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, March 4, 2021 at 4:00 pm:

- To participate via smart phone, computer or tablet, please register in advance for this meeting at https://alliancehealthplan.zoom.us/meeting/register/tJUoduqrpzovGtCalzcR7HszALx35nOgCaZy. After registering, you will receive a confirmation email containing information about joining the 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 February 4, 2021, Board Meeting – page 4
   B. Finance Committee Report – page 8
   C. Quality Management Committee Report – page 17

   **CEO Recommendation**
   Approve the February 4, 2021, Board minutes and review/approve any committee recommendation(s).

7. Committee Reports
   A. Consumer and Family Advisory Committee (5 minutes) – page 23
      The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report includes draft minutes from the following February meetings: Steering, Durham, Wake, and Johnston, and the January Cumberland meeting.

   B. Executive Committee Report (15 minutes) – page 105
      The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. This report includes draft minutes from the February 15, 2021, meeting and potential next steps from the recent survey of Board members. Wes Knepper, Senior Director of Quality Management, will present the results from the survey.

   C. Items Pulled from Consent Agenda (10 minutes)

   **CEO Recommendation**
   Receive the reports; review survey results and provide direction/recommendations.

8. Closed Session (45 minutes)
   The Board will hold a closed session pursuant to NC General Statute 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1

9. Reconvene Open Session
10. Special Updates/Presentations
   A. COVID-19 Update (5 minutes)
      Mehul Mankad, Chief Medical Officer, will provide the update.
   B. Communications Strategy for Members and Providers (15 minutes) – page 107
      The Alliance Communications Department has responsibility for a wide range of internal and external
      communications activities including public and media relations, management of the organizational
      social media program, and oversight of the external website and internal intranet. Doug Fuller, Senior
      Director of Communications, will present a brief overview of current communications strategy with a
      focus on activity designed to enhance the experience of members and providers.

    CEO Recommendation
    Receive the updates/presentations.

11. Adjournment

    Next Meeting: Thursday, April 1, 2021
    (virtual meeting via videoconference)
ITEM: Draft Minutes from the February 4, 2021, Board Meeting

DATE OF BOARD MEETING: March 4, 2021

REQUEST FOR AREA BOARD ACTION: Approve the draft minutes from the February 4, 2021, meeting.

CEO RECOMMENDATION: Approve the draft minutes from the February 4, 2021, meeting.

RESOURCE PERSON(S): Gino Pazzaglini, Board Chair; Robert Robinson, CEO
AREA BOARD REGULAR MEETING  
Thursday, February 04, 2021
( virtual meeting via videoconference)
4:00-6:00 p.m.

**MEMBERS PRESENT:** Glenn Adams, Cumberland County Commissioner, JD; Jennifer Anderson, MHSA; Heidi Carter, Durham County Commissioner, MPH, MS; Maria Cervania, Wake County Commissioner, MPH; Carol Council, MSPH; David Curro, BS; Angela Diaz, MBA; Lodies Gloston, MA; David Hancock, MBA, MPAff; Duane Holder, MPA; D. Lee Jackson, BA; Lynne Nelson, Vice-Chair (exited at 6:00 pm), BS; Gino Pazzaglini, Board Chair, MSW LFACHE; Pam Silberman, JD, DrPH; and McKinley Wooten, Jr., JD (exited at 5:30 pm)

**APPOINTED MEMBERS ABSENT:** Donald McDonald, MSW; vacancy representing Cumberland County; vacancy representing Durham County; vacancy representing Johnston County; and vacancy representing Wake County

**GUEST(S) PRESENT:** Denise Foreman, Wake County Manager’s office; Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Intellectual Disability, and Substance Abuse Services); Mary Hutchings, Wake County Finance Department; Jason Phipps, Alliance CFAC Chairperson; and Sharon Sumia

**ALLIANCE STAFF PRESENT:** Brandon Alexander, Communications and Marketing Specialist II; Michael Bollini, Executive Vice-President/Chief Operating Officer; Joey Dorsett, Senior Vice-President/Chief Information Officer; Doug Fuller, Director of Communications; Kelly Goodfellow, Executive Vice-President/Chief Finance Officer; Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Veronica Ingram, Executive Assistant II; Wes Knepper, Senior Director of Quality Management; 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; Sean Schreiber, Executive Vice-President/Network and Community Health; Sara Wilson, Senior Director of Government Relations; Carol Wolff, General Counsel; and Doug Wright, Director of Community and Member Engagement

1. **CALL TO ORDER:** Board Chair Gino Pazzaglini called the meeting to order at 4:03 p.m.

### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Agenda Adjustments</td>
</tr>
<tr>
<td>3. Public Comment</td>
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<td>4. Chair’s Report</td>
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<td>5. CEO’s Report</td>
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<td>6. Consent Agenda</td>
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</tbody>
</table>
### AGENDA ITEMS:

| E.  | Finance Committee Report – page 76 |
| F.  | Quality Management Committee Report – page 84 |

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. Council to adopt the consent agenda. Motion passed unanimously.

<table>
<thead>
<tr>
<th>7. Committee Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Consumer and Family Advisory Committee – page 89</td>
</tr>
<tr>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included documents from the following January 2021 meetings: Steering Committee, Durham, Wake, and Johnston. The committee reports were sent as part of the Board packet; Jason Phipps, CFAC Chair, presented the CFAC report. Mr. Phipps shared that CFAC members reviewed the recent county dashboards produced by Alliance, support increasing the number of slots on the Innovations waiver list, and advocate to promote earlier access for the COVID-19 vaccine. There were no questions or discussion about the CFAC report.</td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td>The Board received the report.</td>
</tr>
<tr>
<td>B. Executive Committee Report – page 167</td>
</tr>
<tr>
<td>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. In accordance with the By-Laws of the Area Board, the terms of four Board members expire March 31, 2021. This report included draft minutes from the January meeting, approved minutes from the December meeting, and reappointment recommendations for the Board’s approval. Chair Pazzaglini presented the report, specifically noting recommendations for four Board members whose terms expire March 31, 2021.</td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td>A motion was made by Dr. Silberman to request that the Wake Board of County Commissioners reappoint David Hancock for another three-year term on Alliance’s Board; motion seconded by Mr. Wooten. Motion passed unanimously.</td>
</tr>
<tr>
<td>A motion was made by Mr. Curro to request that the Wake Board of County Commissioners reappoint Lynne Nelson for another three-year term on Alliance’s Board; motion seconded by Ms. Diaz. Motion passed unanimously.</td>
</tr>
<tr>
<td>A motion was made by Commissioner Carter to request that the Durham Board of County Commissioners reappoint Pam Silberman for another three-year term on Alliance’s Board; motion seconded by Ms. Gloston. Motion passed unanimously.</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>A motion was made by Commissioner Carter to request that the Durham Board of County Commissioners reappoint Gino Pazzaglini for another three-year term on Alliance’s Board; motion seconded by Ms. Gloston. Motion passed unanimously.</td>
</tr>
</tbody>
</table>
| 8. Closed Session(s) | **BOARD ACTION**  
A motion was made by Dr. Silberman to enter closed session pursuant to NC General Statute (NCGS) 143-318.11 (a) (1) and (a) (3) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1 and to consult with or give instructions to an attorney in order to preserve the attorney-client privilege; motion seconded by Mr. Curro. Choose an item. |
| 9. Reconvene Open Session | The Board returned to open session. |
| 10. Special Updates/Presentation(s) | A. Legislative Priorities  
Brian Perkins, Senior Vice-President/Strategy and Government Relations, and Sara Wilson, Senior Director of Government Relations, presented the update. Mr. Perkins reviewed this collaborative effort among NC MCOs, Benchmarks and NC Providers Council. Ms. Wilson reviewed details and background for key elements of the 2021 legislative priorities. The presentation is attached to and made part of these minutes.  
B. COVID-19 Vaccine  
Mehul Mankad, Chief Medical Officer, provided the update. Dr. Mankad noted current progress with disseminating the vaccine in North Carolina and within Alliance’s catchment area. The presentation is attached to and made part of these minutes.  
**BOARD ACTION**  
The Board received the updates/presentations. |
| 11. Adjournment | All business was completed; the meeting adjourned at 6:26 p.m. |

Next Board Meeting  
Thursday, March 04, 2021  
4:00 – 6:00 pm  
Minutes approved by Board on Click or tap to enter a date.
ITEM: Finance Committee Report

DATE OF BOARD MEETING: March 4, 2021

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 draft minutes from the February 4, 2021, meeting, the Summary of Savings/(Loss) by Funding Source, ratios for the period ending January 31, 2021, and recommendations to the Board to approve all presented contracts over $500,000, and any other applicable Finance Committee topics.

REQUEST FOR AREA 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 – February 4, 2021

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

3. Contract Approvals

4. Closed Session – Motion to enter closed session pursuant to NC General Statute 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1.

5. Adjournment
### Agenda Items:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Monthly Financial Report</td>
<td>The monthly financial reports were discussed which includes the Summary of Net Position, the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DHB Contract Ratios as of December 31, 2020.</td>
<td></td>
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<tr>
<td></td>
<td>Ms. Pacholke discussed the following reports.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- As of 12/31/20 total net position is $140.5M with $52.3M unrestricted</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- Through 12/31/20, we have savings of $29M with projections through June 30, 2021 around $29M. This assumes that the rate increases continue through 6/30, but the COVID revenue add-on ends 3/31/21. Alliance is continuing work on the spending plan as well as increase marketing to ensure individuals know how to access services.</td>
<td></td>
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<tr>
<td></td>
<td>- Budget to actual spending for the Alliance benefit plan expenses under non-Medicaid. Projected year-end variance based on current spending is $7,261,000 savings. This is a result of receiving $12M in CARES funding.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- We are meeting all SB208 ratios</td>
<td></td>
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<tr>
<td></td>
<td>- We are meeting the defensive interval required in the DHB contract, however the MLR is currently below the 85% threshold (81.93%). Alliance is monitoring this ratio and continuing to work on the spending plan to increase spending, especially related to COVID revenue.</td>
<td></td>
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<tr>
<td></td>
<td>- In general, enrollment has increased, however individuals in our catchment area are not accessing services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ms. Pacholke shared that a budget amendment will be brought to the Board in April to include additional funding received and to appropriate funds from fund balance to use for the child facility based crisis construction (the Board previously approved this contract).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. FY22 Budget Retreat Agenda</td>
<td>Ms. Goodfellow discussed the upcoming FY22 Budget Retreat Agenda. The meeting will be March 15th starting at 1:00. The goal is to keep it to an hour since it will be on zoom.</td>
<td></td>
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</tr>
</tbody>
</table>

5. **ADJOURNMENT**: the meeting adjourned at 4:56 PM; the next meeting will be March 4, 2021, from 3:00 p.m. to 4:00 p.m.
### Summary of Savings/(Loss) by Funding Source as of January 31, 2021

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
<th>Projection for June 30, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$270,291,013</td>
<td>$244,465,023</td>
<td>$25,825,990</td>
<td>$26,563,874</td>
</tr>
<tr>
<td>Medicaid Waiver Risk Reserve</td>
<td>6,241,555</td>
<td>-</td>
<td>6,241,555</td>
<td>11,244,463</td>
</tr>
<tr>
<td>Federal Grants &amp; State Funds</td>
<td>45,349,660</td>
<td>45,610,673</td>
<td>(261,013)</td>
<td>-</td>
</tr>
<tr>
<td>Local Funds</td>
<td>10,542,625</td>
<td>12,282,736</td>
<td>(1,740,111)</td>
<td>2,588,308</td>
</tr>
<tr>
<td>Administrative</td>
<td>40,553,581</td>
<td>41,444,115</td>
<td>(890,533)</td>
<td>3,119,673</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$372,978,435</td>
<td>$343,802,547</td>
<td>$29,175,888</td>
<td>$43,516,318</td>
</tr>
</tbody>
</table>

### Committed

<table>
<thead>
<tr>
<th>Category</th>
<th>June 30, 2020</th>
<th>Change</th>
<th>January 31, 2021</th>
<th>Projection for June 30, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intergovernmental Transfers</td>
<td></td>
<td></td>
<td></td>
<td>(1,754,560)</td>
</tr>
<tr>
<td>Reinvestments-Service</td>
<td></td>
<td></td>
<td></td>
<td>(3,553,959)</td>
</tr>
<tr>
<td>Total Committed</td>
<td></td>
<td></td>
<td></td>
<td>(5,308,519)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>June 30, 2020</th>
<th>Change</th>
<th>January 31, 2021</th>
<th>Projection for June 30, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted</td>
<td>2,915,374</td>
<td></td>
<td>11,419,857</td>
<td>45,066,484</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>31,569,034</td>
<td></td>
<td>45,066,484</td>
<td>67,087,620</td>
</tr>
</tbody>
</table>

### Total Fund Balance Change

<table>
<thead>
<tr>
<th>Category</th>
<th>June 30, 2020</th>
<th>Change</th>
<th>January 31, 2021</th>
<th>Projection for June 30, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fund Balance</td>
<td>$111,348,923</td>
<td>$29,175,889</td>
<td>$140,524,811</td>
<td>$154,865,241</td>
</tr>
</tbody>
</table>

### Fund Balance

#### December 31, 2020 Actual

- **Investment in Fixed Assets**: 38%
- **Restricted - Risk Reserve**: 48%
- **Restricted - Other**: 7%
- **Total Committed**: 2%

#### June 30, 2021 Projection

- **Investment in Fixed Assets**: 38%
- **Restricted - Risk Reserve**: 43%
- **Restricted - Other**: 7%
- **Total Unrestricted**: 47%
## FY21 Committed Reinvestment Plan

<table>
<thead>
<tr>
<th></th>
<th>Committed Funds FY21</th>
<th>Spent January 31, 2021</th>
<th>Projection June 30, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Expenses</td>
<td>$500,000</td>
<td>-</td>
<td>$</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$500,000</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total - Services</td>
<td>$500,000</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tailored Plan planning and implementation</td>
<td>$12,192,000</td>
<td>$3,553,959</td>
<td>$9,662,046</td>
</tr>
<tr>
<td>Total - Administrative</td>
<td>$12,192,000</td>
<td>$3,553,959</td>
<td>$9,662,046</td>
</tr>
<tr>
<td>Total Service and Administration</td>
<td>$12,692,000</td>
<td>$3,553,959</td>
<td>$9,662,046</td>
</tr>
</tbody>
</table>

## Key Assumptions

1) Restricted - Other State Statutes - is the amount as of June 30, 2020. This will change once fiscal year 21 is closed.

2) The savings related to Medicaid Waiver Services is based on the average of year to date revenues vs. expenses, however we reduced it to factor in continued rate increases and the COVID add on ending March 31, 2021. The COVID add on ending is determined by the State.

3) Tailor plan spending projections are based on current spend. A more detailed projection will be provided during the budget retreat.

4) Projections are based on currently available information and therefore are subject to change.
<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>$1,050,995</td>
<td>$10,542,625</td>
<td>$27,696,476</td>
<td>27.57%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>$74,809,994</td>
<td>$6,664,255</td>
<td>$45,349,660</td>
<td>$29,460,334</td>
<td>60.62%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$399,202,069</td>
<td>$39,444,303</td>
<td>$266,532,568</td>
<td>$122,669,501</td>
<td>69.27%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$512,251,164</td>
<td>$47,159,553</td>
<td>$332,424,853</td>
<td>$179,826,311</td>
<td>64.89%</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>$29,099</td>
<td>$222,899</td>
<td>$159,205</td>
<td>58.33%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>$4,359,385</td>
<td>$363,282</td>
<td>$2,542,976</td>
<td>$1,816,409</td>
<td>58.33%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>$54,436,646</td>
<td>$5,378,284</td>
<td>$37,715,980</td>
<td>$16,720,666</td>
<td>69.28%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>$500,000</td>
<td>$35,274</td>
<td>$71,727</td>
<td>$428,273</td>
<td>14.35%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>$59,678,135</td>
<td>$5,805,939</td>
<td>$40,553,581</td>
<td>$19,124,553</td>
<td>67.95%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$571,929,299</td>
<td>$52,965,492</td>
<td>$372,978,435</td>
<td>$198,950,864</td>
<td>65.21%</td>
</tr>
</tbody>
</table>

| **EXPENSES**         |            |                |              |            |                     |
| Local Services       | $38,239,101| $2,192,772     | $12,282,736  | $25,956,365| 32.12%              |
| State & Federal Services | $74,809,994| $6,664,255     | $45,349,660  | $29,460,334| 60.97%              |
| Medicaid Waiver Services | $399,202,069| $39,444,303   | $266,532,568 | $122,669,501| 61.24%              |
| **Total Service Expenses** | $512,251,164| $46,515,222    | $302,358,432 | $209,892,732| 59.03%              |
| **Administrative**   |            |                |              |            |                     |
| Operational          | $7,379,253 | $758,122       | $5,167,899   | $2,211,354 | 70.03%              |
| Salaries, Benefits, and Fringe | $45,049,448| $4,721,170     | $31,549,398  | $13,500,051| 70.03%              |
| Professional Services | $6,749,433 | $980,353       | $4,726,818   | $2,022,615 | 70.03%              |
| Miscellaneous Expense | $500,000   | $0             | $0           | $500,000   | 0.00%               |
| **Total Administrative Expenses** | $59,678,135| $6,459,645     | $41,444,115  | $18,234,020| 69.45%              |
| **Total Expenses**   | $571,929,299| $52,974,867    | $343,802,547 | $228,126,752| 60.11%              |

| **CHANGE IN NET POSITION** | ($9,375) | $29,175,888 |

Statement of Revenue and Expenses (Budget and Actual) - As of January 31, 2021

Finance Committee Meeting 3/4/21
Senate Bill 208 Ratios - As of January 31, 2021

**CURRENT RATIO**

- **Benchmark**
- **Alliance**

**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**

- **Benchmark**
- **Alliance**

**Percent Paid** = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.
Divison of Health Benefits Ratios - As of January 31, 2021

**DEFENSIVE INTERVAL**

- **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**

- **Medical Loss Ratio (MLR)** = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue. The requirement is 85% or greater cumulative for the rating period (7/1/20-6/30/21).
ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: March 4, 2021

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

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

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

The draft minutes from the previous meeting are attached.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Pam Silberman, Committee Chair; Wes Knepper, Senior Director of Quality Management
This meeting was held virtually, via Zoom

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

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

BOARD MEMBERS PRESENT:

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

STAFF PRESENT: Michael Bollini, Chief Operating Officer; Diane Fening, Executive Assistant I; Wes Knepper, Quality Management Director; Mehul Mankad, Chief Medical Officer; Doug Wright, Director of Community and Member Engagement; Tia Grant, Quality Improvement Manager

1. WELCOME AND INTRODUCTIONS – The meeting was called to order at 1:00 p.m.

2. REVIEW OF THE MINUTES – The minutes from the December 3, 2020 meeting were reviewed; a motion was made by Marie Dodson to approve the minutes and seconded by David Curro. The motion passed unanimously. We are keeping the meeting time at 1:00 until a committee member can be contacted.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. OLD BUSINESS</td>
<td>QIP Updates</td>
<td>QIP-Quality Improvement Projects</td>
<td>QIP-Quality Improvement Projects</td>
</tr>
<tr>
<td></td>
<td>• TCLI In Reach Contacts – working on having contact with people that have been identified in our network to ask if they want to live independently. Have to have at least one in-reach contact every 90 days. We have fallen below benchmark, due to staffing issues and multiple systems. Our goal is to work out a sustainable way of doing it. We hit target in December and it looks like we will in January too.</td>
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<td></td>
<td>• HEDIS measures-There are three of them. First is Adherence to Antipsychotics. This has been flat, despite everything changing because of COVID. The newest intervention we have is expanding this direct member education to include our care management team. We are going to provide lists of those who are in care management who need to have screenings or are working on their adherence to our case managers, so they can do more targeted interventions. We just finished updating our provider scorecards and are coming up with additional educational materials. As those roll out, we will do a targeted provider roadshow.</td>
<td></td>
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<tr>
<td></td>
<td>• The next two measures are for screening people-checking blood glucose and lipid panels for members that have been prescribed antipsychotics. One of these measures if for adults and one for children. We will be doing member</td>
<td></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:

<table>
<thead>
<tr>
<th>DISCUSSION</th>
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<tbody>
<tr>
<td>education, provider data sharing. We have purchased point of care testing equipment for providers and we are pulling data to see how well providers are using that. Because of how Medicaid is currently structured they would not be billing Alliance for those lab tests. We needed to get them setup to bill fee-for-service Medicaid for that. That was a bigger lift than just adding something to their contract with us. Should start seeing the results soon.</td>
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<td><strong>•</strong> Most people that use telehealth don’t use telehealth exclusively. A minority of our members only use telehealth.</td>
</tr>
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<td><strong>•</strong> The performance on the measure for children is much lower, as kids are getting fewer labs in general. The interventions are largely the same for the same reasons.</td>
</tr>
<tr>
<td>7 day follow up measures –</td>
</tr>
<tr>
<td><strong>•</strong> Medicaid SUD (increase the adherence of DHS measure SUD to 40%). We are very close to the 40% goal. Primary Interventions for this measure are making sure that providers and members are aware of this requirement for it and why it is a requirement. When members get timely follow-up care after being discharged from a facility, they are more likely to engage in care and stay in care, hopefully on an out-patient basis and don’t need to return to in-patient care.</td>
</tr>
<tr>
<td><strong>•</strong> The other main push we have is addressing the social drivers of health. We use ride sharing service and are trying to implement telehealth at the Durham Rescue Mission. The biggest lever we have to pull is incentivizing providers and setting up value-based arrangements for helping us to hit these targets.</td>
</tr>
<tr>
<td><strong>•</strong> Super Measure – State SUD (increase the adherence of DMH measure SUD to 40%) we have a lot of data suggesting that this is a growing concern due to the pandemic. The interventions are similar to the Medicaid measure. These are similar populations being discharged from very similar locations and being followed up by similar providers, so a lot of this overlaps. Most of the value-based arrangements that we’ve been looking at combine across diagnosis and funding sources.</td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
<table>
<thead>
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<tbody>
<tr>
<td>Super Measure – State MH (increase adherence of DMH measure MH to 40%).</td>
<td>There was a drop between May and June and that was due to a back end administrative number error. The actual number of people served was 30%. It was a billing claims error that has been corrected. The official number will remain 19% because we can’t change it with the state now. But we know for internal purposes that it was really 30%.</td>
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<tr>
<td>Performance Dashboard</td>
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<td>• Looking at the At-Risks: Medicaid-% Readmits assigned to Care Coordinators.</td>
<td>This is a measure that hovers at 100% We don’t anticipate this measure being a problem. The others that are not met are the Medicaid 7-day Substance Use Follow Up and the 7-Day SUD Follow Up and Mental Health Follow Up for Uninsured Population.</td>
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<td>• Quarterly TBI Report-we have one not met. That was a proportion of new waiver beneficiaries who are receiving services according to their plan within 45 days of their plan being approved. This is a measure that for TBI and Innovations typically comes up fairly frequently for us. We have difficulty identifying qualified staff that are acceptable to the family being served.</td>
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4. NEW BUSINESS

a. RFA and Tailored Plan Updates

| | CAHPS-Consumer Assessment of Healthcare Providers and Systems (satisfaction survey that is taken after receiving health care services) | a) TBD |
| | ECHO Survey-Experience of Care & Health Outcomes | | |

Tailored Plan Quality Measures – what we are going to get measured on. In the RFA it is very clear that the State can and will change these. A lot of these are also required for NCQA accreditation. Almost all of the measures can be obtained through claims data which is easier than going into medical records. We will be educating our providers on how to bill things correctly. They will be hearing this from our Standard Plan partners as well.

In the General Measures: Adult there are a lot of measures around opiates. As we become a Tailored Plan, we will receive more data that will enable to better see how we are doing.

There are two maternal health measures and one CAHPS survey, which for now is an ECHO survey. We will also continue to do our provider satisfaction surveys and perception of care as well. When we become a Tailored Plan, we
should have 24,00-30,000 members and projected 400-600 pregnancies that we will help manage.

- State Funded Services- Medicaid may see penalties if we don’t meet measures, and the State has penalties too, mostly for not doing something in timely way, but not nearly as much as Medicaid. The Department may implement a quality withhold incentive program based on quality measures used to administer BH I/DD Tailored Plan. On the state-funded services, there isn’t much change.

- For Medicaid measures there are significant penalties eventually if we don’t meet the expectation. The State does not have penalties for not submitting things or not doing things in a timely way. Not nearly as wide ranging as the Medicaid side. A big difference is in contract year two, the State may implement a quality withhold/incentive program until we met the criteria.

- The State put a great emphasis on disparities reporting and tracking on all of the measures. They want to see that for all measures, we stratify them by demographic categories where it makes sense. They are trying to issue potential penalties or quality withholds beginning contract year 4 or 5. If there is too big a disparity between certain groups for one of these measures, even if our overall performance is above the target, there may be a separate withhold for that. This will help make sure our interventions are applicable for all communities. We have built this into our QIP process. For all of our QIPs there is no racial or ethnicity gap in performance.

b. NCI Report for NC
- HSRI publishes this. Unlike other surveys this is not broke down by LME/MCO. It’s hard to break down what part is Alliance. This report was done pre-Covid. We have not compared this to last years’ yet.

c. Perception of Care Telehealth Report
- A draft report that has been released by DHHS as part of our perception of care survey. They added some questions around telehealth. Matches up with telehealth survey that we did on our own, but this one covers whole state.
<table>
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<tr>
<td></td>
<td>Across MCOs most people have used some telehealth services over past 6 months regardless of age group. Telehealth was shown to be more helpful with older children and adults. The Hispanic/Latinx respondents used telehealth more and perceived fewer barriers. Wes brought up at the Quality Director’s Forum that we would like to get information from the State on numbers of respondents in the surveys.</td>
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<td><strong>Spring Meeting Times and Meeting Topics</strong></td>
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<td></td>
<td>• Next meeting’s agenda might change. Wes will give an update of NCQA accreditation next month and what this means for our quality programs. In April we will have no meeting.</td>
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5. **ADJOURNMENT:** the meeting adjourned at 1:50 pm; the next meeting will be March 4, 2021, time TBD.
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: March 4, 2021

BACKGROUND: The Alliance Consumer and Family Advisory Committee, or CFAC, is made up of consumers and/or family members that live in Durham, Wake, or Cumberland Counties who receive mental health, intellectual/developmental disabilities and substance use/addiction 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 minutes to its meetings, letters to the board, participation on committees, outreach to our communities, providing input to policies effecting consumers, and by providing the Board of Directors and the State CFAC with an Annual Report as agreed upon in our Relational Agreement describing our activities, concerns, and accomplishments.

This report includes documents from the following meetings: Draft minutes and supporting documents from the Steering Committee’s February 1, 2021, meeting; the Durham February 8, 2021, meeting; the Wake February 9, 2021, meeting; the Johnston February 16, 2021, meeting; and the Cumberland January 28, 2021, meeting.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

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

(Back to agenda)
MEMBERS PRESENT: ☒ Jason Phipps ☒ Pinkey Dunston, ☒ Steve Hill, ☒ Trula Miles, ☒ Marie Dodson, ☒ Jerry Dodson, ☒ Shirley Francis, ☒ Breanna Harris, ☒ Renee Lloyd, ☒ Sharon Harris, ☒ Tekkeyon Lloyd, ☒ Brenda Solomon, ☒ Dave Curro
BOARD MEMBERS PRESENT: None
GUEST(S): Stacey Harward, NCDHHS, Lisa Loftin Berry,
STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Terrasine Gardner, Member Engagement Manager, Ramona Branch, Member Engagement Specialist, Noah Swabe, Member Engagement Specialist

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the January 4, 2021 meeting was reviewed; a motion was made by Marie Dodson and seconded by Steve Hill to approve the minutes. Motion passed unanimously.

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<tr>
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<tbody>
<tr>
<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>Members discussed the COVID vaccine and shared their thoughts and concerns on how things were going in their communities regarding the process and status.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| 4. State Updates | Stacey Harward, NCDHHS was in attendance tonight and gave an overview of the State updates for February.  
- CE&E updates for February will be coming soon  
- Peer Support Training will be offered virtually  
- SCOOP project with UNC TV & Facebook Live starting again this month  
- Provider update call 02.04.2021 @ 3pm  
- Regional CFAC Meeting Feb 15- 6-730pm  
- February is Heart Health Month- this month will focus on heart health and how mental health plays a role  
- February is also Black History Month  
Please make sure to go over the CE&E updates once they become available, | Ongoing | N/A |
| 5. LME-MCO Updates | Doug went over the LME/MCO updates and included overviews on the following:  
RFA Updates: Alliance’s submission includes 2200 pages including attachments and will require several boxes and 2 cars to deliver it on Tuesday.  
Standard Plan Timeline:  
- Open Enrollment: March 15- May 15 | Ongoing | N/A |
### AGENDA ITEMS:

- May 16 - Members will be auto assigned if they have not chosen a standard plan
- July 1 - Standard plans Go Live (Mild & Moderate dx members will be in the Standard Plan)
- Standard Plan Ombudsman will be Disability Rights of NC

### DISCUSSION:

National Core Indicators: National Core Indicators surveys gather information about the satisfaction, quality of life, and critical life outcomes of those they support. States use this information to track their own performance over time and to compare results across states. NCI’s outcome data contributes key information to states seeking to improve services that support people with Intellectual and Developmental Disabilities (IDD) to live and contribute as valued members of their communities.

The report is compiled from the following surveys:

- In-Person Survey
- Adult Family Survey
- Family/Guardian Survey
- Child Family Survey
- Staff Stability Survey

This report is from 2018-2019, members were asked to read the report and direct any questions or concerns to Doug.

2020 PoC Telehealth: As part of the 2020 North Carolina Mental Health (MH) and Substance Use Disorder (SUD) Client Perceptions of Care Survey, community-based service clients across the state responded to supplemental questions about their experiences during the COVID-19 emergency in North Carolina, including the telehealth services they received.

- Community-based MH and SUD service providers assisted with survey administration from August 1 through September 21, 2020
- Respondents were asked about their experiences in the past six months
- A total of 5,516 respondents completed paper copies, web-based versions, or surveys administered by telephone or two-way audio and video connection

### NEXT STEPS:

### TIME FRAME:

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:
--- | --- | --- | ---
| Overall, the rate of telehealth service use was high across racial/ethnic groups in those surveyed, and highest among Hispanic/Latinx consumers. People who received telehealth services were more likely to report feeling supported in their care during this difficult time, and significant majorities of consumers rated their telehealth services at least as effective as in-person services. Behavioral Health Legislative Priorities: North Carolina Behavioral Health Providers and Local Management Entity/Managed Care Organizations (LME/MCOs) work together to serve the mental health, intellectual/developmental disability (IDD), and substance use disorder (SUD) service needs of millions of North Carolinians in all 100 counties. The seven LME/MCOs are responsible for managing Medicaid and other public funds for individuals who are enrolled in Medicaid or uninsured. The following are our shared legislative priorities for 2021:
- Address the Statewide Direct Support Worker (DSW) Workforce Crisis
  Increase the wages of frontline DSW personnel to a minimum of $15 per hour to be comparable with the current wage paid to employees working at State-operated developmental centers. This workforce investment must be covered by Medicaid and/or State funds in order to be sustainable
- Strengthen the State’s Safety Net for Behavioral Health Services
  Preserve State Single-Stream Funding and other funding for behavioral health and crisis services. We commend the General Assembly for recent support of these resources to enhance access to behavioral health and IDD services for North Carolinians during the pandemic
- Invest Significantly in New Innovations Waiver Slots
  Increase Innovations Waiver slots to meet the needs of approximately 14,000 North Carolinians who wait for years on the Registry of Unmet Needs waiting list for IDD services. We greatly appreciate the General Assembly prioritizing this matter by including 1,000 new slots in its most recent state budget proposal (HB 966 (2019 Appropriations Act) and request that slots be increased on an ongoing multiyear basis to significantly reduce and hopefully eliminate this enormous waitlist.

7. Subcommittees
Subcommittee Updates: Ongoing N/A

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
**AGENDA ITEMS:**
- Wake
- Durham
- Cumberland
- Johnston
- Area Board
- Human Rights
- Quality Management

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<thead>
<tr>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
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</thead>
<tbody>
<tr>
<td>Wake: Annette Smith (Chair): None</td>
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<tr>
<td>Durham: Steve Hill (Chair): Charlitta Burruss (Co-Chair): Senator Woodard and delegates participated in the follow up meeting on Jan 25. Dave Curro got a lot of feedback on the presentation that he gave. They will continue to follow up with the Durham Delegates in the future.</td>
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<td>Cumberland: Felisha McPherson (Chair): None</td>
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<td>Johnston: Marie Dodson (Chair): Membership continues to be the main challenge and they are still working on creative ways to increase members, NAMI member interested in joining.</td>
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<td>Area Board: (Dave Curro): Board to meet Thursday 02.04.2021</td>
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<td>Human Rights: Doug went over the HRC meeting highlights</td>
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<td>Quality Management: None</td>
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8. **Announcements**

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<th>NEXT STEPS</th>
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<td>None</td>
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9. **ADJOURNMENT: 6:45pm:** The next meeting will be March 1, 2021, at 5:30 p.m.

Respectfully Submitted by:

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on Click or tap to enter a date.
NC Medicaid Transition to Managed Care

January 27, 2021
Opening & Welcome

Dr. Mandy Cohen, MD, MPH
NCDHHS Secretary
North Carolina’s Vision for Medicaid Transformation

“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”
Highlights of Medicaid Transformation

• Whole-person Focus and Healthy Opportunities Initiative
  • Physical and Behavioral Health Integration: Payment and Delivery
  • Addressing Unmet Social Needs: Healthy Opportunities
    • Anticipate award of Lead Pilot Entities in spring 2021 and service delivery launch in early 2022

• Primary Care and Local Care Management Investment
  • Advanced Medical Home Program
  • Behavioral Health Home and Care Management

• Value-based Payments
  • Health plans are required to increase participation in value-based payments after launch
Medicaid Managed Care Day One Goals

In the transition to an innovative managed care program, NCDHHS' priority for Day One is that individuals get the care they need, and providers get paid.

• Additional Day One Priorities include
  • A member's prescription will be filled by the pharmacist
  • Members know their chosen or assigned health plan
  • Members have timely access to information and are directed to the right resource
  • Health plans have sufficient networks to ensure member choice
  • A provider enrolled in Medicaid prior to the launch of NC Medicaid Managed Care will still be enrolled
  • Calls made to call centers are answered promptly
Moving to NC Medicaid Managed Care

Approximately 1.6 million of the current 2.5 million Medicaid beneficiaries will transition to NC Medicaid Managed Care

• Beneficiaries will be able to choose from five Health Plans
  • AmeriHealth Caritas
  • Healthy Blue
  • United HealthCare Community Plan
  • WellCare
  • Carolina Complete Health:
    ○ Serving regions 3, 4, and 5

• Eastern Band of Cherokee Indians (EBCI) Tribal Option
  • Will manage the health care for North Carolina’s approximately 4,000 Tribal Medicaid beneficiaries primarily in Cherokee, Graham, Haywood, Jackson and Swain counties.

All health plans, all regions will go live on July 1, 2021.
Moving to NC Medicaid Managed Care

• NC Medicaid Direct
  • Some beneficiaries will stay in fee-for-service because it provides services that meet specific needs, or they have limited benefits. This will be called NC Medicaid Direct.

• Behavioral Health I/DD Tailored Plans (launching July 2022)
  • Plans will provide the same services as Standard Plans, as well as additional specialized services for individuals with significant behavioral health conditions, I/DDs, and traumatic brain injury, as well as people utilizing state-funded and waiver services.
## Medicaid Managed Care Eligibility

<table>
<thead>
<tr>
<th>Status of Medicaid Managed Care Enrollment, Per Legislation</th>
<th>Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excluded (Cannot enroll, stays in NC Medicaid Direct)</strong></td>
<td>▪ Family Planning Program, Medically Needy, Health insurance premium payment (HIPP), Program of all-inclusive care for the elderly (PACE), Refugee Medicaid</td>
</tr>
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<td>▪ Some beneficiaries are temporarily excluded and become Mandatory later. This includes dually-eligible Medicaid/Medicare, Foster Care/Adoption, &amp; Community Alternatives Program for Children (CAP-C) and Disabled Adults (CAP-DA).</td>
</tr>
<tr>
<td><strong>Exempt (May enroll or stay in NC Medicaid Direct)</strong></td>
<td>▪ Federally recognized tribal members, beneficiaries who would be eligible for behavioral health tailored plans (until they become available). Target launch date for Tailored Plans is July 1, 2022.</td>
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</table>
Medicaid Transformation Milestone Timeline

- **SOFT LAUNCH**
  - Begin State-wide Open Enrollment: 3/1/21

- **OPEN ENROLLMENT BEGINS**
  - Open Enrollment Begins: 3/15/21

- **OPEN ENROLLMENT**
  - Conclude State-wide Open Enrollment: 5/14/21

- **AUTO ENROLLMENT**
  - EBCI Tribal Option & Managed Care Launch: 7/1/21

- **END OF CHOICE PERIOD**
  - End of Choice Period: 9/30/21

- **SOFT LAUNCH**
  - Begin State-wide Open Enrollment: 3/1/21

- **OPEN ENROLLMENT BEGINS**
  - Open Enrollment Begins: 3/15/21

- **OPEN ENROLLMENT**
  - Conclude State-wide Open Enrollment: 5/14/21

- **AUTO ENROLLMENT**
  - EBCI Tribal Option & Managed Care Launch: 7/1/21

- **END OF CHOICE PERIOD**
  - End of Choice Period: 9/30/21
Communications & Engagement

• NC Medicaid plans to engage beneficiaries through
  • Web updates and social media
    • [Link to NC Medicaid Transformation Website]
  • Earned and Paid Media
  • Beneficiary Portal
  • NCDHHS Alerts
  • Contact Center
  • Webinars

• Key Partners in Engagement
  • PHPs & LME/MCOs
  • County DSS & LHDs
  • Enrollment Broker
  • Ombudsman
  • Providers
  • Community Partners
The **Beneficiary Portal** serves as a centralized information resource for current Medicaid beneficiaries and those wishing to apply for Medicaid benefits.  
- Also offers information about Medicaid Managed Care
## Beneficiary Portal Features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available in English and Spanish</td>
<td>Provides Medicaid resources in an easy-to-use web platform</td>
</tr>
<tr>
<td>Offers new educational materials regarding telehealth services to help</td>
<td>Includes Medicaid Managed Care information</td>
</tr>
<tr>
<td>beneficiaries feel more confident accessing health care in a virtual</td>
<td></td>
</tr>
<tr>
<td>format during COVID-19 and beyond</td>
<td></td>
</tr>
<tr>
<td>Includes a Help Center Assistant search feature that guides users</td>
<td>Will expand to include personalized account views, single sign-on access and integration with NC FAST and other systems and offer</td>
</tr>
<tr>
<td>to the most applicable topics of interest</td>
<td>real-time assistance via bi-lingual live agent chat capability</td>
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Legal Aid of North Carolina, in partnership with the Charlotte Center for Legal Advocacy and Pisgah Legal Services, will provide Medicaid Managed Care Ombudsman services for the state’s Medicaid beneficiaries beginning in Spring 2021.

**Key Services**

- **Information and Education** to inform beneficiaries of their rights and to help answer questions over the phone, website, email, by mail and in person.

- **Referrals** to support beneficiaries' access to care in collaboration with other resources including State agencies, Department partners, community-based advocacy and legal service organizations.

- **Issue Resolution and Management** as the central resource to resolve issues within the Medicaid Managed Care delivery system.

- **Trend Monitoring** to identify trends or systemic issues in delivery system performance.
Enrollment Broker

• Unbiased third party
• Work with and support local DSS offices
• Maintain web and mobile applications
• Focus on providing world-class customer service
• Hub for communicating to beneficiaries, providers and plans
• Ensure beneficiaries enroll in the right health plan to meet their needs
Enrollment Call Center

Enrollment Specialists are available at the Call Center for support. The call is toll-free.

We are available to:
• Provide choice counseling
• Support search for preferred PCP
• Discuss health plan services
• Enroll beneficiaries in selected health plan
• Assist with some demographic changes
• Disenroll members as needed
• Process Enrollment Broker complaints and grievances
• Facilitate appeals process
• Provide support for the website and mobile app
• Aid with deaf and non-English speaking beneficiaries

Monday – Saturday from 7 a.m. – 5 p.m.

EXTENDED HOURS:
7 a.m. – 8 p.m.
7 days a week during enrollment

OPEN ENROLLMENT
833-870-5500 (TTY 833-870-5588)
March 15, 2021 to May 14, 2021
Multi-Channel Enrollment

- Empathetic, personal help for those who need it
- Self-service & mobile options aligned with consumer preferences
- Beneficiaries have multiple ways to enroll and access support
  - Chat
  - Web
  - Mobile
  - Phone
  - Mail
  - Interactive Voice Response system (IVR)
There will be a new way to get Medicaid health care
Most people will get the same Medicaid services in a new way - through health plans. Learn more.

Learn
Learn about NC Medicaid Managed Care

Find
Find and view primary care providers (PCPs) and health plans

Enroll
Choose a health plan and primary care provider (PCP)

NC Medicaid Managed Care restart
NC Medicaid Managed Care will start July 1, 2021. We will share more information soon, including when and how to choose a health plan.
For now, keep getting Medicaid and NC Health Choice services the way you do.

Get the free mobile app
You can get the free mobile app starting March 1, 2021 on Google Play or the App Store. We will share links to the app on this website when it is ready.
Use the app to find and view primary care providers (PCPs) and health plans for you and your family. Learn more about the free

Find and view providers and health plans
This website has new tools to help you find and view primary care providers (PCPs) and health plans.
Medicaid and NC Health Choice Provider and Health Plan Lookup Tool
You can use the Medicaid and NC Health

Questions?
We can help. Our call center opens March 1, 2021.
Until then, you can get answers to common questions.
User selects a chat topic
User starts a chat session
Introductory Video

The NC Medicaid Managed Care Introductory Video addresses

- What is a primary care provider (PCP)?
- What is a health plan?
- The health plans available
- What beneficiaries need to do
- What happens after beneficiaries enroll
- Key dates for enrollment
- How to get answers to additional questions
Partner Engagement & Community Outreach

Partner Engagement Events

Types of Events:
Community education:
- Virtual Presentation
- Virtual Meet and Greet
Community events:
- Virtual Informational meeting

Types of Materials:
Marketing materials:
- Flyers, Fact Sheets, etc.

Community Outreach Events

Types of Events:
Community education:
- Virtual Presentation
Community events:
- Virtual Informational meeting
- Virtual Enrollment event

Types of Materials:
Marketing materials:
- Flyers, Fact Sheets, etc.

To request a presentation for a community event please email:
NCEB_Outreach_Management_Team@maximus.com
Outreach Materials

FACT SHEET

THERE IS A NEW WAY TO GET MEDICAID HEALTH CARE

Most people will get the same Medicaid services in a new way - through health plans. You will be able to choose the health plan that is best for you. You will also choose a primary care provider (PCP).

WHAT YOU NEED TO DO

1. Choose a primary care provider (PCP):
   - To keep your doctor, clinic or other health care provider as your NC Medicaid plan, talk to your doctor or health care provider.

2. Choose a health plan:
   - A health plan is a group of doctors, nurses and other providers who work together to give you the care you need. Learn more: ncmedicaidplan.gov/findyourhealthplan

IF YOU HAVE MORE QUESTIONS

- About your eligibility: Contact your local Department of Social Services (DSS) office or see your local DSS office's Medicaid office.
- About choosing or enrolling in a health plan: Go to ncmedicaidplan.gov and select "CHOOSE YOUR PLAN" or call 1-833-573-5300 (TTY: 1-833-573-5320)
- About your benefits: Call your health plan.

About choosing or enrolling in a health plan:
- Download materials on March 1, 2021: medicaid.ncdhhs.gov/county-playbook-medicaid-managed-care

POSTER

THERE IS A NEW WAY TO GET MEDICAID HEALTH CARE

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FLYER

THERE IS A NEW WAY TO GET MEDICAID HEALTH CARE

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Download materials on March 1, 2021: medicaid.ncdhhs.gov/county-playbook-medicaid-managed-care
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<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1, 2021</td>
<td>Contact Center goes live</td>
</tr>
<tr>
<td>March 1-15, 2021</td>
<td>Enrollment packets mailed to Medicaid Beneficiaries</td>
</tr>
<tr>
<td>March 15, 2021</td>
<td>Open Enrollment begins, including Tribal Option</td>
</tr>
<tr>
<td>May 14, 2021</td>
<td>Open Enrollment ends</td>
</tr>
<tr>
<td>May 15, 2021</td>
<td>If a beneficiary has not chosen a health plan, they will be “auto-enrolled” into a plan and notified via mail; • Beneficiaries will have 90 days to change this plan selection</td>
</tr>
<tr>
<td>July 1, 2021</td>
<td>Medicaid Beneficiaries start receiving care via Managed Care Providers</td>
</tr>
</tbody>
</table>
Partnering to Help Inform Beneficiaries

• Sharing key messages
  • Medicaid services will be administered and reimbursed by health plans.
  • Beneficiaries will be able to choose a health plan and primary care provider (PCP) – *Open Enrollment begins March 15th*
  • Medicaid services will not change, but health plans may offer enhanced services to plan members
  • Medicaid eligibility rules and processes *will not change* because of Medicaid Transformation

• Connecting with resources
  • Enrollment Broker: [ncmedicaidplans.gov](http://ncmedicaidplans.gov)
  • NCDHHS Transformation website (Including County & Provider Playbooks):
    • [medicaid.ncdhhs.gov/transformation](http://medicaid.ncdhhs.gov/transformation)
  • Requests for presentations and to share feedback:
    • [Medicaid.Transformation@dhhs.nc.gov](mailto:Medicaid.Transformation@dhhs.nc.gov)
Questions & Answers

We will publish a list of the questions and answers as well as a video of the webinar to this page:

medicaid.ncdhhs.gov/transformation/more-information

Visit the NC Medicaid Transformation Website

ncdhhs.gov/medicaid-transformation
Get the SCOOP for Stress

Strategies for Stress Management in Challenging Times

Join the UNC-TV Live Stream Event on the Governor’s Institute’s Facebook® Page: facebook.com/GovInst/
And get the #SCOOP4Stress with the NC DHHS DMHDDSAS Stress Management Series

Tuesday, February 2, 2021 Stay Connected
Tuesday, February 16, 2021 Compassion for Self and Others
Tuesday, March 2, 2021 Observe Use of Substances
Tuesday, March 16, 2021 Ok to Ask for Help
Tuesday, March 30, 2021 Physical Activity

Go to ncdhhs.gov/stress-management for a description of each event.

Teen Town Hall
Saturday, February 20, 2021
10:30 to 11:30 am | Links to Come
Join DMHDDSAS and Deputy Secretary Kinsley for a Live stream event with six teen panelists for a candid conversation about their experiences during the COVID-19 pandemic.

Mental Health and Substance Use Disorder Recovery and Resilience
March 3, 2021 2:00 PM - 3:00 PM

During this training, the presenters cover a brief history of the national Recovery Movement and take a look at significant events and accomplishments in North Carolina. They go over formal and informal definitions of recovery and resilience and present research related to the topic. In addition, the presenters take a close look at Recovery Oriented Systems of Care and how people with lived experience are making a difference as Peer Support Specialists in North Carolina.

Registration is required to participate in this training.
Please register here: https://tinyurl.com/MHSUD-ResilienceRecovery
To request reasonable accommodations please contact Wes Rider by email at wes.rider@dhhs.nc.gov

Division Events

Peer Support in the Face of COVID-19
This educational webinar for the public to learn about peer support, the population served, & where/how to get connected to PSS services. The webinar dates are 2/9, 2/16 & 2/23 at 10am.
Registration is free. Click here to register for the series.
Contact Brandon Rollings for more information: Brandon.Rollings@dhhs.nc.gov

DEI Lunch & Learn Series

NC DMHDDSAS Diversity, Equity, and Inclusion (DEI) Council: Black History Lunch-and-Learn Series
In celebration of Black History Month 2021, the NC DMHDDSAS DEI Council is hosting a series of lunch-and-learn sessions featuring leading DEI scholars to provide a critical analysis of current topics related to the intersections of race, gender, disability, and geography and health equity. This will be a wonderful time to hear from thought leaders and scholars and to join in the conversation. All are invited and encouraged to listen and join in the conversation.

Beyond Tuskegee: Historical Medical Traumas as Triggers for African Americans’ Mistrust of Health and Public Service Systems
Wednesday, February 3, 12 pm – 1 pm
Presenter: Dr. Michelle Laws
Disruptive Demographics: The Rapidly Changing Demographics and What That Means for Public Service Systems
Wednesday, February 10, 12 pm – 1 pm
Presenter: Dr. James Johnson, Jr.
Link to join: https://tinyurl.com/4v9zyda

Participation is open to DHHS staff and community stakeholders. Everyone is encouraged to attend.

NC DHHS- DMH/DD/SAS
Community Updates | February 2021

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Teens Town Hall
Saturday, February 20, 2021
10:30 to 11:30 am | Links to Come
Join DMHDDSAS and Deputy Secretary Kinsley for a Live stream event with six teen panelists for a candid conversation about their experiences during the COVID-19 pandemic.
Did you know there is a connection between mental health and heart disease?

People experiencing depression, anxiety, stress, and even PTSD over a long period of time may experience certain physiological effects on the body, such as increased cardiac reactivity (e.g., increased heart rate and blood pressure), reduced blood flow to the heart, and heightened levels of cortisol. Over time, these physiological effects can lead to calcium buildup in the arteries, metabolic disease, and heart disease.

Who is at risk?
- Veterans with PTSD
- Women
- Couples with someone who has PTSD
- Racial and ethnic minorities

What can you do to help reduce your risk?
- Learn to recognize the signs and symptoms for both mental health issues and heart disease
- Talk with your health care team, including your primary care provider and your mental health provider about potential risk factors, treatment and prevention
- Get to know your family history (as best as you can) [https://www.cdc.gov/heartdisease/mentalhealth.htm](https://www.cdc.gov/heartdisease/mentalhealth.htm)

It’s important to talk about your whole health and not shy away from topics that might make you feel uncomfortable. Be brave in your health care space—it may save your life!

### Traumatic Brain Injury

A TBI grant survey is currently posted requesting input from stakeholders on what they think should be the focus of the grant proposal for the upcoming new TBI grant federal funding opportunity. Anyone interested in participating in this anonymous survey can do so here: [TBI Grant Focus Survey](https://www.ncdhhs.gov/assistance/6.2 percent).

A national survey is being conducted with Vocational Rehabilitation Counselors statewide to determine their knowledge, skill and ability in working with individuals living with TBI. Follow up training opportunities will be offered to strengthen their skill in the field.

A webinar was held entitled “Untangling the Complex Relationship between Suicide and Brain Injury”. Interested individuals can access the free recording here: [Watch Recording](https://www.ncdhhs.gov/assistance/6.2 percent).

A free two-part webinar series focused on TBI & Behavioral Health will be presented in March by a national expert in the field. [https://www.ncdhhs.gov/assistance/6.2 percent].

March is Brain Injury Awareness month. Stay tuned for events and activities. For more information please call 984-236-5040, email TBI-Contact@dths.nc.gov or visit [https://www.ncdhhs.gov/assistance/6.2 percent](https://www.ncdhhs.gov/assistance/6.2 percent).

### COVID-19 Vaccine Training

Community Engagement & Empowerment Team members are trained and ready to provide crucial COVID-19 Vaccine Training to you and your community. Community groups such as CFACs, faith-based, and other community organizations can receive this training virtually by request. Our team will help make the process easy by setting up the virtual event and managing registrations.

Contact us by email to schedule: CEandE.Staff@dths.nc.gov

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February marks the start of Black History Month, a federally recognized celebration of the contributions African Americans have made to this country and a time to reflect on the continued struggle for racial justice.

Throughout 2020, notable events highlighted the disparities in healthcare and in the community that African-American, or Black, Indigenous, and People of Color experience.

According to “Discovery Mood & Anxiety Program” “African Americans are disproportionately more likely to experience mental health issues and social stigma...A new study published in the International Journal of Health Services only further corroborates this fact.”

Here are some of the startling statistics:

- African American adults are 20% more likely to experience mental health issues than the rest of the population
- 25% of African Americans seek treatment for a mental health issue, compared to 40 percent of white individuals. The reasons for this drop off include misdiagnosis by doctors, socioeconomic factors and a lack of African American mental health professionals.
- Adult Black/African Americans living below poverty are three times more likely to report severe psychological distress than those living above poverty.
- Black/African Americans are less likely than white people to die from suicide as teenagers, Black/African American teenagers are more likely to attempt suicide than white teenagers (8.3 percent v. 6.2 percent).
- Only 6.2 percent of psychologists, 5.6 percent of advanced-practice psychiatric nurses, 12.6 percent of social workers, and 21.3 percent of psychiatrists are members of minority groups. According to the National Association on Mental Illness (NAMI), only 3.7% of members in the American Psychiatric Association and 1.5% of members in the American Psychological Association are Black.

Working to break down barriers to accessing health is just the beginning.

From MHA National [Full article TW for Suicidal Ideation]: If you are worried that you or a loved one may be struggling with a mental health condition, there is hope. To start, consider taking a free mental health screening to assess your symptoms and find out how to seek help.

Understand that though hurt can make you feel as if you are alone—never are. MHA began the campaign #mentalillnessfeelslike as a way to show individuals struggling through pain and confusing symptoms that they are not alone. We encourage you to participate too—share your story—tell us what #mentalillnessfeelslike to you. Because there is power in sharing. And there is power in knowing that you are not alone.

From NAMI (National), it is time for America to address our need for healing, not in a self-serving manner that allows delegates and racist parties to rid themselves of guilt while neglecting any accountability, but in a way that allows those reforming current policies to actively engage and understand the current state of the African American population with a focus on equity.

Having Courageous Conversations about the intersection of where a person’s racial, ethnic, and disability or mental health experience meets is one step towards creating a better understanding of that experience, in order to take the next step to creating change and inclusion for all people with mental health, developmental disabilities, and substance use disorders.
**Opportunities for Participation**

**Medicaid Transformation**

If you are interested in our webinar on NC Medicaid’s Transition to Managed Care for Community Partners. We have posted a recording of it along with the presentation to our website. These items may be found here.

- If you have any questions or problems accessing the site, contact Medicaid_Transformation@dhhs.nc.gov

Here are some additional sites that you may go to find more information on Medicaid Transformation:
- [https://medicaid.ncdhhs.gov/transition](https://medicaid.ncdhhs.gov/transition)
- [https://medicaid.ncdhhs.gov/transition/more-information](https://medicaid.ncdhhs.gov/transition/more-information)

**Olmstead Listening Sessions**

Learn more about NC Olmstead and get information on the on-going listening sessions by clicking on the link:

**Grant Opportunities**

[https://tinyurl.com/DMHDDSAS-Grants](https://tinyurl.com/DMHDDSAS-Grants)

**Peer Support Specialist**

If you are interested in becoming a Peer Support Specialist, online training options are available! To find an online course, please visit [https://psu.unc.edu/training](https://psu.unc.edu/training)

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**Monthly Meetings**

**CONSUMER & PROVIDER CALLS:**

Joint DMHDDSAS & DHB COVID-19 Update: Providers

**Thursday, February 4, 2021 at 3 pm**

[https://attendee.gotowebinar.com/register/7913552834621123343](https://attendee.gotowebinar.com/register/7913552834621123343)

Joint DMHDDSAS & DHB COVID-19 Update: Consumers & Family Members

**Monday, February 22, 2021 at 2 pm**

Links and call-in information to come.

**Regional CFAC Meetings**

**Alliance, Eastpointe, Sandhills and Trillium**  
**February 15, 2021**

6pm – 7:30pm

Microsoft Teams meeting

Join on your computer or mobile app  
[Click here to join the meeting](https://attendee.gotowebinar.com/register/7913552834621123343)

Or call in (audio only): +1 984-204-1487

Phone Conference ID: 958 737 734#

**Cardinal, Partners and Vaya**  
**February 22, 2021**

6pm – 7:30pm

Microsoft Teams meeting

Join on your computer or mobile app  
[Click here to join the meeting](https://attendee.gotowebinar.com/register/7913552834621123343)

Or call in (audio only): +1 984-204-1487

Phone Conference ID: 248 025 596#

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**State CFAC**

**The State Consumer and Family Advisory Committee (CFAC) meeting is on the 2nd Wednesday of every month and is open to the public. Due to COVID-19, all State CFAC meetings will be held as webinars until further notice. Suzanne Thompson will be supporting SCFAC from January-March 2021; contact Suzanne by email for more information on the meetings.**

**Next Meeting: Wednesday, February 10, 2021**

Time: 9:00 am to 1 pm

Join by web browser:  
[https://tinyurl.com/StateCFACMeeting](https://tinyurl.com/StateCFACMeeting)

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

Access Code: 171 378 2076

**Local CFAC Updates**

Local CFACs are meeting again in October, 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.ncdhhs.gov/providers/lme-mco-directory](https://www.ncdhhs.gov/providers/lme-mco-directory)

**State to Local Collaboration**

The State to Local Collaboration Call will resume the regular schedule of every 4th Wednesday of the month. CFAC members can use the same Phone Number and Conference ID for each meeting. Links to participate by web will be sent out before each meeting. The call-in number and conference ID will not change.

**Next Call: February 24, 2021**

[https://tinyurl.com/S2LCollaborationCall](https://tinyurl.com/S2LCollaborationCall)

+1-415-655-0003

Conference ID: 171 710 7705

**Medicaid Transformation: Ombudsman Update**

Legal Aid of North Carolina (Legal Aid) will provide Medicaid Managed Care Ombudsman services for the state’s Medicaid beneficiaries beginning in Spring 2021. Legal Aid, partnering with the Charlotte Center for Legal Advocacy and Pisgah Legal Services, will serve as a central resource to educate and inform beneficiaries about the state’s move to Medicaid Managed Care through outreach events, a public website and a toll-free phone number. The Ombudsman will also help resolve issues within the Medicaid Managed Care delivery system.

More information about the Ombudsman will be available soon on the [NC Medicaid website](https://www.ncdhhs.gov/).
NC General Assembly members have no been assigned to committees and meeting schedules are being established. Now is the time to reach out and share your story and your “why.” You represent the communities legislators are sworn to serve! Invite them to your CFAC meetings and provide a short presentation on what your group is identifying as a service gaps or needs. [https://www.ncleg.gov/](https://www.ncleg.gov/)

Find your NC County Commissioner by going to [https://www.ncacc.org/](https://www.ncacc.org/).

Contact your representatives, introduce yourself, and the issues facing the people with lived experience in MH/DD/SUD in your community. Remember to draw on your knowledge about Community Inclusion.

**Effective Systems Advocacy Tip**

Community Inclusion

**Fundamental #11**

Community inclusion requires establishing welcoming communities.

Community inclusion initiatives should work with community groups to help establish a welcoming and mutually supportive community, where each individual’s participation is valued not only for their uniqueness, but also for the contribution individuals with disabilities can make to enhance their community.

Learn more by visiting the Temple University Collaborative. [http://www.tucollaborative.org/community-inclusion-resources/](http://www.tucollaborative.org/community-inclusion-resources/)

**Veterans, Servicemembers & Families**

Want to learn more about services for Veterans in North Carolina? Go to [NC Governor’s Working Group](https://nc.gov) 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](https://www.cdc.gov) 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](mailto:Jeff.Smith@dhhs.nc.gov).

On September 22, 2020 NC DHHS launched the “SlowCOVIDNC” App to help North Carolinians to slow the spread of the virus by alerting them when they may have been exposed to someone who has tested positive. Read the full press release and get the link to download the app by clicking here: [https://www.ncdhhs.gov/news/press-releases/ncdhhs-launches-slowcovidnc-exposure-notification-app-available-download-today](https://www.ncdhhs.gov/news/press-releases/ncdhhs-launches-slowcovidnc-exposure-notification-app-available-download-today)

Watch a video about the app here: [https://youtu.be/Yny36M_aqfw](https://youtu.be/Yny36M_aqfw)

To download now, click on the icon that best represents your device. Click “Install” or “Get” and follow the directions to get started.

**Community Resources: NCCARE360**


Need help finding food services? Click on the NCCARE360 to find resources in your area.

**Community Engagement & Empowerment Team**

The Division of MH/DD/SAS, Community Engagement and Empowerment team provides education, training, and technical assistance to internal and external organizations and groups to facilitate community inclusion and meaningful engagement of persons with lived MH/DD/SUD experience across HHS policy making, program development, and service delivery systems. Learn more at: [https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/community-empowerment-and-engagement](https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/community-empowerment-and-engagement)
North Carolina Data
What is National Core Indicators (NCI)?

Since 1997, state developmental disability service systems have used the National Core Indicators™ (NCI™) surveys to gather information about the satisfaction, quality of life, and critical life outcomes of those they support. States use this information to track their own performance over time and to compare results across states. NCI’s outcome data contributes key information to states seeking to improve services that support people with Intellectual and Developmental Disabilities (IDD) to live and contribute as valued members of their communities.

What is the At-A-Glance Report?

This report uses graphics and icons to demonstrate selected NCI findings from North Carolina for quick and easy reading.

Does something catch your eye?

Visit www.nationalcoreindicators.org for more info on NCI.

Cover Art:

Charlene Murphy was born in Massachusetts and spent most of her young adult life at Fernald State School.

While in her 20s, Murphy was placed at Gateway Arts as one of the original 8 Gateway artists over 40 years ago. Murphy loves to draw and paint, and primarily creates works in the fabric, paper, and folk art production studios. Murphy historically depicts men and women in the simplest form; however, her focus recently has turned to drawing and painting whimsical animals.

For more info, visit: https://www.gatewayarts.org/

This report was produced by the state of North Carolina.
Where are the statistics in this report from?

This report includes selected findings from the National Core Indicators 2018-19 Surveys. A brief description of each survey is on the following page.

- In-Person Survey
- Adult Family Survey
- Family/Guardian Survey
- Child Family Survey
- Staff Stability Survey

Want to learn more about data in this report?

For detailed information on samples, weighting, methodology and administration, please see the National NCI Reports from 2018-19, available at:

https://www.nationalcoreindicators.org/resources/reports/.
In-Person Survey

This survey is completed with adults with IDD age 18 and older receiving at least one paid service (in addition to case management) from the state DD agency. The survey instrument includes a Background Information Section, which gathers data about the person from agency records, and an in-person survey.

The in-person survey is composed of two sections: Section I includes subjective questions that can only be answered by the person receiving services from the state. Section II includes objective, fact-based questions that can be answered by the person or, if needed, a proxy respondent who knows the person well.

Family Surveys

The Adult Family Survey is completed by families who have an adult family member (age 18 or older) with IDD living in the family home. The family member receives at least one paid service (in addition to case management) from the state DD agency. This survey is mailed to families.

The Family Guardian Survey is completed by families or guardians who have an adult family member (age 18 or older) with IDD living outside the family home. The family member receives at least one paid service (in addition to case management) from the state DD agency. This survey is mailed to families or guardians.

The Child Family Survey is completed by families who have a child with IDD living in the family home. The child receives at least one paid service (in addition to case management) from the state DD agency. This survey is mailed to families.

Staff Stability Report

The Staff Stability Survey is an on-line survey of provider agencies supporting adults with ID/DD in residential, employment, day services and other in-home or community inclusion programs. The survey captures information about wages, benefits, and turnover of the direct care professional workforce, hired by agencies.

Agencies receive the survey through an email invitation (address provided by State) and agencies respond directly online.
In-Person Survey (IPS)

651 adults with IDD participated across North Carolina

2018-19

Respondents^:
Adults with IDD age 18 and older receiving at least one service (in addition to case management) from the state DD service system.

<table>
<thead>
<tr>
<th>Residence</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>parent or relative’s home</td>
<td>52%</td>
</tr>
<tr>
<td>Community-based group residential settings</td>
<td>19%</td>
</tr>
<tr>
<td>own home or apartment</td>
<td>6%</td>
</tr>
<tr>
<td>foster care or host home</td>
<td>5%</td>
</tr>
<tr>
<td>ICF/IID or other institutional setting</td>
<td>13%</td>
</tr>
<tr>
<td>other or don’t know</td>
<td>3%</td>
</tr>
</tbody>
</table>

95% Have ID diagnosis

- 27% mild
- 34% moderate
- 20% severe
- 14% profound
- 5% unspecified or unknown

Mental Health Diagnoses

- 28% mood disorder
- 26% anxiety disorder
- 12% psychotic disorder
- 11% other mental health diagnosis

61% male

39 average age

77% under guardianship

^proxy respondents were allowed for some questions
96% reported having taken part in last service planning meeting

86% understood what was being talked about at last planning meeting

68% reported that they chose or had input in services gets as part of service plan

83% know who to ask to make changes to service plan

79% report having friends who are not staff or family

71% report that they can see friends when they want

72% report that they can be alone with friends or visitors at home

75% report having other ways of talking or chatting with friends when cannot see them

61% want more help to make or keep in contact with friends

60% report having rules about having friends or visitors at home

88% report being able to use phone or internet when wanted

50% report having a cell phone or smartphone

46% of those who do not have a cell phone or smartphone want a cell phone or smartphone
49% can lock their bedroom door if they want
42% have a key to their home
28% can stay home if others they live with go somewhere
97% have a place to be alone in their home
41% have voted or had the opportunity to vote and chose not to
9% report having other people read their mail or email without asking
57% report having input in where they live (if not at home)
7% report their name is on lease or other agreement
36% report having input in housemates or living alone
93% have enough choice in their daily schedule
58% do not have community job, but would like one
86% had input choosing where they work
21% have community employment goal in plan
36% have paid job, but want to work somewhere else
Respondents

Family members and/or guardians of adults who have I/DD and receive at least one service in addition to case management from the state DD service system. The respondent lives with the adult receiving services.

Respondents....

- 8% are over age 75
- 49% say they or a family member provide paid support
- 38% always have the respite services they need
- 27% reported an annual household income of $25K or less
- 80% reported services and supports reduced out-of-pocket expenses related to care for their family member

Family member with I/DD....

- 53% are male
- 32.3 average age
- 93% take part in community activities
- 71% have friends other than family or paid staff
- 93% have a guardian

- 3% have a guardian, level unknown
- 12% limited guardianship
- 78% full guardianship

2018-19 Adult Family Survey (AFS)

224 families participated across North Carolina
81% have resources in the community the family can use

21% take part in family-to-family networks

98% feel services and supports have made a positive difference for family member

47% say they always get enough information to help plan services

42% say services and supports always change when their family’s needs change

90% say they or another family member helped make the service plan

55% say their family member with IDD helped make the service plan

78% family member can always see health professionals when needed

71% family member can always go to the dentist when needed

62% crisis or emergency services were provided in the past year when needed
**Respondents**

Family members and/or guardians of adults who have I/DD and receive at least one service in addition to case management from the state DD service system. The respondent *does not live* with the adult receiving services.

**Family member with I/DD**

**Where family member lives...**

- 27% specialized facility for people with ID
- 50% group home or agency-operated apartment
- 5% own home or apartment
- 17% adult foster care or host home
- 0% other

**Respondents....**

- 15% are age 75 or older
- 55% say they visited their family member with I/DD 12 or more times in the past year

**2018-19 Family/Guardian Survey (FGS)**

209 families/guardians participated across North Carolina

- 80% full guardianship
- 15% limited guardianship
- 3% Have guardian, but level is unknown
- 98% have a guardian

- 44.3 average age
- 67% male
- 93% take part in community activities
- 65% have friends other than family or paid staff
57% always kept informed by staff or residential agency about how family member is doing.

80% services are always delivered in a way that is respectful of family’s culture.

96% feel services and supports have made a positive difference for their family member.

55% always get enough information to help plan services.

48% services and supports always change when their family’s needs change.

81% say they or another family member helped make the service plan.

59% family member with IDD helped make the service plan.

90% know how to report abuse or neglect related to their family member.

77% know how to file a complaint about provider agencies or staff.

71% who filed a complaint in the past year were satisfied with the way it was handled and resolved.
Respondents
Family members and/or guardians of children who have I/DD and receive at least one public service in addition to case management from the state DD agency. The respondent lives with the child receiving services.

202 families participated across North Carolina

Child with IDD....

- 62% male
- 14.6 average age
- 88% child takes part in community activities
- 82% child spends time with children without DD
- 79% have resources in the community the family can use
- 18% take part in family-to-family networks
68% case manager/service coordinator always respects family’s choices and opinions

36% support workers always have the right information and skills to meet family’s needs

96% feel services and supports have made a positive difference for their family

41% always get enough information to help plan services

34% services and supports always change when their family’s needs change

91% say they or another family member helped make the service plan

22% child with IDD helped make the service plan

72% family can always choose or change the agency that provides services

66% family can always choose or change their child’s support workers

85% child’s service providers work together to provide support
In North Carolina the average turnover rate for DSPs in 2018 was 32%.
States ranged from 30.7% to 62.7%.

Full-Time Vacancy Rate: 4.8%
Part-Time Vacancy Rate: 9.5%

Across all service types, agencies paid a median hourly wage of $11.10.

Among DSPs who were employed as of 12/31/18...
- 14% were employed less than 6 mos.
- 13.5% were employed 6-12 mos.
- 72.6% were employed 12 mos. or longer

Among DSPs who separated from employment in 2018...
- 23.5% had been employed less than 6 mos.
- 19.4% had been employed 6-12 mos.
- 42.2% had been employed 12 mos. or longer
National Trend Comparison: Where NC Shows Above Average

In-Person Survey (IPS); Family/Guardian Survey (FGS); Adult/Guardian Survey (AGS); Child/Family Survey (CFS)

- **Rights and Respect**
  - Voted or had the opportunity to vote (IPS)

- **Satisfaction with Services and Supports**
  - Know how to report abuse or neglect related to their family member (FGS)
  - Know how to file a complaint about provider agencies or staff (FGS)
  - Services and supports reduced out of pocket expenses related to care for their family members (AFS)

- **Community Involvement**
  - Take part in family-to-family networks (AFS)
  - Take part in community activities (AFS)

- **Information and Planning**
  - Families always get enough information to help plan services (AFS, FGS, CFS)
  - Family member/guardian helped make the service plan (AFS, CFS)
  - Crisis or emergency services were provided in the past year when needed (AFS)
  - Always kept informed by staff or residential agency about how family member is doing (FGS)

- **Choice, Decision Making, and Control**
  - Family can always choose or change the agency that provides services (CFS)
  - Family can always choose or change their child’s support workers (CFS)
  - Child’s service providers work together to provide support (CFS)

- **Access and Delivery of Services and Supports**
  - Services are always delivered in a way that is respectful of family’s culture (FGS)

- **Staff Stability**
  - Vacancy rates are lower than national average. Staff are employed longer in NC as compared to other states.
GUARDIANSHIP
• Guardianship in NC continues to rank high in comparison to the national NCI average. There is a higher percentage discrepancy under full guardianship. Continued education to the I/DD community regarding alternatives to guardianship is needed.

CLIENT RIGHTS
• Additional training and education in client rights and respect may support individuals to have more freedom to make friends and spend time with them in a format of their choosing. The NCI national average for having rules about friends and visitors is 35%, while NC rates at 60%. NC also has a lower percentage of people reporting that they can see friends when they want, that they can be alone with friends or visitors at home, and that they have other ways of talking or chatting with friends when they cannot see them than the national average. 61% of members in NC want more help to make or keep in contact with friends as compared to the national average of 48%.

EMPLOYMENT
• Education about and updates to employment service practices may support more individuals. 58% of people supported do not have a community job but would like one; the national average is 44%. 21% of individuals in NC have community employment goals in their plan compared to the national average of 29%. Nationally, 25% of individuals that have a paid job, but want to work somewhere else, and 36% of individuals supported in NC with a paid job want to work elsewhere.
PERSON-CENTERED PLANNING
• More education of Person-Centered Planning practices to current best and promising practices could be beneficial. Lower percentages of people supported in NC reported that they chose or had input in services gets as part of service plan, say their family member with IDD helped make the service plan, and understood what was being talked about at last planning meeting as compared to the national average. Also, 36% of parents of children receiving services say their support workers always have the right information and skills to meet family’s needs while the national average is 43%.

INDEPENDENT LIVING
• Additional training and education on independent living and HCBS. In NC 6% of individuals live in their own home or apartment, in comparison to 18% nationally. 7% report their name is on a lease or other agreement in NC and the national average is 23%. The national average for people being able to stay at home while others they live with go somewhere is 43%, but in NC the rate is 28%. The NC rates of people reporting having input in housemates or living alone as well as having a key to home are also significantly below the national average.

STAFF STABILITY
• Systemic review of staff stability. Staff Stability Participation Rate was 120 out of 535 providers participated. NC needs to find ways to encourage provider participation. The median hourly wage of $11.10 in NC as compared to $12.00 nationally.
2020 MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

CLIENT PERCEPTIONS OF CARE

Survey Supplement Brief Report:
Client Experiences During the Coronavirus Pandemic,
March-September 2020

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Quality Management

December 2020
Background

As part of the 2020 North Carolina Mental Health (MH) and Substance Use Disorder (SUD) Client Perceptions of Care Survey, community-based service clients across the state responded to supplemental questions about their experiences during the COVID-19 emergency in North Carolina, including the telehealth services they received.

Community-based MH and SUD service providers assisted with survey administration from August 1 through September 21, 2020. Respondents were asked about their experiences in the past six months.

A total of 5,516 respondents completed paper copies, web-based versions, or surveys administered by telephone or two-way audio and video connection.

Overall, the rate of telehealth service use was high across racial/ethnic groups in those surveyed, and highest among Hispanic/Latinx consumers. People who received telehealth services were more likely to report feeling supported in their care during this difficult time, and significant majorities of consumers rated their telehealth services at least as effective as in-person services.

Use of Telehealth During the COVID-19 Emergency

Overall, 77 percent of individuals surveyed reported they or their child received telehealth services in the past six months.

Percentages varied by and within LME-MCO. Overall, adults (75%) were less likely to use telehealth than child (81%) and youth clients (80%).
Youth MH and SUD clients were about equally likely to receive telehealth.

A significantly smaller percentage of adult SUD clients used telehealth compared to adult MH clients.

Clients of all racial backgrounds who identified as Hispanic/Latinx reported receiving telehealth at higher rates than all non-Hispanic respondent groups.

Black/African American respondents were least likely to report using telehealth.

**Perceptions of Telehealth Helpfulness**

Nearly 8 out of every 10 respondents reported the telehealth services they or their child received were as helpful or more helpful than seeing their provider in person.

Telehealth was more often perceived as *less helpful* for children compared to youth and adults and as *more helpful* for adults compared to youth and children.
Larger percentages of respondents in some catchment areas than others perceived telehealth to be at least as helpful as seeing their provider in person. 

Differences in perceptions of helpfulness for children, youth, and adults were also more pronounced within some LMEs-MCOs than others.

SUD service clients were more likely to report that the telehealth services they received were as or more helpful than seeing their provider in person.

The difference between MH and SUD clients in the perceived helpfulness of telehealth was greater for youth than adults.

Perceived helpfulness varied across racial/ethnic and age groups. Age group patterns within racial/ethnic groups also varied. Telehealth was perceived to be as or more helpful for substantially more than 80% of American Indian/Native American children and youth and Black/African American youth. Telehealth was perceived to be as or more helpful for considerably less than 80% of White, Hispanic/Latinx, and multiracial children and multiracial and White youth.
Obstacles to Receiving Telehealth

Most respondents, including 83 percent of those who received telehealth and 59 percent of those who did not, reported they did not experience any obstacles to receiving telehealth.

Small percentages reported provider access issues, such as the provider didn’t offer telehealth or lack of convenient appointment times, or privacy concerns or discomfort using telehealth technology.

Ten percent who didn’t receive telehealth reported technology barriers, such as lack of smartphone/computer, limited internet access, and/or cost of phone or internet services.

The most common reasons for not using telehealth included personal preferences, such as the belief that telehealth wouldn’t be helpful or just wasn’t right for the person.

With a few exceptions, described below, reported rates of these categories of obstacles to telehealth were similar for adult, youth, and child clients, for MH and SUD service clients, and across LMEs-MCOs.

Adults were approximately twice as likely as youth or child family members to report technology-related barriers and approximately three times as likely to indicate privacy concerns or discomfort with technology.

Child family members were approximately twice as likely as adult and youth clients to indicate that telehealth just wasn’t right or wouldn’t be helpful.

Substantial differences were observed across LMEs-MCOs in technology barriers.

Respondents from the two LMEs-MCOs with the highest reported rates of these obstacles, Vaya and Cardinal, were also somewhat more likely to report privacy concerns or discomfort with telehealth technology.
Consistent with their higher reported rates of telehealth use, Hispanic/Latinx respondents were approximately half as likely as non-Hispanic respondent groups to report technology-related obstacles.

Client Functioning and Needs During the Pandemic

Asked if they were doing better, about the same, or worse since the COVID-19 emergency started, most respondents reported doing about the same or better in each of eight areas of their lives.

More respondents said they were doing somewhat worse or much worse related to “Doing things I enjoy” than in any other area; nearly a quarter of children were reported to be doing worse in school; 20 percent of youth reported doing worse in work/school; and more than one in six respondents of each age group reported somewhat worse or much worse mental health symptoms.
Compared to those who did not receive telehealth, larger percentages of individuals who received telehealth agreed or strongly agreed, *I have gotten the support I need from my mental health or substance use provider(s) during the COVID-19 emergency.*

The difference in perceived provider support between clients who did and those who did not receive telehealth is larger than any observed difference between respondent age groups, primary service type (MH or SUD), LME-MCO, or racial/ethnic group.

Individuals who received telehealth services were also more likely to agree, *During the COVID-19 emergency, I have been able to get as much information as I need about the virus and how to stay safe.*

Individuals who experienced worsening mental health symptoms may have been more likely to agree to telehealth services. Respondents who received telehealth were somewhat more likely to report their mental health symptoms had been worse during the COVID-19 emergency. They were slightly less likely to report doing worse related to substance use.
Asked if they had problems meeting their needs in 11 life areas, 39 percent of all respondents reported difficulties in at least one. In all areas but childcare, larger percentages of adult clients than youth or child family members reported problems meeting their needs.

More than one quarter (26%) of adult clients reported problems with income or paying bills during the pandemic.

More than ten percent of adult clients reported problems related to transportation (16%), food (14%), and housing (12%).

Among child family members, 12 percent reported problems meeting needs related to childcare or supervision.

Larger percentages of SUD than MH service clients reported problems meeting needs in all areas but childcare. Rates of reported problems in all areas queried were higher than the state average among Cardinal and/or Vaya survey respondents.

Black/African American respondents reported problem rates higher than the state average related to Transportation, Food, and Housing; Hispanic/Latinx respondents related to Income/Bills and Childcare; American Indian/Native American related to Housing and Medications; and Multiracial individuals related to Dental care.

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i. The annual Perceptions of Care survey assesses client satisfaction and perceptions of quality and outcomes of publicly funded mental health and substance use disorder services and satisfies a Substance Abuse and Mental Health Services Administration (SAMHSA) reporting requirement for the Community Mental Health Services Block Grant.

ii. On March 10, 2020, Governor Roy Cooper issued an Executive Order declaring a State of Emergency to coordinate response and protective actions to prevent the spread of COVID-19. Subsequent orders were issued in the following months, including statewide stay-at-home orders and orders to limit social gatherings, close public schools and some businesses, require the use of face coverings, and encourage everyone to stay at least six feet apart from others.

iii. In April 2020, in response to the COVID-19 Pandemic, NC Medicaid and the DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services modified Behavioral Health and other Clinical Coverage Policies to include telehealth service delivery. “Telehealth” is the use of two-way real time interactive audio and video to provide care and services when providers and service clients are in different physical locations.

iv. Due to the COVID-19 emergency, LME-MCO provider and participant sampling guidelines included flexibilities that may have impacted representativeness of resulting survey samples. The impact of these modifications on final participant samples and observed differences between LMEs-MCOs is unknown.
North Carolina Behavioral Healthcare – 2021 Legislative Priorities

North Carolina Behavioral Health Providers and Local Management Entity/Managed Care Organizations (LME/MCOs) work together to serve the mental health, intellectual/developmental disability (IDD), and substance use disorder (SUD) service needs of millions of North Carolinians in all 100 counties.

The seven LME/MCOs are responsible for managing Medicaid and other public funds for individuals who are enrolled in Medicaid or uninsured. Benchmarks and the North Carolina Providers Council (NCPC) represent the front-line healthcare professionals who provide these individuals with critical treatment and support. This public system is responsible for more than 2.5 million North Carolinians.

The following are our shared legislative priorities for 2021:

**Address the Statewide Direct Support Worker (DSW) Workforce Crisis**

Increase the wages of frontline DSW personnel to a minimum of $15 per hour to be comparable with the current wage paid to employees working at State-operated developmental centers. This workforce investment must be covered by Medicaid and/or State funds in order to be sustainable.

- Staff turnover rates for DSWs, the professionals that provide services and support to individuals with IDD and/or mental health issues, have increased drastically in recent years and particularly during the COVID-19 pandemic. In 2019, the national turnover rate among Direct Support Professionals (a subset of DSWs who support individuals with IDD) was 46%.

- The nearly 120,000 North Carolina DSWs are frontline health care service providers who are responsible for various aspects of the day-to-day habilitation, care, and support of older adults and people with disabilities in numerous institutional and home and community-based settings.

As North Carolina marks the next step in the evolution of our public healthcare system, we ask that the State continue to fully support the Medicaid Transformation pathway enacted by the General Assembly.

In 2015, the General Assembly enacted Medicaid Transformation and in 2018 it built on that legislation, creating a pathway to fully integrate healthcare for people with IDD and those experiencing serious mental illnesses and SUDs through Behavioral Health and IDD Tailored Plans. We enthusiastically support this vision and have been preparing for this evolution on a major scale. With the first phase of Medicaid Transformation going live in July 2021, associated organizations, providers, and agencies have spent years planning for the changes ahead, making significant infrastructure investments, customizing operations and allocating resources. We support staying the current path set forth for the implementation of Medicaid Transformation to ensure stability and continuity of care for the people and families we serve.
Real hourly wages for DSWs decreased from an average of $11.08 to $10.57 from 2009 to 2019, and many DSWs live in low-income households. Recruitment and retention of qualified DSWs are critical to the delivery of quality care and support and the continuity of care for the individuals who we serve.

It is imperative that DSW wages be competitive with wages paid to employees in retail, food service, and State-operated developmental centers. The average hourly wage for retail employees in NC is $13.20; the average hourly wage for food service employees in NC is $11.35; and in 2018 the General Assembly enacted legislation that yielded an hourly wage of $15 for DSWs working in State-operated facilities.

**Strengthen the State’s Safety Net for Behavioral Health Services**

Preserve State Single-Stream Funding and other funding for behavioral health and crisis services. We commend the General Assembly for recent support of these resources to enhance access to behavioral health and IDD services for North Carolinians during the pandemic.

- Single-Stream Funding is the State funding to provide access to behavioral health services for North Carolinians who are uninsured and do not qualify for Medicaid.
- When people cannot get the behavioral healthcare and SUD treatment that they need, their conditions often manifest into severe crises resulting in avoidable ED visits, criminal justice system involvement, incarceration, and homelessness – scenarios that are traumatic and expensive for our families and that will exact more of an economic toll as our State struggles to recover from the impacts of the pandemic.
- DHHS leverages tens of millions of dollars in federal grants to address the statewide opioid epidemic, but thousands of uninsured individuals still cannot access the services they need. Single-Stream Funding is a critical funding source for sustaining access to opioid use disorder treatment services.
- LME/MCOs utilize savings derived from effective management of care to implement reinvestment initiatives to address unique service gaps and needs in our communities. This community reinvestment has yielded positive results including an increase in individuals served and a reduction of unnecessary hospital admissions. Single-Stream Funding is essential for the community reinvestment initiatives that expand access to behavioral health and SUD treatment services.

**Invest Significantly in New Innovations Waiver Slots**

Increase Innovations Waiver slots to meet the needs of approximately 14,000 North Carolinians who wait for years on the Registry of Unmet Needs waiting list for IDD services. We greatly appreciate the General Assembly prioritizing this matter by including 1,000 new slots in its most recent state budget proposal (HB 966 [2019 Appropriations Act]) and request that slots be increased on an ongoing multiyear basis to significantly reduce and hopefully eliminate this enormous waitlist.

- Waiver slots enable individuals with disabilities who qualify for institutional care to choose to receive support services in their homes and communities.
- The total number of slots is determined by the General Assembly and funded in the State budget.
- Keeping individuals stable in the home and community of their choice is integral to positive health outcomes. Although the landmark Olmstead case was decided by the U.S. Supreme Court more than two decades ago, individuals with IDD and their families continue to face considerable challenges around community inclusion and the right to choose home and community-based services instead of institutionalized settings.
- Direct Support Worker (DSW) workforce capacity (discussed above) is directly related to our State’s ability to meet the needs of individuals with IDD who prefer to receive long-term care and support in their homes and communities.
MEMBERS PRESENT: ☒ Steve Hill, ☒ Tammy Shaw, ☐ James Henry, ☐ Latasha Jordan, ☒ Dave Curro, ☒ Brenda Solomon, ☒ Chris Dale, ☒ Dan Shaw, ☐ Pinkey Dunston, ☒ Regina Mays, ☒ Charlitta Burruss, ☐ Helen Castillo

BOARD MEMBERS PRESENT: None

GUEST(S): ☒ Suzanne Thompson, DHHS

STAFF PRESENT: ☒ Doug Wright, Director of Community & Member Engagement, ☐ Terrasine Gardner, Member Engagement Manager, ☒ Ramona Branch, Member Engagement Specialist

https://alliancehealthplan.zoom.us/meeting/register/tJYsfu2pqT4uGNFVqntbPr1QijVWiAeckkIsUN

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the January 11, 2021, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Chris Dale and seconded by Charlitta Burruss to approve the minutes. Motion passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<tbody>
<tr>
<td>3. Public Comments</td>
<td>Members shared their thoughts and concerns about the ongoing COVID pandemic. Several members continue to be impacted by these unprecedented times.</td>
</tr>
<tr>
<td>4. LME/MCO Updates</td>
<td>Doug went over the Medicaid Transition to Managed Care presentation that was presented by Dr. Mandy Cohen.</td>
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Key highlights:
- Approximately 1.6 million of the current 2.5 million Medicaid beneficiaries will transition to NC Medicaid Managed Care
- Beneficiaries will be able to choose from five Health Plans
  - AmeriHealth Caritas
  - Healthy Blue
  - United HealthCare Community Plan
  - WellCare
  - Carolina Complete Health
- All health plans, all regions will go live on July 1, 2021
- Behavioral Health I/DD Tailored Plans (launching July 2022)
- Medicaid services will be administered and reimbursed by health plans.
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<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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</table>
|             | Ø Beneficiaries will be able to choose a health plan and primary care provider (PCP) – Open Enrollment begins March 15th  
|             | Ø Medicaid services will not change, but health plans may offer enhanced services to plan members  
|             | Ø Medicaid eligibility rules and processes will not change because of Medicaid Transformation |               |             |

Members were encouraged to read over the presentation and click the link at the end of the presentation to listen to the live commentary of the presentation from Dr. Cohen. Members were encouraged to reach out to Doug or Ramona for questions or concerns.

Legislative Priorities:

Behavioral Health Legislative Priorities: North Carolina Behavioral Health Providers and Local Management Entity/Managed Care Organizations (LME/MCOs) work together to serve the mental health, intellectual/developmental disability (IDD), and substance use disorder (SUD) service needs of millions of North Carolinians in all 100 counties. The seven LME/MCOs are responsible for managing Medicaid and other public funds for individuals who are enrolled in Medicaid or uninsured.

The following are our shared legislative priorities for 2021:

Ø Address the Statewide Direct Support Worker (DSW) Workforce Crisis  
Increase the wages of frontline DSW personnel to a minimum of $15 per hour to be comparable with the current wage paid to employees working at State-operated developmental centers. This workforce investment must be covered by Medicaid and/or State funds in order to be sustainable

Ø Strengthen the State’s Safety Net for Behavioral Health Services  
 Preserve State Single-Stream Funding and other funding for behavioral health and crisis services. We commend the General Assembly for recent support of these resources to enhance access to behavioral health and IDD services for North Carolinians during the pandemic

Ø Invest Significantly in New Innovations Waiver Slots  
Increase Innovations Waiver slots to meet the needs of approximately 14,000 North Carolinians who wait for years on the Registry of Unmet Needs waiting list for IDD services. We greatly appreciate the General Assembly prioritizing

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>this matter by including 1,000 new slots in its most recent state budget proposal (HB 966 (2019 Appropriations Act)) and request that slots be increased on an ongoing multiyear basis to significantly reduce and hopefully eliminate this enormous waitlist.</td>
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<td>5. State Updates</td>
<td>CE&amp;E updates for February</td>
<td>Ongoing</td>
<td>N/A</td>
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<td>Peer Support Training will be offered virtually</td>
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<td>SCOOP project with UNC TV &amp; Facebook Live starting again this month</td>
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<td>February is also Black History Month</td>
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<tr>
<td>6. Steering Committee Updates</td>
<td>Doug went over:</td>
<td></td>
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<tr>
<td>National Core Indicators: National Core Indicators surveys gather information about the satisfaction, quality of life, and critical life outcomes of those they support. States use this information to track their own performance over time and to compare results across states. NCI’s outcome data contributes key information to states seeking to improve services that support people with Intellectual and Developmental Disabilities (IDD) to live and contribute as valued members of their communities.</td>
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<tr>
<td>The report is compiled from the following surveys:</td>
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<tr>
<td>In-Person Survey</td>
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<tr>
<td>Adult Family Survey</td>
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<td>Family/Guardian Survey</td>
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<tr>
<td>Child Family Survey</td>
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<tr>
<td>Staff Stability Survey</td>
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<tr>
<td>This report is from 2018-2019, members were asked to read the report and direct any questions or concerns to Doug.</td>
<td></td>
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<tr>
<td>2020 PoC Telehealth: As part of the 2020 North Carolina Mental Health (MH) and Substance Use Disorder (SUD) Client Perceptions of Care Survey,</td>
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**Monday, February 08, 2021**

**Durham CFAC MEETING - REGULAR MEETING**

Virtual meeting via videoconference

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**AGENDA ITEMS:**

<table>
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<tr>
<td>community-based service clients across the state responded to supplemental questions about their experiences during the COVID-19 emergency in North Carolina, including the telehealth services they received.</td>
<td></td>
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<tr>
<td>➢ Community-based MH and SUD service providers assisted with survey administration from August 1 through September 21, 2020</td>
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<tr>
<td>➢ Respondents were asked about their experiences in the past six months</td>
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<td>➢ A total of 5,516 respondents completed paper copies, web-based versions, or surveys administered by telephone or two-way audio and video connection</td>
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<tr>
<td>Overall, the rate of telehealth service use was high across racial/ethnic groups in those surveyed, and highest among Hispanic/Latinx consumers. People who received telehealth services were more likely to report feeling supported in their care during this difficult time, and significant majorities of consumers rated their telehealth services at least as effective as in person services.</td>
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<tr>
<th>TRAININGS</th>
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<tbody>
<tr>
<td>What trainings/presentations are you interested in having during our monthly meetings?</td>
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<tr>
<td>Ramona asked the group what topics of interest they had for trainings and presentations for the CFAC meetings moving forward. The group came up with the following topics:</td>
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<tr>
<td>➢ Depression &amp; helping others</td>
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<tr>
<td>➢ Coping Skills</td>
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<tr>
<td>➢ Advocacy</td>
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<tr>
<td>➢ Addressing Services to Minors</td>
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<tr>
<td>➢ Child Protective Services</td>
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<td>➢ Domestic Violence</td>
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<tr>
<td>➢ Trauma Informed Care</td>
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<tr>
<td>➢ ACE (Adverse Childhood Experience)</td>
</tr>
<tr>
<td>➢ SAD (Seasonal Affective Disorder)</td>
</tr>
<tr>
<td>➢ Effective Communication</td>
</tr>
<tr>
<td>➢ Treatment trends and new services</td>
</tr>
<tr>
<td>Ramona will coordinate and incorporate trainings into the agenda moving forward.</td>
</tr>
</tbody>
</table>

**ADJOURNMENT: 6:45pm** the next meeting will be February 8, 2021, 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.
Respectfully Submitted by:

Ramona Branch, Member Engagement Specialist

02.11.2021

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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 Schweitzer, ☐ Bradley Gavriluk, ☑ Rebekah Baily

BOARDS MEMBERS PRESENT:

GUEST(S): ☐ Suzanne Thompson, DHHS, Alfreda Burnette, Christopher Smith

STAFF PRESENT: ☑ Doug Wright, Director of Community and Member Engagement, ☐ Terrasine Garner, Member Engagement Manager, ☑ Ramona Branch, Member Engagement Specialist

Please sign-up for each meeting via: Please Right Click on the below link and press “OPEN HYPERLINK” to register

https://alliancehealthplan.zoom.us/meeting/register/tJAkcuCppjwuHdYUd1ysZRT4HEYXeJzWzNY8

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the January 12, 2021, Wake Consumer and Family Advisory Committee (CFAC) Subcommittee meeting were reviewed; a motion was made by Jessica Larrison and seconded by Connie King-Jerome to approve the minutes. Motion passed unanimously.

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<td>3. Public Comments Individual and Family Challenges</td>
<td>Covid 19 Check in: Members discussed the COVID vaccine and shared their thoughts and concerns on how things were going in their communities regarding the process and status.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
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| 4. State updates | Doug went over the State Updates:  
   - Peer Support Training will be offered virtually  
   - SCOOP project with UNC TV & Facebook Live starting again this month  
   - Regional CFAC Meeting Feb 15-6-730pm  
   - February is Heart Health Month- this month will focus on heart health and how mental health plays a role  
   - February is also Black History Month  
   Members are encouraged to read the February CEE update and contact Doug or Ramona with any questions or concerns. | Ongoing | N/A |
| 5. LME/MCO updates | Doug went over the Medicaid Transition to Managed Care presentation that was presented by Dr. Mandy Cohen.  
   Key highlights:  
   - Approximately 1.6 million of the current 2.5 million Medicaid beneficiaries will transition to NC Medicaid Managed Care | Ongoing | 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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| Beneﬁciaries will be able to choose from ﬁve Health Plans | • AmeriHealth Caritas  
• Healthy Blue  
• United HealthCare Community Plan  
• WellCare  
• Carolina Complete Health | | |
| All health plans, all regions will go live on July 1, 2021 | | | |
| Behavioral Health I/DD Tailored Plans (launching July 2022) | | | |
| Medicaid services will be administered and reimbursed by health plans. | | | |
| Beneﬁciaries will be able to choose a health plan and primary care provider (PCP) – Open Enrollment begins March 15th | | | |
| Medicaid services will not change, but health plans may offer enhanced services to plan members | | | |
| Medicaid eligibility rules and processes will not change because of Medicaid Transformation | | | |

Members were encouraged to read over the presentation and click the link at the end of the presentation to listen to the live commentary of the presentation from Dr. Cohen. Members were encouraged to reach out to Doug or Ramona for questions or concerns.

Legislative Priorities:

Behavioral Health Legislative Priorities: North Carolina Behavioral Health Providers and Local Management Entity/Managed Care Organizations (LME/MCOs) work together to serve the mental health, intellectual/developmental disability (IDD), and substance use disorder (SUD) service needs of millions of North Carolinians in all 100 counties. The seven LME/MCOs are responsible for managing Medicaid and other public funds for individuals who are enrolled in Medicaid or uninsured.

The following are our shared legislative priorities for 2021:

- Address the Statewide Direct Support Worker (DSW) Workforce Crisis

Increase the wages of frontline DSW personnel to a minimum of $15 per hour to be comparable with the current wage paid to employees working at State-operated developmental centers. This workforce investment must be covered by Medicaid and/or State funds in order to be sustainable.

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<td>➢ Strengthen the State’s Safety Net for Behavioral Health Services</td>
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<td>Preserve State Single-Stream Funding and other funding for behavioral health and crisis services. We commend the General Assembly for recent support of these resources to enhance access to behavioral health and IDD services for North Carolinians during the pandemic</td>
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<td>➢ Invest Significantly in New Innovations Waiver Slots</td>
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<td>Increase Innovations Waiver slots to meet the needs of approximately 14,000 North Carolinians who wait for years on the Registry of Unmet Needs waiting list for IDD services. We greatly appreciate the General Assembly prioritizing this matter by including 1,000 new slots in its most recent state budget proposal (HB966 2019 Appropriations Act) and request that slots be increased on an ongoing multiyear basis to significantly reduce and hopefully eliminate this enormous waitlist.</td>
<td></td>
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<tr>
<td>7. Announcements/ Wake DSP-Annette</td>
<td>• Telecommunications Task Force Update: Israel was not in attendance to night and Vicky Bass stated that she was not going to be able to participate in this anymore due to work and caring for family. Annette stated that she would talk with Israel to see if he can handle this on his own and update later.</td>
<td>Ongoing</td>
<td>N/A</td>
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<tr>
<td></td>
<td>Action Goal #1: TCLI presentation on what the program is about, criteria, and process. This presentation is to be an event for the community and will be featured in an open zoom call. Annette stated she would like to have this completed by the end of April.</td>
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<td></td>
<td>Membership: Membership will be monitored and when members have missed 5 meetings, outreach will be made to see if they are doing ok and wish to stay in the group.</td>
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4. **ADJOURNMENT: 6:55pm** the next meeting will be March 9, 2021, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch, Member Engagement Specialist 02.11.2021

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
**Johnston CFAC MEETING - REGULAR MEETING**

**Virtual Meeting via Zoom**

5:30 – 7:00 p.m.

---

**MEMBERS PRESENT:** Marie Dodson, Cassandra Herbert-Williams, Jason Dodson, Marilyn Lund, Jerry Dodson, Leanna George, Albert Dixon

**BOARD MEMBERS PRESENT:** None

**GUEST(S):** None

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

---

**Join Zoom Meeting**

https://alliancehealthplan.zoom.us/meeting/register/tJctfumrqTgtHN2V20r5dCxyEuQWl8qOih-q

Meeting ID: 926 7086 3998

Passcode: 012115

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1. **WELCOME AND INTRODUCTIONS**

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

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### AGENDA ITEMS:

**DISCUSSION:**

**NEXT STEPS:**

**TIME FRAME:**

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<td>3. Public Comment</td>
<td>Albert informed the CFAC the Dream Center was up and running through Temple Baptist Church, to assist mothers and children in the community. Albert has been heavily involved in promoting the program and contributing to the Dream Centers start up.</td>
<td>CFAC members will coordinate to assist Jason with distribution of promotional information as they are able.</td>
<td>N/A</td>
</tr>
<tr>
<td>Individual/Family Challenges and Solutions</td>
<td>Marilyn informed the CFAC that Johnston NAMI had passed on the SCOOP information passed out at the January meeting at one of their local meetings. The information was well received and was found to be helpful.</td>
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<td></td>
<td>Jason and Marie discussed Hope 4 NC and again provided the information to the CFAC. Jason was able to obtain some promotional material for Hope 4 NC, Marie has asked the CFAC to assist in distributing the information in the community, making the resource known.</td>
<td>CFAC members will coordinate to assist Jason with distribution of promotional information as they are able.</td>
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<tr>
<td>4. Membership</td>
<td>Marilyn Lund has attended three meetings now and is eligible to be voted on to the committee. A motion was made by Albert and seconded by Jerry, motion was passed. Welcome Marilyn!</td>
<td>Noah will follow up with welcome packet and orientation packet.</td>
<td>February 22, 2021</td>
</tr>
<tr>
<td>5. LME/MCO Updates</td>
<td>Doug went over the Medicaid Transition to Managed Care presentation that was presented by Dr. Mandy Cohen.</td>
<td>Continue to provide updates and information as it becomes available.</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Key highlights: Approximately 1.6 million of the current 2.5 million Medicaid beneficiaries will transition to NC Medicaid Managed Care</td>
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<td>Beneficiaries will be able to choose from five Health Plans: AmeriHealth Caritas, Healthy Blue, United HealthCare Community Plan, WellCare, Carolina Complete Health</td>
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<td>All health plans, all regions will go live on July 1, 2021 with Behavioral Health I/DD Tailored Plans (launching July 2022)</td>
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<td>Medicaid services will be administered and reimbursed by health plans. Beneficiaries will be able to choose a health plan and primary care provider (PCP) – Open Enrollment begins March 15th</td>
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<td>Medicaid services will not change, but health plans may offer enhanced services to plan members</td>
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<tr>
<td>Medicaid eligibility rules and processes will not change because of Medicaid Transformation</td>
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**Legislative Priorities:**

Behavioral Health Legislative Priorities: North Carolina Behavioral Health Providers and Local Management Entity/Managed Care Organizations (LME/MCOs) work together to serve the mental health, intellectual/developmental disability (IDD), and substance use disorder (SUD) service needs of millions of North Carolinians in all 100 counties. The seven LME/MCOs are responsible for managing Medicaid and other public funds for individuals who are enrolled in Medicaid or uninsured.

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- Increase the wages of frontline DSW personnel to a minimum of $15 per hour to be comparable with the current wage paid to employees working at State-operated developmental centers. This workforce investment must be covered by Medicaid and/or State funds in order to be sustainable
- Strengthen the State’s Safety Net for Behavioral Health Services
- Preserve State Single-Stream Funding and other funding for behavioral health and crisis services. We commend the General Assembly for recent

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<tr>
<td>5. State Updates</td>
<td>CE&amp;E update was passed out virtually to members and briefly reviewed during the meeting of upcoming opportunities.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Guardianship Event</td>
<td>The CFAC discussed holding a virtual guardianship event, the purpose would be to provide members and families with resources surrounding what is guardianship, how to obtain guardianship, the alternatives to guardianship, and restoring guardianship. Considering the difficulties of navigating a pandemic and the struggles families are going through the CFAC discussed recording the seminar and then holding a follow up panel discussion or Q&amp;A with the presenters. Allowing members and families to watch the information on their time and then bringing their questions to the panel.</td>
<td>Jason and Leanna will work with Noah to begin planning out the sections of the video and information to be covered. Look at possible speakers and begin coordinating with those speakers. The goal being to provide an update and draft of the information to be covered and speakers at the next general meeting.</td>
<td>March 16, 2021</td>
</tr>
<tr>
<td>7. Medicaid Transformation Town Hall and Community Involvement</td>
<td>CFAC is open to hosting or partnering on an event much like the Community Forum held in December of 2018 prior to Medicaid Transformation Suspension. CFAC would like to focus their attention more on the tailored plan aspect once the Standard Plans go into effect. This will also allow the CFAC to focus on the Guardianship event or resource video.</td>
<td>Revisit the topic as the Standard Plan go live date approaches and the Guardianship Event is completed.</td>
<td>Ongoing</td>
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<tr>
<td>8. Announcements</td>
<td>None</td>
<td>None</td>
<td>None</td>
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**ADJOURNMENT:** Next Meeting March 16, 2021 at 5:30pm via Zoom

Respectfully Submitted by:

Noah Swabe, Member Engagement Specialist

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
CFAC MEETING - REGULAR MEETING  
(Virtual Meeting via Video Conferencing)  
5:30-7:00 p.m.

MEMBERS PRESENT: ☒ Michael McGuire ☒ Ellen Gibson, ☒ Dorothy Johnson ☐ Carrie Morrisy ☒ Jackie Blue ☒ Sharon Harris ☒ Briana Harris ☒ Shirley Francis ☒ Tekeyon Lloyd ☒ Tracey Glenn-Thomas ☒ Renee Lloyd ☒ Carson Lloyd Jr. ☒ Felishia McPherson ☐ Alejandro Vasquez ☐ Andrea Clementi

BOARD MEMBERS PRESENT:

GUEST(S): ☒ Valencia Handy,

STAFF PRESENT: ☐ Doug Wright, Director of Community & Member Engagement, ☐ Terrasine Gardner, Member Engagement Manager, ☒ Starlett Davis, Member Engagement Specialist, ☒ Syreeta Davis, Family Navigator

Join Zoom Meeting  
https://alliancehealthplan.zoom.us/meeting/register/tJ0scOyrpjwrE9x3eLYcqpxB0H5r6YLuY0K2

Meeting ID: 991 7538 7198  
Passcode: 935256

Dial by your location  
+1 646 558 8656 US (New York)

1. WELCOME AND INTRODUCTIONS: Felishia McPherson

2. REVIEW OF THE MINUTES – The minutes from the October 22, 2021, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Michael McGuire and seconded by Felishia McPherson to approve the minutes. Motion passed.

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<tr>
<td>3. Public Comments</td>
<td>Felishia, Renee and Starlett Community events and resources. Covid 19 Check ins Each member gave an update on how they were doing during this time and the committee members and Alliance staff gave support. Jackie Blue stated that Roberta Waddel with the NOW organization, had an event on 1/27/2021. There is also a Rape Crisis Sensitivity Training. Register at FTCC. Saturday 1/30/2021 and 2/8/2021 from 8 am to 5 pm. A 4 hour in person training is available at the Rape Crisis Center on Ramsey Street. Please see her for more information.</td>
<td>See Starlett, Terrasine or Doug for questions.</td>
<td>ongoing</td>
</tr>
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<td>4. ADA Updates</td>
<td>Shirley Francis- ADA updated meeting information. Jackie explained that there will be quarterly meetings instead of monthly meetings. Feb will be the first meeting of the year.</td>
<td>See Shirley, Starlett, Terrasine or Doug for questions.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5. State Updates</td>
<td>Starlett Davis CE&amp;E Update Starlett went over the CE&amp;E Update. The joint calls for providers and consumers are still going on. The Regional CFAC meetings is Monday Jan 25, 2021, 6pm to 7:30pm. You can click from the update to join the meetings. There is info on the COVID 19 Vaccinations and how to help slow the spread as well as other state updates. TBI and State CFAC, Bicycle Helmet Initiative, NCCARE 360 and food assistance, Hope for Healers Help line, Veteran resources are among the updates.</td>
<td>See Starlett, Terrasine or Doug for questions.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6. Letter for RFA</td>
<td>Starlett Alliance CFAC Staff explained that the letter is from CFAC showing support for Alliance becoming a tailored plan. It was approved by the CFAC Steering Committee on Jan. 4, 2021 and signed by the Steering Committee Chair, Jason Phipps. Everyone has a copy to keep for their documents.</td>
<td>See Starlett, Terrasine or Doug for questions.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>7. MCO</td>
<td>Starlett MCO Updates RFA Updates: Alliance is going through a very vigorous application process. Update from minutes by Ramona Branch Durham CFAC Meeting on 1/8/2021- Alliance has hired a consultant to proof-read the RFA, once they have proof read the RFA, they will give their recommendations on what needs to be edited, or not and then it will be sent to the Executive Leadership of Alliance to read. Once they have read the RFA, it will then enter the “white glove” phase where they will make sure the document is checked for grammar, neatness, ease of reading and professionalism, and that it is consistent throughout the whole document. After this phase it will go back to the consultant, Executive Leadership, and White Glove phases before being finalized and submitted to NCDHHS.</td>
<td>See Starlett, Terrasine or Doug for questions.</td>
<td>Ongoing</td>
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<tbody>
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<td>Once the document goes to DHHS it will be read by subject matter experts in sections according to their expertise and will also be scored. Once they have chosen those that are awarded a Tailored Plan, they will be notified and expected to complete a readiness review, meaning they will need to show NCDHHS that they can fulfill their duties. Support Services Program: This was put on the agenda in error but staff still went over it. It does not cover Cumberland County but it does cover other counties in the area. DHHS launched to give more support and services for Covid 19. They cover 29 counties, 12 of those recently added. The supports were nutritional assistance, one time Covid support payments, private transportation, medication delivery, PPE, etc. It explained their current funding status, Staff initially thought Cumberland was covered. But it does cover some of our other areas. Covid 19 101 PowerPoint Staff went over the PowerPoint. It was about Myths and Truths of the vaccinations. Michael brought up the CFAC Orientation Packet meeting. Renee and Michael are a part of this committee along with other CFAC committee member volunteers from the other catchment areas in the region. We are going over the packet to update and add useful information to advocate and to reach out to government officials.</td>
<td>See Starlett, Terrasine or Doug for questions.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>8. Cumberland Co. Behavioral Health Dashboard Starlett Go over dashboard Staff went over the Cumberland CFAC 3rd and 4th Quarter report. This can be used to compare and track significant changes, Alliance news and spending. It is broken down in 3 sections, Alliance’s health services, county information, and Cumberland County Crisis Services. Staff went through all the data. The document was sent to the committee for their documents.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Prep for next meeting</td>
<td>Felishia- Discuss the next meeting agenda items. Go over expectations, reminders, etc for the next meeting. Everyone continue to look for emails about upcoming events or updates. Staff will have different trainings monthly. The committee can contact staff about any trainings they would like more information on. The chair asked that everyone attend the next meeting if they are able.</td>
<td>See Starlett, Terrasine or Doug for questions. Please let Starlett know of any trainings committee is interested in.</td>
<td>2/25/2021</td>
</tr>
<tr>
<td>10. Appreciation</td>
<td>Everyone gave their appreciations.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

ADJOURNMENT: Motion made by Feleshia McPherson to adjourn. Seconded by Michael McGuire. Meeting adjourned at 6:45pm.

Next CFAC Steering Committee meeting February 1, 2021. Next CFAC Subcommittee meeting is February 25 2021.

Respectfully Submitted by:

Click here to enter text. Date Approved

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

DATE OF BOARD MEETING: March 4, 2021

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 report includes draft minutes from the February 15, 2021, meeting and potential next steps from the recent survey of Board members.

REQUEST FOR AREA BOARD ACTION: Accept the report. Review the survey results and provide direction/recommendations for next steps.

CEO RECOMMENDATION: Accept the report. Review the survey results and provide direction/recommendations for next steps.

RESOURCE PERSON(S): Gino Pazzaglini, Board Chair; Robert Robinson, CEO
Monday, February 15, 2021

BOARD EXECUTIVE COMMITTEE - REGULAR MEETING
(virtual meeting via videoconference)
4:00-6:00 p.m.

APPOINTED MEMBERS PRESENT: David Curro, BS (Audit and Compliance Committee Chair); Angela Diaz, MBA (Client Rights/Human Rights Committee Chair); Lodies Gloston, MA (Policy Committee Chair) – entered at 4:14 pm; 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)

APPOINTED MEMBERS ABSENT: None
BOARD MEMBERS PRESENT: None
GUEST(S): None
STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer; Kelly Goodfellow, Executive Vice-President/Chief Finance Officer; Veronica Ingram, Executive Assistant II; Wes Knepper, Senior Director of Quality Management; Robert Robinson, CEO; and Carol Wolff, General Counsel

1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 4:03 pm

2. REVIEW OF THE MINUTES – The Committee reviewed minutes from the January 11, 2021, meeting; a motion was made by Vice-Chair Nelson to approve the minutes. Motion passed unanimously.

3. Closed Session
   COMMITTEE ACTION: A motion was by Mr. Curro to enter closed session pursuant to North Carolina General Statute (NCGS) 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1. Motion seconded by Mr. McDonald. Motion passed unanimously.
   DISCUSSION: None specified.
   NEXT STEPS: None specified.
   TIME FRAME: N/A

4. Reconvene Open Session
   COMMITTEE ACTION: Committee returned to open session.
   DISCUSSION: None specified.
   NEXT STEPS: None specified.
   TIME FRAME: N/A

5. Review Results of Board Survey and Develop Recommendations for an Action Plan/Next Steps
   COMMITTEE ACTION: Wes Knepper, Senior Director of Quality Management, presented the results of the board survey. The Committee discussed results and potential next steps and the following recommendations to present to the full board:
   • Adding specifics regarding diversity and skills/experience for vacant board seats
   • Pulling respective committee reports from the Board consent agenda to provide updates during board meetings (Finance Committee, Quality Management Committee, etc.)
   • Advise Board members of upcoming work on the agency’s next three-year strategic plan
   • Reviewing board members’ feedback on orientation (as some members experienced the revised orientation)
   DISCUSSION: Committee’s recommendations will be presented to the Board for review at the March Board meeting.
   NEXT STEPS: 3/4/21

6. Agenda for March Board Meeting
   COMMITTEE ACTION: Committee reviewed the draft agenda and provided input.
   DISCUSSION: Ms. Ingram will forward the agenda to staff.
   NEXT STEPS: 2/15/21

7. ADJOURNMENT: the meeting adjourned at 5:25 pm; the next meeting will be March 15, 2021, at 4:00 p.m.
ITEM: Communications Strategy for Members and Providers

DATE OF BOARD MEETING: March 4, 2021

BACKGROUND: The Alliance Communications Department has responsibility for a wide range of internal and external communications activities including public and media relations, management of the organizational social media program, and oversight of the external website and internal intranet. This presentation will share a brief overview of current communications strategy with a focus on activity designed to enhance the experience of members and providers.

REQUEST FOR AREA BOARD ACTION: Receive the presentation.

CEO RECOMMENDATION: Receive the presentation.

RESOURCE PERSON(S): Doug Fuller, Senior Director of Communications
Introduction

In FY21 the Alliance Communications Unit will pursue strategies and activities aimed at enhancing the health and well-being of the members we serve, serving the needs of the providers with which we partner, and meeting the informational needs of other key audiences with which we interact. While doing so, our work serves to prepare the company to be successful in its application to operate a Tailored Plan by ensuring our ability to implement communications-related NCQA and Tailored Plan requirements, including building mandated content and functionality into our planned website redesign. Moreover, our work aligns with organizational strategic goals of engaging members in directing their own care, leveraging strategic partnerships, and ensuring that we have the right organizational culture.

Primary Strategic Goals

Enhance digital user experience

Use our digital assets, including our external website and social media platforms, to provide engaging, valuable, targeted information and opportunities for interaction with key audience groups, primarily members and potential members of our health plan as well as members and prospective members of our provider network. A variety of outcome measures are described later in this document.

Build organizational brand and profile

Continue an ongoing initiative to increase awareness of the Alliance brand and the perception of Alliance as an industry leader in its space and of its key staff as innovative thought leaders and experts in our field locally and more broadly. Additionally, in coordination with leadership we will support the nurturing of public and private strategic partnerships as they are identified. While unlike retail operations, we cannot measure brand awareness by increased numbers of widgets sold, perhaps the most effective tactic is to look at where people are already talking – social media and other websites. Social listening allows you to listen into online, organic conversations about your brand across social media and the web. Listening to these unsolicited opinions would allow us to hear consumer’s thoughts as they are naturally expressed. Social listening tools would allow us to write our own refined searches that can overcome the problem of a generic brand name, allowing you to filter out all irrelevant mentions.

We anticipate using social listening to monitor three primary metrics – volume of mentions, reach and engagement. “Social listening” is a more nuanced and calibrated approach than the surveys and monitoring of web traffic and search volume that we have employed in the past, but requires special monitoring software to crawl the web and aggregate this data. As a result, we’ll be pursuing implementing such software (likely either mention.com or brand24.com) after further talks with these vendors.
Enhance staff engagement with the organization

Recognizing that an engaged, committed and philosophically-aligned workforce is critical to organizational success, continue ongoing efforts to build internal community through the sharing of important and compelling messaging focusing on company values, shared vision, and team and individual accomplishment. Our work contributes to the staff engagement metrics currently tracked by the organization, and outcome measures for The Grid are discussed later.

How We'll Achieve our Goals

While it is imperative to maintain the flexibility to change strategic course and reallocate staff resources quickly when required by unanticipated circumstances or mandated priorities and to be ready to offer the communications and marketing support the company needs to meet evolving goals, the following are key scopes of work planned for FY21 that will help enable us to meet the strategic goals detailed above.

Website Overhaul

We are conducting parallel efforts to strategically overhaul AllianceHealthPlan.org during FY21 while implementing shorter-term tangible enhancements to the current website aesthetics and navigation, including a new homepage design and collaboration with Health Literacy team on usability issues in the Individuals and Families section.

The broad goal of the redesign is to shift the website from largely a collection of information, albeit important information, to more of a task-focused application that allows users to be more interactive with the site and to secure tangible results, whether that involves self-management of health for members, business transactions for members of the provider network, etc. As the Tailored Plan RFA is issued, the redesign will take into account and respond to website requirements contained in that document. Significant attention will also be paid to the creation of a responsive platform that also works efficiently on mobile devices and tablets, particularly important for the member audience.

The several-month redesign will begin with a comprehensive discovery process involving key content owners across the organization to identify goals and appropriate metrics for various user audiences, with a significant focus being placed on the relationship of the external website with the Jiva-powered member portal and the provider portal, both currently in development, as we seek to determine roles and responsibilities for each. One example under consideration is measuring the savings in staff time that could result from new web-based efficiencies in managing transactions with providers.

If the discovery phase of the project uncovers potential functionality for which a compelling business case can be created, additional funding may be sought to add this to the project scope.

In the meantime we will reference two evaluative measures to track user satisfaction with the current website:
Page Feedback Ratio

One indicator of user satisfaction is the page feedback ratio. Since 2016, we have collected information about whether respondents found pages useful or not, and then aggregate this information by URL, and by website section and user type (e.g. provider v consumer). The ratio is calculated by dividing the number of positive responses by the number of negative responses. Thus, a ratio of 1.5 would indicate that 3 people found something helpful for every 2 that did not. Improving this ratio across pages and user types is a key indicator of satisfaction.

Visit Success Ratio

In addition to the page feedback ratio, we regularly survey website users before they exit the site to audit “visit success”. That is, we ask users if they successfully completed the action for which they came to AllianceHealthPlan.org. This is also converted to a visit success ratio and is segmented by user type.

Moreover, we plan to work with leadership to formalize a system of editorial review of key functional content, including clinical, business operations, and provider network content, to help ensure that all content uploaded to the website has been properly and proactively vetted. This system would augment our existing protocol for annual review of all web pages by assigned page owners for accuracy and timeliness.

Social Media Program

We will continue to maintain our historically robust organic social media program, which currently includes Facebook, Twitter and LinkedIn. These platforms are systematically populated with useful and engaging content of interest to our audiences, with an emphasis on original content created by Communications staff, increasingly utilizing video as appropriate. As of the end of FY20 Alliance had over 12,000 social media followers across our platforms, including more Facebook followers than Cardinal, Vaya and Trillium combined. In FY20 our program garnered over 24,000 engagements (likes, shares, retweets, comments, replies, etc.) and over 38,000 page content and post clicks. We will look to maintain or enhance these metrics in FY21.

We will also continue the strategic course of our social media advertising developed in FY20, in which we pivoted from general brand awareness and public engagement campaigns to specific, targeted campaigns with clear conversion objectives, such as:

- Helping fill outstanding Traumatic Brain Injury (TBI) waiver slots, resulting in in 60K landing pageviews
- Promoting telehealth treatment options during COVID, resulting in 75K landing pageviews
- Driving community members to take MindWise behavioral health screenings as an entry point to Alliance resources.

To optimize our FY21 investment we will limit our focus to just a few platforms with consistent messaging aimed at driving measurable traffic and engagement for 2-3 specific initiatives identified throughout the course of the year.
Digital ad placements will likely include a mix of social platforms, search engines, and local media outlets with consistency of message and call to action across these platforms stringently integrated. Platforms of choice include:

- Google PPC and the Google 1 Display Network
- Facebook and Instagram
- Display via geo-targeting platforms like GroundTruth.

**Media and Media Relations**

We will continue a years-long strategy of establishing Alliance in this market (and beyond) as the experts in our field with regard to the media, with an emphasis on enhancing the profile of Dr. Mankad (and in turn the entire Alliance clinical component) and other key staff as the local authoritative source of behavioral health information, and increasingly of information on the integration of physical and behavioral healthcare/whole-person care.

An example of this activity is the close and profitable media working relationship developed in FY20 with ABC-11 News, allowing Alliance to become their “go-to” source for industry comment and insight on matters concerning behavioral health, resulting in significant exposure for Dr. Mankad in their video and digital platforms. We maintain similar and carefully-crafted positions of trust with print media in our market, primarily the News & Observer and the Fayetteville Observer, and have contributed highly-visible op-eds and featured articles on timely issues for national and statewide platforms like Open Minds and the NC Medical Journal.

In addition to the usual regular stream of press releases shared through multiple dissemination channels including website, our social media platforms, and our monthly Alliance InTouch newsletter, we plan to implement a national podcast, likely a video podcast.

**Podcast**

This podcast will be hosted by Dr. Mankad and involve participation from local, national and international guests. At this stage of planning, the target audience is anticipated to be comprised of five segments:

- State officials (DHHS, DMHDDSUD, DMB, etc.) who hold influence over our contract to operate a Tailored Plan
- Funding bodies including the NCGA and our county governments
- Healthcare providers and health systems that serve Alliance (and other LME-MCO) members
- Public and private health plan peer organizations who are targets for collaboration and potential merger
- Private sector businesses who are potential sources of funding/investment in our work in their communities.

Program content is currently in discussion and development, but it is anticipated to include engaging, entertaining, perhaps provocative topics in behavioral and integrated healthcare with a focus on how they interface with Alliance, our member base, and the way we operate and are
evolving towards operating as a Tailored Plan. Our goal is to present Alliance as a team of thought leaders and proactive visionaries who routinely seek out and implement innovative therapies for its members within a fiscally-solid and viable business model.

Once the podcast has been introduced we will track various metrics to evaluate reach and impact, potentially including monthly/daily downloads, downloads by episode, and unique user downloads/subscribers.

**Government/Stakeholder Communication**

Communications maintains an ongoing, fluid collaborative working relationship with the Alliance Government Relations team to develop and execute strategy targeting key audiences including legislators, DHHS leadership, potential private-sector funding sources, etc.

In FY21 we will continue to provide communications perspective/expertise in regularly scheduled communications strategy meetings with Government Relations and to other key members of leadership, as appropriate, to anticipate and react to upcoming needs.

**Internal Communications**

The Communications unit plays an integral role in the development and nurturing of engaged, well-informed staff. In FY21 we will continue to populate The Grid with creative, informative, engaging content, including increased use of video with increasingly higher production value. We will continue to advocate for use of The Grid as the primary, near-exclusive home for organizational information, essential to wide staff adoption of the platform for that role.

We will continue our push for the organization to allow access to non-proprietary organizational information from The Grid on mobile devices, a strategy proven to enhance employee engagement.

Similarly, we are advocating for more robust analytics capabilities to be incorporated into SharePoint, allowing us to more closely track staff engagement with videos, news posts, and other content, and to allow us to evaluate staff engagement by department or other internal audience segments. Currently, we struggle to measure adoption of the intranet and to answer questions like “who did and did not see an important post or video?”. As a result, duplicate emails and other notifications are distributed to ensure delivery of information. Better analytics are required to understand adoption, support deficiencies, and ultimately reduce redundant communications.

Specifically, we’d like to see individual user data on a given video or post. This can later be grouped into departments. Depending on the version of Sharepoint, most of this information should be accessible within SharePoint itself (reference: View usage data for your SharePoint site).

If this is not a reasonable stats option in our version of Sharepoint, there are ways to add Google Analytics to Sharepoint. However, Google Analytics is prohibited from capturing and displaying PPI, so it’s not suitable for providing individual and/or department-specific analytics.
In speaking with a SharePoint developer, “SharePoint Vitals” was suggested as the best analytics software for SharePoint and focuses on answering the who, what, when, and where of intranet usage.

We also continue to collaborate closely with HR and ODL in the creation and execution of a variety of print and video-based communications that share important organizational information, as well as with leadership in the crafting of sensitive and nuanced messaging around especially critical topics.

Alliance InTouch Newsletter

Our email-based monthly newsletter provides a high-quality, easy reading platform to share organizational information and achievement with a targeted and engaged audience, consistently communicating the Alliance brand and values to staff and external partners/stakeholders.

Online Annual Report

We will follow up Alliance’s first web-based annual report with a next generation highly-digestible, interactive user experience incorporating video, infographic information, animation, easy navigation, and links to ancillary information. The 2020 presentation garnered 516 page views between mid-April and the end of July, and we will promote the 2021 version across our media platforms to increase that number.

HealthCrowd

Communications has identified a variety of potential applications for using HealthCrowd to share important information to the member population or focused segments of that population, going beyond the contract year one pilot of population health-related campaigns. We plan to be at the table for conversations to advocate for inclusion of other kinds of messaging when contract extension/modification is being discussed.