatory action of any kind taken by any employee of Alliance against any other employee, client, or applicant for employment because that person filed a complaint or charge; or assisted, testified, or participated in any manner in a hearing, proceeding, or investigation of a complaint charge.

Alliance is committed to ensuring utilization of women, minorities, and the disabled as part of its workforce. The Chief Executive Officer shall assure that all personnel policies and practices facilitate employment opportunities for protected classes including women, minorities and the disabled. 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.
III. PROCEDURES

The Chief Executive Officer will develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to establish and maintain a classification and compensation plan in order to attract, motivate, and retain highly qualified employees. The plan shall provide a structure to administer salaries fairly and equitably.

All employees shall be covered under the classification and compensation plan, except for the Chief Executive Officer whose compensation is set by the Board of Directors.

II. POLICY STATEMENT

It is the policy of Alliance Health (Alliance) to ensure that its system of compensation is internally equitable, market competitive and administered without regard to age, sex, gender identity or expression, race, ethnicity, color, religion, national origin, physical or mental condition, sexual orientation, non-job related disability, political affiliation, marital status, or other non-merit factors.

A. The Classification and Compensation Plan

The Classification and Compensation Plan shall consist of a system for identifying all types and levels of positions together with standards and procedures for maintaining the plan. Each position in Alliance is grouped with similar positions. This grouping is called a “Classification.” Job classifications shall be established to reflect the type of work performed, level of difficulty, and responsibilities associated with a position. Annually, the Board shall review and approve the Classification and Compensation plan.

The Classification and Compensation Plan shall provide a salary rate structure that may be revised in response to labor market trends. Each classification shall be assigned to a grade level with a designated salary range. No beginning pay rate will be below the federal or state minimum wage.

B. Minimum Qualification Standards

It shall be the policy of Alliance to establish job related minimum qualification standards wherever practical for each class of work in the classification and compensation plan. The standards shall be based on the required skills, knowledge, and abilities common to each classification. The qualification
standards and job related skills, knowledge and abilities shall serve as guides for the selection and placement of individuals.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

Alliance Health (Alliance) maintains work hours that ensure optimal productivity and customer service levels and which are compatible with state law, agency functions, and the maintenance of effective work schedules.

II. POLICY STATEMENT

It is the policy of Alliance to comply with the Fair Labor Standards Act. The normal work week for nonexempt full-time employees is 40 hours per week. The normal work schedule for exempt full-time employees may average more than 40 hours per week in order to complete work assignments. Employment with Alliance is based on the following principles:

1. Employees are expected to report for each and every scheduled working day or shift, to report on time and to complete all scheduled hours.
2. Being absent from or reporting to work after the scheduled beginning time requires the employee to properly notify the supervisor in advance and to adjust their work hours, utilize appropriate leaves or to lose payment for time not worked.
3. Employees scheduled to work are expected to remain on the job until completion of the last hour of the scheduled work day or shift.
4. Arrival any time after the beginning of the scheduled work day or shift is considered late or tardy for performance purposes.

III. PROCEDURES

The Chief Executive Officer will develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to provide a grievance process for certain employees of Alliance Health (Alliance) contesting a disciplinary action, Reduction in Force, alleged illegal discrimination or harassment based on race, ethnicity, religion, color, national origin, sex (including pregnancy, childbirth, and related medical conditions), gender identity or expression, age, disability (physical or mental including AIDS/HIV status), genetic information (i.e. Sickle cell or hemoglobin C trait), citizenship status, military status or service, or political affiliation, or other issue grievable under state law. This policy applies to Alliance career status and regular employees. Career status employees are eligible for appeal rights through the internal Alliance grievance process and the State Human Resources Commission and Office of Administrative Hearings. Regular employees who have not yet attained career status have appeal rights through the Alliance grievance process, but not outside Alliance unless they allege the employment action is being imposed on the basis of illegal discrimination. This policy does not apply to probationary, intern, temporary or trainee employees, except for grievances on the basis of alleged illegal discrimination or harassment or as otherwise provided under state law. It is the intent of this policy to encourage employees to resolve their grievance at the lowest level possible.

II. DEFINITION

Career status employee – A permanent employee who has been continuously (without break) employed in a position subject to the State Personnel Act for the immediate preceding 12 months.

Permanent employee – An employee who has been appointed to a permanently established position following the satisfactory completion of a probationary period in accordance with 25 NCAC 01I .2002(c).

Probationary employee – An employee serving a probationary appointment of not less than 3 months but not more than 9 months in accordance with 25 NCAC 01I .2002(a).

Reduction in Force (RIF) – Separation of employment with Alliance based on reductions in the workforce due to shortages of funds or work and/or changes in organizational objectives and policies.
which cause the consolidation, reorganization, or elimination of programs, functions, positions, or organizational work units.

III. POLICY STATEMENT

Alliance is committed to a consistent, equitable, and legally defensible process for the resolution of employee grievances regarding hiring, separation, disciplinary, reduction-in-force, or alleged discriminatory actions that are grievable under state law.

Permanent employees have the right to grieve when they disagree with certain disciplinary actions (suspension, demotion, or dismissal) taken against them. All employees also have the right to grieve if they believe they have been subject to illegal discrimination or harassment. Permanent employees subject to a reduction-in-force may also grieve as permitted under state law. Written warnings, placement on investigatory status with pay, and extensions of disciplinary actions are not grievable and are not appealable to the State Office of Administrative Hearings (OAH). Employees may file a complaint for all employment issues not covered by this policy.

No action involving demotion, suspension, or dismissal is to be taken against an employee for disciplinary reasons until such action has been approved by the CEO/Chief Executive Officer or designee except when, in the judgment of the manager the immediate suspension is necessary to protect the safety of persons or property. In no case, however, shall an employee be dismissed without the written approval of the Chief Executive Officer/CEO or designee.

Employees seeking redress under the grievance policy shall not suffer retaliation for filing a grievance.

IV. PROCEDURES

The Chief Executive Officer/CEO shall develop procedures to implement the provisions of this policy. The procedures shall comply with all relevant Federal, State and local requirements. If any provision of this policy conflicts with duly promulgated Federal or State laws, rules or regulations, the provision of the law, rule or regulation shall govern.
ITEM: Executive Committee Report

DATE OF BOARD MEETING: September 3, 2020

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. This month’s report includes draft minutes from the August 17, 2020, meeting.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Gino Pazzaglini, Board Chair; Robert Robinson, CEO
BOARD EXECUTIVE COMMITTEE - REGULAR MEETING
(virtual meeting via videoconference)
4:00-6:00 p.m.

Monday, August 17, 2020

APPOINTED MEMBERS PRESENT: ☐David Curro, BS (Audit and Compliance Committee Chair); ☑Angela Diaz, MBA (Client Rights/Human Rights Committee Chair); ☐Lodies Gloston, MA (Policy Committee Chair); ☑David Hancock, MBA, PFAff (Finance Committee Chair), ☑Donald McDonald, MSW (Network Development and Services Committee Chair); ☑Lynne Nelson, BS (Board Vice-Chair), ☑Gino Pazzaglini, MSW LFACHE (Board Chair), and ☑Pam Silberman, JD, DrPH (Quality Management Committee Chair)

BOARD MEMBERS PRESENT: None
GUEST(S): None
STAFF PRESENT: Veronica Ingram, Executive Assistant II; Robert Robinson, CEO; and Carol Wolff, General Counsel

1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 4:05 p.m.
2. REVIEW OF THE MINUTES – the Committee reviewed minutes from the July 20, 2020, meeting; a motion was made by Dr. Silberman and seconded by Vice-Chair Nelson to approve the minutes. Motion passed unanimously.

AGENDA ITEMS: DISCUSSION: NEXT STEPS: TIME FRAME:

3. Agenda for September Board Meeting
   Committee reviewed the draft agenda.
   COMMITTEE ACTION
   A motion was made by Vice-Chair Nelson to approve the agenda as presented. Motion seconded by Mr. McDonald; motion passed unanimously.
   Ms. Ingram will forward the agenda to staff.
   8/18/20

4. Updates
   A. Medicaid Transformation: Mr. Robinson provided a brief update on Medicaid Transformation
   B. Staff Futures Workgroup: Mr. Robinson reviewed the charter for this internal, staff workgroup, which includes Board representation. He also shared about additional changes to the charter and upcoming meetings.
   a) None specified.
   b) Staff will update the charter and schedule meetings.
   a) N/A
   b) N/A

5. Board Applicant Interview
   Committee members interviewed an applicant for a vacant seat representing Durham County.
   COMMITTEE ACTION
   A motion was made by Vice-chair Nelson to recommend that the Alliance Board forward Carol Council’s application to the Durham Board of County Commissioners; motion seconded by Mr. Hancock. Motion passed unanimously.
   Topic will be added to the Chair’s Report for the next Board meeting for the Board’s approval.
   9/3/20

6. Closed Session
   COMMITTEE ACTION
   A motion was made by Dr. Silberman 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 Mr. Hancock; motion passed unanimously.
   Committee returned to open session.
   None specified.
   n/a

7. ADJOURNMENT: the meeting adjourned at 6:30 pm; the next meeting will be September 21, 2020, at 4:00 p.m.

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

DATE OF BOARD MEETING: September 3, 2020

BACKGROUND: The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Board Meeting. This month’s report includes the draft minutes from the August 6, 2020, meeting, the Summary of Savings/(Loss) by Funding Source and ratios for the period ending July 31, 2020, recommendations to the Board to approve all presented contracts over $500,000, and any other applicable Finance Committee topics.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

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

1. Review of the Minutes – August 6, 2020

2. Monthly Financial Reports as of July 31, 2020
   a. Summary of Savings/(Loss) by Funding Source
   b. Statement of Revenue and Expenses (Budget & Actual)
   c. Senate Bill 208 Ratios
   d. DMA Contractual Ratios

3. 6/30/20 Close Update

4. Closed Session
   a. The Finance Committee will hold a closed session pursuant to NC General Statute 143-318.11 (a) 1 to prevent the disclosure of information that privileged or confidential pursuant to the law of this State or of the United States, or not considered a public record within the meaning of Chapter 132 of General Statutes.

5. Adjournment
1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 3:00 PM

2. **REVIEW OF THE MINUTES** – The minutes from the June 4, 2020, meeting were reviewed; a motion was made by Mr. Pazzaglini and seconded by Ms. Anderson to approve the minutes. Motion passed unanimously.

### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| 3. Monthly Financial Report | The monthly financial reports were discussed which includes the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DMA Contract Ratios as of May 31, 2020. Ms. Pacholke discussed the monthly reports.  
• As of 5/31/20 we have net position of $02.8M with $18M unrestricted  
• As of 5/31/20 we have savings of $14.9M  
• We are meeting all SB208 and DMA contract ratios. | | |
| 4. Budget Amendment | Ms. Pacholke went over the recommended FY20 budget amendment 2. The amendment includes a transfer of $6,171,401 from Medicaid Services Appropriations to State Services Appropriations and $6,171,401 from Medicaid Service Revenue to State Service Revenue. There is no change in the total approved budget, total appropriations, or total revenue.  

The following motion was made by Mr. Pazzaglini and seconded by Ms. Anderson related to the budget amendment. Motions passed unanimously.  
• A motion to recommend to the Board to approve the FY20 Amendment 2 to transfer $6,171,401 from Medicaid Services Appropriations to State Services Appropriations and $6,171,401 from Medicaid Services Revenue to State Services Revenue. | | |
| 5. Sale of Adult Crisis Building | Ms. Goodfellow discussed an offer we received for the adult crisis building. The Executive Committee approved the offer and it will be taken to the full Board. | | |

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..
<table>
<thead>
<tr>
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<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| 6. Year End Schedule  | Ms. Pacholke went over the year end schedule to close the books for FY20. Key meetings are:  
|                       | • October 2020 meeting – Board will approve restricted net assets and commit funds  
|                       | • December 2020 Meeting – Auditors will present FY20 audited statements      |             |             |
| 7. Miscellaneous Updates | Mr. Pazzaglini discussed that he would be recommending moving all committee meetings to the consent agenda. If there is a topic that needs to be discussed with the Board, the committee chair would make the call and do it during agenda adjustments.  
|                       | Mr. Robinson discussed that the State Auditor will be doing audits of COVID funds. Not specifically at the LME/MCO level, but across the State and including the Department. |             |             |

8. **ADJOURNMENT:** the meeting adjourned at 3:35 pm; the next meeting will be September 3, 2020, from 2:30 p.m. to 4:00 p.m.
## Summary of Savings/(Loss) by Funding Source as of July 31, 2020

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$38,880,056</td>
<td>$34,360,557</td>
<td>$4,519,500</td>
</tr>
<tr>
<td>Medicaid Waiver Risk Reserve</td>
<td>814,657</td>
<td>-</td>
<td>814,657</td>
</tr>
<tr>
<td>Federal Grants &amp; State Funds</td>
<td>4,416,909</td>
<td>4,618,327</td>
<td>(201,418)</td>
</tr>
<tr>
<td>Local Funds</td>
<td>2,486,232</td>
<td>2,486,232</td>
<td>-</td>
</tr>
<tr>
<td>Administrative</td>
<td>5,815,061</td>
<td>5,307,971</td>
<td>507,090</td>
</tr>
<tr>
<td>Total</td>
<td>$52,412,916</td>
<td>$46,773,087</td>
<td>$5,639,829</td>
</tr>
</tbody>
</table>

## Fund Balance as of July, 31 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>4,799,035</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>61,738,529</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td></td>
</tr>
<tr>
<td>State Statutes</td>
<td>7,006,672</td>
</tr>
<tr>
<td>Prepaids</td>
<td>2,606,680</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>9,612,353</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>37,019,958</td>
</tr>
<tr>
<td>Total Fund Balance</td>
<td>113,169,875</td>
</tr>
</tbody>
</table>

### July 31, 2020 Actual

- Investment in Fixed Assets: 4%
- Restricted - Risk Reserve: 33%
- Restricted - Other: 8%
- Unrestricted: 55%
### Statement of Revenue and Expenses (Budget and Actual) - As of July 31, 2020

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$38,239,101</td>
<td>$2,486,232</td>
<td>$2,486,232</td>
<td>$35,752,870</td>
<td>6.50%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>$56,485,470</td>
<td>$4,416,909</td>
<td>$4,416,909</td>
<td>$52,068,561</td>
<td>7.82%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$399,202,069</td>
<td>$39,694,713</td>
<td>$39,694,713</td>
<td>$359,507,356</td>
<td>9.94%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$493,926,640</td>
<td>$46,597,854</td>
<td>$46,597,854</td>
<td>$447,328,786</td>
<td>9.43%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>$382,104</td>
<td>$32,300</td>
<td>$32,300</td>
<td>$349,804</td>
<td>8.45%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>$4,359,385</td>
<td>$363,283</td>
<td>$363,283</td>
<td>$3,996,102</td>
<td>8.33%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>$54,436,646</td>
<td>$5,413,916</td>
<td>$5,413,916</td>
<td>$49,022,730</td>
<td>9.95%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>$500,000</td>
<td>$5,563</td>
<td>$5,563</td>
<td>$494,437</td>
<td>1.11%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>$59,678,135</td>
<td>$5,815,061</td>
<td>$5,815,061</td>
<td>$53,863,073</td>
<td>9.74%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$553,604,775</td>
<td>$52,412,916</td>
<td>$52,412,916</td>
<td>$501,191,859</td>
<td>9.47%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>$38,239,101</td>
<td>$2,486,232</td>
<td>$2,486,232</td>
<td>$35,752,870</td>
<td>6.50%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>$56,485,470</td>
<td>$4,416,909</td>
<td>$4,416,909</td>
<td>$52,068,561</td>
<td>7.82%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$399,202,069</td>
<td>$39,694,713</td>
<td>$39,694,713</td>
<td>$359,507,356</td>
<td>9.94%</td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td>$493,926,640</td>
<td>$41,465,116</td>
<td>$41,465,116</td>
<td>$452,461,524</td>
<td>8.39%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>$7,515,171</td>
<td>$674,072</td>
<td>$674,072</td>
<td>$6,841,099</td>
<td>8.97%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>$46,629,212</td>
<td>$4,182,398</td>
<td>$4,182,398</td>
<td>$42,446,814</td>
<td>8.97%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$5,033,752</td>
<td>$451,501</td>
<td>$451,501</td>
<td>$4,582,251</td>
<td>8.97%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$500,000</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td>$59,878,135</td>
<td>$5,307,971</td>
<td>$5,307,971</td>
<td>$54,370,164</td>
<td>8.89%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$553,604,775</td>
<td>$46,773,087</td>
<td>$46,773,087</td>
<td>$506,831,688</td>
<td>8.45%</td>
</tr>
<tr>
<td><strong>CHANGE IN NET POSITION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$5,639,829</td>
<td>$5,639,829</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Current Ratio** = Compares current assets to current liabilities. Liquidity ratio that measures an organization's ability to pay short term obligations. The requirement is 1.0 or greater.

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

**Medical Loss Ratio (MLR)** = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue. The requirement is 85% or greater cumulative for the rating period (7/1/19-6/30/20).
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: September 3, 2020

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

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

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

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

REQUEST FOR BOARD ACTION: Please accept the draft minutes from our August 3 Steering Committee, the August 10 Durham, August 11 Wake, and August 18 Johnston meetings along with the supporting documents. Cumberland meets the fourth week of the month so minutes were not yet available.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Jason Phipps, CFAC Chair; Doug Wright, Director of Community and Member Engagement
MEMBERS PRESENT: ☒ Jason Phipps ☒ Pinkey Dunston, ☒ Charlitta Burriss, ☒ Vicky Bass, ☒ Trula Miles, ☒ Marie Dodson, ☒ Dr. Michael Maguire, ☒ Jerry Dodson, ☒ Breanna Harris, ☒ Regina Mays, ☒ Renee Lloyd, ☒ Dave Curro, ☒ Helen Castillo, ☒ Sharon Harris, ☒ Felicia McPherson, ☒ Ben Smith, ☒ Annette Smith, ☒ Shirley Francis, ☒ Brenda Solomon, ☒ Tekeyyon Lloyd

BOARD MEMBERS PRESENT: None

GUEST(S): Rob Robinson, CEO, Alliance Health

STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Terrasine Gardner, Member Engagement Manager, Starlett Davis, Member Engagement Specialist, Stacy Guse, Member Engagement Specialist, Ramona Branch, Member Engagement Specialist

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the June 1, 2020, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Michael Maguire and seconded by Felicia McPherson to approve the minutes. Motion passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. State Updates</td>
<td>Rob Robinson, CEO, Alliance Health, gave the Steering Committee updates on Senate Bill 808: Medicaid Funding Act.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>• This Bill gives provides funds for the operation of the Medicaid program. It directs that Medicaid transformation will begin no later than July 1, 2021, and also directs the Department of Health and Human Services to amend the awarded capitated contracts with prepaid health plans (PHP) to cover a period of four years, instead of three, with a one year option to renew, unless the PHP declines the amendment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Transfers funds to the Medicaid Transformation Fund and allows those funds to be used for specified qualifying needs related to Medicaid Transformation, as verified by the Office of State Budget and Management. (Effective July 1, 2020)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Standard plans to go live on July 1, 2021 Those plans consist of: BCBS, WellCare, AmeriHealth Caritas, United Healthcare, and Carolina Complete Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tailored plans to go live in 2022</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rob gave the members time to ask any questions and comment any concerns about the Bill and Alliance’s Covid-19 response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>4. Public Comment Individual/Family Challenges and Solutions</td>
<td>COVID-19 Check in – making sure everyone is doing okay. The group shared their concerns and comments about the ongoing COVID-19 pandemic and how the community is responding to these unprecedented times.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| 5. LME-MCO Updates | **Annual Report:** Doug went over the Annual report and summarized each of the counties accomplishments during the last year. With most events and activities being held virtually for the near future, this next year will be challenging. The group is empowered to come up with creative ways to engage the community and continue their outreach efforts.  

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**CCP (Crisis Counseling Program):** Crisis Counseling funded by the FEMA grant is continuing to operate the HOPE4NC. Outreach is currently involved in nursing homes, meat packing plants, and adult care facilities, where COVID-19 has hit the hardest.  

**Hoteling:** The hoteling project will come to an end at the close of August. It is hopeful that all participants will be in stable housing. | Ongoing | N/A |
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6. Advocacy Toolkit

Vaya Example: Vaya Health has put together a document that entails resources for CFACs and Advocacy. The document includes talking points, legislative contacts, and effective communication tips. This effective tool kit was made for the Vaya catchment area and would be of great benefit to have one specifically for the Alliance catchment area.

7. CFAC Brochure - review

Request for member or family statement for the new brochure: members were asked to submit their comments to Doug about the value of being a CFAC member. These comments need to be submitted no later than the end of August, preferably sooner.

8. Human Rights

Grievance and Incidence quarterly reports: Doug went over the grievance and incident quarterly report. Key Points:

N/A

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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<td></td>
<td>• 84 (40%) Grievance Members –Legal Guardians</td>
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<td>• 98 (47%) Internal Employee Concerns –Alliance Staff</td>
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<td>• 25 (12%) External Stakeholder Concerns -Outside entities</td>
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<td>• 3 (1%) Compliments</td>
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<td>Quality of services account for 26% of complaints/grievances, and 83% of administrative issues were internal concerns.</td>
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<td>Human Rights Complaints:</td>
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<td>• 4- Confidentiality &amp; HIPAA</td>
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<td>• 7- Client Rights</td>
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<td></td>
<td>• 24- Abuse/Neglect/Exploitation</td>
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<td>The majority of these complaints are from residential services including innovations, followed by psychiatric services and crisis inpatient.</td>
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<td>Wake County continues to have the highest percentages of incidences, followed by Durham, Cumberland, and Johnston, with the lowest. Most incidences that were reported occurred in PRTF (Psychiatric Residential Treatment Facility) and IIH (Intensive in Home) services.</td>
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<td>96% restrictive interventions were from physical restraints. 42 deaths were reported and it was asked to see if the committee could get information on substantiated cases. 40% of the deaths reported were due to unknown causes.</td>
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9. Subcommittees

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<td>Wake</td>
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<tr>
<td>Cumberland</td>
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<td><strong>Quality Management</strong></td>
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<td><strong>10. Announcements</strong></td>
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- Jason Phipps stated that officer elects from JOCO are asked to participate in virtual meeting, he stated that he would send out more information for the CFAC members in Johnston County.
- Annette Smith stated that there will soon be a face book page for the NC DSP initiative. There will be links to view all papers and other information concerning this committee.

### 11. ADJOURNMENT:

The next meeting will be September 2, 2020, at 5:30 p.m.

Respectfully Submitted by:

---

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AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME: |
---|---|---|---|
3. Public Comments | COVID-19- Check In: Steve Hill stated that due to the strict precautions that TROSA has put in place for COVID-19, they are pleased to report that they have had 0/400 cases so far. Trula miles stated that she has assisted several of her community church members that were hospitalized with COVID-19 transition back home with personal items, food, etc. | N/A | N/A |
4. Advocacy Toolkit | Vaya Example: Doug went over the advocacy toolkit that Vaya Health has put together. This is a document that entails resources for CFACs and Advocacy. The document includes talking points, legislative contacts, and effective communication tips. This effective tool kit was made for the Vaya catchment area and would be of great benefit to have one specifically for the Alliance catchment area. Doug asked CFAC members to think about the possibility of putting something like this together and it would be talked about in the upcoming meetings. | Discuss further during September 14, 2020 meeting | N/A |
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Durham CFAC MEETING - REGULAR MEETING
Virtual meeting via videoconference

Monday, August 10, 2020

AGENDA ITEMS: DISCUSSION: NEXT STEPS: TIME FRAME:

Alliance’s Community Health and Well-Being team have created a series of free virtual trainings for our communities. An email was sent out to all CFACs on the topics and how to register. The group was encouraged to take advantage of the free trainings.

Bridge Housing Project: The Carolina Duke Inn will have 8 refurbished rooms for the sole purpose of bridging housing for the homeless. This will start at the end of the August.

Annual Report: Doug went over the Annual report and summarized each of the counties accomplishments during the last year. With most events and activities being held virtually for the near future, this next year will be challenging. The group is empowered to come up with creative ways to engage the community and continue their outreach efforts.

Alliance Offices/Staff – Covid: Alliance staff will continue to work from home until January 10, 2021. Staff is able to come into the office on an as need basis, and work safely in the community when necessary.

Medicaid Transformation Funding Bill: Rob went over the highlights of Senate Bill 808. Members were encouraged to read about the Bill.

September Meeting - Labor Day – reschedule or Cancel: The group decided to reschedule the next Steering Committee meeting to Tuesday, September 2, 2020 @ 530pm.

Board Meeting – Thursday: The Alliance Board meeting is scheduled for this coming Thursday. Members were asked to email Jason Phipps if they had any questions, or concerns that need to be addressed.

CCP (Crisis Counseling Program): Crisis Counseling funded by the FEMA grant is continuing to operate the HOPE4NC. Outreach is currently involved in nursing homes, meat packing plants, and adult care facilities, where COVID-19 has hit the hardest.

Hoteling: The hoteling project will come to an end at the close of August. It is hopeful that all participants will be in stable housing.
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<td>6. State Updates</td>
<td>Roanna newton, DHHS went over the State updates. This will be Roanna’s last meeting as she will be transitioning into another position within NCDHHS. Suzanne Thompson will be joining us in the future, until a replacement is found. The new number for the Customer Service Team (State): 984.236.5300</td>
<td>Ongoing</td>
<td>N/A</td>
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<td>Roanna defined her new department and role: She will be a part of the CST/Community Rights team. They are responsible for handling complaints, resources, assistance with services, and system navigation with the NC DHHS. They also focus on incidence reporting, abuse and exploitation, and participate in quality management measures.</td>
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7. Steering Committee | CE&E: Roanna highlighted specific areas of interest and encouraged members to register for the TBI webinar and comment on the policies email that was sent out shortly before the meeting. | Ongoing | N/A |

7. Steering Committee | Most of the updates were discussed during the LME/MCO updates from Doug. The group was also asked to participate in the Olmstead Zoom meetings and Ramona emailed the schedule back out to the group before the meeting was adjourned. | Ongoing | N/A |

8. Event Planning | Moving forward the group was asked to be thinking about Medicaid Transformation and how to get this information back out into the community. This will be discussed further at the next meeting in September. | Discuss further during September 14, 2020 meeting | N/A |

ADJOURNMENT: 06:43pm the next meeting will be September 14, 2020, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch, Member Engagement Specialist 08.11.2020

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MEMBERS PRESENT: ☐ Carole Johnson, ☐ Megan Mason, ☐ Karen McKinnon, ☐ Connie King-Jerome, ☐ Israel Pattison, ☐ Annette Smith ☐, Ben Smith ☐, Wanda (Faye) Griffin, ☐ Diane Morris, ☐ Jessica Larrison, ☐ Vicky Bass, ☐ Gregory Schewizer, ☐ Bradley Gavriluk

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

Please sign-up for each meeting via:

https://alliancehealthplan.zoom.us/j/91146891660

Meeting ID: 911 4689 1660
Password: 774826

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the June 9, 2020, Wake Consumer and Family Advisory Committee (CFAC) Subcommittee meeting were reviewed; a motion was made by Karen McKinnon and seconded by Bradley Gavriluk to approve the minutes. Motion passed unanimously.

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<td>3. Public Comments Individual and Family Challenges</td>
<td>COVID19 Check-in: Cindy Peters has an issue with the transitions to the new rates for services. According to Cindy, the new rates was not decided until mid-July and the enhanced rates ended June 30, 2020. Cindy stated Alliance was not ready for the new rates and her provider went back to the old rates. As a result, her DSP lost the additional $500 a month in salary and couldn’t pay his car insurance. During the lapse of lack of insurance, said DSP worker totaled his brand new car. Doug stated the enhanced rates end in September 2020 but will confirm. Doug reminded everyone the provider determines how much to pay their staff and not Alliance. Providers contract with Alliance at a contracted rate. Annette inquired who is holding the providers fiduciary responsible. Doug explained Alliance pays providers at a certain rate for services and pays their employees directly, not Alliance.</td>
<td>N/A</td>
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<td>4. State updates</td>
<td>Roanna explained the state has a new telephone system and all of the phone numbers have been changed. The most important phone number for CFAC is the Customer Service and Community Rights which has become (984) 236-5300. NCDHHS will be sending out a new questions and request for suggestions regarding changes relevant for i.e, Care facilities, Innovation waivers, individual needs, etc. Roanna stressed this a way to have your voice hear for legislation and state changes for services. Roanna will be transitioning to a full-time position as the CST/Community Rights team. Roanna's new role will include handing complaints, assist with services and system navigation and providing resources within the NC. This will be Roanna’s last meeting and Suzanne Thompson will be her replacement until permanently filled. Roanna explained there is a new mobile friendly updates and formats for NCDHHS. HOPE4NC helpline is a specific COVID related helpline to assist those affected by Coronavirus (855) 587-3463. NCCARE360 help individuals find resources and please share as a resource. NCDHHS have been getting many calls from parents with I/DD children having concerns with the virtual learning format. Roanna states the Autism Society is offering virtual learning format training to help ease with classroom to virtual learning.</td>
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<td>September is Suicide Prevention month and SAMSA has created a new toolkit coping with anxiety and stress.</td>
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<td>Annette asked if we will be linked with health records like EPIC, Doug replied we are hopeful to have access.</td>
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Annette requests we add more members to our Wake CFAC membership. Doug explained this will have to be brought up at the Steering Committee meeting and reminded of the expenses involved.

Alliance Trainings:
Alliance's Community Health and Well-Being team have created a series of free virtual trainings for our communities. An email was sent out to all CFACs on the topics and how to register. The group was encouraged to take advantage of the free trainings.

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</table>

| 6. Steering Committee | Most of the updates were discussed during the LME/ MCO updates from Doug. Doug explained the Human Rights meeting outcomes. | N/A |
| 7. Announcements/ Event planning | Annette would like to create another task force within the Wake CFAC committee to address items like housing, technology, or gaps in service. Israel stated he would be interested with the technology task force. | Ongoing |

4. **ADJOURNMENT:** the next meeting will be September 8, 2020, at 5:30 p.m.

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
MEMBERS PRESENT: Marie Dodson, Cassandra Williams-Herbert, Jerry Dodson, Jason Phipps, Albert Dixon
BOARD MEMBERS PRESENT: None
GUEST(S: Jeff Holland, Rick Wiethorn, Christine Wiethorn, Roanna Newton (DHHS)
STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Terrasine Gardner, Member Engagement Manager, Noah Swabe, Member Engagement Specialist

Join Zoom Meeting
https://alliancehealthplan.zoom.us/j/92670863998?pwd=ZEc4MUcwS31Fc3YyTysrZjBqVXpvQT09

Meeting ID: 926 7086 3998
Passcode: 012115

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – June minutes were reviewed, a motion was made by Albert, seconded by Jerry, Motion Passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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</thead>
<tbody>
<tr>
<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>Check In- All members reported they were in good health and doing their best to cope with the effects of COVID-19. Albert reports that he has noticed an increase in people in need in the community since the pandemic has started. Albert also reported to the group he has renewed his peer certification for another two years. Jeff Holland joined the group and shared information about his parent support group “Parents of Adult Children in Transition” groups were previously being held the second Monday, at The Church of Clayton Crossings, 11407 US 70 Hwy Bus West, Clayton, NC 27520, however in light of COVID-19 the meetings are now being held virtually. Jeff also commented/inquired if there was a way Alliance’s UM department could notify families once a service is approved. Rather than the current system of notifying the provider or care coordinator who then notifies the family. Rick and Christine Weithorn joined the call, Rick voiced some challenges his family was facing in regards to his daughter and the innovations waitlist. Rick reported that his daughter has been on the waitlist for over five years and Doug will pass the information to UM and see if notifying families as well is a possibility. Doug will follow up with Rick and his family to provide answers and clarity for Rick and his family.</td>
<td>Doug will pass the information to UM and see if notifying families as well is a possibility. Doug will follow up with Rick and his family to provide answers and clarity for Rick and his family.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

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**AGENDA ITEMS:**

<table>
<thead>
<tr>
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<tr>
<td>according to the last time he checked the timeline seems to be getting longer rather than shorter. Rick and his family report having issues reaching and getting a response from Alliance staff in regards to the waitlist and questions in reference to waitlist. Rick’s family requested information on the list, how the list works, and who monitors the wait list. Doug briefly reviewed how the list works and how the slots are divided amongst the counties throughout the state and why the length on the waitlist varies. Doug provided his contact information to Rick and his family and is going to personally follow up on the matter.</td>
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<tr>
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<tbody>
<tr>
<td>4. LME/MCO Updates</td>
<td>Doug went over the LME/MCO updates:</td>
<td>Alliance staff will continue to update the CFAC as information becomes available.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Senate Bill 808 has passed:</td>
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<tr>
<td>□ This Bill gives provides funds for the operation of the Medicaid program. It directs that Medicaid transformation will begin no later than July 1, 2021, and also directs the Department of Health and Human Services to amend the awarded capitated contracts with prepaid health plans (PHP) to cover a period of four years, instead of three, with a one year option to renew, unless the PHP declines the amendment</td>
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<tr>
<td>□ Transfers funds to the Medicaid Transformation Fund and allows those funds to be used for specified qualifying needs related to Medicaid Transformation, as verified by the Office of State Budget and Management. (Effective July 1, 2020)</td>
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<tr>
<td>□ Standard plans to go live on July 1, 2021 Those plans consist of: BCBS, WellCare, AmeriHealth Caritas, United Healthcare, and Carolina Complete Health</td>
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<tr>
<td>Timeline:</td>
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<td>• November 2, 2020: RFA (Request for Application) to become a Tailored Plan.</td>
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<td>• January 19, 2020: RFA response due</td>
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<td>• May 18, 2021: Awards for Tailored plan contracts to be announced; 5-7 contracts</td>
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<td>• July 1, 2021: Standard Plans go Live</td>
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<td>• July 1, 2022: Tailored Plans go Live</td>
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<tr>
<td>Alliance Trainings:</td>
<td>Alliance's Community Health and Well-Being team have created a series of free virtual trainings for our communities. An email was sent out to all CFACs on the topics and how to register. The group was encouraged to take advantage of the free trainings.</td>
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<tr>
<td>Bridge Housing Project: The Carolina Duke Inn will have 8 refurbished rooms for the sole purpose of bridging housing for the homeless. This will start at the end of the August.</td>
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<tr>
<td>Annual Report: Doug went over the Annual report and summarized each of the counties accomplishments during the last year. With most events and activities being held virtually for the near future, this next year will be challenging. The group is empowered to come up with creative ways to engage the community and continue their outreach efforts.</td>
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<tr>
<td>Alliance Offices/Staff – Covid: Alliance staff will continue to work from home until January 10, 2021. Staff is able to come into the office on an as need basis, and work safely in the community when necessary.</td>
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<td>Medicaid Transformation Funding Bill: Doug went over the highlights of Senate Bill 808. Members were encouraged to read about the Bill.</td>
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<tr>
<td>CCP (Crisis Counseling Program): Crisis Counseling funded by the FEMA grant is continuing to operate the HOPE4NC. Outreach is currently involved in nursing homes, meat packing plants, and adult care facilities, where COVID-19 has hit the hardest.</td>
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<tr>
<td>Hoteling: The hoteling project will come to an end at the close of August. It is hopeful that all participants will be in stable housing.</td>
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<tr>
<td>Group Living Initiative- Recovery Trainings: The funding will end on October 1, 2020 for members in the Alliance catchment area that are currently utilizing funds for group homes. Recovery trainings will be held virtually: Independent Living Initiative; Continuum of Care; streaming on social media during the month of September. They will be 15-20 minutes long and they will also be presented to CFAC.</td>
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<tr>
<td>Durham Bridge Housing – Carolina Duke: This program will bring the homeless off the streets in hopes of transitioning them into the community with stable housing. The Carolina Duke Inn (Durham) will be participating in this program.</td>
<td>Continue to monitor changes at the state level and report them to the CFAC as they become available.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>CIT – Johnston/Wake: Johnston County had their first CIT training since the pandemic and it was a face to face training. Social distancing, temperature checks and all protocols were enforced and the training was successful. Mental Health First Aid – virtual: The Community Education and Outreach team will start holding their mental aid First Aid trainings virtually. More information to come about times and dates.</td>
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<tr>
<td>Roanna newton, DHHS went over the State updates. This will be Roanna’s last meeting as she will be transitioning into another position within NCDHHS. Suzanne Thompson will be joining us in the future, until a replacement is found. The new number for the Customer Service Team (State): 984.236.5300 CE&amp;E: Roanna highlighted specific areas of interest and encouraged members to register for the TBI webinar and comment on the policies email that was sent out shortly before the meeting. Members of the CFAC were highly encouraged to read the policy papers recently published by the department and offer feedback before the due date.</td>
<td>Doug will resend the links to policy papers open for feedback to members of the CFAC.</td>
<td></td>
</tr>
<tr>
<td>Marie updated the CFAC about the recent SCFAC meeting she attended. Marie discussed several pilot programs being implemented across the state that could have positive impacts for members and their families. The information surrounding these pilot programs can be found in the CE&amp;E update. Marie also discussed the new CE&amp;E platform and complimented how user friendly the new format was.</td>
<td>None</td>
<td>None</td>
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<tr>
<td>7. Steering Committee Updates</td>
<td>September Meeting - Labor Day – reschedule or Cancel: The group decided to reschedule the next Steering Committee meeting to Wednesday, September 9, 2020 @ 530pm. CFAC Budget: The Budget for this year will remain the same as last year. Doug stated that there was a $200 overage last year.</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>8. CFAC Annual Report</td>
<td>Highlights from Johnston County’s CFAC over the past year. With most events and activities being held virtually for the near future, this next year will be challenging. The group is empowered to come up with creative ways to engage the community and continue their outreach efforts virtually during the COVID-19 pandemic.</td>
<td>Begin thinking of events that could be held virtually to empower and inform the community for the coming months</td>
<td>Ongoing</td>
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<tr>
<td>9. Announcements</td>
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10. **ADJOURNMENT**: Next Meeting September 15, 2020 at 5:30pm via Zoom

Respectfully Submitted by:

Noah Swabe, Individual and Family Engagement Specialist

[Click here to enter text.]

Date Approved
VAYAHEALTH
CONSUMER AND FAMILY ADVISORY COMMITTEE

Advocacy Toolkit
Information to encourage and support your local and state CFAC advocacy efforts

supports services citizens system IDD inclusion respect family perspective change advocacy information ability viewpoint voice Medicaid MH consumer recovery SUD
Tips for Making Contact

You can make a difference for yourself and others by expressing your perspective and voicing community needs! There are several ways to reach out to policymakers, including phone calls, emails, letters, and in-person visits. Also, take advantage of public comment periods to submit your feedback about proposed policy or system changes. There are many resources, contacts and opportunities for advocacy. This document includes a few examples to inspire you. Explore other options as you see fit.

- If possible, make an appointment and tell the person why you need to see them.
- No appointment? It is also effective to leave materials with the person’s assistant.
- Always present yourself and your views in a respectful, dignified manner.
- Fifteen minutes is the average time with a legislator or other official. Use it wisely! It is the quality, not the length, of your discussion that is important.
- Take written material and leave a card or handwritten note.
- Always say, “thank you for your time” and follow up with an email or note that summarizes the meeting.

Sample Talking Points

Vaya Health Consumer and Family Advisory Committee (CFAC) members request that policymakers:

- **Maintain inclusion** of and support for local Consumer and Family Advisory Committees (CFACs) in the mental health, substance use and intellectual/developmental disabilities service system during and after Medicaid Transformation.
  - Local CFACs represent the diverse population of individuals who utilize the mental health, substance use and intellectual/developmental disabilities service system in North Carolina.
  - Nothing about us without us! – For elected officials and state leaders to make informed decisions about system policies, you must listen to those of us who are most impacted.

- **Protect and strengthen the consumer voice.** Any revisions to NC GS 122C must include appropriate measures for consumer and family input through the NC State CFAC and local CFACs.

- **Support efforts to increase rates for direct support professionals.** There is a national shortage of direct support professionals. The House has put forth a budget that contains provisions aimed at addressing this issue.

- Any "re-mapping" of LME/MCOs throughout the state for purposes of implementing Tailored Plans must **prioritize consumer and family service needs** and **stabilize direct service providers**.

- **Expand Medicaid.** Medicaid expansion will increase access to care for a vulnerable population of North Carolina citizens and will decrease emergency room visits.
## County Government

The following list was generated in May 2019. Visit county websites or contact offices for current information about the Board of Commissioners, County Manager, etc.

<table>
<thead>
<tr>
<th>County Government</th>
<th>Address</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alexander County Government</strong></td>
<td>621 Liledoun Road, Taylorsville, NC 28681</td>
<td>(828) 632-9332</td>
<td><a href="http://www.alexandercountync.gov">www.alexandercountync.gov</a></td>
</tr>
<tr>
<td><strong>Clay County Government</strong></td>
<td>345 Courthouse Drive, Suite 1, Hayesville, NC 28904</td>
<td>828-389-0089</td>
<td><a href="http://www.clayconc.com">www.clayconc.com</a></td>
</tr>
<tr>
<td><strong>Alleghany County Government</strong></td>
<td>348 South Main Street, Sparta, NC 28675</td>
<td>336-372-4179</td>
<td><a href="http://www.allegheancy-county-nc.gov">www.allegheancy-county-nc.gov</a></td>
</tr>
<tr>
<td><strong>Ashe County Government</strong></td>
<td>175 Linville Street, Newland, NC 28657</td>
<td>828-733-8201</td>
<td><a href="http://www.ashecountygov.com">www.ashecountygov.com</a></td>
</tr>
<tr>
<td><strong>Haywood County Government</strong></td>
<td>215 N Main Street, Waynesville, NC 28787</td>
<td>828-452-6625</td>
<td><a href="http://www.haywoodcountync.gov">www.haywoodcountync.gov</a></td>
</tr>
<tr>
<td><strong>Avery County Government</strong></td>
<td>12 North Main Street, Robbinsville, NC 28771</td>
<td>828-479-7961</td>
<td><a href="http://www.grahamcountync.gov">www.grahamcountync.gov</a></td>
</tr>
<tr>
<td><strong>Henderson County Government</strong></td>
<td>1 Historic Courthouse Square, Hendersonville, NC 28792</td>
<td>828-697-4808</td>
<td><a href="http://www.hendersoncountync.gov">www.hendersoncountync.gov</a></td>
</tr>
<tr>
<td><strong>Jackson County Government</strong></td>
<td>401 Grindstaff Cove Road, Sylva, NC 28779</td>
<td>828-631-2213</td>
<td><a href="http://www.jacksonnc.org">www.jacksonnc.org</a></td>
</tr>
<tr>
<td><strong>Macon County Government</strong></td>
<td>905 West Avenue NW, Lenoir, NC 28645</td>
<td>828-757-1300</td>
<td><a href="http://www.maconnc.org">www.maconnc.org</a></td>
</tr>
<tr>
<td><strong>Madison County Government</strong></td>
<td>5 West Main Street, Franklin, NC 28734</td>
<td>828-349-2000</td>
<td><a href="http://www.madisoncountync.gov">www.madisoncountync.gov</a></td>
</tr>
<tr>
<td><strong>Cherokee County Government</strong></td>
<td>75 Peachtree Street, Murphy, NC 28906</td>
<td>828-837-5527</td>
<td><a href="http://www.cherokeecounty-nc.gov">www.cherokeecounty-nc.gov</a></td>
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<tr>
<th>County Government</th>
<th>Address</th>
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<tbody>
<tr>
<td>McDowell County Government</td>
<td>60 East Court Street</td>
<td>828-652-7121</td>
<td><a href="http://www.mcdowellgov.com">www.mcdowellgov.com</a></td>
</tr>
<tr>
<td>Mitchell County Government</td>
<td>26 Crimson Laurel Circle</td>
<td>828-688-2139</td>
<td><a href="http://www.mitchellcounty.org">www.mitchellcounty.org</a></td>
</tr>
<tr>
<td>Polk County Government</td>
<td>40 Courthouse Street</td>
<td>828-894-3301</td>
<td><a href="http://www.polknc.org">www.polknc.org</a></td>
</tr>
<tr>
<td>Swain County Government</td>
<td>50 Main Street, Suite 300</td>
<td>828-488-9273</td>
<td><a href="http://www.swaincountync.gov">www.swaincountync.gov</a></td>
</tr>
<tr>
<td>Transylvania County Government</td>
<td>101 South Broad Street</td>
<td>828-884-3100</td>
<td><a href="http://www.transylvaniacounty.org">www.transylvaniacounty.org</a></td>
</tr>
<tr>
<td>Watauga County Government</td>
<td>814 W. King Street</td>
<td>828-265-8000</td>
<td><a href="http://www.wataugacounty.org">www.wataugacounty.org</a></td>
</tr>
<tr>
<td>Wilkes County Government</td>
<td>110 North Street</td>
<td>336-651-7300</td>
<td><a href="http://www.wilkescounty.net">www.wilkescounty.net</a></td>
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</table>
North Carolina Legislative Contacts

The following list was generated in May 2019. Elections and other events may change the listed contacts. Visit www.ncleg.gov to find more information.

Alexander County

Representative Jeffrey Elmore (District 94)
300 N. Salisbury Street, Rm. 306-A3
Raleigh, NC 27603-5925
Phone: 919-733-5935
Email: Jeffrey.Elmore@ncleg.net

Senator Andy Wells (District 42)
300 N. Salisbury Street, Rm. 1028 LB
Raleigh, NC 27601
Phone: 733-5876
Email: Andy.Wells@ncleg.net

Alleghany County

Representative Sarah Stevens (District 90)
300 N. Salisbury Street, Rm. 419
Raleigh, NC 27603-5925
Phone: 336-755-0883
Email: Sarah.Stevens@ncleg.net

Senator Deanna Ballard (District 45)
300 N. Salisbury Street, Rm. 521 LOB
Raleigh, NC 27603
Phone: 733-5742
Email: Deanna.Ballard@ncleg.net

Ashe County

Representative C. Ray Russell (District 93)
300 N. Salisbury Street, Rm. 602
Raleigh, NC 27603-5925
Phone: 919-733-7727
Email: Ray.Russell@ncleg.net

Senator Deanna Ballard (District 45)
300 N. Salisbury Street, Rm. 521 LOB
Raleigh, NC 27603
Phone: 733-5742
Email: Deanna.Ballard@ncleg.net

Avery County

Representative Joshua Dobson (District 85)
300 N. Salisbury Street, Rm. 307-B
Raleigh, NC 27603-5925
Phone: 919-733-5862
Email: Josh.Dobson@ncleg.net

Senator Warren Daniel (District 46)
300 N. Salisbury Street, Rm. 627 LOB
Raleigh, NC 27603
Phone: 715-7823
Email: Warren.Daniel@ncleg.net

Buncombe County

Representative Susan Fisher (District 114)
300 N. Salisbury Street, Rm. 504
Raleigh, NC 27603-5925
Phone: 828-258-5355
Email: Susan.Fisher@ncleg.net

Representative John Ager (District 115)
300 N. Salisbury Street, Rm. 509
Raleigh, NC 27603-5925
Phone: 919-733-5746
Email: John.Ager@ncleg.net

Representative Brian Turner (District 116)
16 West Jones Street, Rm. 1217
Raleigh, NC 27601-1096
Phone: 919-715-3012
Email: Brian.Turner@ncleg.net

Senator Chuck Edwards (District 48)
300 N. Salisbury Street, Rm. 623 LOB
Raleigh, NC 27603
Phone: 733-5745
Email: Chuck.Edwards@ncleg.net

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## Buncombe County, continued

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<tr>
<td>Senator Terry Van Duyn</td>
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<td>Representative Destin Hall</td>
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<tr>
<td>Senator Warren Daniel</td>
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<tr>
<td>Senator James W. “Jim”</td>
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<tr>
<td>Representative Kevin Corbin</td>
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## Caldwell County

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<tr>
<td>Representative Destin Hall</td>
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## Cherokee County

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## Clay County

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## Graham County

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## Haywood County

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<tr>
<td>Representative Michele D. Presnell</td>
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<td>Representative Joe Sam Queen</td>
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<tr>
<th>County</th>
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<th>District</th>
<th>Address</th>
<th>Phone Number</th>
<th>Email Address</th>
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</thead>
<tbody>
<tr>
<td>Henderson County</td>
<td>Cody Henson</td>
<td>District 113</td>
<td>300 N. Salisbury Street, Rm. 537</td>
<td>919-715-4466</td>
<td><a href="mailto:Cody.Henson@ncleg.net">Cody.Henson@ncleg.net</a></td>
</tr>
<tr>
<td></td>
<td>Chuck McGrady</td>
<td>District 117</td>
<td>300 N. Salisbury Street, Rm. 304</td>
<td>919-733-5956</td>
<td><a href="mailto:Chuck.McGrady@ncleg.net">Chuck.McGrady@ncleg.net</a></td>
</tr>
<tr>
<td></td>
<td>Chuck Edwards</td>
<td>District 48</td>
<td>300 N. Salisbury Street, Rm. 623 LOB</td>
<td>733-5745</td>
<td><a href="mailto:Chuck.Edwards@ncleg.net">Chuck.Edwards@ncleg.net</a></td>
</tr>
<tr>
<td>Jackson County</td>
<td>Joe Sam Queen</td>
<td>District 119</td>
<td>16 West Jones Street, Rm. 1002</td>
<td>828-452-1688</td>
<td><a href="mailto:Joe.Queen@ncleg.net">Joe.Queen@ncleg.net</a></td>
</tr>
<tr>
<td></td>
<td>James W. “Jim” Davis</td>
<td>District 50</td>
<td>300 N. Salisbury Street, Rm. 621 LOB</td>
<td>733-5875</td>
<td><a href="mailto:Jim.Davis@ncleg.net">Jim.Davis@ncleg.net</a></td>
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<tr>
<td>Macon County</td>
<td>Kevin Corbin</td>
<td>District 120</td>
<td>16 West Jones Street, Rm. 2215</td>
<td>828-524-7799</td>
<td><a href="mailto:Kevin.Corbin@ncleg.net">Kevin.Corbin@ncleg.net</a></td>
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<tr>
<td>Mitchell County</td>
<td>Joshua Dobson</td>
<td>District 85</td>
<td>300 N. Salisbury Street, Rm. 307-B</td>
<td>919-733-5862</td>
<td><a href="mailto:Josh.Dobson@ncleg.net">Josh.Dobson@ncleg.net</a></td>
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<td>Ralph Hise</td>
<td>District 47</td>
<td>300 N. Salisbury Street, Rm. 300-A LOB</td>
<td>733-3460</td>
<td><a href="mailto:Ralph.Hise@ncleg.net">Ralph.Hise@ncleg.net</a></td>
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<tr>
<td>Madison County</td>
<td>Michele D. Presnell</td>
<td>District 118</td>
<td>300 N. Salisbury Street, Rm. 306-B2</td>
<td>828-208-3874</td>
<td><a href="mailto:Michele.Presnell@ncleg.net">Michele.Presnell@ncleg.net</a></td>
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</tbody>
</table>
Polk County
Representative Cody Henson (District 113)
300 N. Salisbury Street, Rm. 537
Raleigh, NC 27603-5925
Phone: 919-715-4466
Email: Cody.Henson@ncleg.net

Senator Ralph Hise (District 47)
300 N. Salisbury Street, Rm. 300-A LOB
Raleigh, NC 27603
Phone: 733-3460
Email: Ralph.Hise@ncleg.net

Swain County
Representative Joe Sam Queen (District 119)
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Raleigh, NC 27601-1096
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Email: Joe.Queen@ncleg.net

Senator James W. "Jim" Davis (District 50)
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Email: Jim.Davis@ncleg.net

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Phone: 919-715-4466
Email: Cody.Henson@ncleg.net

Senator Chuck Edwards (District 48)
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Raleigh, NC 27603
Phone: 733-5745
Email: Chuck.Edwards@ncleg.net

Watauga County
Representative C. Ray Russell (District 93)
300 N. Salisbury Street, Rm. 602
Raleigh, NC 27603-5925
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Email: Ray.Russell@ncleg.net

Senator Deanna Ballard (District 45)
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Raleigh, NC 27603
Phone: 733-5742
Email: Deanna.Ballard@ncleg.net

Wilkes County
Representative Jeffrey Elmore (District 94)
300 N. Salisbury Street, Rm. 306-A3
Raleigh, NC 27603-5925
Phone: 919-733-5935
Email: Jeffrey.Elmore@ncleg.net

Representative Sarah Stevens (District 90)
300 N. Salisbury Street, Rm. 419
Raleigh, NC 27603-5925
Phone: 336-755-0883
Email: Sarah.Stevens@ncleg.net

Senator Deanna Ballard (District 45)
300 N. Salisbury Street, Rm. 521 LOB
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Yancey County
Representative Michele D. Presnell (District 118)
300 N. Salisbury Street, Rm. 306-B2
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Email: Michele.Presnell@ncleg.net

Senator Ralph Hise (District 47)
300 N. Salisbury Street, Rm. 300-A LOB
Raleigh, NC 27603
Phone: 733-3460
Email: Ralph.Hise@ncleg.net
The Department of Health and Human Services (DHHS) manages the delivery of health- and human-related services for all North Carolinians. The Department works closely with health care professionals, community leaders and advocacy groups; local, state and federal entities; and many other stakeholders. The Department is divided into 30 divisions and offices. NCDHHS divisions and offices fall under four broad service areas - health, human services, administrative, and support functions.

- **NC Department of Health and Human Services**  
  Secretary Mandy Cohen, MD, MPH  
  2001 Mail Service Center  
  Raleigh, NC 27699-2000  
  Customer Service Center: 1-800-662-7030  
  Administrative office: 919-855-4800

- **Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS)**  
  Deputy Secretary Kody H. Kinsley  
  Administrative office: 919-733-7011  
  Customer Service & Community Rights Team: 1-855-262-1946; dmh.advocacy@dhhs.nc.gov

- **Division of Health Benefits (Medicaid and Health Choice)**  
  Deputy Secretary Dave Richard  
  Administrative office: 919-855-4100  
  Medicaid Transformation: [https://www.ncdhhs.gov/assistance/medicaid-transformation](https://www.ncdhhs.gov/assistance/medicaid-transformation)

**State Consumer and Family Advisory Committee**

The State Consumer and Family Advisory Committee (SCFAC) advises the North Carolina Department of Health and Human Services (NCDHHS) and the General Assembly on the planning and management of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).

- State CFAC meetings are held the second Wednesday of every month from 9:00 a.m. to 3:00 p.m. at the Ashby Building, 2105 Umstead Drive, Raleigh (Conference Room 115). Prior to each meeting, the agenda is posted on the DHHS DMH/DD/SAS website under Councils and Committees, State Consumer and Family Advisory Committee.

- State to Local CFAC conference calls are held the third Wednesday of every month from 7:00-8:30 p.m. Let Kate Barrow or Stacey Harward know ahead of time if you plan to call. CALL-IN #: 1-888-273-3658; ACCESS CODE: 2490768#; MUTE: *6
“CFAC has given me a better understanding of the services I can receive and a chance to advocate for others with behavioral illness and intellectual/developmental disabilities. It has been great to work with other individuals and family members and learn more about the successes and concerns with services and provide input to Alliance about those services.”

J. Dan Shaw

Scan here to be directed to more information about the Alliance CFAC

Join us!
If you live in the Alliance Health region and you are receiving or have received mental health, intellectual/developmental disability or substance use services, or are a family member, you are eligible for membership. To learn more about membership you can contact the Alliance Health Member Engagement Team at (919) 651-8401.

Learn more about Alliance and CFAC at AllianceHealthPlan.org

“Serving on the CFAC as an I/DD Family Member Representative has offered tremendous opportunity to learn, connect and share with the greater community on the issues that affect us each day.”

Anna Cunningham

24 Hour Toll-Free Access and Information
(800) 510-9132

Alliance Consumer and Family Advisory Committee (CFAC)
Alliance Health 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 people with needs related to mental illness, intellectual/developmental disabilities, and substance use.

Alliance Health CFAC embraces the dignity of all residents in our communities so that each person may achieve his or her highest level of responsibility. It promotes the empowerment of individuals and the active involvement of family members.

What is a Consumer and Family Advisory Committee, or CFAC?

+ State legislation mandates that Alliance Health and each of North Carolina’s other behavioral health managed care organizations, also known as MCOs, support and collaborate with an advisory group made up of individuals and their family members. These groups are called CFACs.

+ CFACs are independent, self-governing organizations that help identify service gaps in their communities and offer input about MCO operating budgets, long-term planning, quality improvement and other issues that affect the public behavioral healthcare system locally and statewide.

+ CFAC provides individuals and family members with an opportunity to positively impact the way services are designed, delivered and monitored.

Join us!

If you live in the Alliance Health region and you are receiving or have received mental health, intellectual/developmental disability or substance use services, or are a family member, you are eligible for membership. To learn more about membership you can contact the Alliance Health Member Engagement Team at (919) 651-8401.

Learn more about Alliance Health and CFAC at AllianceHealthPlan.org

The Alliance CFAC

+ Alliance Health CFAC brings together members from across the Alliance Health region.

+ Members are offered a stipend for each meeting attended to offset travel expenses.

+ While only members can vote on CFAC business, meetings are open to the public.

+ The CFAC meeting schedule is available at AllianceHealthPlan.org.
CRISIS INFORMATION

If you or someone you know is in crisis
CALL 911 if this is a medical or life-threatening emergency. If you need the police, ask for a CIT officer. They have received extra training on handling these situations.

CALL Customer Service & Community Rights at 1-855-262-1946 or 919-715-3197

National Disaster Distress Helpline 1-800-985-5990 or text 'TalkWithUs' to 66746

National Suicide Prevention Lifeline 1-800-273-8255, Veterans Press 1, or Chat online at http://www.suicidepreventionlifeline.org/

National Domestic Violence Hotline: 1-800-799-7233 and TTY 1-800+787-3224

The Trevor Project (LGBTQ Youth) 1-866-488-7386 or TrevorChat confidential online instant messaging with a Trevor Counselor, text START to 678678.

El programa Hope 4 NC (Esperanza para Carolina del Norte) 1-855-587-3463 (FIND) for COVID.

www.RocoveryAll.org – local virtual meetings and online support resources for those with SUD and Behavioral Health issues.

Opportunities for Input

Legislative Updates
Please review these pieces of legislation. You can contact your legislators by going to https://www.ncleg.gov/ to review legislative activities and to find your legislator.

Bill Number  Bill Name
S808  Medicaid Funding Act
H488  Address Direct Service Personnel Staffing Crisis
S476  School-Based Mental Health
H1134  Housing & Utility Assistance/COVID-19
H1135  Housing and Foreclosure Prevention Assistance
S742  Increase Veteran’s Access to Healthcare
H1149  Police Notice of Person w/IDD in Vehicle
H1037  COVID-19 Health Care Working Group

Count down to 2021!
Fun Fact: There are 22 Mondays left in 2020.
Know Your Zone.

North Carolina is well into the 2020 Hurricane Session (June 1st – Nov 30th) and this year The National Oceanic and Atmospheric Administration predicts a 60% change of an above – normal hurricane season with 13-19 names storms – 7 storms have already been named this season.

Hurricane preparedness is critically important for the 2020 hurricane season, just as it is every year. Keep in mind, you may need to adjust any preparedness actions based on the latest health and safety guidelines from the CDC and your local officials. Visit the National Hurricane Center’s website at hurricanes.gov throughout the season to stay current on any watches and warnings.

You can find your zone by visiting the NC Department of Public Safety, Emergency Management and entering your address: https://www.ncdps.gov/our-organization/emergency-management/emergency-preparedness/ know-your-zone

There’s a lot of information out there to help you prepare and this year may look differently because of COVID-19 – here is a quick summary of things to consider when making your disaster plan (links are embedded):

- **Plan & Protect.** Continue to protect yourself and others from COVID-19 by following the 3 Ws.
- **Time is critical.** Give yourself more time than usual to prepare your emergency food, water, and medicine supplies. Home delivery is the safest choice for buying disaster supplies; however, that may not be an option for everyone. If in-person shopping is your only choice, take steps to protect your and others’ health when running essential errands.
- **Protect yourself and others** when filling prescriptions by limiting in-person visits to the pharmacy. Sign up for mail order delivery or call in your prescription ahead of time and use drive-through windows or curbside pickup, if available.
- **Pay attention to local guidance** about updated plans for evacuations and shelters, including shelters for your pets.
- **When you check on neighbors and friends**, be sure to follow social distancing recommendations (staying at least 6 feet from others) and other CDC recommendations to protect yourself and others.

The CDC has recommendations for preparing for a natural disaster, like a hurricane, during COVID-19: https://www.cdc.gov/disasters/index.html

*"My humanity is bound up in yours, for we can only be human together."* - Desmond Tutu

It’s ok to be uncomfortable– that’s how we grow! Having open conversations about diversity, equity, and inclusion are key to helping us grow as people and to our communities. One issue to learn about is what a microaggression is and how to address them. Read or listen to this article on microaggressions to learn more: https://www.npr.org/2020/06/08/872371063/microaggressions-are-a-big-deal-how-to-talk-them-out-and-when-to-walk-away

Hope4Healers Helpline

The Hope4Healers Helpline (919-226-2002) is a new initiative in partnership with the North Carolina Psychological Foundation. It provides mental health and resilience supports for health care professionals, emergency medical specialists, first responders, other staff who work in health care settings and their families throughout the state who are experiencing stress from being on the front lines of the state’s COVID-19 response. Hope4Healers is also available 24/7, for people to reach out for support; they will be contacted quickly by a licensed mental health professional for follow-up.

Hope4NC Helpline & Hope4Healers

The Hope4NC Helpline (1-855-587-3463) connects all North Carolinians to additional mental health and resilience supports that help them cope and build resilience during times of crisis. This initiative is in partnership with all seven of the state’s LME/MCOs and REAL Crisis Intervention Inc. in Greenville. Hope4NC is now available 24 hours per day, seven days a week to speak to a live person.

NCCARE360

Have you been looking for resources in your area? NCCARE360 can help! Visit https://nccare360.org/ and click on “Find Resources” to search by your area or service type. You can also request assistance from the home page if you aren’t able to find what you need in the search. Check it out!

Cultivating Community Care

While the state prepares for hurricane season while simultaneously still coping with COVID-19, there are things you can do to help your community prepare for both.

First, watch this PSA with Secretary Cohen: https://vimeo.com/ncdhs/download/420753250/5a20549fc9

Secondly, continue to follow and promote the 3 W’s to help you build community care. DHHS has developed ways for you to know and share the 3 W’s on your social media pages. Click on this link to https://covid19.ncdhhs.gov/materials-resources/ know-your-ws-wear-wait-wash. Materials are available in English and Spanish.

Finally, embrace and read more about FEMA’s “Neighbors Helping Neighbors” approach by clicking here: https://www.ready.gov/neighbors

Help make this a part of Community Inclusion by reaching out to your local County government to ensure people with MH/DD/SUD are included in emergency preparedness plan making.

“Hope4NC” and “Hope4Healers” campaigns encourage people to come together during COVID-19 and hurricane season in North Carolina.
Courageous Conversations

Suicide Prevention.
Having conversations about suicide can be really challenging however they can also be life-saving.

Here 5 steps that may help someone in crisis.

1. **Ask the tough question.** When somebody you know is in emotional pain, ask them directly: “Are you thinking about killing yourself?”

2. **Ask if they have a plan.** If you think they might be in immediate danger, call the Suicide Prevention Lifeline, LME/MCO Crisis line, and/or 911 and ask for CIT Officer. In the meantime, help keep them safe by separating them from anything they could use to hurt themselves.

3. **Be there and listen** to their reasons for feeling hopeless. Listen with compassion and empathy and without dismissing or judging.

4. **Help them connect to a support system** — whether it’s family, friends, clergy, co-workers, a doctor, or a therapist — who they can reach out to for help.

5. **Follow up.** Reaching out to them in the days and weeks after a crisis can make a meaningful difference — and even help save their life. Get informed. Get involved.

Learn more ways to support a person experiencing suicidal ideation by visiting [https://www.bethe1to.com/bethe1to-steps-evidence/](https://www.bethe1to.com/bethe1to-steps-evidence/)

For more resources check out the Suicide Prevention Resource Center: [https://www.sprc.org/](https://www.sprc.org/)

Suicide Prevention & Recovery Month

September is Suicide Prevention and Recovery Awareness Month. You can help promote suicide prevention and the recovery movement in your community by becoming aware and involved. Use the SAMHSA Recovery Month Toolkit for information and resources to help you engage with your community on these critical issues, to build resiliency and to strengthen communities.


Suicide Prevention Line: The move to a 3-digit Suicide Prevention line is coming! In July, The Federal Communications Commission approved the use of 988 to create a national three-digit hotline however this process will take up to two years to implement.


Self-Care: Practice Makes Progress

Journal Prompt: Take 20 minutes for yourself to do some reflection in a quiet space. Think of a time when you were particularly hard on yourself; write down those critical thoughts and then re-write those thoughts in a way that encompasses you as being your own best friend.

Learn more about managing wellness, making a self-care plan and keeping it by inviting the CE&E Team to give a presentation to your Local CFAC, faith-based organization, or community group. Contact the CE&E Team at [CEandE.Staff@dhhs.nc.gov](mailto:CEandE.Staff@dhhs.nc.gov).

Transitioning Back to School

Summer will be winding down soon and children across the state and their parents and caregivers are preparing for the new school year in the midst of the COVID-19 pandemic, raising a lot of questions about how exactly will returning to school work, what will it look like, and how will children and teens with behavioral health and IDO needs be met.

In addition to the [Lighting Our Way Forward Guide](https://www.dpi.nc.gov/), here are some resources available to parents and caregivers of children with behavioral health and/or developmental disabilities through the Office of Special Education.

- U.S. Department of Education: COVID-19 Resource Webpage (link is external)
- Early Childhood Technical Assistance Center (ECTA): COVID-19 Resources and Information Webpage (link is external) - [National Center for Systemic Improvement (NCSI): COVID-19 Resource Hub for Supporting Students with Disabilities (link is external)](https://www.dpi.nc.gov/)

Additional learning opportunities can be found here: [https://osepideathatwork.org/continuity-learning-during-covid-19](https://osepideathatwork.org/continuity-learning-during-covid-19). Finally, don’t forget to stay in touch with the NC Department of Public Instruction: [https://www.dpi.nc.gov](https://www.dpi.nc.gov/)

The Family Supports Community of Practice will continue to offer virtual trainings during the month of August to help families prepare. Reach out to [Katie Barrow](mailto:Katie.Barrow@dhhs.nc.gov) for more information.

Coping with Anxiety

Anxiety can sneak up on us and sometimes we may find ourselves spiraling in the “what if” scenarios. Anxiety can take our brains “offline” and kick us out of our resiliency zone. Thankfully, there are practices we can use to bring our brain back “online” and into our resiliency zone.

Use Conscious Breathing

As soon as stress hits, immediately take a few deep, slow breaths. Diaphragmatic breath, three part breath or ujjayi exhalations.

Engage in Positive Self Talk and Affirmations

I am strong, I am powerful, I am good, I am loved, I have value, I have purpose, All is well.

You are not responsible for the karma of others.

BIG ONE - we all have our own stuff - stuff but if you are an empath with co-dependency tendencies you may find that you jump on every ride with everybody? Don’t mistake somebody else’s life/suffering for your own! Instead practice Sutra 1:33: Be friendly towards the happy, Be compassionate towards those who suffer, Be joyful towards the accomplished, Do not engage with those who dwell in darkness.

Practice self-compassion.

Simply placing your hand on your heart Center can instantly have a calming effect. Additionally practice Metta (loving-kindness) meditation towards self and others - simply repeat: May I be happy, May I be well, May I be safe, May I be peaceful and at ease.
Standing Events & Information

State CFAC

Nothing About Us, Without Us.

The State Consumer and Family Advisory Committee (CFAC) meeting is on the 2nd Wednesday of the Month from 9 am to 3 pm and is open to the public.

All State CFAC meetings will be held as webinars until further notice. The August 12th call-in and virtual meeting information will be sent out in a separate email. Contact Kate Barrow by email for more information.

https://tinyurl.com/SCFAC-August2020

CALL-IN #: +1 984-204-1487
ACCESS CODE: 250 067 771#

Local CFAC Updates

Local CFACs are meeting again in August, check with your LME/MCO to get full calendar and meeting details, including how to connect with those virtual meetings.

Click on the directory link to find your LME/MCO: https://www.ncdhrs.gov/providers/le-mco-directory

The CE&E Team continues to offer trainings to Local and State CFAC members, as well as to the community. We need your feedback on the days and times that work best for you. Please use this link for a quick poll! https://tinyurl.com/CEE-TeamPoll

Keep your eyes out for the CE&E Team Lunch & Learn Series, continuing in August.

TBI & Behavioral Health

Please share this webinar series offered through partnership between the National Association of State Head Injury Administrators (NASHIA) and SAMHSA’s Mountain Plains Technology Transfer Center (MPTTC) network.

Use the link below to view the list of trainings and registration information.


Community Inclusion

Fundamental #5

Community Inclusion should embrace multiple domains of mainstream life.

Each person should have the chance to pursue participation in areas that are important to them rather than being restricted by what is available or believed to be important by society.

What is your vision of the good life? Where do you want to live, work, and play? YOU get to decide what matters and how you participate. YOU are the Subject Matter Expert of your own life!

Veterans, Servicemembers & Families

Want to learn more about services for Veterans in North Carolina?

Go to NC Governor’s Working Group (https://ncgwg.org/) and explore the site- you’ll find out more about the Interactive Retreat Center near Fort Bragg, the monthly NCGWG meetings (including how to view them on Facebook), workshops, economic, health and COVID-19 related issues pertaining to related to Veterans and their families.

For more information, contact Jeff Smith, Military and Veterans Program Liaison, by email at Jeff.Smith@dhhs.nc.gov.

State to Local Collaboration

The State to Local Collaboration Call has been moved to the 4th Wednesday of every 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.

+1 984-204-1487
Conference ID: 650 470 647#

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.ncdhrs.gov/assistance/mental-health-substance-abuse/community-empowerment-and-engagement

Nothing About Us, Without Us.

Bill Harris is retiring after 31 years of service! Please join us in congratulating Bill and wishing him well on his next big adventure!
# North Carolina Olmstead Plan Listening Sessions

with

Olmstead Plan Stakeholder Advisory (OPSA) Co-Conveners

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>TAC Facilitator</th>
<th>Invited OPSA Co-Conveners(s)</th>
<th>Date and Time</th>
<th>Meeting Details</th>
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</table>
| Family Members MH/SUD      | Jenn Ingle     | David A. Smith; Benita Purcell | August 10, 6 - 8 pm | **Topic:** NC Olmstead Plan Listening Session - Family Members MH/SUD  
Time: Aug 10, 2020 06:00 PM Eastern Time (US and Canada)  
Join Zoom Meeting  
https://zoom.us/j/91776621169?pwd=L1lZUN5ODF6TW14TExmelo5T2FhUT09  
Meeting ID: 917 7662 1169  
Passcode: 579673  
+1 646 558 8656 US |
| Children’s System          | Sherry Lerch   | Chandrika Brown; Michelle Hughes | August 11, 10 am - noon | **Topic:** NC Olmstead Plan Listening Session - Children’s System  
Time: Aug 11, 2020 10:00 AM Eastern Time (US and Canada)  
Join Zoom Meeting  
https://zoom.us/j/99345252414?pwd=OG5EZStDRXEvNkdNNSttREVPrmx5QT09  
Meeting ID: 993 4525 2414  
Passcode: 579673  
+1 646 558 8656 US |
| Providers MH/DD/SAS and TBI| Sherry Lerch   | Sara Potter; Karen McLeod; Wilson Raynor; Peyton Maynard | August 11, 1 - 3 pm | **Topic:** NC Olmstead Plan Listening Session - Providers MH/DD/SAS and TBI  
Time: Aug 11, 2020 01:00 PM Eastern Time (US and Canada)  
Join Zoom Meeting  
https://zoom.us/j/95725510491?pwd=bC80VVhqCW5NQ3greVhUK1pyZldadz09  
Meeting ID: 957 2551 0491  
Passcode: 579673  
+1 646 558 8656 US |
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</thead>
</table>
| Traumatic Brain Injury (TBI) Family and Persons with Lived Experience | Jenn Ingle     | David Forsythe               | August 12, 10 am - noon | **Topic: NC Olmstead Plan Listening Session - TBI Family and Persons with Lived Experience**  
Time: Aug 12, 2020 10:00 AM Eastern Time (US and Canada)  
Join Zoom Meeting  
https://zoom.us/j/92372981500?pwd=eW5vamYzaWFoeGjOFM0bEVnM0lodz09  
Meeting ID: 923 7298 1500  
Passcode: 579673  
+1 646 558 8656 US |
| Housing                                                | Sherry Lerch and Jim Yates | Paul Kimball; Matty Lazo Chadderton; Janet Breeding | August 12, 3 – 5 pm | **Topic: NC Olmstead Plan Listening Session - Housing**  
Time: Aug 12, 2020 03:00 PM Eastern Time (US and Canada)  
Join Zoom Meeting  
https://zoom.us/j/91672636131?pwd=dTdFVVJjb29VdzA4cTB1Zk5jSHR3Zz09  
Meeting ID: 916 7263 6131  
Passcode: 579673  
+1 646 558 8656 US |
| Statewide Independent Living Council (SILC)            | Jenn Ingle     | Melea Williams               | August 12, 1 - 3 pm | **Topic: NC Olmstead Plan Listening Session - SILC**  
Time: Aug 12, 2020 01:00 PM Eastern Time (US and Canada)  
Join Zoom Meeting  
https://zoom.us/j/96145093285?pwd=T0VyQ0ppMktNMkp0eEVFeDRMOUhhQT09  
Meeting ID: 961 4509 3285  
Passcode: 579673  
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<tr>
<th>Stakeholder Group</th>
<th>TAC Facilitator</th>
<th>Invited OPSA Co-Conveners(s)</th>
<th>Date and Time</th>
<th>Meeting Details</th>
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| Family Members IDD | Sherry Lerch | Kerri Eaker | August 12, 6 - 8 pm | **Topic:** NC Olmstead Plan Listening Session - Family Members IDD  
**Time:** Aug 12, 2020 06:00 PM Eastern Time (US and Canada)  
[Join Zoom Meeting](https://zoom.us/j/96438415490?pwd=UGxCb3Zsbkttd0h0eDdUZVI4djA0Zz09)  
Meeting ID: 964 3841 5490  
Passcode: 579673  
+1 646 558 8656 US |
| LME/MCOs | Sherry Lerch | Leza Wainwright; Mike Bridges | August 13, 10 am - noon | **Topic:** NC Olmstead Plan Listening Session - LME/MCOs  
**Time:** Aug 13, 2020 10:00 AM Eastern Time (US and Canada)  
[Join Zoom Meeting](https://zoom.us/j/92831055682?pwd=R1ZxNjVQL1Z1cFEwNWc3L3VuZ1MyUT09)  
Meeting ID: 928 3105 5682  
Passcode: 579673  
+1 646 558 8656 US |
| Persons with Lived Experience MH/SUD | Jenn Ingle | Jeff McLoud; Kurtis Taylor; Cherene Caraco | August 14, 10 am - noon | **Topic:** NC Olmstead Plan Listening Session - Persons with Lived Experience MH/SUD  
**Time:** Aug 14, 2020 10:00 AM Eastern Time (US and Canada)  
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Meeting ID: 945 9321 9356  
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<td>Persons with Lived Experience IDD</td>
<td>Jenn Ingle</td>
<td>Bryan Dooley; Matt Potter; Jeff Smith</td>
<td>August 14, 1 - 3 pm</td>
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<tr>
<td>Employment</td>
<td>Sherry Lerch</td>
<td>Bridget Hassan; Michael Maybee</td>
<td>August 18, 10 am - noon</td>
<td>Topic: NC Olmstead Plan Listening Session - Employment</td>
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<tr>
<td>Coalition on Aging</td>
<td>Jenn Ingle and Sherry Lerch</td>
<td>Charmaine Fuller Cooper</td>
<td>TBD</td>
<td>Topic: NC Olmstead Plan Listening Session - The Coalition</td>
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<td>Providers Aging</td>
<td>Jenn Ingle</td>
<td>Jeff Horton; Lanier Cansler; Tim Rogers; Adam Sholar</td>
<td>August 21, 10 am - noon</td>
<td>Topic: NC Olmstead Plan Listening Session - Providers Aging</td>
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NC Project AWARE/ACTIVATE
Advancing Wellness and Resiliency in Education/
Advancing Coordinated and Timely InterVentions, Awareness,
Training, and Education

State Consumer and Family Advisory Committee/DMH
August 12, 2020

Heidi E. Austin, EdD, MCHES®, CFLE
Renee Boyd, MSA
Stephanie Ellis, EdD, NCSP
# Meet the Presenters

<table>
<thead>
<tr>
<th>NC Department of Public Instruction</th>
<th>Beaufort County Schools</th>
<th>Rockingham County Schools</th>
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</thead>
<tbody>
<tr>
<td>Heidi E. Austin, EdD, MCHES®, CFLE</td>
<td>Renee Boyd, MSA</td>
<td>Stephanie Lowe Ellis, EdD, NCSP</td>
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<tr>
<td>Project AWARE Director</td>
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<td>Exceptional Children Division</td>
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<td>Beaufort County Schools</td>
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<td>NC Department of Public Instruction</td>
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<td>Rockingham County Schools</td>
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<tr>
<td><a href="mailto:Heidi.Austin@dpi.nc.gov">Heidi.Austin@dpi.nc.gov</a></td>
<td><a href="mailto:RBoyd@beaufort.k12.nc">RBoyd@beaufort.k12.nc</a></td>
<td><a href="mailto:Slellis@rock.k12.nc.us">Slellis@rock.k12.nc.us</a></td>
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NC School Mental Health Initiative (NC SMHI)

NC SMHI is a collective partnership providing implementation and monitoring support to ensure that public school students have equitable access to a full continuum of high-quality and well-coordinated socio-emotional/behavioral health services.

*The findings and recommendations of the NC SMHI can be reviewed through their Full Report, Executive Summary, and Summary of Recommendations documents.*
Project AWARE
Advancing Wellness and Resilience in Education

• $8.8 million SAMHSA 5-year grant (FY’s 2018-2023)

Collaboration between the NC Department of Public Instruction and the NC Department of Health and Human Services to develop processes and procedures for connecting youth and families to mental health services in three pilot school districts.
NC Project ACTIVATE Evaluation

- Increase the knowledge and effective practice of all school staff in recognizing and responding to student mental health needs.

- Implement behavioral and psychological indices of school engagement and decrease school disciplinary events for preschool through 12th grade by implementing universal prevention activities within a Multi-Tiered System of Support (MTSS).

- Reduce school dropout, rate of attempted suicide, and substance use by increasing the number of at-risk students receiving supplemental and intensive mental health and substance use supports within a MTSS.

- Improve coordination and sustainability of mental health supports and services through increased family and community agency engagement.

Click [here](#) to view the NC Project AWARE/ACTIVATE Year 1 Report
Project AWARE promotes innovative service delivery to bring high quality and evidence-based mental health promotion, prevention, and intervention to students and families as part of a multi-tiered system of support.
SEL Supports for COVID-19 and Beyond

Social Emotional Learning
and Crisis Response
Practice Guide
Project AWARE Sites

Northeast District: Beaufort County Schools
Southwest District: Cleveland County Schools
Piedmont-Triad District: Rockingham County Schools
Beaufort County Schools
Project AWARE

Beaufort County School’s comprehensive school mental health program provides a full array of supports and services that promote positive school climate, social emotional learning, mental health, and well-being with a focus on mental health promotion and prevention programming for all students.
Six School Mental Health Components

• Training
• Collaboration
• Multi-tiered System of Support
• Evidence-based Services & Supports
• Culturally Responsive & Equitable
• Data-Driven Decision-Making
Teams

• BCS District Mental Health Team
• BCS District Leadership/Implementation Team
• School Mental Health Teams (SIT)
• District Behavior Support Team
• School Behavior Support Team (PST)
Needs Assessment
(National School Mental Health Curriculum)

Collaborative Process
• District MH Leadership Team & District MH Team
• Schools (Counselors)

Strengths
• Quality of personnel
• A lot of Work

Gaps
• Collecting data
• Number of Personnel
• Supplemental Supports

Priorities
• Strengthen Core & Intensive Supports
• Create Supplemental Supports
Needs Assessment in Relation to COVID-19

**Strengths**
- Small Community
- Quality of Personnel
- School-based Therapy

**Gaps**
- Resource Mapping for Services (Google Doc)
- Tracking (Google Doc)
- Transportation to Sites
- Professional Development (MH & SEL)
Resource Mapping
(National School Mental Health Curriculum)

Before COVID-19

• Mental Health Professionals

COVID-19 (Google Doc)

• Food
• Hotlines
• Childcare
• Internet
• Apps
• Pet Food
• Information
Resource Mapping SEL

### SEL Resources
- Panorama
- Pure Edge
- Sanford Programs at National University
- EQ in Your PJs
- Closegap
- EVERFI
- Paths
- Rethink Ed
- Centervention

### SEL Courses
- Core Social Emotional Practices in an MTSS
- Bounce Back (CBITs)
- Social & Emotional Learning for Educators (NCSU)
- Suicide Prevention Resource Center
- Social Thinking
- Cognitive Behavioral Intervention for Trauma in Schools
# MTSS/SEL
(National School Mental Health Curriculum)

<table>
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<tr>
<th>SEL</th>
<th>Mental Health Supports</th>
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<tr>
<td>Core</td>
<td>• Social Emotional Learning-Explicit Instruction</td>
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<td>• Trauma-informed Schools</td>
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<td>• Restorative Practices</td>
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<td>• YMHFA</td>
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<td>• NC Guidance Essential Standards</td>
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<td>• CICO</td>
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<td>• Individual &amp; Group Counseling</td>
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<td>Intensive</td>
<td>• Individual Instruction in SEL Competencies Strategies &amp;</td>
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<td>Skills</td>
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<td>• Practice &amp; Coaching</td>
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<td>• Mentoring (Check &amp; Connect)</td>
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<td>• Crisis Intervention</td>
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<td>• Individual Counseling/Support Plan</td>
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<td>• Referral to Outside Agencies</td>
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<td>• Mentoring (Check &amp; Connect)</td>
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</table>
COVID MTSS/SEL

- Instruction
- Curriculum
- Environment
- Professional Development
- Resources
- Detailed Lesson Plans
SCFAC Interests

- Service Gaps
- Resilience Training: Reconnect for Resiliency
- Educating Parents on how to Access Services
- Advocacy
Training

- Check & Connect
- Restorative Practices
- Reconnect for Resilience
- De-escalation
- MHFA
- Social Skills
- Mindfulness
- ASCA National Model
- Trauma Informed
- CBITS
Foundational Practices of Mental Health Services

- Students First
- Data Based Decision Making
- Consultation and Collaboration

- Research-Based Practices (PBIS)
- Inclusive Practices
- Partnerships

Specialized Services

- Individual Counseling
- Case Management
- Crisis Response

- Solution-Focused Groups
- Social Skills and Counseling Groups
- Evidence Based Interventions

Social Emotional Learning and Screening

- Professional Development in Mental Health
- Core SEL and Behavioral Health Practices
- Resilience and Trauma Informed Practices

Tier 1

Tier 2

Tier 3

RCS Behavioral Health and SEL Continuum of Supports
Preschool, Head Start, K-12

RCS Mental Health Advisory

Rockstar Mental Health Partnerships

Progress Monitoring

Weekly Screening
Utilize the SISP MODEL to Maximize Our Time and Efforts!

- Social Emotional and Mental Health Needs
- Cross-Disciplinary Model
- Ensuring collaboration and coordination of services
- Behavioral Health PLC’s
- Service Definitions
- SEL/Behavioral Health/Crisis & Safety Matrix
- Build Capacity!

Who are the SISP Behavioral Health District Integrated Response Team Members at Schools?

Connection with families and support is a key role of this team to support social emotional and well-being!
In RCS Family Engagement means .....
B.E.T.A
Behavioral & Emotional Therapeutic Intervention Assistance
TEAM
RCS Behavioral and Emotional Therapeutic Intervention Assistance Team (RCS-BETA)
Our Family Engagement Goal is to be an active part of the child’s learning process with an opportunity for their voices and experiences to be included when considering culturally relevant instructional practices.

Our Family Engagement Goal is to foster district-wide programs, policies, and support strategies to ensure appropriate structures are in place for all schools to consistently engage families as partners.

Our Family Engagement Goal is to establish open lines of communication, and develop a variety of ways for families to participate in their children’s learning and in the life of the school.

“Family involvement makes it possible to influence your (school) community more positively and influence children’s lives by giving them more opportunities earlier. It takes more time but the payoff is student success.”

- School Health Advisory Council
- Improve coordination and sustainability of mental health supports and services through increased family and community agency engagement.
- **Parent Engagement Program**
- Representation on local community boards to provide valuable information to the community and families on the school system.
**Handle with Care Program in Rockingham County**

### Understand What to Report

"Handle with Care" provides the school or child care agency with a “heads up” when a child has been identified at the scene of a traumatic event. Any child that you are concerned about that has been exposed to trauma on an emergency call. This concern may include reporting siblings or friends as well that are present.

### Complete the Handle With Care App

- Ask the Name of Child (Correct Spelling of Name)
- Ask the Child’s School
- Input Your Name, Title, and Agency
- Complete Handle with Care App

### School Receives the App and Checks on the Child

- The Handle With Care App makes immediate notification.
- School will ensure appropriate staff at the school know to "Handle with Care."
- If the student needs additional support, the behavioral/mental health team at the school will ensure that these supports are in place.
Rockingham County Education Foundation and Rockingham County Schools Martin Luther King Day of Day of Service
RCS Parent Advisory Council

The RCS Parent Advisory Council’s purpose is to seek a collective voice of parents and guardians of our students! We seek to provide a great opportunity to engage, inform, and empower families and school partnerships!

- Appreciated Communication
- Would like to have additional Parent Advisory Nights to provide input
- Requested clarification of Remote Learning Expectations
- Look forward to receiving safety guidelines
- Would like social emotional supports in place for children
Tuesday Talks
Parent Engagement Series

- Support
- Resources
- Interaction
- Build Resilience Skills using Community Resiliency Model SKills (Teach and Share these resources)
Contact Information

- Stephanie Lowe Ellis, Ed.D, NCSP
- Executive Director of Behavioral Health, Crisis Intervention, and Student Safety
- Licensed Nationally Certified School Psychologist
- Email: slellis@rock.k12.nc.us
- Phone: 336-627-2705 (office)
- Twitter: @StephanieMLowe1
Rural Health Information Hub

Project ACTIVATE (Advancing Coordinated and Timely Interventions, Awareness, Training, and Education)

**Summary**
- **Need:** To improve students’ access to behavioral health services in rural North Carolina.
- **Intervention:** North Carolina Project ACTIVATE provides three tiers of behavioral health supports in the school setting.
- **Results:** The three pilot sites have created or revised 10 mental health policies, and 2,462 school-based and related workforce have received training in different topics and protocols.

**Description**
The North Carolina Department of Public Instruction and the North Carolina Department of Health and Human Services created Project ACTIVATE (Advancing Coordinated and Timely Interventions, Awareness, Training, and Education) to reduce disciplinary events, dropout rates, suicide rates, and substance use.

Project ACTIVATE promotes innovative service delivery based on the recommendations of the NC School Mental Health Initiative for behavioral health services, including continuum of services/supports (as opposed to only offering support after a crisis), strategies to foster sustainability, and engagement of all stakeholders.

Visit us at [https://www.ruralhealthinfo.org/project-examples/1076](https://www.ruralhealthinfo.org/project-examples/1076)
Visit the Project AWARE/ACTIVATE profile on AMCHP’s Innovation Station [here](#).
Questions?

For additional information contact:

Heidi E. Austin, EdD, MCHES®, CFLE
Project AWARE Director
Exceptional Children Division
NC Department of Public Instruction

Office: 919-807-3419
Heidi.Austin@dpi.nc.gov

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Raleigh, NC 27699-6356