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

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

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

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

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

<table>
<thead>
<tr>
<th>6. Committee Reports</th>
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<tbody>
<tr>
<td><strong>DISCUSSION:</strong></td>
</tr>
<tr>
<td>A. Consumer and Family Advisory Committee – page 4</td>
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<tr>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the Johnston January 21 and February 18 meetings, the Cumberland January 23 meeting, the Durham January 13 and February 10 meetings, the Wake January 14 and February 11 meetings, and the January 6 and February 3 Steering Committee meetings.</td>
</tr>
<tr>
<td>Dave Curro, CFAC Chair, presented the report. Mr. Curro provided an update from the annual retreat at the end of February 2020 and recent CFAC subcommittee meetings. He also mentioned upcoming events including a legislative day facilitated by the state CFAC and CFAC’s review of the Tailored Plan RFA. The CFAC report is attached to and made part of these minutes.</td>
</tr>
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**BOARD ACTION**

The Board received the report.

<table>
<thead>
<tr>
<th>7. Consent Agenda</th>
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<tbody>
<tr>
<td><strong>DISCUSSION:</strong></td>
</tr>
<tr>
<td>A. Draft Minutes from December 5, 2019, and December 19, 2019, Board Meetings – page 132</td>
</tr>
<tr>
<td>B. By-Laws/Policy Committee Report – page 138</td>
</tr>
<tr>
<td>C. Executive Committee Report – page 144</td>
</tr>
<tr>
<td>D. Human Rights Committee Report – page 149</td>
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<tr>
<td>E. Network Development and Services Committee Report – page 188</td>
</tr>
<tr>
<td>F. Quality Management Committee Report – page 190</td>
</tr>
<tr>
<td>There were no comments or discussion about the consent agenda; it is attached to and made part of these minutes.</td>
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<tr>
<td>AGENDA ITEMS:</td>
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<tr>
<td><strong>BOARD ACTION</strong></td>
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<tr>
<td><strong>8. Reappointment Requests – page 198</strong></td>
</tr>
<tr>
<td><strong>9. Visit/Presentation</strong></td>
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<tr>
<td><strong>10. Chair’s Report</strong></td>
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<td><strong>11. Adjournment</strong></td>
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**Next Board Meeting**
Thursday, April 02, 2020
4:00 – 6:00 pm

Minutes approved by the Board on April 2, 2020.
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: March 5, 2020

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

State statutes charge CFAC with the following responsibilities:

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

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

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

REQUEST FOR BOARD ACTION: Receive draft minutes and supporting documents from the Johnston January 21 and February 18 meetings, the Cumberland January 23 meeting, the Durham January 13 and February 10 meetings, the Wake January 14 and February 11 meetings, and the January 6 and February 3 Steering Committee meetings.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dave Curro, CFAC Chair; Doug Wright, Director of Community and Member Engagement
MONDAY, JANUARY 06, 2020

CFAC MEETING - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
5:30 – 7:00 p.m.

MEMBERS PRESENT: ☒ Charlitta Burrus ☒ Ellen Gibson ☒ Jason Phipps ☒ Carol Johnson ☒ Steve Hill ☒ Dave Curro ☐ Michael McGuire
BOARD MEMBERS PRESENT: None
GUEST(S): None
STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Star Davis, Stacy Guse, Noah Swabe, Terrasine Gardner, Roanna Newton

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the November 4, 2019, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Michael McGuire and seconded by Charlitta Burrus to approve the minutes. Motion passed unanimously.

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<thead>
<tr>
<th>AGENDA ITEMS:</th>
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<th>TIME FRAME:</th>
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<tbody>
<tr>
<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>Dave reference a good article in the News and Observer, What Happens When We Die? By Trent Brown. He will send to Doug and Doug will forward it to everyone. Members that attended the I2I Conference in Pinehurst talked about the value of the conference and that there was lots of information shared. Members acknowledged receiving compliments from other LME/MCOs about their activity such as writing letters and attending legislative action days.</td>
<td>Forward story on to all members.</td>
<td>1/10/20</td>
</tr>
<tr>
<td>4. CFAC Retreat</td>
<td>A motion was made Michael McGuire and seconded by Steve Hill to schedule the annual CFAC retreat on February 29th. The motion carried unanimously. A motion was made by Michael McGuire and seconded by Jason Phipps to invite chairs and co-chairs of the local collaboratives to attend our CFAC retreat. Motion carried unanimously.</td>
<td>Schedule space, set final agenda, invite Rob Robinson, and arrange for food. Invite chairs and co-chairs – ask for RSVP so we can plan accordingly.</td>
<td>2/15/20 1/31/20</td>
</tr>
<tr>
<td>5. Upcoming Events and attendance</td>
<td>One Community in Recovery – March – Cassandra, Ellen and Michael expressed an interest in going.</td>
<td>Final decisions at the February Steering Committee. Determine</td>
<td>2/3/20</td>
</tr>
</tbody>
</table>

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

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<tr>
<td>Legislative Breakfast – February – Cassandra, Jason, Charlitta, and Carole expressed an interest in attending. Others – Need to find a way for members to let us know ahead of time what they would like to attend, design a fair process so more members get to participate instead of the same people doing everything.</td>
<td>interest from other counties. Registration for this event was full. Discussion at next steering committee.</td>
<td>1/7/20 2/3/20</td>
</tr>
</tbody>
</table>

6. **Community Forums**

Poor Attendance – ask members to talk about why they thought we had poor attendance and list Lessons Learned.

Advertisement or lack of- make sure events are advertised on the Provider feed.
Hard to predict.
Time of the year – holidays
Big draw – food, give away (clothing, other)
Medicaid Delay Announcement.
CFAC Page on website – needs updating and notices on there about events. (open letter, Minutes)
Personal Invitations
Providers host forums
T-shirts with new Alliance Health logo

Continue the discussion – develop a one pager that lists Engagement Rules or Guidelines to consider when planning an event.

March 2020

7. **State Updates**

Community Engagement and Empowerment Team Update not available yet – will be available for local meetings.

Keep updated

Ongoing

8. **LME/MCO Updates**

LME/MCOs prepping for Request for Application to be a tailored plan going on in expectation of late Feb. or early March release.
Legislature coming back week of the 14th.

Keep updated

Ongoing

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>9. Subcommittees • Wake • Durham • Cumberland • Johnston • Area Board • Human Rights • Quality Management</td>
<td>Johnston voted in a new member. Need an additional CFAC member to participate on this committee – let Dave know if you are interested.</td>
<td>Consider this opportunity and let Dave know.</td>
<td>ASAP</td>
</tr>
<tr>
<td>10. Announcements</td>
<td>State Webinar for State Funded Services under Tailored Plan – public comment is now open on the DHHS website.</td>
<td>Watch, read, and make comments</td>
<td>1/31/20</td>
</tr>
</tbody>
</table>

12. **ADJOURNMENT**: the next meeting will be February 3, 2020, at 5:30 p.m.

Respectfully Submitted by:

[Click here to enter text.]
CFAC Retreat – February 29, 2020

9:45am – 10:00am - Welcome & Introductions - Doug and Dave

10:00am – 10:30am – Rob Robinson

10:30am – 12:00am – State updates; feedback from CFACS- R. Newton

12:00pm – 1:00 pm - Lunch

1:00pm – 2:00pm – CFAC and SOC Collaboration-(Terrasine/Jennifer)

2:00 pm-3:00 pm
  * Goals for each community (Local CFAC Breakouts)
  * Getting it done (Report Out)

3:00pm - Adjourn
11th Annual
NC ‘One Community in Recovery’ Conference:
Our Stories, Our Hope, Our Power

March 11-13, 2020
Wyndham Garden, 415 S Swing Rd, Greensboro, NC 27409

Register online at nwahec.org/59857
11th Annual NC ‘One Community in Recovery’ Conference  
March 11-13, 2020 | Wyndham Garden Greensboro, Greensboro, NC

Overview
Join administrators, advocates, allies, community members, educators, family members, peer support specialists, policy makers, service providers, and all others interested in recovery and resilience as we highlight some of the most progressive recovery practices in our state.

This conference is an inspiring, informative event designed to foster the continuing growth of the North Carolina Recovery Movement, to teach participants how to get recovery programming up and running in their communities, to showcase some of the most progressive recovery practices, and to bring the community of providers and individuals in Recovery together as students and partners. Our goal is to educate and motivate participants to apply principles of Recovery in their personal and professional lives.

Learning Objectives
Upon completion of this program, participants will be able to:

• Discuss the values, principles and philosophy of the Recovery Movement.

• Identify ways to implement Recovery principles into practice.

• Discuss and potentially implement cutting edge Recovery practices.

Who Should Attend
This conference will be beneficial to those caring for people with mental health and/or a substance use disorder, including administrators, advocates, allies, educators, family members, individuals with lived experience, licensed professional counselors, marriage and family therapists, peer support specialists, policy makers, psychiatrists, psychologists, service providers, social workers, substance use counselors, and other health and human service professionals interested in recovery and resilience.

Location and Hotel Accommodations
The conference will take place at the Wyndham Garden Greensboro, 415 S. Swing Road, Greensboro, NC 27409. Lodging will be available at the conference hotel at a rate of $71.20 plus tax single or double occupancy on March 11 and 12, 2020. Please reserve your room by February 20, 2020. For reservations please call (336) 315-1506 Monday–Friday, 9 am–5 pm and mention the 11th Annual NC “One Community in Recovery” Conference. If calling after hours, please leave a message and the hotel staff will return your call.

Scholarships
If you or someone you know is in need of a full conference scholarship, lodging included, then click HERE to fill out an application. If you cannot access the link above, contact Ellen Kesler, ekesler@wakehealth.edu. Deadline is February 5, 2020.

Recovery Champion and Youth/Young Adult Voice Awards
Do you know of someone making a positive difference in North Carolina? Help us recognize their contribution by nominating them for a Recovery Champion or Youth/Young Adult Voice Award. These awards honor people who have dedicated their individual talents, whether through sharing their story, advocacy, professional work or volunteering, to successfully promote mental health and/or substance use recovery and resilience. All award winners will receive free registration and lodging for the conference. If you cannot access the links above, contact Ellen Kesler, ekesler@wakehealth.edu. Deadline is December 20, 2019.

Exhibitor and Supporter Opportunities
If you would like to support the conference as an exhibitor or by funding a scholarship, please click HERE for link to information and registration.
Pre-Conference: Our Stories, Our Hope, Our Power

Wednesday, March 11, 2020
12:00 - 5:00 pm

Overview
Our stories of recovery and resilience have the power to inspire hope - in ourselves, in others in their recovery journey and in the community. Your story may be about your own recovery experience. It may also be about the recovery you have witnessed in others, through personal or professional relationships.

This half-day, interactive session will include content on using language that unifies us, how to tell our stories to help ourselves, how to tell our stories to help others, and how to tell our stories to affect policy change. We will also discuss the importance of seeing others and carrying each other’s message as our duty. You will have the opportunity to work on your own story and there will be time set aside throughout the conference for people to share.

Learning Objectives
Upon completion of this session, participants will be better able to:
• Remove barriers to recovery through effective messaging.
• Identify language that is positive and promotes healing and understanding.
• Develop narratives to communicate effectively with different audiences and in different situations.

Agenda
12:00 pm    Registration and Box Lunch
12:45 pm    Session Begins
2:30 pm    Break
2:45 pm    Session Continues
5:00 pm    Adjourn
6:30 pm    Ice Cream Social

Social and Wellness Activities
We hope you will join us for these activities designed to support wellness and networking!
• Ice Cream Social
• Chair Massage
• Afternoon Walks
• Awards Dinner
• Open AA Meeting
• Animal Therapy
• New this year! – Photographer will be available to take professional “head shots”
### Keynote Address: Teddy Lanier

**Ret. Master Sergeant, Board of Directors, Warriors Heart Foundation**

After serving for 22 years (1989-2011), including 10 years in the U.S. Army and 12 years in Special Forces, Retired Master Sergeant and Green Beret Teddy Lanier is sharing his long-term recovery story to help fellow warriors. Lanier was deployed five times to combat in Iraq and Afghanistan and adjusting back to civilian life brought many challenges. He explained, “I became dependent upon drugs and alcohol, not only to deal with the average normal everyday stressors, but also dealing with unprocessed trauma that I didn’t know how to deal with.”

Lanier overcame a 17-year opiate addiction after attending Warriors Heart residential treatment program for “Warriors Only” (military, veterans and first responders) in April 2017. To give back, Lanier is now on the Warriors Heart Foundation Board of Directors and is speaking publicly about his story. Teddy says, “If all I do is save one person, then I am happy to share my story with the world.” Lanier has shared his story on the TODAY Show, WRAL NBC News Raleigh, Dr Drew Midday Live with Leeann Tweeden and more.

### Morning Breakouts

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>10:30 am</td>
<td>Break</td>
<td></td>
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<tr>
<td>11 am</td>
<td>Morning Breakouts</td>
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</tr>
<tr>
<td>A</td>
<td>Telling the Story of Domestic Violence from Adult &amp; Child Perspectives</td>
<td>Caleb Turnel, Kristin Chesire</td>
</tr>
<tr>
<td>B</td>
<td>Activating Self-Determination &amp; Self-Advocacy in Recovery</td>
<td>Karen Kranbuehl, JD, MSW, Person in Recovery</td>
</tr>
<tr>
<td>C</td>
<td>Trauma-Informed Substance Use Treatment</td>
<td>Andrea Winkler, LCSW, LCAS</td>
</tr>
<tr>
<td>D</td>
<td>Providing Hope Using Animal Assisted Therapy for Substance Use and Mental Health</td>
<td>Karen Russell, Rae Burgess, MA, MS, LPC, LCAS-A</td>
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</tbody>
</table>

This workshop will explore the process of therapy for survivors of domestic violence, intimate partner violence, and children who have witnessed the violence between caregivers. We will explore the process of aiding individuals as they tell their recovery story, and what it looks like to help those who have suffered from violence and abuse on their journey of recovery. Participants will learn narrative therapy techniques to implement with their adult clients to aid in their recovery as well as trauma informed skills for working with children who have experienced or witnessed violence.

Effective communication is essential for maintaining recovery and building social determinants of health and wellness. However, until recently, there was no comprehensive, structured, and goal-oriented tool for developing self-determination and self-advocacy skills. See how NC stakeholders are building self-determination and self-advocacy mindsets and skillsets for themselves and the people they serve using the SAY IT Program.

With staggering rates of co-occurring substance use and trauma-related disorders in substance use treatment settings, it is imperative that organizations and providers integrate a trauma-informed approach. While thorough assessment of trauma-related conditions and integrated treatment paths are a vital element of such an effort, so too are comprehensive considerations of the treatment environment, practices, and policies at large. This session will assume a general understanding of the potential impact of trauma exposures on human functioning, and build upon that with an overview of the elements of a trauma-informed approach to care and its agency wide integration. Participants will gain skills related to self-assessment of trauma-informed practices and design initial plans for provider and/or organizational change.

Featuring two certified therapy dogs, this presentation introduces the benefits of Animal Assisted Psychotherapy and animal-assisted activities in various settings. Topics to explore include selection of a therapy animal, criteria for membership in the pet therapy organizations, current research, and best practices for incorporating therapy dogs into counseling.
1:30 pm  **Afternoon Breakouts**

A  **Peer Support in the Criminal Justice System** - Justin Wright, NCCPSS
This breakout session is intended to inform participants about different peer support roles within the criminal justice system, and to brainstorm about non-existent roles needed in the CJ system. This session will include information on PSS operated diversion programs, county work groups and initiatives, jail MAT program peer supports, PSS/CIT officer partnerships, PSS detention facility recovery group facilitation, PSS courthouse case management, and PSS re-entry services. The session will include discussion around advocacy, both for the participants being served in the criminal justice system, and for the criminal justice system workers themselves.

B  **Using Motivational Interviewing in Peer Support Services** - Stacy L. Smith, MEd, LPC, NCC, Ashley Wilson
Certified Peer Support Specialists bring unique skill-sets, perspectives and experiences to the world of Recovery-Oriented Mental Health and Substance Use Services. Two of the main tools are Manualized Wellness Management (WRAP, WMR, WHAM, IMR) interventions and self-disclosure. Both are critical to successful engagement and recovery learning for those the Peer serves. Motivational Interviewing, especially the use of EPE (elicit-provide-elicit), can be instrumental in successfully engaging with and then doing the critical work of recovery. Come explore ways to effectively (and with greater impact) engage individuals to their work around recovery. This workshop will be very participatory!

C  **The “So What” Factor: Turning Talk into Action within a Community Coalition** - Kim James, Lisa Moore, Capt. Jason Whisnant, Brandi Greer
The Burke Substance Abuse Network (BSAN) is based in Burke County, NC and is a coalition with over 150 active members all working together to address the substance use/misuse epidemic within the community. Through a unique coalition structure, the action components, or the “So What” factors, of the coalition occur through the work of task forces. Specifically, there are four key task forces that carry out and inform the majority of the coalition’s actions: Public Information and Policy; Underage Alcohol Use and Non-Medical Use of Prescription Drugs; Faith-Based Initiatives; and the Purple Elephant Project. All of these workgroups exemplify the coordination of community members in an effort to support a continuum of care that directly impacts and reinforces the power of recovery. There is power in the strength of many who come together to heal their community from the inside out. This strength is found in the task forces of the BSAN coalition and there is a hope in knowing a group of people care about the “so what” factor. This workshop will share the goals and actions of each of these task forces and will highlight the impact of these actions on the community in which we all live, learn, work, play and pray.

D  **The Theory and Practice of Recovery** - Delton Russell, CPSS
This training is designed to explore barriers to recovery such as language, shame, arrested development, epigenetics and trauma and then explore what solutions to these barriers look like such as whole person wellness, neuroplasticity, mindfulness, structure, cognitive behavioral therapy and community.
2:45 pm  Break
3:05 pm  Late-Afternoon Breakouts

A  Peer Navigation: “The Proof is in the Pudding” - Bobby Harrington, CPSS, Felishia McPherson, MA
This workshop is based on the factual challenges and barriers of reentry as it pertains to those of us that are returning citizens from incarceration, as well as those post inpatient hospitalization, homeless and criminalized via crisis/penal situations and circumstances. The challenges with healthcare, the barriers that individuals face from a firsthand perspective. Sharing the ways that we assist peers to navigate the systems we must operate under. We will share about the new Pokket system that is being piloted through Wake correctional to assist returning citizens. We will brainstorm ideas that we can share to become more inclusive between agencies to benefit the population and ways that we can continue to push the needle forward to reduce recidivism and build a more inclusive community.

B  Self-Disclosure versus Storytelling - Reid Smithdeal, MSW, LCSW
Peer Support Specialists have multiple tools they can use to support those they are working with. In this workshop, we will look at two of those tools, Self-Disclosure and Storytelling. Participants in the workshop will have the opportunity to define each of these tools and develop an understanding of the difference between the two. The workshop will be facilitated through lecture and interactive activities.

C  Playing our Way to Healing: InterPlay and Recovery - S. Elizabeth Snyder, PhD
This interactive, kinesthetic “playshop” showcases the body-based modality InterPlay as a creative, innovative pathway to recovery. InterPlay, now in its 30th year, utilizes five fundamental practices to maximize personal and communal health and vitality: movement, storytelling, voice/song, connection, and stillness. InterPlay is an embodied practice that facilitates wholeness, joy and healing through the expressive arts. InterPlay is committed to building transformational communities of practice, notably underserved and at-risk communities. InterPlay teaches us that we can learn to play, not struggle, with our experience. Through the cultivation of body wisdom and interpersonal connection, InterPlayers discover powerful ways to embrace the totality of their lives - to include the process of recovery from addiction. Based on playshops currently offered at the Julian F. Keith Alcohol and Drug Abuse Treatment Center in Black Mountain, NC, this session will activate the playful spirit in all of us. The session will guide participants through basic InterPlay forms, with a focus on (1) replacing stress with grace and ease (2) creating a supportive, affirming community (3) practicing self-care while honoring our own body wisdom.

D  Including MYSELF - Laurie Coker, RN, CPSS
North Carolina has embarked on a statewide community inclusion initiative called “I’m IN.” The focus of this effort is to expand our state’s efforts toward promoting the recovery of mental wellness by demonstrating and educating communities about the role of community participation and inclusion in helping people rebuild meaningful lives after mental ill-being. GreenTree Peer Center is one of the first four “Pilot Partners” developing projects to enhance community inclusion across the state. GreenTree’s program, called Including MYSELF has three components: engagement with stakeholders outside of the peer center who support individuals to participate in local activities, use of Peer Supporters to target individual participation objectives with GreenTree community members and support them to accomplish those objectives out in the larger local community according to their individual preferences and undertaking a participatory research project using the Photo Voice approach in partnership with Winston-Salem State University’s Occupational Therapy Program. The aim of this presentation is to help attendees gain new perspective on the importance of active promotion of community inclusion and participation and to understand the function of a peer operated, community based social center in promoting progressive community engagement and personal growth.

4:30 pm  Adjourn
4:45 pm  Wellness Walk
6:00 pm  Recovery Champion and Youth/Young Adult Awards Dinner
Keynote Speaker: Cherene Allen-Caraco, CPSS, QMHP, QDDP, CESP  
Founder and CEO, Promise Resource Network

After many years of living with a variety of trauma related mental health diagnoses, Cherene has made the last 24 years her professional and personal mission to understand what helps and harms others impacted by trauma, mental health and substance use, inclusive of how systems and services can either foster healing, wellness, recovery and a high quality of life or harm the process of recovery. Learning from other survivors and professional allies around the country and abroad, Cherene founded NC's first peer/"consumer” operated organization, Promise Resource Network (PRN) in 2005/2006. To date, PRN is operated and staffed by people with lived experiences of trauma, mental health, substance use, homelessness, LGBTQIA, domestic violence, former gang involvement, and/or prior incarceration to offer support, resources and opportunities to others that experience the same. PRN is credited to introducing peer support into our state and the agency currently operates 7 peer programs, serving over 1,500 uninsured people in Charlotte each month that have been “kicked out” or “opted out” of services, offering trauma-based alternatives to traditional treatments in each of the 8 Dimensions of Wellness. As the founder and CEO, Cherene she has made sure that recovery and resilience serve as the agency blueprint and social and system transformation as its mission. Most recently, PRN was awarded the federal grant to incubate and launch the NC statewide peer/”consumer” organization, Peer Voice NC.

10:15 am  
Break

10:45 am  
Morning Breakouts

A  Life After Treatment - Teddy Lanier  
In this session, we will provide insight on continued care post treatment, the importance of having a support program and setting realistic personal goals. We will also discuss how working with others in recovery and “passing it forward” helps sustain us in our own recovery.

B  Applying Ethics to the Peer Support Relationship - Reid Smithdeal, MSW, LCSW  
The relationships that Peer Support Specialists develop with the individuals they are supporting are complex and challenging to navigate. This workshop will explore the dynamics of that relationship and help individuals understand how to utilize North Carolina Peer Support Specialists Code of Ethics to insure they are developing a supportive, safe, successful relationship with the individuals they are working with.

C  HOPE: Healing Our Personal Experiences - Michael Hayes, NCPSS, Allison Sturtevant-Gilliam  
The Umoja Health, Wellness, and Justice Collective supports the process of reclaiming the narrative for People of Color, starting with Men of Color in the community. This workshop will share the story behind the development of the Collective, including the recovery journey of founder, Michael Hayes, whose sobriety came after learning that substance use was a symptom of his childhood trauma. The Collective focuses on the healing power of storytelling, utilizes the power of experts with lived experience, and offers supports designed to tap into the natural resilience within individuals. We will share some of the ways in which the foundational research of the Adverse Childhood Experiences study, the work of Remaa Menakem, the Wellness Recovery Action Planning (WRAP) process, and the programming of Resources for Resilience as formal structures support the work of the Collective. We will facilitate an opportunity for participants to brainstorm ways in which to create similar initiatives within their home communities.

D  Open Dialogue about Open Dialogue - Wes Rider, Stacey Harward  
In the 1980’s a new therapy, developed in Finland, called Open Dialogue, was used to assist people experiencing extreme emotional distress and psychosis. Open dialogue draws on a number of theoretical models, including systemic family therapy, dialogical theory and social constructionism. Numerous studies have documented its remarkable efficacy. In 2011, filmmaker and former therapist Daniel Mackler traveled to Finland and produced a documentary on the therapy. In this session we will show highlights of the movie and engage the audience in a discussion. We will also provide participants with an informational packet, pointing them toward journal articles, research and personal testimonies of persons engaged in the practice.
12:00 pm   Lunch (provided)
1:00 pm   Afternoon Breakouts

A  Breakout Session with Cherene Allen-Caraco
B  The Power of Owning Your Story - Alecia Brower, MA, LPA
   Your recovery story can be the key to helping someone else. By developing your story, becoming
   comfortable with sharing it and learning to be vulnerable in the telling of your story, you learn that you
   are opening the door for others to recovery. Become familiar with the four dominant communication
   styles and how you can maximize how you connect with others. Learn how you communicate with others
   and how your style may differ from those that you communicate with. Develop strategies for
   communicating more effectively, by learning to recognize the different communication styles and how
   they operate when talking with others. Learn how to communicate your life experience to impact others.

C  Generational Considerations in Personal Recovery - Michelle Anne LaRocque, PhD, NCCPSS
   SAMHSA identifies culture as one of the defining elements of the recovery process. Culture is often
   thought of as ethnicity, tradition, or customary social interactions. Both within and across cultures there are
   generational factors that can impact an individual’s experience of mental and emotional distress. These
   factors play an important role in the recovery process. An individual’s generational identity can be viewed
   as a form of culture itself that is distinct from other social influences.

D  IPS: Where Recovery Takes Flight - Tara Alley, MA CESP, Jimmy Treires, MS, LPC
   Individual Placement and Support (IPS) is an evidenced-based practice that helps people living with
   serious mental illness and substance use disorders choose, find, and keep employment. This breakout
   session will cover the following: value of employment in recovery, IPS practice principles, behavioral health
   integration, and state-wide outcomes. IPS teams across North Carolina have successfully assisted
   thousands of people in going back to work since 2013. You will hear from a North Carolina CPSS about
   their experiences working on an IPS team and the unique role of the peer. You will also learn about how a
   person’s recovery can start with employment and how you can support their journey.

2:15 pm   Closing Celebration
3:00 pm   Adjourn
## Conference Details

### Registration Fees

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<th>Event</th>
<th>Early Registration</th>
<th>After Feb. 26</th>
<th>Early Group Registration</th>
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<td>Wednesday - Pre-Conference Workshop only</td>
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<td>Full Conference, Wednesday, Thursday and Friday</td>
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To receive the group rate, groups of three (3) or more must fill out individual registrations and submit together. Group registration is not available online.

Register and pay online at northwestahec.org or complete and return the attached registration form. Payment by credit card (Visa, MasterCard, American Express) is accepted online. Money order, personal check, corporate check or WFBMC internal transfer is accepted in person or by mail.

### Payment Policy:
Payment is required on or before entrance into any Northwest AHEC activity. If a corporate payment has not been received before the activity start date, you will be required to provide a personal credit card or check. If and when the corporate payment has been received, Northwest AHEC will issue a full refund based on your original form of payment. To avoid personal payment, you should check with the financial staff at your organization to determine status of payment before the event date.

Refund Policy: Cancellations received in our office at least two weeks (14 business days) before the activity will receive a 100 percent refund. Registrants cancelling between two weeks and two full business days prior to the first day of the event will be refunded at 70 percent of the registration fee subject to a minimum $25 cancellation fee. The registration fee will not be refunded if a cancellation is received less than two days before the activity. Cancellations must be in writing (fax, email or mail). You may send a substitute in your place.

When planning for an educational activity, registration fees are not based on credit hours or agenda. Registration fees are based on expenses such as meeting room rentals, food, equipment, staff, etc., and are not adjusted by issues such as cancellation of speakers or other unforeseen circumstances. Every effort will be given to ensure the activity is a success.

If you have not received confirmation of your registration 24 hours before the program date, please call Dena Morrow at 336-713-7729 or email dmarrow@wakehealth.edu to verify the status of your registration.

Note — Attendance at this activity grants permission for Northwest AHEC to use any photographs, audio, video, or other images from this activity for promotional or educational purposes. Please notify a Northwest AHEC staff member if you have concerns.

### For More Information and Assistance
If you have questions about registering for this activity or need auxiliary aids or special services to attend, please contact Dena Morrow at least five working days before the activity by calling 336-713-7729 or emailing dmarrow@wakehealth.edu.

### Credit
The conference and pre-conference workshops offer up to 13.5 hours of credit for participants attending all sessions.
- Up to 13.5 Contact Hours from Northwest AHEC
- Up to 1.4 CEUs from Wake Forest School of Medicine
- Up to 13.5 hours (Category A) continuing education for NC psychologists.

Wednesday: 4.0 Contact Hours, Thursday: 5.25 Contact Hours, Friday: 4.25 Contact Hours
Please select registration fee:

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Last 4 digits of phone number: __ __ __ __  *required*

First Name  MI  Last  Degrees (e.g., MD)

Profession  Job Title

Home Address  City  State  Zip  County

Home Phone  Cell Phone

Employer

Employer Address  City  State  Zip  County

Employer Phone  Employer Fax

☐ Preferred Email  ☐ Home Email  ☐ Work Email

By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated.

Three Ways to Register:

- **Register online at nwahec.org/59857**

- **Make check payable** to Wake Forest University Health Sciences and mail, with registration form, to:
  
  Wake Forest School of Medicine / NW AHEC
  
  Medical Center Boulevard, Winston-Salem, NC 27157-1060
  
  Attention: Dena Morrow

  or fax to: 336-713-7701

- **Credit card payments accepted online only**
  
  If registering by fax or mail, please call Dena Morrow to give credit card information, 336-713-7729.

- **Employer will make payment.** Supervisor completes below and faxes registration to 336-713-7701.

By signing, I am certifying that agency payment will follow. If you have a balance due and do not attend or send a substitute, you will be invoiced for the full program fee.
MEMBERS PRESENT: ☒ Pinkey Dunston, ☒ Trula Miles, ☒ Steve Hill, ☒ Dave Curro, ☒ Brenda Solomon ☒ Jason Phipps, ☒ Jerry Dodson, ☒ Marie Dodson
BY PHONE: ☒ Charlitta Burriss, ☒ Shirley Francis, ☒ Carole Johnson, ☒ Roanna Newton, DHHS, ☒ Starlet Davis, Individual and Family Engagement Specialist
BOARD MEMBERS PRESENT: None
GUEST(S): None
STAFF PRESENT: ☒ Doug Wright, Director of Community and Member Engagement, ☒ Terrasine Gardner, Member Engagement Manager, ☒ Stacy Guse, Individual and Family Engagement Specialist, ☒ Ramona Branch, Individual and Family Engagement Specialist, ☒ Noah Swabe, Individual and Family Engagement Specialist

Join Zoom Meeting
https://alliancehealthplan.zoom.us/j/975174974
+1 646 558 8656 US
Meeting ID: 975 174 974

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the January 6, 2020, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Steve Hill and seconded by Charlitta Burriss to approve the minutes. Motion passed.

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<th>AGENDA ITEMS:</th>
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<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>Dave Curro mentioned that the Legislative Breakfast had a large turnout with 400 in attendance, with Medicaid expansion and transformation being the main topics. Speakers included Mandy Cohen, and Kody Kinsley.</td>
<td>N/A</td>
<td>N/A</td>
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<td>4. CFAC Retreat</td>
<td>The CFAC Retreat will take place on February 29, 2020 at Alliance Health’s Corporate office in Morrisville. The agenda has been finalized and the group decided that they would like Honey Baked Ham for the lunch. Invitations have been sent out to all of the Collaborative Chairs in all counties. A total head count of all attendees is due by 02.14.2020</td>
<td>Individual &amp; Family Engagement Specialists are to reach out to all members by phone to see if they will be attending the retreat</td>
<td>Head count due by 02.14.2020</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.
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<td>5. Upcoming Events and attendance</td>
<td>Rob Robinson, CEO Alliance Health has asked for specific topics in which the CFAC members would like to hear more information on for his presentation during the retreat. Trula Miles mentioned that she would like to hear more about Child Mental Health. Members were asked to please send any topics of interest to Doug or Dave as soon as possible.</td>
<td>Names will be submitted to Shelly for registration and hotel reservations.</td>
<td>As soon as possible</td>
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<td>The One Community in Recovery Conference will take place on March 11-13 in Greensboro. The following members have been approved to attend: Cassandra Herbert, Michael McGuire, Ellen Gibson, Charlitta Burriss, Regina Mays, Marie Dodson, Jerry Dodson, Jessica Larrimore</td>
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<td>Budget has been tight, have requested an increase – what is a reasonable expectation and how should it be managed? Dave stated that with recent budget cuts and a growing CFAC, a policy would be written for future events and conferences. Members were also encouraged to apply for scholarships as soon as future conference dates are announced.</td>
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| 6. By-Laws | Doug went over the membership and expectations of CFAC members. This will be added to all CFAC subcommittee agendas for February.  
- Members should think about capping subcommittee membership to 12; current members will not be voted out if their county is already over 12 | Membership, By-Laws, and Charters to be addressed during February Subcommittee meetings | To be added to agendas for all subcommittee meetings during February |

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<td>7. State Updates</td>
<td>Roanna gave the state update and stated that a SWOT (Strength, Weaknesses, Opportunity, and Threat) 12 question survey will be sent out to Steering Committee members to see how they are preforming. This will be sent out electronically and discussed during the call in meeting in March, and feedback from the analysis will be presented during the April meeting. The Community Engagement &amp; Empowerment CE&amp;E update will be sent out 2x per month instead of 1x per month.</td>
<td>SWOT analysis will be sent electronically; Individual &amp; Family Engagement Specialists will be available to assist CFAC members if needed.</td>
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<td>8. LME/MCO Updates</td>
<td>Behavioral Health I/DD Tailored Plan Request for Applications (RFA) Pre-Release Policy Paper has been released and the link to access the paper was emailed to all members. They were encouraged to read and comment their questions and concerns by February 14, 2020.</td>
<td>Read and review the policy paper</td>
<td>Submit comments by 02.14.2020</td>
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<td>9. Subcommittees</td>
<td>Wake</td>
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<td>10. Announcements</td>
<td>Dave Curro received honorable mention for the ACAP Leadership in Advocacy Award- Congratulations Dave! NAMI Walk – May 16, 2020- Dorothea Dix Park</td>
<td>NAMI- Walks will be added to subcommittee agenda for February</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.
11. **ADJOURNMENT:** the next meeting will be March 2, 2020, at 5:30 p.m.

Respectfully Submitted by:

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

• February 15th 10:30am-2:30pm: NAMISmarts for Advocacy Training - Durham
  This course will enhance your advocacy skills and help you shape a powerful, personal story that will move policy makers. Contact advocacy@namidurhamnc.org for more information or to register.

• February 18, 2020: Youth Mental Health First Aid- 8am-5pm @ Bethesda Fire Department Miami Blvd, Durham NC Contact Debra Duncan @ Alliance Health: dduncan@alliancehealthplan.org for registration

• February 19, 2020: Adult Mental Health First Aid- 830am-5pm @ Bethesda Fire Department Miami Blvd, Durham NC Contact Debra Duncan @ Alliance Health: dduncan@alliancehealthplan.org for registration


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

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

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

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

**Please keep in mind that if you would like to attend to any of these events to let your Individual & Family Engagement Specialist know as soon as possible, so that it may be approved by the Steering Committee.**
11th Annual
NC ‘One Community in Recovery’ Conference:
Our Stories, Our Hope, Our Power

March 11-13, 2020
Wyndham Garden, 415 S Swing Rd, Greensboro, NC 27409

Register online at nwahec.org/59857
Overview
Join administrators, advocates, allies, community members, educators, family members, peer support specialists, policy makers, service providers, and all others interested in recovery and resilience as we highlight some of the most progressive recovery practices in our state.

This conference is an inspiring, informative event designed to foster the continuing growth of the North Carolina Recovery Movement, to teach participants how to get recovery programming up and running in their communities, to showcase some of the most progressive recovery practices, and to bring the community of providers and individuals in Recovery together as students and partners. Our goal is to educate and motivate participants to apply principles of Recovery in their personal and professional lives.

Learning Objectives
Upon completion of this program, participants will be able to:

- Discuss the values, principles and philosophy of the Recovery Movement.
- Identify ways to implement Recovery principles into practice.
- Discuss and potentially implement cutting edge Recovery practices.

Who Should Attend
This conference will be beneficial to those caring for people with mental health and/or a substance use disorder, including administrators, advocates, allies, educators, family members, individuals with lived experience, licensed professional counselors, marriage and family therapists, peer support specialists, policy makers, psychiatrists, psychologists, service providers, social workers, substance use counselors, and other health and human service professionals interested in recovery and resilience.

Location and Hotel Accommodations
The conference will take place at the Wyndham Garden Greensboro, 415 S. Swing Road, Greensboro, NC 27409. Lodging will be available at the conference hotel at a rate of $71.20 plus tax single or double occupancy on March 11 and 12, 2020. Please reserve your room by February 20, 2020. For reservations please call (336) 315-1506 Monday–Friday, 9 am–5 pm and mention the 11th Annual NC “One Community in Recovery” Conference. If calling after hours, please leave a message and the hotel staff will return your call.

Scholarships
If you or someone you know is in need of a full conference scholarship, lodging included, then click HERE to fill out an application. If you cannot access the link above, contact Ellen Kesler, ekesler@wakehealth.edu. Deadline is February 5, 2020.

Recovery Champion and Youth/Young Adult Voice Awards
Do you know of someone making a positive difference in North Carolina? Help us recognize their contribution by nominating them for a Recovery Champion or Youth/Young Adult Voice Award. These awards honor people who have dedicated their individual talents, whether through sharing their story, advocacy, professional work or volunteering, to successfully promote mental health and/or substance use recovery and resilience. All award winners will receive free registration and lodging for the conference. If you cannot access the links above, contact Ellen Kesler, ekesler@wakehealth.edu. Deadline is December 20, 2019.

Exhibitor and Supporter Opportunities
If you would like to support the conference as an exhibitor or by funding a scholarship, please click HERE for link to information and registration.
Special Morning Session:
Peer Voice NC Café
Wednesday, March 11, 2020 | 8:30 - 11:30 am
The NC One Community in Recovery Conference is pleased to partner with Peer Voice North Carolina (PVNC) for this special session.

You are warmly invited to the Peer Voice NC Café!

8:30am on Wednesday, March 11, 2020

Please join Peer Voice North Carolina (PVNC) in a welcoming café-environment to enjoy coffee, tea, and pastries with a purpose. Together, through rounds of collaborative dialogue, we'll explore constructive possibilities for elevating resilience and recovery across our state.

- Learn about NC’s new, federally funded, statewide grassroots movement to organize people impacted by trauma, emotional distress, labels of mental illness, and co-occurring substance use.
- Discover and engage in the groundbreaking work starting up now in PVNC’s topic-based coalitions.
- Be valued and heard as a person with lived-experience wisdom to share about the policies, practices, and processes that impact you and others across the state.
- Meet members of the PVNC Strategic Planning Council and join your voice with ours, as we continue to build a unified, vocal, and influential statewide peer and “consumer” grassroots movement - one that is completely independent … operated by us, for us.

Some of the topic-based coalitions
- Peer Wellness Center Coalition
- Peer Policy and Advocacy Coalition
- Peer Standards Coalition
- Peer Justice Initiative
- Youth Collegiate Recovery Coalition
- Recovery Alternatives to Forced Treatment Coalition

What is Peer Voice NC?
In March 2019, the federal government invested in the people of North Carolina through a Statewide Consumer Network Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

SAMHSA believes that “statewide consumer networks are best poised to bring peer voice, guidance, and foresight into systems change.” Peer Voice NC was launched to establish and organize this grassroots movement.

Café Agenda - Wednesday, March 11th

8:30am - Welcome
- Special Guest Performances: “This is My Brave”
9:00am - Building A Grassroots Movement

9:15 Peer Voice NC Café
- Format and Café Etiquette
- Café Coalition-Building Conversations
- Open Dialogue

9:45am - Rounds of table discussion sessions
- Peer Voice Café Session 1
- Peer Voice Café Session 2
- Peer Voice Café Session 3

11:00am - Wrapping up
- Share Collective Discoveries & Insights
- Ways to Stay Involved

11:30pm - Adjourn

It's early in the process. Join the movement! Visit us on Facebook (@pvncprn).
Wednesday Pre-Conference:
Our Stories, Our Hope, Our Power
Wednesday, March 11, 2020 | 12:00 - 5:00 pm

Overview
Our stories of recovery and resilience have the power to inspire hope - in ourselves, in others in their recovery journey and in the community. Your story may be about your own recovery experience. It may also be about the recovery you have witnessed in others, through personal or professional relationships.

This half-day, interactive session will include content on using language that unifies us, how to tell our stories to help ourselves, how to tell our stories to help others, and how to tell our stories to affect policy change. We will also discuss the importance of seeing others and carrying each other’s message as our duty. You will have the opportunity to work on your own story and there will be time set aside throughout the conference for people to share.

Learning Objectives
Upon completion of this session, participants will be better able to:

• Remove barriers to recovery through effective messaging.
• Identify language that is positive and promotes healing and understanding.
• Develop narratives to communicate effectively with different audiences and in different situations.

Agenda
12:00 pm Registration and Box Lunch
12:45 pm Session Begins
2:30 pm Break
2:45 pm Session Continues
5:00 pm Adjourn
5:15 pm Wellness Walk

Evening Activity - First Ever NC One Community in Recovery Inspire Story Slam Extravaganza

We would like to invite all conference participants to participate in the First Ever Inspire Story Slam.

This event is based on the lively and long tradition of Poetry Slams. Poetry slams traditionally feature performance poetry that is delivered to a live audience. Each piece is short and is delivered with either poetry that rhymes or in prose style (a poem that almost reads like song lyrics). For this event, however, participants are invited to share an inspiring aspect of their recovery or life story in any verbal form. Each participant will be limited to four minutes only which will create a lively forum that affords opportunities for many people to share within a relatively short time period.

This event will occur on the evening of the pre-conference. It will coincide with the ice cream social. The ice cream social will begin at 6:30 and the Story Slam will begin at 7:00. We hope you will arrive in time to enjoy some delicious ice cream then to participate in this special event either through participation or by being an audience member. We can’t think of a better way to honor our theme this year, “Our Stories, Our Hope, Our Power!” Let’s get inspired!!
7 am  Chair Massage
8 am  Registration
9 am  Welcome and Opening Remarks
9:15 am  Keynote Address: Teddy Lanier
  Ret. Master Sergeant, Board of Directors, Warriors Heart Foundation
  After serving for 22 years (1989-2011), including 10 years in the U.S. Army and 12 years in Special Forces, Retired Master Sergeant and Green Beret Teddy Lanier is sharing his long-term recovery story to help fellow warriors. Lanier was deployed five times to combat in Iraq and Afghanistan and adjusting back to civilian life brought many challenges. He explained, “I became dependent upon drugs and alcohol, not only to deal with the average normal everyday stressors, but also dealing with unprocessed trauma that I didn’t know how to deal with.”
  Lanier overcame a 17-year opiate addiction after attending Warriors Heart residential treatment program for “Warriors Only” (military, veterans and first responders) in April 2017. To give back, Lanier is now on the Warriors Heart Foundation Board of Directors and is speaking publicly about his story. Teddy says, “If all I do is save one person, then I am happy to share my story with the world.” Lanier has shared his story on the TODAY Show, WRAL NBC News Raleigh, Dr Drew Midday Live with Leeann Tweeden and more.
10:30 am  Break
11 am  Morning Breakouts

A  Telling the Story of Domestic Violence from Adult & Child Perspectives - Caleb Turmel, LCMHC, NCC, Kristin Chesire, LCMHC, LCAS
  This workshop will explore the process of therapy for survivors of domestic violence, intimate partner violence, and children who have witnessed the violence between caregivers. We will explore the process of aiding individuals as they tell their recovery story, and what it looks like to help those who have suffered from violence and abuse on their journey of recovery. Participants will learn narrative therapy techniques to implement with their adult clients to aid in their recovery as well as trauma informed skills for working with children who have experienced or witnessed violence.

B  Activating Self-Determination & Self-Advocacy in Recovery - Karen Kranbuehl, JD, MSW, Person in Recovery
  Effective communication is essential for maintaining recovery and building social determinants of health and wellness. However, until recently, there was no comprehensive, structured, and goal-oriented tool for developing self-determination and self-advocacy skills. See how NC stakeholders are building self-determination and self-advocacy mindsets and skillsets for themselves and the people they serve using the SAY IT Program.

C  Trauma-Informed Substance Use Treatment - Andrea Winkler, LCSW, LCAS
  With staggering rates of co-occurring substance use and trauma-related disorders in substance use treatment settings, it is imperative that organizations and providers integrate a trauma-informed approach. While thorough assessment of trauma-related conditions and integrated treatment paths are a vital element of such an effort, so too are comprehensive considerations of the treatment environment, practices, and policies at large. This session will assume a general understanding of the potential impact of trauma exposures on human functioning, and build upon that with an overview of the elements of a trauma-informed approach to care and its agency wide integration. Participants will gain skills related to self-assessment of trauma-informed practices and design initial plans for provider and/or organizational change.

D  Providing Hope Using Animal Assisted Therapy for Substance Use and Mental Health - Karen Russell, Rae Burgess, MA, MS, LPC, LCAS-A
  Featuring two certified therapy dogs, this presentation introduces the benefits of Animal Assisted Psychotherapy and animal-assisted activities in various settings. Topics to explore include selection of a therapy animal, criteria for membership in the pet therapy organizations, current research, and best practices for incorporating therapy dogs into counseling.
Conference Schedule - Thursday

12:15 pm  Lunch (provided)
1:30 pm  Afternoon Breakouts

A  Peer Support in the Criminal Justice System  - Justin Wright, NCCPSS
This breakout session is intended to inform participants about different peer support roles within the criminal justice system, and to brainstorm about non-existent roles needed in the CJ system. This session will include information on PSS operated diversion programs, county work groups and initiatives, jail MAT program peer supports, PSS/CIT officer partnerships, PSS detention facility recovery group facilitation, PSS courthouse case management, and PSS re-entry services. The session will include discussion around advocacy, both for the participants being served in the criminal justice system, and for the criminal justice system workers themselves.

B  Using Motivational Interviewing in Peer Support Services  - Stacy L. Smith, MEd, LPC, NCC, Ashley Wilson
Certified Peer Support Specialists bring unique skill-sets, perspectives and experiences to the world of Recovery-Oriented Mental Health and Substance Use Services. Two of the main tools are Manualized Wellness Management (WRAP, WMR, WHAM, IMR) interventions and self-disclosure. Both are critical to successful engagement and recovery learning for those the Peer serves. Motivational Interviewing, especially the use of EPE (elicit-provide-elicit), can be instrumental in successfully engaging with and then doing the critical work of recovery. Come explore ways to effectively (and with greater impact) engage individuals to their work around recovery. This workshop will be very participatory!

C  The “So What” Factor: Turning Talk into Action within a Community Coalition  - Kim James, Lisa Moore, Capt. Jason Whisnant, Brandi Greer
The Burke Substance Abuse Network (BSAN) is based in Burke County, NC and is a coalition with over 150 active members all working together to address the substance use/misuse epidemic within the community. Through a unique coalition structure, the action components, or the “So What” factors, of the coalition occur through the work of task forces. Specifically, there are four key task forces that carry out and inform the majority of the coalition’s actions: Public Information and Policy; Underage Alcohol Use and Non-Medical Use of Prescription Drugs; Faith-Based Initiatives; and the Purple Elephant Project. All of these workgroups exemplify the coordination of community members in an effort to support a continuum of care that directly impacts and reinforces the power of recovery. There is power in the strength of many who come together to heal their community from the inside out. This strength is found in the task forces of the BSAN coalition and there is a hope in knowing a group of people care about the “so what” factor. This workshop will share the goals and actions of each of these task forces and will highlight the impact of these actions on the community in which we all live, learn, work, play and pray.

D  The Theory and Practice of Recovery  - Delton Russell, CPSS
This training is designed to explore barriers to recovery such as language, shame, arrested development, epigenetics and trauma and then explore what solutions to these barriers look like such as whole person wellness, neuroplasticity, mindfulness, structure, cognitive behavioral therapy and community.

2:45 pm  Break
Conference Schedule - Thursday

3:05 pm  Late-Afternoon Breakouts

A  Peer Navigation: “The Proof is in the Pudding”  - Bobby Harrington, CPSS, Felishia McPherson, LPC, CPSS
This workshop is based on the factual challenges and barriers of reentry as it pertains to those of us that are returning citizens from incarceration, as well as those post inpatient hospitalization, homeless and criminalized via crisis/penal situations and circumstances. The challenges with healthcare, the barriers that individuals face from a firsthand perspective. Sharing the ways that we assist peers to navigate the systems we must operate under. We will share about the new Pokket system that is being piloted through Wake correctional to assist returning citizens. We will brainstorm ideas that we can share to become more inclusive between agencies to benefit the population and ways that we can continue to push the needle forward to reduce recidivism and build a more inclusive community.

B  Self-Disclosure versus Storytelling  - Reid Smithdeal, MSW, LCSW
Peer Support Specialists have multiple tools they can use to support those they are working with. In this workshop, we will look at two of those tools, Self-Disclosure and Storytelling. Participants in the workshop will have the opportunity to define each of these tools and develop an understanding of the difference between the two. The workshop will be facilitated through lecture and interactive activities.

C  Playing our Way to Healing: InterPlay and Recovery  - S. Elizabeth Snyder, PhD
This interactive, kinesthetic “playshop” showcases the body-based modality InterPlay as a creative, innovative pathway to recovery. InterPlay, now in its 30th year, utilizes five fundamental practices to maximize personal and communal health and vitality: movement, storytelling, voice/song, connection, and stillness. InterPlay is an embodied practice that facilitates wholeness, joy and healing through the expressive arts. InterPlay is committed to building transformational communities of practice, notably underserved and at-risk communities. InterPlay teaches us that we can learn to play, not struggle, with our experience. Through the cultivation of body wisdom and interpersonal connection, InterPlayers discover powerful ways to embrace the totality of their lives - to include the process of recovery from addiction. Based on playshops currently offered at the Julian F. Keith Alcohol and Drug Abuse Treatment Center in Black Mountain, NC, this session will activate the playful spirit in all of us.

D  Including MYSELF  - Laurie Coker, RN, CPSS
North Carolina has embarked on a statewide community inclusion initiative called “I’m IN.” The focus of this effort is to expand our state’s efforts toward promoting the recovery of mental wellness by demonstrating and educating communities about the role of community participation and inclusion in helping people rebuild meaningful lives after mental ill-being. GreenTree Peer Center is one of the first four “Pilot Partners” developing projects to enhance community inclusion across the state. GreenTree’s program, called Including MYSELF has three components: engagement with stakeholders outside of the peer center who support individuals to participate in local activities, use of Peer Supporters to target individual participation objectives with GreenTree community members and support them to accomplish those objectives out in the larger local community according to their individual preferences and undertaking a participatory research project using the Photo Voice approach in partnership with Winston-Salem State University’s Occupational Therapy Program. The aim of this presentation is to help attendees gain new perspective on the importance of active promotion of community inclusion and participation and to understand the function of a peer operated, community based social center in promoting progressive community engagement and personal growth.

4:20 pm  Adjourn

6:00 pm  Recovery Champion and Youth/Young Adult Awards Dinner

7:00 pm  Open AA Meeting

7:00 pm  “Is Your Story Making You Sick?” Documentary Film and Discussion
Is Your Story Making You Sick? is a breakthrough new documentary about an innovative approach to healing. The film combines top experts in mental health, brave participants sharing their stories, and a revealing look at narrative therapy exercises and modalities. To view the trailer: https://www.story.movie/
8 am Registration

9 am Keynote Speaker: Cherene Allen-Caraco, CPSS, QMHP, QDDP, CESP
Founder and CEO, Promise Resource Network

After many years of living with a variety of trauma related mental health diagnoses, Cherene has made the last 24 years her professional and personal mission to understand what helps and harms others impacted by trauma, mental health and substance use, inclusive of how systems and services can either foster healing, wellness, recovery and a high quality of life or harm the process of recovery. Learning from other survivors and professional allies around the country and abroad, Cherene founded NC’s first peer/“consumer” operated organization, Promise Resource Network (PRN) in 2005/2006. To date, PRN is operated and staffed by people with lived experiences of trauma, mental health, substance use, homelessness, LGBTQIA, domestic violence, former gang involvement, and/or prior incarceration to offer support, resources and opportunities to others that experience the same. PRN is credited to introducing peer support into our state and the agency currently operates 7 peer programs, serving over 1,500 uninsured people in Charlotte each month that have been “kicked out” or “opted out” of services, offering trauma-based alternatives to traditional treatments in each of the 8 Dimensions of Wellness. As the founder and CEO, Cherene has made sure that recovery and resilience serve as the agency blueprint and social and system transformation as its mission. Most recently, PRN was awarded the federal grant to incubate and launch the NC statewide peer/“consumer” organization, Peer Voice NC.

10:15 am Break

10:45 am Morning Breakouts

A Life After Treatment - Teddy Lanier
In this session, we will provide insight on continued care post treatment, the importance of having a support program and setting realistic personal goals. We will also discuss how working with others in recovery and “passing it forward” helps sustain us in our own recovery.

B Applying Ethics to the Peer Support Relationship - Reid Smithdeal, MSW, LCSW
The relationships that Peer Support Specialists develop with the individuals they are supporting are complex and challenging to navigate. This workshop will explore the dynamics of that relationship and help individuals understand how to utilize North Carolina Peer Support Specialists Code of Ethics to insure they are developing a supportive, safe, successful relationship with the individuals they are working with.

C HOPE: Healing Our Personal Experiences - Michael Hayes, NCPSS, Allison Sturtevant-Gilliam
The Umoja Health, Wellness, and Justice Collective supports the process of reclaiming the narrative for People of Color, starting with Men of Color in the community. This workshop will share the story behind the development of the Collective, including the recovery journey of founder, Michael Hayes, whose sobriety came after learning that substance use was a symptom of his childhood trauma. The Collective focuses on the healing power of storytelling, utilizes the power of experts with lived experience, and offers supports designed to tap into the natural resilience within individuals. We will share some of the ways in which the foundational research of the Adverse Childhood Experiences study, the work of Remaa Menakem, the Wellness Recovery Action Planning (WRAP) process, and the programming of Resources for Resilience as formal structures support the work of the Collective. We will facilitate an opportunity for participants to brainstorm ways in which to create similar initiatives within their home communities.

D Open Dialogue about Open Dialogue - Wes Rider, Stacey Harward
In the 1980’s a new therapy, developed in Finland, called Open Dialogue, was used to assist people experiencing extreme emotional distress and psychosis. Open dialogue draws on a number of theoretical models, including systemic family therapy, dialogical theory and social constructionism. Numerous studies have documented its remarkable efficacy. In 2011, filmmaker and former therapist Daniel Mackler traveled to Finland and produced a documentary on the therapy. In this session we will show highlights of the movie and engage the audience in a discussion. We will also provide participants with an informational packet, pointing them toward journal articles, research and personal testimonies of persons engaged in the practice.
1:00 pm  Afternoon Breakouts

A  Breakout Session with Cherene Allen-Caraco

B  The Power of Owning Your Story - Alecia Brower, MA, LPA

Your recovery story can be the key to helping someone else. By developing your story, becoming comfortable with sharing it and learning to be vulnerable in the telling of your story, you learn that you are opening the door for others to recovery. Become familiar with the four dominant communication styles and how you can maximize how you connect with others. Learn how you communicate with others and how your style may differ from those that you communicate with. Develop strategies for communicating more effectively, by learning to recognize the different communication styles and how they operate when talking with others. Learn how to communicate your life experience to impact others.

C  Generational Considerations in Personal Recovery - Michelle Anne LaRocque, PhD, NCCPSS

SAMHSA identifies culture as one of the defining elements of the recovery process. Culture is often thought of as ethnicity, tradition, or customary social interactions. Both within and across cultures there are generational factors that can impact an individual’s experience of mental and emotional distress. These factors play an important role in the recovery process. An individual’s generational identity can be viewed as a form of culture itself that is distinct from other social influences.

D  IPS: Where Recovery Takes Flight - Tara Alley, MA CESP, Jimmy Treires, MS, LPC

Individual Placement and Support (IPS) is an evidenced-based practice that helps people living with serious mental illness and substance use disorders choose, find, and keep employment. This breakout session will cover the following: value of employment in recovery, IPS practice principles, behavioral health integration, and state-wide outcomes. IPS teams across North Carolina have successfully assisted thousands of people in going back to work since 2013. You will hear from a North Carolina CPSS about their experiences working on an IPS team and the unique role of the peer. You will also learn about how a person’s recovery can start with employment and how you can support their journey.

2:15 pm  Closing Celebration

3:00 pm  Adjourn
### Conference Details

#### Registration Fees

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To receive the group rate, groups of three (3) or more must fill out individual registrations and submit together. Group registration is not available online.

Register and pay online at northwestahec.org or complete and return the attached registration form. Payment by credit card (Visa, MasterCard, American Express) is accepted online. Money order, personal check, corporate check or WFBMC internal transfer is accepted in person or by mail.

**Payment Policy:**
Payment is required on or before entrance into any Northwest AHEC activity. If a corporate payment has not been received before the activity start date, you will be required to provide a personal credit card or check. If and when the corporate payment has been received, Northwest AHEC will issue a full refund based on your original form of payment. To avoid personal payment, you should check with the financial staff at your organization to determine status of payment before the event date.

Refund Policy: Cancellations received in our office at least two weeks (14 business days) before the activity will receive a 100 percent refund. Registrants cancelling between two weeks and two full business days prior to the first day of the event will be refunded at 70 percent of the registration fee subject to a minimum $25 cancellation fee. The registration fee will not be refunded if a cancellation is received less than two days before the activity. Cancellations must be in writing (fax, email or mail). You may send a substitute in your place.

When planning for an educational activity, registration fees are not based on credit hours or agenda. Registration fees are based on expenses such as meeting room rentals, food, equipment, staff, etc., and are not adjusted by issues such as cancellation of speakers or other unforeseen circumstances. Every effort will be given to ensure the activity is a success.

If you have not received confirmation of your registration 24 hours before the program date, please call Dena Morrow at 336-713-7729 or email dmorrow@wakehealth.edu to verify the status of your registration.

**Note —** Attendance at this activity grants permission for Northwest AHEC to use any photographs, audio, video, or other images from this activity for promotional or educational purposes. Please notify a Northwest AHEC staff member if you have concerns.

**For More Information and Assistance**
If you have questions about registering for this activity or need auxiliary aids or special services to attend, please contact Dena Morrow at least five working days before the activity by calling 336-713-7729 or emailing dmorrow@wakehealth.edu.

**Credit**
The conference and pre-conference workshops offer up to 13.5 hours of credit for participants attending all sessions.

- Up to 13.5 Contact Hours from Northwest AHEC
- Up to 1.4 CEUs from Wake Forest School of Medicine
- Up to 13.5 hours (Category A) continuing education for NC psychologists.
- Application has been submitted for up to 13.5 contact hours of Substance Abuse Specific credit from the North Carolina Substance Abuse Professional Practice Board.
- This program does not provide specific NBCC Credits. However, per LPC licensure guidelines, you may submit up to 15 contact hours of continuing education by attending programs by affiliates of the National Area Health Education Center Organization (NAO). Northwest AHEC is a member of the NAO.

Wednesday: 4.0 Contact Hours, Thursday: 5.25 Contact Hours, Friday: 4.25 Contact Hours
11th Annual NC “One Community in Recovery” Conference, March 11-13, 2020

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First Name  MI Last Degrees (e.g., MD)

Profession  Job Title

Home Address  City State Zip County

Home Phone  Cell Phone

Employer

Employer Address  City State Zip County

Employer Phone  Employer Fax

☐ Preferred Email  ☐ Home Email  ☐ Work Email

By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated.

Three Ways to Register:

► Register online at nwahec.org/59857

☐ Make check payable to Wake Forest University Health Sciences and mail, with registration form, to:
  Wake Forest School of Medicine / NW AHEC
  Medical Center Boulevard, Winston-Salem, NC 27157-1060
  Attention: Dena Morrow
  or fax to: 336-713-7701

☐ Credit card payments accepted online only
  If registering by fax or mail, please call Dena Morrow to give credit card information, 336-713-7729.

☐ Employer will make payment. Supervisor completes below and faxes registration to 336-713-7701.

Supervisor’s Name (Printed)  Signature  Phone

By signing, I am certifying that agency payment will follow. If you have a balance due and do not attend or send a substitute, you will be invoiced for the full program fee.
CFAC By-laws Draft

Alliance Behavioral Healthcare.
Consumer and Family Advisory Committee.
ByLaws.

Contents.

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

§1-1. Name.
The name of this committee shall be the Alliance Behavioral Healthcare Consumer and Family Advisory Committee (also referred to as "CFAC" or “the committee”).

1-2 Affiliation

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

§1-2. Definitions

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

Article 2.
Area Authority.

§ 2-1. Responsibilities.

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

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

§ 2-2. Relational Agreement.

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

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

Article 3.
Consumer and Family Advisory Committee.

§3-1 Purpose.

The committee shall advise the LME/MCO on the planning and management of the local public mental health, developmental disabilities, and substance abuse services system pursuant to N.C.G.S. §122C-170.
§3-2 Mission.

The committee shall:

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

§3-3. Vision.

The committee shall strive to:

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

§ 3-4. Statutory Responsibilities.

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

1. Adopt bylaws to govern the selection and appointment of its members, their terms of service, the number of members, and other procedural matters;
2. Review, comment on, and monitor the implementation of the local business plan;
3. Identify service gaps and underserved populations;
4. Make recommendations regarding the service array and monitor the development of additional services;
5. Review and comment on the area authority or county program budget;
6. Participate in all quality improvement measures and performance indicators; and
7. Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, developmental disabilities, and substance abuse services.

§ 3-5. Additional Responsibilities.
In accordance with the provisions of these bylaws, the committee shall:

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

**Article 4. Advisors.**

**§ 4-1. Rights.**

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

**§ 4-2. Qualifications.**

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

**§4-3 Responsibilities.**

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

§4-4. Fees and Remuneration.

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

§ 4-5. Advisor Term.

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

Article 5.
Local CFAC

§ 5-3 Local CFAC Responsibilities.

Each local CFAC shall:

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

§ 5-2. Removing an Advisor.

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

**Article 6. Steering Committee**

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

**Article 7. Officers.**

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

Article 8.
Committees

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

Article 9
Grievances

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

Article 10
Amendments

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

Article 11
Dissolution

The Alliance CFAC may voluntarily dissolve at such time as there is a two thirds affirmative vote of the current members that such action is appropriate or necessary.
Hi,
This is information regarding resources for transition to managed care.

Note:
- Beneficiaries will continue to access Behavioral Health and I/DD services through LME-MCOs. These services will continue to be provided as they are today.
- While the implementation of managed care has been suspended as legislative action is needed to move forward, the Department continues to work on the design of Tailored Plans.

If you sign up for the NCTracks email distribution list you can get updates and information regarding transition to managed care

- [https://visitor.r20.constantcontact.com/manage/optin?v=001l5gDXg3HY6YPbqVSzJdlGJ2Wd75-9Fi6vuBOjgEmLFAJ9-1rr7aZff_ZZmoNhcZBtOCRfo3Kssha9_HTd5rrtAG2oAFklG9vRlIDhLpy0MQ%3D](https://visitor.r20.constantcontact.com/manage/optin?v=001l5gDXg3HY6YPbqVSzJdlGJ2Wd75-9Fi6vuBOjgEmLFAJ9-1rr7aZff_ZZmoNhcZBtOCRfo3Kssha9_HTd5rrtAG2oAFklG9vRlIDhLpy0MQ%3D)

Some links of interest
- Main Medicaid transformation website: [https://medicaid.ncdhhs.gov/medicaid-transformation](https://medicaid.ncdhhs.gov/medicaid-transformation)
- If you sign up for the NCTracks email distribution list you can get updates and information regarding transition to managed care
  - [https://visitor.r20.constantcontact.com/manage/optin?v=001l5gDXg3HY6YPbqVSzJdlGJ2Wd75-9Fi6vuBOjgEmLFAJ9-1rr7aZff_ZZmoNhcZBtOCRfo3Kssha9_HTd5rrtAG2oAFklG9vRlIDhLpy0MQ%3D](https://visitor.r20.constantcontact.com/manage/optin?v=001l5gDXg3HY6YPbqVSzJdlGJ2Wd75-9Fi6vuBOjgEmLFAJ9-1rr7aZff_ZZmoNhcZBtOCRfo3Kssha9_HTd5rrtAG2oAFklG9vRlIDhLpy0MQ%3D)
- Provider Playbook: Medicaid Managed Care, [https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/](https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/) is access the latest information, tools and other resources.
Behavioral Health I/DD Tailored Plan RFA Pre-Release

North Carolina Department of Health and Human Services

January 30, 2020
# Contents

I. Introduction ....................................................................................................................................1

II. Behavioral Health I/DD Tailored Plan Procurement Process .............................................................2

III. Behavioral Health I/DD Tailored Plan Administration .....................................................................4

   A. Entity Status ......................................................................................................................................... 4
   B. Entity Governance ................................................................................................................................ 4
   C. Entity Licensure .................................................................................................................................... 5
   D. Subcontracting Relationships ............................................................................................................... 5

IV. Behavioral Health I/DD Tailored Plan Financial Management and Monitoring ......................................6

   A. Capitation Rate Setting for Medicaid ................................................................................................... 6
   B. Medical Loss Ratio ................................................................................................................................ 7
   C. Solvency ................................................................................................................................................ 8
   D. Withholds ............................................................................................................................................. 9
   E. Managing Program Costs ...................................................................................................................... 9
   F. Value-Based Payment ........................................................................................................................... 9

V. Provider Participation/Contracting in Behavioral Health I/DD Tailored Plans .......................................10

   A. Provider Networks .............................................................................................................................. 10
   B. Network Oversight ............................................................................................................................. 11
   C. Provider Payments ............................................................................................................................. 12
   D. Out-of-Network Providers .................................................................................................................. 13

VI. Quality ....................................................................................................................................... 13

VII. Other Programmatic Features .................................................................................................... 14

   A. In-Reach, Transition and Diversion ........................................................................................................ 14
   B. Care Management for the Innovations and TBI Waiver Populations ................................................. 17
   C. Stakeholder Engagement ................................................................................................................... 18

VIII. Next Steps ................................................................................................................................... 18

Appendix ......................................................................................................................................... 19

   A. Tailored Plan Quality Metrics ............................................................................................................. 19
I. Introduction

As North Carolina transitions its Medicaid and NC Health Choice programs’ care delivery system from predominately fee-for-service (FFS) to Medicaid managed care, the North Carolina Department of Health and Human Services (the Department) is committed to advancing integrated and high-value care, improving population health, engaging and supporting providers and beneficiaries, and establishing a sustainable program with more predictable costs. While Standard Plans will serve the majority of Medicaid and NC Health Choice beneficiaries enrolling in Medicaid managed care, Behavioral Health and Intellectual/Developmental Disability (Behavioral Health I/DD) Tailored Plans will serve populations with more significant behavioral health conditions—including mental health and substance use disorders (SUD)—I/DD, and traumatic brain injury (TBI).

As with the State’s transition to Medicaid managed care, the creation of the Behavioral Health I/DD Tailored Plans and certain Behavioral Health I/DD Tailored Plan features is required by State legislation. Behavioral Health I/DD Tailored Plans will be integrated to provide physical health, behavioral health, long-term care, and pharmacy services under one plan. They also will offer certain high-intensity behavioral health, I/DD, and TBI services to meet the needs of the population served by these plans. Behavioral Health I/DD Tailored Plans will administer two of the State’s Medicaid Section 1915(c) Home and Community-Based Services (HCBS) waivers: the North Carolina Innovations waiver for individuals with I/DD and the TBI waiver for individuals with a TBI. Behavioral Health I/DD Tailored Plans also will be responsible for managing the State’s non-Medicaid (i.e., State-funded) behavioral health, I/DD, TBI, and SUD services, which are targeted to uninsured and underinsured North Carolinians.

The Department recognizes Local Management Entity/Managed Care Organizations’ (LME/MCO) deep experience in serving populations with significant behavioral health needs and I/DDs. After more than two years of intensive design work and stakeholder engagement, and as directed by the North Carolina General Assembly, the Department is preparing to issue the Behavioral Health I/DD Tailored Plan Request for Applications (RFA) to seek LME/MCOs (also referred to as “Offerors” during the procurement process) to serve as Behavioral Health I/DD Tailored Plans and support the goals of Medicaid managed care. The RFA will include requirements for both Medicaid and State-funded Services, as well as the evaluation questions that Offerors must complete and submit to the State to be considered for a Behavioral Health I/DD Tailored Plan contract award.

This paper complements prior policy papers issued by the Department between 2017 and 2019. It is intended to give stakeholders additional insight into Behavioral Health I/DD Tailored Plan design areas not previously addressed in other policy papers. To receive a contract, LME/MCOs will need to meet the requirements previewed in this paper and detailed in the RFA, which is expected to be issued in the near future. Notably, these requirements impact the first contract award period and are not an indication of what may or may not be included as requirements for Behavioral Health I/DD Tailored Plan operations in future contract periods. Specifically, this paper highlights design related to the Behavioral Health I/DD Tailored Plan procurement process, administration and entity requirements, financial management and

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1 Session Law 2015-245 has been amended by Session Law 2016-121; Section 11H.17.(a) of Session Law 2017-57, Part IV of Session Law 2017-186; Section 11H.10.(c) of Session Law 2018-5; Sections 4-6 of Session Law 2018-49; and Session Law 2018-48.

2 The TBI waiver operates in limited areas of the State.
monitoring, provider participation/contracting, quality, care management, and other programmatic features.

II. Behavioral Health I/DD Tailored Plan Procurement Process

The Department will use a comprehensive and thorough application process to award Behavioral Health I/DD Tailored Plan contracts, with criteria established by the Department. The first Behavioral Health I/DD Tailored Plan contract term will last four years. There will be an opportunity for Offerors to submit questions prior to the application deadline. A more detailed schedule of events with specific dates will be outlined in the RFA.

The Department will set actuarially sound capitation rates for Behavioral Health I/DD Tailored Plans; Offerors will not submit price bids as part of their RFA responses. By accepting a contract, Behavioral Health I/DD Tailored Plans agree to accept any actuarially sound capitation rates as developed by the Department and approved by CMS. Consequently, the evaluation of applicants will be based primarily on the Offerors’ qualifications and ability to meet the expectations and requirements of both Medicaid managed care and State-funded Services operations, as outlined in the RFA. The Department will establish an overall scoring threshold as a tool to evaluate an Offeror’s response against such criteria.

The Department has defined seven Behavioral Health I/DD Tailored Plan Regions within North Carolina, which are consistent with the current LME/MCO catchment areas, as shown in Table 1 and Figure 1 below. The Department defined these Regions through a facilitated process led by the North Carolina Association of County Commissioners (NCACC), which coordinated with its county representatives and consulted with LME/MCOs. Offerors may only apply for the Region(s) in which they are currently operating as an LME/MCO. Upon conducting a comprehensive, impartial evaluation of the applications received in response to the RFA, the Department will award regional contracts in each of the seven (7) Regions.

<table>
<thead>
<tr>
<th>Table 1: List of Counties by Behavioral Health I/DD Tailored Plan Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health I/DD Tailored Plan Regions</td>
</tr>
<tr>
<td>Region 1</td>
</tr>
<tr>
<td>Region 2</td>
</tr>
<tr>
<td>Region 3</td>
</tr>
</tbody>
</table>

3 Section 4(10)a. of Session Law 2015-245, as amended by Session Law 2018-48
4 Counties may not disengage from a Behavioral Health I/DD Tailored Plan Region and realign with another Behavioral Health I/DD Tailored Plan Region.
Figure 1: Map of Behavioral Health I/DD Tailored Plan Regions

In the event that no Contract is awarded in a Region to the entity currently serving the Region, the Department will, at its discretion, award all or part of the “empty” Region to one or more qualified applicants, using an optional, supplemental questions request. Offerors who would like to be considered for an expanded service area in an empty Region will be asked to respond to additional questions in this supplemental questions request.

The supplemental questions will focus on assessing an Offeror’s experience in and approach to developing provider networks and managing community health functions in Regions in which they currently do not operate. Additionally, the supplemental questions request will be used to assess an Offeror’s administrative and operational capacity to manage an expanded service area. The Department

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5 There will be only one Behavioral Health I/DD Tailored Plan operating in each county.
also will assess projected enrollment in empty Regions. In the event that award of an empty Region would result in a substantial number of new enrollees being added to any one Offeror, the Department retains the right to divide a Region and award it to two or more qualified Offerors.

III. Behavioral Health I/DD Tailored Plan Administration

A. Entity Status

North Carolina legislation expressly requires that Behavioral Health I/DD Tailored Plans be operated “only by [Local Management Entities/Managed Care Organizations] LME/MCOs that meet certain criteria established by DHHS” for the first contract period of four years, after which point Behavioral Health I/DD Tailored Plan contracts will be open for a competitive bid process to entities operating the initial Behavioral Health I/DD Tailored Plan contracts and any not-for-profit Prepaid Health Plan (PHP) that is licensed to operate in North Carolina.\(^6\) As such, only LME/MCOs may apply to be Behavioral Health I/DD Tailored Plans under this initial RFA and through the duration of the first contract.\(^7\)

To the extent LME/MCOs are considering mergers with one another, the entities can initiate such mergers through currently accepted processes, which require Department approval. Upon completion of a merger, the formerly separate LME/MCOs will be considered a single entity.\(^8\)

B. Entity Governance

Behavioral Health I/DD Tailored Plans operated by an LME/MCO will be subject to the same governance requirements that currently apply, as outlined in N.C. Gen. Stat. § 122C, which includes a single governing board and other advisory boards, as follows:

- **Governing Board:** The entity’s governing board must have between 11 and 21 voting members and must include representation of consumers and families, clinical experts, and financial and insurance industry experts. Governing board members must be appointed by the boards of county commissioners within the plan’s Region.

- **Consumer and Family Advisory Committee (CFAC):** Recognizing the importance of consumer and family participation in Behavioral Health I/DD Tailored Plan governance and operations, Behavioral Health I/DD Tailored Plans will continue to be required to engage the CFAC, including all local committees within the plan’s Region.

- **Other Advisory Boards:** As required by N.C. Gen Stat. § 122C, Behavioral Health I/DD Tailored Plans will also be required to engage a non-binding, advisory-only board of county commissioners.


\(^7\) LME/MCOs are local political subdivisions of the State that are overseen by the Department and whose authority, organization, and governance are mandated in statute.

\(^8\) LME/MCOs that are considering or planning for mergers with another LME/MCO after the RFA submission must describe this relationship and related activities in relevant subcontracting sections of the RFA.
The Behavioral Health I/DD Tailored Plan will be required to comply with all applicable provisions of N.C. Gen. Stat. § 122C, Article 4 regarding the composition, meeting schedule, training, compensation, and maintenance of each of these governing and advisory boards.

In response to the RFA’s evaluation questions, Offerors must provide transparent and comprehensive information regarding all entities, including parent entities, subsidiaries and business partners who meet the definition of an ownership or controlling interest in the Behavioral Health I/DD Tailored Plan, including the entity’s area director and members of the governing board. Each of these persons must disclose the name, address, date of birth, and any other information for the Department to perform required background checks and verify exclusion status.9

C. Entity Licensure

In concert with N.C. Gen. Stat. § 122C, LME/MCOs are currently exempt from PHP licensing and solvency requirements set forth by the North Carolina Department of Insurance (DOI), and PHP licensure will not be required as a condition of initial contract award. However, by at least 90 days before the end of the third Contract Year, the Department will require that Behavioral Health I/DD Tailored Plans be licensed as a PHP as set forth by the DOI, provided that legislative authority authorizes this conversion.

D. Subcontracting Relationships

Offerors bidding to become a Behavioral Health I/DD Tailored Plan may form strategic partnerships with subcontracting entities. The Department will require the Offeror to submit information or documentation as part of the RFA response regarding the roles, responsibilities, functions, and experiences of the subcontracting entity. If the Offeror would like for the Department to recognize the experiences of a subcontracting entity when evaluating and scoring its RFA responses, it will need to provide information on the ownership and control of any subcontractors, including name, address, and date of birth of the persons or entities with an ownership or controlling interest in its subcontractors when responding to the RFA evaluation questions. Consistent with Standard Plan requirements, the purpose of this information is to confirm that the subcontracting entity would have:

1. Meaningful long-term financial incentive in the administrative, clinical, and operational success of the Behavioral Health I/DD Tailored Plan’s Medicaid managed care contract; and

2. Meaningful long-term involvement in the day-to-day operations of the Behavioral Health I/DD Tailored Plan.

When evaluating an Offeror’s response to the RFA evaluation questions, the Department may exercise, at its sole discretion, whether to consider the experience of any subcontractor, or to what extent the experience applies.

In accordance with State legislation, LME/MCOs operating a Behavioral Health I/DD Tailored Plan must subcontract with “an entity that holds a PHP license and that covers the services required to be covered under a Standard Benefit Plan contract.”10 The Department does not require plans that meet these statutory requirements to hold a Standard Plan contract or a license in the same region as the Behavioral Health I/DD Tailored Plan. The Department will evaluate each Offeror’s qualifications on each

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9 In accordance with 42 CFR §455.104.
10 Section 4(10)a.5. of Session Law 2015-245, as amended June 15, 2018 by House Bill 403.
of the functions covered by the RFA and, as part of this evaluation, will consider relevant experience of their subcontractors and partners.

Upon execution, the Offeror must provide the Department with complete copies of any contracts with a PHP for review and approval and, upon request, provide complete copies of contracts with any other subcontractors. The Offeror must ensure oversight and monitoring of such contracts. The Behavioral Health I/DD Tailored Plan RFA outlines additional parameters governing the contractual relationship between Behavioral Health I/DD Tailored Plans and their subcontractors, including PHPs. These parameters focus on ensuring financial and operational integration across physical health, behavioral health, and I/DD services, and a unified member and provider experience. It will be incumbent upon the Offeror, in its RFA response, to describe how its agreement with a subcontractor will support these goals.

IV. Behavioral Health I/DD Tailored Plan Financial Management and Monitoring

The Department developed financial management requirements to monitor and promote program integrity and sustainability. The Department expects the Behavioral Health I/DD Tailored Plan to be a responsible steward of federal, state and local resources.

A. Capitation Rate Setting for Medicaid

Capitation rates for the Medicaid and NC Health Choice populations covered by the Behavioral Health I/DD Tailored Plan will be set by the Department reflecting the contractual requirements and actuarially sound practices in accordance with federal rules. Capitation payments will include monthly per member per month (PMPM) payments, maternity event payments, and payments for additional directed payments to certain providers as required under the Contract. Additionally, the Behavioral Health I/DD Tailored Plan will receive and be responsible for making separate payments to care management agencies and Advanced Medical Home Plus practices that provide Tailored Care Management. These payments are outside of the monthly PMPM capitation payments and maternity event payments paid to the Behavioral Health I/DD Tailored Plans.

The Department will publish a draft Rate Book containing historical data and draft rates by rate cell for each Tailored Plan region. The intent of the Rate Book is to summarize historical data and outline key prospective rate considerations for the Behavioral Health I/DD Tailored Plan population for purposes of providing transparency into the current program costs and utilization along with insight into the rate development process for Behavioral Health I/DD Tailored Plans. The draft capitation rates also provide context on potential premium revenues of the Behavioral Health I/DD Tailored Plan program in each region. The draft capitation rates will be re-evaluated in advance of program implementation to consider more recent program data and all final design considerations.

The capitation rate-setting methodology will align with the process to develop capitation rates for the Standard Plans. The historical service cost and utilization will be informed by a combination of FFS and LME/MCO encounter data. Trends and programmatic changes will be evaluated using historical data and consider all provider reimbursement requirements outlined in the RFA. Managed care assumptions will be incorporated for expected changes in service utilization as a result of Tailored Care Management and integrated service delivery. Care coordination and care management are expected to have an impact on the utilization of acute care services in particular hospital and emergency room utilization. Finally, the
capitation rates will incorporate non-benefit considerations associated with Behavioral Health I/DD Tailored Plan administrative and care management costs as well as risk margin and cost of capital. The non-benefit considerations are being developed utilizing a modeled approach to administrative and care management funding and a consistent approach for the underwriting gain assumption to address risk margin and cost of capital. Further details on the rate development will be provided in the draft Rate Book.

The Department is evaluating potentially including a time-limited risk mitigation provision in the Behavioral Health I/DD Tailored Plan contract. Risk mitigation would occur through a risk corridor, where the Department would participate in the financial risk with each Behavioral Health I/DD Tailored Plan outside of a predetermined corridor. Risk corridors would help mitigate unexpected gains or losses from the implementation of this new program and the broader managed care coverage of services for the Behavioral Health I/DD Tailored Plan population.

Ultimately, capitation rates set by the Department will be submitted to CMS for approval in advance of rate effective dates. Similar to expectations of the LME/MCOs under the current program, Behavioral Health I/DD Tailored Plans will be expected to share financial and encounter data with the Department to facilitate the rate setting and plan oversight process.

B. Medical Loss Ratio

The Medical Loss Ratio (MLR) standards ensure the Behavioral Health I/DD Tailored Plan is directing a sufficient portion of the capitation payments received from the Department to services and activities that improve health in alignment with the Department’s program goals and objectives and are in compliance with a minimum MLR of 88% for health care services as defined in statute. Behavioral Health I/DD Tailored Plans will be encouraged to voluntarily contribute to health-related resources targeted towards high-impact initiatives that improve health outcomes and the cost-effective delivery of care within the Region and communities they serve. Behavioral Health I/DD Tailored Plans that voluntarily contribute to health-related resources may count such contributions towards the numerator of the MLR.

If the Behavioral Health I/DD Tailored Plan’s Department-defined MLR is less than the minimum MLR threshold, the Behavioral Health I/DD Tailored Plan shall do one of the following:

- Remit to the Department a rebate equal to the denominator of the Department-defined MLR, multiplied by the difference between the minimum MLR threshold and the Department defined MLR;
- Contribute to health-related resources targeted towards high-impact initiatives, as described above and further in the RFA, through Department-approved plans; or
- Allocate a portion of the total obligation to contributions to health-related resources and the remaining portion to a rebate to the Department, with amounts for each at the discretion of the Behavioral Health I/DD Tailored Plan.

Behavioral Health I/DD Tailored Plans shall closely track and report their expenditures to demonstrate value to the Department as well as compliance with MLR standards.

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11 Section 5.(6)c. of Session Law 2015-245.
C. **Solvency**

The Behavioral Health I/DD Tailored Plan must have and maintain at all times adequate financial resources to guard against the risk of insolvency, pursuant to the terms of the Behavioral Health I/DD Tailored Plan contract and N.C. Gen. Stat. § 122C. Consequently, the Department has established the following financial viability standards for Behavioral Health I/DD Tailored Plans, with the intention of serving as a glide path to DOI licensure requirements:

- Behavioral Health I/DD Tailored Plans must, by Day 1 of Behavioral Health I/DD Tailored Plan launch, fully fund Behavioral Health I/DD Tailored Plan risk reserves at 12.5 percent of total expected annual Behavioral Health I/DD Tailored Plan Medicaid capitation. If a Behavioral Health I/DD Tailored Plan fails to meet such Medicaid risk reserve standards, the Behavioral Health I/DD Tailored Plan must submit a viable plan outlining how the Behavioral Health I/DD Tailored Plan will meet these requirements by the end of Contract Year 2, for approval at the discretion of the Department. Financial reviews will be a part of the Readiness Review requirements.

- Behavioral Health I/DD Tailored Plans must purchase reinsurance to protect against the financial risk of high-cost individuals or propose an alternative mechanism for managing financial risk. The Department reserves the right to revisit reinsurance requirements annually and modify the deductible threshold and coverage levels required.

- Behavioral Health I/DD Tailored Plans must, at least 90 days before the end of Contract Year 3, meet the solvency standards for PHPs set forth by the DOI. This provision of the Behavioral Health I/DD Tailored Plan Contract is contingent upon legislative authority to require the conversion to DOI licensure and oversight.

- Behavioral Health I/DD Tailored Plans shall maintain a Current Ratio above 1.0 as determined from the monthly, quarterly, and annual financial reporting schedules. The Current Ratio is defined as Current Assets divided by Current Liabilities. Current Assets include any short-term investments that can be converted to cash within five Business Days without significant penalty. Significant penalty is a penalty greater than 20 percent. The Department will calculate the Current Ratio for (1) Medicaid operations only and (2) Medicaid and State-funded operations combined.

\[
\text{Current Ratio} = \frac{\text{Current Assets}}{\text{Current Liabilities}}
\]

- Behavioral Health I/DD Tailored Plans shall maintain a Defensive Interval Ratio above 30 Calendar Days as determined from the monthly, quarterly, and annual financial reporting schedules. The Defensive Interval is defined as cash plus cash equivalents divided by Operating Expenses minus Non-Cash Expenses divided by the period measured in days. The Department will calculate the Current Ratio for (1) Medicaid operations only and (2) Medicaid and State-funded operations combined.

\[
\text{Defensive Interval Ratio} = \frac{\text{Cash + Cash Equivalents}}{(\text{Operating Expenses} - \text{Non Cash Expenses})/\text{Period (days)}}
\]
D. Withholds

The Department will use a premium withhold program, under which a portion of the premium will be withheld and paid retrospectively based on the Behavioral Health I/DD Tailored Plan performance on specified metrics, to incentivize Behavioral Health I/DD Tailored Plans in a range of possible areas, including quality improvement, value-based payment, care management, Healthy Opportunities, operational effectiveness, and other Departmental goals. The withhold program will conform to applicable state\textsuperscript{12} and federal\textsuperscript{13} statute and regulations.

E. Managing Program Costs

Behavioral Health I/DD Tailored Plans shall manage program costs while meeting the quality, access and other Department requirements under the Contract and federal and state laws and regulations. Risk-adjusted cost growth for the Behavioral Health I/DD Tailored Plan’s members “must be at least two percentage (2%) points below national Medicaid spending growth as documented and projected in the annual report prepared for CMS by the Office of the Actuary for non-expansion states.”\textsuperscript{14} Further, Behavioral Health I/DD Tailored Plans must use the same drug formulary, as established by the Department, and also ensure “the State realizes a net savings for the spending on prescription drugs.”\textsuperscript{15}

The Department shall monitor annual cost growth of Behavioral Health I/DD Tailored Plan expenditures by Region and population cohort to most closely align with the populations reported in the CMS Office of the Actuary’s Actuarial Report on the Financial Outlook for Medicaid. Additionally, Behavioral Health I/DD Tailored Plans shall provide reports to the Department to demonstrate annual cost growth. Each such requested report shall include a narrative that summarizes cost drivers, an evaluation of programs in place to address those cost drivers, and plans for addressing future cost growth.

F. Value-Based Payment

The Department expects Behavioral Health I/DD Tailored Plans to accelerate the adoption of Value-Based Payment (VBP) arrangements in their contracts with providers. In contrast to the status quo FFS model that rewards volume over value, VBP models ensure that provider payments incentivize population health, appropriateness of care, improved quality and outcomes, and other measures of value. VBP is a promising way to align payment incentives with the Department’s broader goal of high value, whole person care, achieved by integrating services that address physical health, behavioral health, I/DD, TBI, LTSS, pharmacy, and unmet resource needs.

Behavioral Health I/DD Tailored Plans will serve populations with high needs, and will have networks of a diverse range of behavioral health, physical health, I/DD, and TBI providers. This unique landscape presents challenges to VBP contracting. For example:

- VBP models must be designed to ensure that enrollees have access to necessary services, even when services are higher cost.

\textsuperscript{12} Section 5(5)a. of Session Law 2015-245, as amended by Session Law 2018-49
\textsuperscript{13} 42 C.F.R. § 438.6
\textsuperscript{14} Section 5.(6)a. of Session Law 2015-245.
\textsuperscript{15} Section 5.(6)b. of Session Law 2015-245
• Since standard VBP models often attribute patients using the primary care provider (PCP) relationship, many critical behavioral health and I/DD providers could be inadvertently excluded from the VBP arrangements, impacting the Department’s goal of integration.

• Many Behavioral Health I/DD Tailored Plan providers will serve a relatively low volume of patients, making measuring outcomes or cost reductions more challenging.

• LME/MCOs and their providers have minimal experience with VBP contracting to date.

Recognizing these challenges, the Department will begin by building in VBP into the payment model for Tailored Care Management, which will allow providers delivering Tailored Care Management to earn additional dollars for improved cost and quality outcomes. Beyond this specific payment model, the Department will develop a menu of state-approved VBP model options to assist Behavioral Health I/DD Tailored Plans and providers in identifying and entering into innovative arrangements that fit this unique landscape and go beyond the Tailored Care Management model. The menu will be determined prior to the launch of Behavioral Health I/DD Tailored Plans. This approach aims to equip all parties to VBP arrangements with the knowledge, tools and experience to adopt, scale, and eventually independently design and operate VBP programs. The Department will define outcomes to which payment should be linked and will specify any guardrails. The Department looks forward to engaging Behavioral Health I/DD Tailored Plans and providers to develop an achievable menu of VBP model options, and also welcomes Behavioral Health I/DD Tailored Plans and providers to propose alternative models for approval.

In addition, in line with Standard Plans, the Department will require Behavioral Health I/DD Tailored Plans to report on their VBP strategies and progress, which will be compared to Department-defined VBP targets starting in Contract Year 2. The targets will be based upon the Health Care Payment Learning and Action Network (HCP-LAN) Framework of Alternative Payment Models (APM), and VBP will be defined as HCP-LAN Categories 2 – 4 in Contract Year 2, though the Department may narrow the definition of VBP over time. The Department will finalize the VBP targets prior to Contract Year 2.

V. Provider Participation/Contracting in Behavioral Health I/DD Tailored Plans

A. Provider Networks

Behavioral Health I/DD Tailored Plans will be required to include any willing provider in their physical health networks, with exceptions for providers who do not meet PHP quality standards or agree to network rates. As directed by the General Assembly, Behavioral Health I/DD Tailored Plans shall maintain closed networks for behavioral health, I/DD, and TBI providers but must include all Essential Providers in their regions unless an alternative arrangement has been approved by the Department. The use of closed networks for behavioral health, I/DD, and TBI services is consistent with LME/MCO

16 More information on the Tailored Care Management model is provided in the Behavioral Health I/DD Tailored Plan Provider Manual for Tailored Care Management.
17 The HCP-LAN is a federal HHS-convened stakeholder group focused on value-based payment, with representation from public and commercial payers and other health industry representatives.
18 Session Law 2015-245, Section 4(10)a.6, as amended by Session Law 2018-48
19 Session Law 2015-245, Section 5, as amended by Session Law 2018-48
practices today. However, the Department also recognizes the potential closed networks may have for limiting access to care. A core focus for the Department in developing network adequacy standards for Behavioral Health I/DD Tailored Plans has been ensuring meaningful availability and accessibility for the spectrum of behavioral health, I/DD, and TBI services, and enhancing expectations for Behavioral Health I/DD Tailored Plans to develop and deepen provider capacity for priority, evidence-based services.

Behavioral Health I/DD Tailored Plans will be required to meet network adequacy standards for physical health services, behavioral health, I/DD, and TBI services. Behavioral Health I/DD Tailored Plan network adequacy standards were informed by Standard Plan network adequacy requirements, current LME/MCO requirements and experience, and the Department’s understanding of current provider capacity strengths, gaps, and policy goals. Behavioral Health I/DD Tailored Plans network adequacy requirements include time and distance standards with urban and rural area and adult and pediatric provider type distinctions, appointment wait time parameters, accessibility and cultural competency provisions, and evaluation of providers accepting new patients on a county-level.

Behavioral Health I/DD Tailored Plans will also be required to provide and protect access to out-of-network providers for their members as required under federal law. Protections include adequate and timely coverage for services that members can only access out-of-network, no-cost second opinions from out-of-network providers upon request, and limitations to ensure that costs to members receiving services out-of-network do not exceed costs to members receiving services in-network.

B. Network Oversight

Behavioral Health I/DD Tailored Plans will be required to submit a network access plan – after Contract Award and annually thereafter– that describes their approach to meeting network adequacy standards and demonstrates compliance with network adequacy requirements. The Department is committed to promoting access to high-priority evidence-based interventions and providers that can best meet the needs of Behavioral Health I/DD Tailored Plan members. Some priority areas, given the unique needs of the Behavioral Health I/DD Tailored plan members, include access to:

- Electroconvulsive therapy (ECT) for indicated conditions;
- Clozapine utilization for the treatment of chronic psychotic disorders;
- First episode psychosis (FEP) programs;
- Medication-assisted treatment for opioid use disorders (e.g., office-based opioid treatment (OBOT) and outpatient opioid treatment program);
- Child and adolescent psychiatrists;
- Tobacco cessation treatments and resources; and
- Community integration services and supports

Acknowledging that many of these services and provider types face capacity challenges today, as part of the network access plan, Behavioral Health I/DD Tailored Plans will be required to develop and effectuate strategies for developing access and capacity. Behavioral Health I/DD Tailored Plans will be reviewed on these strategies prior to go-live and must report on their progress at least annually.
C. Provider Payments

To encourage continued provider participation in the Medicaid program and to ensure beneficiary access and support safety net providers, Behavioral Health I/DD Tailored Plans will be subject to requirements for provider payments consistent with Standard Plan practices. These requirements include rate floors – at NC Medicaid Direct levels or levels defined by the Department – for in-network physicians, physician extenders, pharmacies (dispensing fees), hospitals and nursing facilities. For certain in-network providers (e.g., local health departments, public ambulance providers), Behavioral Health I/DD Tailored Plans will also be required to make additional payments based on utilization of specific services. These additional, utilization-based payments will be identified by the Department and approved by CMS.

In addition, Behavioral Health I/DD Tailored Plans will be subject to the following requirements for payments for Tailored Care Management and medical home fees for Advanced Medical Homes (AMHs):20

- Required payments to providers (certified AMH+ practices21 and Care Management Agencies (CMA)22) for care management will differ from requirements under Standard Plans.23 Most importantly, the Department will establish PMPM rates for Tailored Care Management model, which will be risk adjusted (acuity-tiered) according to a standardized methodology. The Department will promote value based payment tied to Tailored Care Management by requiring Behavioral Health I/DD Tailored Plans to offer additional performance incentive payments based on the measures contained in the Department’s Technical Specifications Manual.

- All primary care practices certified as AMH Tier 1-3s will also receive Medical Home Fees (the former Carolina Access payments) for the Behavioral Health I/DD Tailored Plan members attributed to them, regardless of whether they are also certified as an AMH+. To incent participation by PCPs with Behavioral Health I/DD Tailored Plans, even those not ready to certify as AMH+ practices, the Department has set the Medical Home fee at $5.00 PMPM for all Behavioral Health I/DD Tailored Plan beneficiaries rather than the $5.00 PMPM for the Aged, Blind, and Disabled (ABD) and $2.50 PMPM for all others that existed under Carolina ACCESS and has been carried over into Standard Plans.

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20 AMHs are State-designated primary care practices that have attested to meeting standards necessary to provide local care management services.
21 AMH+ practices are primary care practices certified by the Department as AMH Tier 3 practices, whose providers have experience delivering primary care services to the Behavioral Health I/DD Tailored Plan eligible population, or can otherwise demonstrate strong competency to serve that population and have certified by the State as such.
22 CMAs are provider organizations with experience delivering behavioral health, I/DD, and/or TBI services to the Behavioral Health I/DD Tailored Plan eligible population that will hold primary responsibility for providing integrated, whole-person care management under the Tailored Care Management model as certified by the State.
D. Out-of-Network Providers

For needed services, Behavioral Health I/DD Tailored Plans will be required to reimburse out-of-network providers at NC Medicaid Direct levels or a mutually agreed upon rate. The Department has designed reimbursement requirements consistent with federal requirements and weighing considerations of in-network availability, any willing provider, closed network, and rate floors provisions across physical and behavioral health services.

If an out-of-network provider for physical health services has refused a contract after the Behavioral Health I/DD Tailored Plan has made a good faith effort to contract, or the provider has been excluded from contracting for failure to meet objective quality standards, the Behavioral Health I/DD Tailored Plan is prohibited from reimbursing the provider more than 90 percent of the NC Medicaid Direct rate for services. In instances where the Behavioral Health I/DD Tailored Plan has not made a good faith effort to contract with an out-of-network provider of physical health service who has refused a contract, or the out-of-network provider for physical health services has not been excluded for failure to meet objective quality standards, the out-of-network provider for physical health services will be reimbursed at 100 percent of the NC Medicaid Direct rate if a contract is not negotiated.

For behavioral health services, out-of-network providers will be reimbursed at 100 percent of the NC Medicaid Direct rate for services.

For emergent or post-stabilization services, out-of-network providers will be reimbursed up to 100 percent of the NC Medicaid Direct rate of services.

For services during transitions of care, out-of-network providers will be reimbursed at 100 percent of the NC Medicaid Direct rate of services.

VI. Quality

As North Carolina transitions to Medicaid managed care, the Department will work with each Behavioral Health I/DD Tailored Plan to build upon its experience in NC Medicaid Direct and the LME/MCO program to further improve outcomes for enrollees. The Department will focus on rigorous and innovative outcomes measurement, promote equity through reduction or elimination of health disparities, and reward Behavioral Health I/DD Tailored Plans and, providers, for advancing quality goals. The Department expects Behavioral Health I/DD Tailored Plans to meet additional standards related to the unique aspects of their population, such as health home requirements and requirements related to North Carolina’s 1915(c) waiver, while maintaining all standards relevant to the Standard Plans. The Department expects Behavioral Health I/DD Tailored Plans to promote the highest quality of care for both physical and behavioral health needs, including long term services and supports (LTSS) care and care for I/DD, and to promote integration among physical and behavioral health service providers and providers of LTSS and I/DD care. For Medicaid, the Department will expect Behavioral Health I/DD Tailored Plans to develop Quality Management and Improvement Programs, Quality Assessment and Performance Improvement Plans, and at least three Performance Improvement Projects. Behavioral Health I/DD Tailored Plans will be required to achieve NCQA Health Plan Accreditation with LTSS Distinction for Health Plans by the end of Contract Year 3.

The Department will expect Behavioral Health I/DD Tailored Plans to report a wide range of quality metrics, including outcome metrics; the measures will vary depending on whether the enrollee is
receiving Medicaid or State-funded Services. Beginning in the first year of contracting with Behavioral Health I/DD Tailored Plans, the Department will report plans’ performance on these measures, and will in the second contract year implement a withhold program for a small subset of priority measures selected by the Department to reflect Medicaid performance. The full Tailored Plan quality measure set is listed in Appendix A. The measure set may change based on modifications to the underlying measure sets (e.g., HEDIS and CMS Core Adult or Child Measure sets) or changes in state policy priorities.

VII. Other Programmatic Features

A. In-Reach, Transition and Diversion

The Department is committed to preventing institutionalization and providing services and supports in a community setting to the greatest extent possible. In pursuit of this goal, Behavioral Health I/DD Tailored Plans will be required to identify members who are receiving care in an institutional setting and work with them—and their families or guardians, as appropriate—to transition to the community if their needs can be safely met in a community setting. Behavioral Health I/DD Tailored Plans will also be required to identify members who are at risk of requiring care in an institutional setting and provide individualized interventions that ensure the member can remain in a community setting.

The in-reach, transition and diversion requirements developed for Behavioral Health I/DD Tailored Plans build on the accomplishments of the Transitions to Community Living Initiative (TCLI) and the Money Follows the Person (MFP) program, extending the expertise and experience developed in those programs to additional high-need populations. In-reach, transition and diversion requirements for non-Medicaid populations are addressed in a separate policy paper on State-funded Services.

1. In-Reach and Transition Requirements

All members with serious mental illness (SMI) residing in an adult care home (ACH)\(^{24}\) or state psychiatric hospital and members residing in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) or state developmental center will be eligible to receive in-reach and transition services. Behavioral Health I/DD Tailored Plan in-reach and transition staff\(^{25}\) will be expected to have prior experience and specific expertise working with members with SMI and/or I/DD (depending on the population that the staff member is working with) and knowledge of community services and supports, including supported housing. For example, in-reach staff working with members with SMI must be certified peer support specialists who can draw upon their own lived experience to engage members in an ACH or state psychiatric hospital on community options available to them. Behavioral Health I/DD Tailored Plans will also be required to provide relevant training to in-reach and transition staff on topics such as engagement methods and assessing community living arrangements for health and safety issues.

Behavioral Health I/DD Tailored Plans will be required to begin in-reach activities upon a member’s admission to an ACH, state psychiatric hospital, ICF-IID or state developmental center. The Department recognizes that not all members will be able or willing to begin transition planning at the time they are

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\(^{24}\) Excluding family care homes (2-6 beds).

\(^{25}\) Transition staff assigned to Behavioral Health I/DD Tailored Plan members will be determined by the member’s care setting.
engaged by Behavioral Health I/DD Tailored Plan in-reach staff. For members who choose not to—or are unable to—begin the process of transitioning back to a community setting, Behavioral Health I/DD Tailored Plans will be expected to provide additional opportunities by reengaging the member at intervals until they are ready to be referred for transition services. Required in-reach activities include:

- Ensuring members are accurately and fully informed about available community-based options. This may include facilitating and accompanying members on visits to supported housing settings;
- Identifying and addressing barriers to transition;
- Exploring and addressing the concerns of members and/or their family who decline the opportunity to transition or are ambivalent about transitioning;
- Providing members or their families with opportunities to meet with peers who are living, working, and receiving services in integrated settings; and
- Supporting facility staff to ensure smooth transitions, including by engaging and collaborating with stakeholder groups and local agencies that represent individuals with SMI or I/DD to provide education on the topic of transition.

Most critically, Behavioral Health I/DD Tailored Plan in-reach staff will be required to ensure a warm and timely handoff to transition staff once a member decides to move to a community setting. Transition staff then will lead and coordinate all transition planning activities going forward. They will closely collaborate with the member; facility providers and discharge planners; the Behavioral Health I/DD Tailored Plan housing specialist (if needed); and community providers including the member’s primary care physician, clinical specialists, and other services and supports. Specific required transition activities include:

- Assisting members, prior to discharge, in selecting community providers and making arrangements for individualized supports and services—including complex behavioral health, primary care and medical needs—needed to be in place upon discharge;
- Identifying any training needed by the receiving providers or receiving agency to ensure a seamless transition;
- Addressing any barriers to transition, such as network adequacy issues, transportation, housing, assessment, resource identification, and provider or care manager referrals; and
- Exploring and securing appropriate and available funding options and working through any potential funding needs with community providers such as managing spend downs.

Transition staff must also ensure a warm and timely handoff to the care manager assigned to the member after they have transitioned to the community. Prior to and following that handoff, transition staff will be required to remain engaged in members’ care, following members for up to 90 days and convening post-discharge meetings to address any areas of concern identified following transition.

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26 The Department will determine a minimum frequency for in-reach in future guidance.
2. **In-Reach and Transition Requirements for Children and Youth Members in Behavioral Health Settings**

Recognizing that children and youth with mental illness residing in institutional settings have unique needs, the Department will establish separate Behavioral Health I/DD Tailored Plan requirements to ensure that the needs of this population are met. Children and youth members residing in state developmental centers or other ICF-IIDs will receive in-reach and transition services in accordance with the requirements described in the previous section. Behavioral Health I/DD Tailored Plans will be required to conduct in-reach and transition for children and youth members in state psychiatric hospitals, psychiatric residential treatment facilities (PRTFs) and certain residential treatment levels with the goals of reducing the average length of stay, readmissions, and the number of youth in institutional or other out-of-home settings. Required Behavioral Health I/DD Tailored Plan in-reach and transition protocols for children and youth members will include: identification and engagement of children and youth members to receive transition services; collaboration with facilities, community providers, and other youth-specific entities or systems; ensuring individualized, person-centered transition plans; identifying and addressing barriers to transition; and ensuring warm handoffs and linkages to community providers and care managers where appropriate.

3. **Diversion Requirements**

Behavioral Health I/DD Tailored Plans must provide diversion services to all members who have transitioned from an institutional or correctional setting within the previous six months or are seeking entry into an institutional setting. Members with an I/DD or TBI who do not meet this criteria will also be eligible for diversion services if there is any indication his/her caregiver may be unable to provide required interventions, such as if the caregiver is aging or in fragile health. All child and youth members with I/DD and complex behavioral health needs are also eligible for diversion services.

Behavioral Health I/DD Tailored Plans will be required to ensure that all diversion activities, including identifying eligible members, will be the responsibility of the assigned organization providing Tailored Care Management. If, however, a member is eligible to receive diversion activities but they are not already engaged in Tailored Care Management, then Behavioral Health I/DD Tailored Plans will be required to outreach to the member to engage them in Tailored Care Management and conduct the following diversion activities:

- Screen and assess members for eligibility for community-based services, including supported housing, if needed;
- Educate members on the choice to remain in the community and the services that would be available to support that decision;
- Facilitate referrals and linkages to community-based services; and
- For those who choose to remain in the community, develop a Community Integration Plan and integrate it into members’ Care Plan or Individual Support Plan (ISP).

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27 Requirements apply to children and youth in state psychiatric hospitals, psychiatric residential treatment facilities, residential treatment levels II/Program Type, III and IV.
B.  Care Management for the Innovations and TBI Waiver Populations

The Department has designed the Tailored Care Management model to meet the unique needs of the Innovations and TBI waiver populations and ensure that members enrolled in the Innovations or TBI waiver have the same access to whole-person care management as all other Behavioral Health I/DD Tailored Plan members. Tailored Care Management will fully encompass the care coordination services that members enrolled in the Innovations or TBI waiver obtain today. On top of the care coordination services, organizations providing Tailored Care Management—AMH+ practices, CMAs, and Behavioral Health I/DD Tailored Plans—will be required to provide all other elements of the Tailored Care Management model to members enrolled in the Innovations or TBI waiver, including coordinating across the full continuum of physical health, behavioral health, LTSS, pharmacy, I/DD, and TBI-related services; providing transitional care management; and addressing members’ unmet health-related resource needs. 28

Behavioral Health I/DD Tailored Plans will be required to auto-enroll the Innovations and TBI waiver population in Tailored Care Management at launch and give these members the option of obtaining Tailored Care Management through an AMH+ practice, CMA, or the Behavioral Health I/DD Tailored Plan. 29 If a member enrolled in the Innovations or TBI waiver has an existing relationship with a care coordinator who meets the Tailored Care Management qualifications and training requirements and is employed by the member’s Behavioral Health I/DD Tailored Plan or in the Behavioral Health I/DD Tailored Plan’s network, the Behavioral Health I/DD Tailored Plan must give the member the option of choosing that previous care coordinator as the care manager for Tailored Care Management. Members enrolled in the Innovations or TBI waiver will also have the option of opting out of Tailored Care Management and obtaining Innovations and TBI waiver coordination as they do today through the Behavioral Health I/DD Tailored Plan. However, in the event of opt out, these members will not have access to whole-person care management.

Under Tailored Care Management, Innovations and TBI waiver care coordination services will be similar to today. Behavioral Health I/DD Tailored Plans will be required to institute processes to minimize disruption for members with the transition to Tailored Care Management, including maintaining the timing for a member’s annual ISP update and requiring results of the Supports Intensity Scale (SIS) to be incorporated into a member’s care management comprehensive assessment. Recognizing that the current community navigator service definition largely duplicates Tailored Care Management, the Department intends to eliminate the definition with the launch of Behavioral Health I/DD Tailored Plans. Community navigator functions that are not part of the Tailored Care Management model, such as self-direction, will be incorporated into an amended financial support services definition.

28 Additional detail on Tailored Care Management can be found in North Carolina’s Care Management Strategy for Behavioral Health and Intellectual/Developmental Disability Tailored Plans and the Tailored Care Management Provider Manual.
29 Behavioral Health I/DD Tailored Plans will be required to assign members enrolled in the Innovations or TBI waiver to Tailored Care Management that complies with federal requirements for conflict-free case management for 1915(c) waiver enrollees. 42 C.F.R. § 441.301(c)(1)(vi). Behavioral Health I/DD Tailored Plans must ensure that members do not obtain both 1915(c) waiver services and Tailored Care Management from employees of the same provider organization that is certified as a CMA.
C. Stakeholder Engagement

Community engagement is a core component of the delivery and administration of Medicaid and State-funded Services. Building on the groundwork established by the Department and LME/MCOs, Behavioral Health I/DD Tailored Plans will continue to engage with county agencies (e.g., local Departments of Social Services, Local Education Agencies and law enforcement agencies) and community based organizations (CBOs) (e.g., homeless shelters, faith-based organizations and consumer and peer run organizations) to help guide and support the delivery of services to Medicaid members and families in their regions. The Behavioral Health I/DD Tailored Plan will be required to develop and implement a Local Community Collaboration and Engagement Strategy that supports continued engagement with county agencies, CFACs, and CBOs and build partnerships at the local level to improve the health of their members.

Additionally, the Behavioral Health I/DD Tailored Plan will be required to collaborate with other Department partners to ensure that members’ unique needs are met. Specifically, the Behavioral Health I/DD Tailored Plan will foster relationships with the Department of Instruction, the Division of Vocational Rehabilitation Services and other stakeholders to increase employment opportunities and improve employment outcomes for members that align with best practices for recovery, self-determination and full community inclusion. The Behavioral Health I/DD Tailored Plan also will be required to collaborate with the North Carolina Housing Financing Agency, the Department and with other public agencies to support the expansion of supported housing opportunities available to members with mental illness, I/DD, TBI and/or SUDs.

VIII. Next Steps

The Department welcomes feedback from stakeholders as it continues to refine the Behavioral Health I/DD Tailored Plan model. Please email comments to Medicaid.Transformation@dhhs.nc.gov by February 14, 2020, including “Behavioral Health I/DD Tailored Plan RFA” in the subject line. The Department is evaluating the implications of budget negotiations with the Legislature which are ongoing as of the publication of this paper, but expects to issue the Behavioral Health I/DD Tailored Plan RFA in the near future. The final timeline will be published in the RFA.
Appendix

Appendix A. Tailored Plan Quality Metrics

The following is the full set of quality measures in the Tailored Plan set. Priority measures are listed in bold. The measure set is organized into the following tables:

- Table 1. Pediatric Measures
- Table 2. Adult Measures
- Table 3. Maternal Measures
- Table 4. Acute Care Behavioral Health Utilization Measures
- Table 5. Public Health Measures
- Table 6. Patient and Provider Satisfaction Measures
- Table 7. CMS/SUD Monitoring Protocol Measures
- Table 8. Innovations Waiver Measures
- Table 9. State-University Partnership Learning Network (SUPLN) Measures

### Table 1. Pediatric Measures

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<td>Annual Dental Visits</td>
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<td>Interim and Annually</td>
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<td>PDI 14- Asthma Admission Rate</td>
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<td>PDI 15- Diabetes Short-Term Complications Admission Rate</td>
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<td>PDI 16- Gastroenteritis Admission Rate</td>
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### Table 1. Pediatric Measures

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<td>PQI 08- Heart Failure Admission Rate</td>
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<td>PQI 15- Asthma in Young Adults Admission Rate</td>
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<tr>
<td>2372</td>
<td><strong>Breast Cancer Screening</strong></td>
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<td>Interim and Annually</td>
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<td>32</td>
<td><strong>Cervical Cancer Screening</strong></td>
<td>NCQA</td>
<td>Annually</td>
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<tr>
<td>33</td>
<td><strong>Chlamydia Screening in Women</strong></td>
<td>NCQA</td>
<td>Annually</td>
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<tr>
<td>NQF #</td>
<td>Measure Name</td>
<td>Steward</td>
<td>Frequency</td>
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<tr>
<td>N/A</td>
<td>Comprehensive Diabetes Care</td>
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<td></td>
<td>HbA1c control (&lt;7.0%) for a selected population</td>
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<tr>
<td>55</td>
<td>Eye (Retinal) Exam</td>
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<td>Interim and Annually</td>
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<tr>
<td>57</td>
<td>Hemoglobin A1c (HbA1c) Testing (HA1C)</td>
<td>NCQA</td>
<td>Interim and Annually</td>
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<tr>
<td>59</td>
<td>HbA1c Poor Control (&gt;9.0%)</td>
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<tr>
<td>61</td>
<td>Blood Pressure Control (&lt;140/90 mm Hg)</td>
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<td>62</td>
<td>Medical Attention to Nephropathy</td>
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<td>63</td>
<td>LDL-C screening</td>
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<tr>
<td>64</td>
<td>LDL-C control (&lt;100 mg/dL)</td>
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<tr>
<td>575</td>
<td>HbA1c Poor Control (&gt;8.0%)</td>
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<td>3389</td>
<td>Concurrent use of Prescription Opioids and Benzodiazepines</td>
<td>PQA</td>
<td>Annually</td>
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<td>3175</td>
<td>Continuation of Pharmacotherapy for Opioid Use Disorder</td>
<td>USC</td>
<td>Interim and Annually</td>
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<td>18</td>
<td>Controlling High Blood Pressure</td>
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<td>Interim and Annually</td>
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<td>2607</td>
<td>Diabetes Care for People with Serious Mental Illness: HbA1c Poor Control (&gt;9%)</td>
<td>NCQA</td>
<td>Annually</td>
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<td>1932</td>
<td>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
<tr>
<td>39</td>
<td>Flu Vaccinations for Adults</td>
<td>NCQA</td>
<td>Annually</td>
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<tr>
<td>3488</td>
<td>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence</td>
<td>NCQA</td>
<td>Annually</td>
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<td>576</td>
<td>Follow-up After Hospitalization for Mental Illness</td>
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<td>Interim and Annually</td>
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<td>2082/3210e</td>
<td>HIV Viral Load Suppression (HVL-AD)</td>
<td>HRSA</td>
<td>Annually</td>
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<td>4</td>
<td>Initiation/Engagement of Alcohol and Other Drug Dependence Treatment</td>
<td>NCQA</td>
<td>Annually</td>
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<tr>
<td>1598</td>
<td>Inpatient Utilization</td>
<td>CMS</td>
<td>Annually</td>
</tr>
<tr>
<td>27</td>
<td>Medical Assistance with Smoking and Tobacco Use Cessation</td>
<td>NCQA</td>
<td>Annually</td>
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<tr>
<td>1799</td>
<td>Medication Management for People with Asthma</td>
<td>NCQA</td>
<td>Interim and Annually</td>
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<td>NQF #</td>
<td>Measure Name</td>
<td>Steward</td>
<td>Frequency</td>
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<td></td>
<td>National Core Indicators (NCI) Survey</td>
<td>National Association of State Directors of Developmental Disabilities Services (NASDDDS) and Human Services Research Institute (HSRI)</td>
<td>Annually</td>
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<tr>
<td></td>
<td>NC TOPPS Required Service Reporting</td>
<td>NC DHHS</td>
<td>Annually and Interim</td>
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<td>2856</td>
<td>Pharmacotherapy Management of COPD Exacerbation</td>
<td>NCQA</td>
<td>Annually</td>
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<td>1768</td>
<td>Plan All Cause Readmission</td>
<td>NCQA</td>
<td>Annually</td>
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<td></td>
<td>PQI 92: Chronic Conditions Composite</td>
<td>AHRQ</td>
<td>Annually</td>
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<td></td>
<td>Rate of Screening for Unmet Resource Needs</td>
<td>NC DHHS</td>
<td>Annually</td>
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<td>0418/0418e</td>
<td>Screening for Depression and Follow-up Plan</td>
<td>NCQA</td>
<td>Annually</td>
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<td>543</td>
<td>Statin Therapy for Patients with Cardiovascular Disease</td>
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<td>Interim and Annually</td>
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<td>547</td>
<td>Statin Therapy for Patients with Diabetes</td>
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<td>Interim and Annually</td>
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<tr>
<td>1664</td>
<td>SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge</td>
<td>The Joint Commission</td>
<td>Annually</td>
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<tr>
<td>2597</td>
<td>Substance Use Screening and Intervention Composite</td>
<td>ASAM</td>
<td>Annually</td>
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<tr>
<td>2600</td>
<td>Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence</td>
<td>NCQA</td>
<td>Annually</td>
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<tr>
<td>1604</td>
<td>Total Cost of Care</td>
<td>TBD</td>
<td>Annually</td>
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<tr>
<td>52</td>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>NCQA</td>
<td>Annually</td>
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<tr>
<td>3400</td>
<td>Use of Pharmacotherapy for Opioid Use Disorder</td>
<td>CMS</td>
<td>Annually</td>
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<td>2940</td>
<td>Use of Opioids at High Dosage in Persons Without Cancer</td>
<td>PQA</td>
<td>Annually</td>
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<tr>
<td>2950</td>
<td>Use of Opioids from Multiple Providers in Persons Without Cancer</td>
<td>PQA</td>
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<table>
<thead>
<tr>
<th>NQF #</th>
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<th>Frequency</th>
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<tbody>
<tr>
<td>2903</td>
<td>Contraceptive Care: Most &amp; Moderately Effective Methods</td>
<td>US Office of Population Affairs</td>
<td>Annually</td>
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<tr>
<td>2904</td>
<td>Contraceptive Care: Postpartum</td>
<td>US Office of Population Affairs</td>
<td>Annually</td>
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<tr>
<td>NA</td>
<td>Percentage of Low Birthweight Births (Live Births Weighing Less than 2,500 Grams)</td>
<td>NC DHHS</td>
<td>Annually</td>
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### Table 3. Maternal Measures

<table>
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<th>NQF #</th>
<th>Measure Name</th>
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<th>Frequency</th>
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<tbody>
<tr>
<td>NA</td>
<td>Percentage of Pregnant Smokers Receiving Appropriate Screening/Treatment for Smoking</td>
<td>NC DHHS</td>
<td>Annually</td>
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<tr>
<td>1517</td>
<td><strong>Prenatal and Postpartum Care</strong></td>
<td>NCQA</td>
<td>Annually</td>
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<tr>
<td></td>
<td>Prenatal Depression Screening and Follow-up (PND)</td>
<td>NCQA</td>
<td>Annually</td>
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<tr>
<td></td>
<td>Postpartum Depression Screening and Follow-up</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Rate of Screening for Pregnancy Risk</td>
<td>NC DHHS</td>
<td>Annually</td>
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### Table 4. Acute Care Behavioral Health Utilization Measures

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<th>Measure Name</th>
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<tbody>
<tr>
<td></td>
<td>ADATC Readmissions within thirty (30) days and one hundred eighty (180) days</td>
<td>NC DHHS</td>
<td>Annually</td>
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<tr>
<td></td>
<td>Admission Rate and Length of Stay in Community Hospitals for Mental Health Treatment</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Community Substance Abuse Inpatient Readmissions</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Crisis Care in Emergency Departments</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Length of Stay in Community Psychiatric Hospitals</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Length of Stay in Community Substance Abuse Facilities</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Short Term Care in State Psychiatric Hospitals</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Length of Stay in State Psychiatric Hospitals</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>State Hospital Readmissions within thirty (30) days and one hundred eighty (180) days</td>
<td>NC DHHS</td>
<td>Annually</td>
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### Table 5. Public Health Measures

<table>
<thead>
<tr>
<th>NQF #</th>
<th>Measure Name</th>
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<tbody>
<tr>
<td></td>
<td>Tobacco Use</td>
<td>NA</td>
<td>Annually</td>
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<tr>
<td></td>
<td>Nutrition/Physical Activity</td>
<td>NA</td>
<td>Annually</td>
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<td></td>
<td>Opioid Use</td>
<td>NA</td>
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### Table 6. Patient and Provider Satisfaction Measures

<table>
<thead>
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<th>NQF #</th>
<th>Measure Name</th>
<th>Steward</th>
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<tr>
<td>6</td>
<td><strong>Coordination of Care</strong></td>
<td>AHRQ</td>
<td>Annually</td>
</tr>
<tr>
<td>6</td>
<td><strong>Customer Service</strong></td>
<td>AHRQ</td>
<td>Annually</td>
</tr>
<tr>
<td>6</td>
<td><strong>Getting Care Quickly</strong></td>
<td>AHRQ</td>
<td>Annually</td>
</tr>
<tr>
<td>6</td>
<td><strong>Getting Needed Care</strong></td>
<td>AHRQ</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Provider satisfaction with health plan</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td>6</td>
<td>Rating of all health care</td>
<td>AHRQ</td>
<td>Annually</td>
</tr>
<tr>
<td>6</td>
<td>Rating of Health Plan</td>
<td>AHRQ</td>
<td>Annually</td>
</tr>
<tr>
<td>6</td>
<td><strong>Rating of personal doctor</strong></td>
<td>AHRQ</td>
<td>Annually</td>
</tr>
<tr>
<td>6</td>
<td>Rating of specialist seen most often</td>
<td>AHRQ</td>
<td>Annually</td>
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### Table 7. SUD/CMS Monitoring Protocol Measures

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<th>NQF #</th>
<th>Measure Name</th>
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<tbody>
<tr>
<td></td>
<td>Access to additional services using Provider Resource Directory - connecting primary care to SUD service offerings</td>
<td>NC DHHS</td>
<td>Annually</td>
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</table>
### Table 7. SUD/CMS Monitoring Protocol Measures

<table>
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<th>NQF #</th>
<th>Measure Name</th>
<th>Steward</th>
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<tbody>
<tr>
<td></td>
<td>Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD</td>
<td>CMS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Any SUD Treatment</td>
<td>CMS</td>
<td>Quarterly</td>
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<tr>
<td></td>
<td>Average Length of Stay in IMDs</td>
<td>CMS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Early Intervention</td>
<td>CMS</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Emergency Department Utilization for SUD Per 1,000 Beneficiaries</td>
<td>CMS</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Individuals connected to alternative therapies from other community-based resources for pain management or general therapy/treatment</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Inpatient Stays for SUD per 1,000 Medicaid beneficiaries</td>
<td>CMS</td>
<td>Quarterly</td>
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<td></td>
<td>Intensive Outpatient and Partial Hospitalization Services</td>
<td>CMS</td>
<td>Quarterly</td>
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<td></td>
<td>Medicaid beneficiaries treated in an IMD for SUD</td>
<td>CMS</td>
<td>Annually</td>
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<td></td>
<td>Medicaid Beneficiaries with SUD Diagnosis (annually)</td>
<td>CMS</td>
<td>Annually</td>
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<td></td>
<td>Medicaid Beneficiaries with SUD Diagnosis (monthly)</td>
<td>CMS</td>
<td>Monthly</td>
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<td></td>
<td>Medication Assisted Treatment</td>
<td>CMS</td>
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<td></td>
<td>Outpatient Services</td>
<td>CMS</td>
<td>Quarterly</td>
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<td></td>
<td>Overdose Deaths (count)</td>
<td>CMS</td>
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<td>Overdose Deaths (rate)</td>
<td>CMS</td>
<td>Annually</td>
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<td>PDMP checking by provider types (prescribers, dispensers)</td>
<td>NC DHHS</td>
<td>Quarterly</td>
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<td></td>
<td>Per Capita Spending within IMDs</td>
<td>CMS</td>
<td>Annually</td>
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<tr>
<td></td>
<td>Per Capita SUD Spending</td>
<td>CMS</td>
<td>Annually</td>
</tr>
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<td></td>
<td>Residential and Inpatient Services</td>
<td>CMS</td>
<td>Quarterly</td>
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<tr>
<td></td>
<td>SUD Provider Availability</td>
<td>CMS</td>
<td>Annually</td>
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<td>SUD Provider Availability- MAT</td>
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<td></td>
<td>SUD Spending</td>
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<td>Annually</td>
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<td>SUD Spending within IMDs</td>
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<td></td>
<td>Withdrawal Management</td>
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### Table 8. Innovations Waiver Measures

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<th>Measure Name</th>
<th>Steward</th>
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<tbody>
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<td></td>
<td>Number and percentage of new waiver enrollees who have a Level of Care evaluation prior to receipt of services</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Number and percent of actions taken to protect the Innovations waiver beneficiary, where indicated (Deaths will be excluded here) (Include: Consumer Injury, Consumer behavior-abuse, sexual acts, AWOL, illegal acts). Also, were appropriate agencies notified.</td>
<td>NC DHHS</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Number and percentage of deaths reviewed and determined to be of unexplained or suspicious cause</td>
<td>NC DHHS</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Number and percentage of deaths where required Behavioral Health I/DD Tailored Plan follow-up interventions were completed as required.</td>
<td>NC DHHS</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Number and percentage of waiver participants whose ISPs were revised, as applicable, by their care manager to address their changing needs</td>
<td>NC DHHS</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Number of Innovations waiver applicants who received a</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td>NQF #</td>
<td>Measure Name</td>
<td>Steward</td>
<td>Frequency</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>-----------------</td>
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<tr>
<td></td>
<td>preliminary screening for potential eligibility</td>
<td></td>
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<tr>
<td></td>
<td>Percentage of Behavioral Health I/DD Tailored Plan Provider Satisfaction Survey respondents who reported being given information on how to identify and report instances of abuse, neglect, exploitation, and unexplained death</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
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<td></td>
<td>Percentage of incidents referred to the Division of Social Services or the Division of Health Service Regulation as required</td>
<td>NC DHHS</td>
<td>Quarterly</td>
</tr>
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<td></td>
<td>Percentage of level 2 and 3 incidents reported within required timeframes</td>
<td>NC DHHS</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Percentage of level 2 or 3 incidents where required Behavioral Health I/DD Tailored Plan follow-up interventions were completed as required</td>
<td>NC DHHS</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Percentage of level 2 or 3 incidents where the supervisor completed the “cause of the incident” and “what can be done to prevent future occurrences” fields</td>
<td>NC DHHS</td>
<td>Annually</td>
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<td></td>
<td>Percentage of medication errors resulting in medical treatment for Innovations waiver beneficiaries</td>
<td>NC DHHS</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Percentage of members reporting that their ISP has the services that they need</td>
<td>NC DHHS</td>
<td>Annually</td>
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<td></td>
<td>Percentage of members who received appropriate medication</td>
<td>NC DHHS</td>
<td>Quarterly</td>
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<td></td>
<td>Percentage of restrictive interventions (both restraint and seclusion) that comply with State policies and procedures regarding the use of restrictive interventions[2]</td>
<td>NC DHHS</td>
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<td>Percentage of restrictive interventions (both restraint and seclusion) resulting in medical treatment</td>
<td>NC DHHS</td>
<td>Quarterly</td>
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<td></td>
<td>Proportion of 1915 (c) waiver providers with a required plan of correction</td>
<td>NC DHHS</td>
<td>Annually</td>
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<td></td>
<td>Proportion of beneficiaries reporting they have a choice between providers</td>
<td>NC DHHS</td>
<td>Annually</td>
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<tr>
<td></td>
<td>Proportion of beneficiaries who are receiving services in the type, scope, amount, and frequency as specified in the ISP</td>
<td>NC DHHS</td>
<td>Quarterly</td>
</tr>
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<td></td>
<td>Proportion of individuals for whom an annual ISP took place</td>
<td>NC DHHS</td>
<td>Semi Annually</td>
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<td></td>
<td>Proportion of individuals whose annual plan was revised or updated</td>
<td>NC DHHS</td>
<td>Semi Annually</td>
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<tr>
<td></td>
<td>Proportion of Innovations waiver beneficiaries reporting their Care Coordinator helps them to know what waiver services are available</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of ISPs in which the services and supports reflect member assessed needs and life goals</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of ISPs that address identified health and safety risk factors</td>
<td>NC DHHS</td>
<td>Semi Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of Level of Care evaluations completed at least annually for enrolled participants</td>
<td>NC DHHS</td>
<td>Semi Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of Level of Care evaluations completed using approved processes and instrument</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of monitored non-licensed, non-certified providers that are compliant with waiver requirements</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
</tbody>
</table>
### Table 8. Innovations Waiver Measures

<table>
<thead>
<tr>
<th>NQF #</th>
<th>Measure Name</th>
<th>Steward</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Proportion of monitored providers wherein all staff completed all mandated training, excluding restrictive interventions, within the required timeframe.</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of new Innovations waiver beneficiaries who are receiving services according to their ISP within forty-five (45) days of ISP approval</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of New Level of Care evaluations completed using approved processes and instrument</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of new licensed providers that meet licensure, certification, and/or other standards prior to their furnishing waiver services</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of non-licensed, non-certified (c) waiver providers with a required plan of correction</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of PCPs that are completed in accordance with DMA requirements</td>
<td>NC DHHS</td>
<td>Semi Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of providers determined to be continually compliant with licensing, certification, contract and waiver standards according to Behavioral Health I/DD Tailored Plan monitoring schedule</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of providers for whom problems have been discovered and appropriate remediation has taken place</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Proportion of records that contain a signed freedom of choice statement</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>The percentage of continuously enrolled Medicaid enrollees under the Innovations waiver (ages three (3) and older) who received at least one (1) waiver service who also received a primary care or preventative health service</td>
<td>NC DHHS</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>The percentage of continuously enrolled Medicaid enrollees under the Innovations Waiver ages three (3) to six (6) who received a primary care or preventative health service during the measurement period</td>
<td>NC DHHS</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>The percentage of continuously enrolled Medicaid enrollees under the Innovations waiver ages seven (7) to nineteen (19) who received a primary care or preventative health service during the measurement period or the year prior to the measurement period</td>
<td>NC DHHS</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>The percentage of continuously enrolled Medicaid enrollees under the Innovations waiver ages twenty (20) and older who received a primary care or preventative health service during the measurement period</td>
<td>NC DHHS</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>The proportion of claims paid by the Behavioral Health I/DD Tailored Plan for Innovations waiver services that have been authorized in the service plan</td>
<td>NC DHHS</td>
<td>Annually</td>
</tr>
</tbody>
</table>

### Table 9. SUPLN Measures

<table>
<thead>
<tr>
<th>NQF #</th>
<th>Measure Name</th>
<th>Steward</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any opioids filled among enrollees with an OUD diagnosis</td>
<td>SUPLN</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Any benzodiazepine use among enrollees with an OUD diagnosis</td>
<td>SUPLN</td>
<td>Annually</td>
</tr>
<tr>
<td>NQF #</td>
<td>Measure Name</td>
<td>Steward</td>
<td>Frequency</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td>Behavioral Health Counseling with Pharmacotherapy for OUD</td>
<td>SUPLN</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Days in NICU for children 0-12 months diagnosed with NAS at birth hospitalization</td>
<td>SUPLN</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Multiple opioid prescribes and pharmacies in enrollees without cancer</td>
<td>SUPLN</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Number of children 0-12 months diagnosed with NAS at birth &amp; in first year per 1,000 Medicaid covered births</td>
<td>SUPLN</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>PCP visits among enrollees with an OUD diagnosis</td>
<td>SUPLN</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Percentages of children diagnosed with NAS receiving &gt;= 1 and &gt;=6 well-child visits in first 15 months</td>
<td>SUPLN</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Screening for HIV, HCV, HBV among enrollees with an OUD diagnosis</td>
<td>SUPLN</td>
<td>Annually</td>
</tr>
</tbody>
</table>
January 22, 2020

Dave Curro

sent via email

Dear Dave:

On behalf of the Association for Community Affiliated Plans (ACAP) and Alliance Health, an ACAP member, I take great pleasure in informing you that you were nominated for ACAP’s eighth annual Leadership in Advocacy Award. There were many outstanding nominations this year, yours among them. You have been awarded one of this year’s honorable mentions.

ACAP is an association of 67 not-for-profit and community-based Safety Net Health Plans located in 29 states. ACAP member plans provide coverage to more than 20 million individuals enrolled in Medicaid, the Children’s Health Insurance Program (CHIP), Medicare Special Needs Plans for dual eligibles and Qualified Health Plans. ACAP’s mission is to strengthen not-for-profit Safety Net Health Plans as they improve the health and well-being of people with low incomes and with significant health needs.

The Leadership in Advocacy Award is given to an individual who clearly exceeds the norm in advocating for Medicaid and other safety net health programs, and on behalf of the people with low-incomes or significant health needs that these programs serve. You can learn more about ACAP’s Leadership in Advocacy award and past winners here https://www.communityplans.net/acap-leadership-in-advocacy-award/.

We invite you to attend ACAP’s annual conference, the CEO Summit, which will be held June 25th – 26th 2020 in Washington, D.C. The CEO Summit is an invitation-only event that brings together CEOs of Medicaid-focused health plans and their senior staff to discuss current issues facing Medicaid managed care. ACAP will be inviting all nominees for the Leadership in Advocacy award to the Summit and will waive the normal registration fee for the event. You can find more information about past CEO Summits, including agendas and presentations here https://www.communityplans.net/event/acap-ceo-summit-2019/.

Once again, on behalf of Alliance Health, ACAP, and all the ACAP-member Safety Net Health Plans that make this award possible, congratulations on receiving a Leadership in Advocacy Honorable Mention. We wish you the best and look forward to continuing to work with you on behalf of our members and the vulnerable populations they serve.

Sincerely,

Meg Murray
Chief Executive Officer

cc: Rob Robinson, Chief Executive Officer, Alliance Health
MEMBERS PRESENT: Jason Phipps, Leanna George, Bobby Dixon, Jerry Dodson, Albert Dixon, Marie Dodson, Anthony Navarro
BOARD MEMBERS PRESENT: None
GUEST(S): Roanna Newton, DHHS
STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Terrasine Gardner, Member Engagement Manager, Noah Swabe, Individual and Family Engagement Specialist

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the December 17, 2019, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Jerry Dodson and seconded by Leanna George to approve the minutes. Motion passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>4. Membership</td>
<td>Tabled until next month, perspective member was unable to attend due to illness</td>
<td>Revisit in February meeting</td>
<td>February 18, 2020</td>
</tr>
<tr>
<td>5. LME/MCO Updates</td>
<td>Doug Wright updated the CFAC on the Group Living Project, Doug explained some of the possible alternative living options and what those options looked like for members currently residing in a 5600A group homes. Doug also updated the CFAC on the ongoing situation at McDougald Terrace in Durham. Explaining Alliance Health employees were currently volunteering with families affected by the displacement. Alliance is also working to assist in coordinating mental health resources and services for those affected.</td>
<td>Alliance staff will continue to update the CFAC as information becomes available</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5. State Updates</td>
<td>NC DHHS has recently published three policy papers surrounding Medicaid Transformation. CFAC members were encouraged to review these policy papers and provide feedback to the state. Members were encouraged to contact Alliance staff if they had any questions.</td>
<td>Alliance staff will continue to update the CFAC as information becomes available</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6. CFAC Retreat</td>
<td>The Alliance CFAC retreat will be held February 29, 2020 from 9am to 3pm at the Alliance Health Home Office. The Chair and Co-Chair of the Johnston Community Child Collaborative will be invited to meet the rest of the CFAC and discuss ways the CFAC and Collaborative can work together more in the community</td>
<td>Jason and Noah will formulate an invite for the Child Collaborative Chair and Co-Chair. CFAC members will RSVP to Noah by January 31, 2020 for the CFAC retreat</td>
<td>January 31, 2020</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion</th>
</tr>
</thead>
</table>
| 7. Current Events | Noah provided a hand out with upcoming events including the upcoming Alliance board meeting in Johnston County in February. CFAC members were highly encouraged to attend if able.  

Alliance Board Meeting in Johnston County  
February 6, 2020 4pm  
517 N. Brightleaf Blvd.  
Smithfield, NC 27577 | None | None |
| 8. Guardianship Event | CFAC discussed resuming planning of the guardianship event previously planned for November 2019. After a discussion it was decided to condense the event focusing more on targeting the resources and information surrounding guardianship (What is guardianship? Alternatives to guardianship? Why to consider guardianship? And how to obtain guardianship?) It was suggested trying to partner with Johnston County Public Schools holding the event in the evening at the public school building. Targeting not only parents but teachers, social workers, providers, and so on. The suggested timeframe was sometime in the evening more than likely a Tuesday evening in late March. | None | ASAP |
| 9. Announcements | None | None | None |

**10. Adjournment:** The next meeting will be February 18, 2020, at 5:30 p.m.

Respectfully Submitted by:

Noah Swabe, Individual and Family Engagement Specialist

[Click here to enter text.]

Date Approved

---

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

February is Children’s Dental Health Month

Dental Education
Pregnant Women • Children up to age 5 • Men

February 18, 25, 27
Department of Public Health
3rd Floor Auditorium

Dental education includes a FREE visual inspection of child and parent.

Children can receive a FREE coloring book, toothbrush, and referral to local dentist.

Adults can receive access to educational awareness fair, toothbrush and referral to local dentist, while supplies last.
Crisis Intervention for Families (CIF) Training
Registration Form

Last Name: ____________________ First Name: ________________ Middle Initial: ______

Address: ________________________________________________________________

City: ____________________ State: ____________________ Zip: ________________

Phone: _______________ Email: ____________________________________________

Ethnicity:
American Indian: ______ Black: ______ Multiracial: ______
Pacific Islander: ______ White: ______ Hispanic: ______
Other: ______

Military Status: ____________________ Age Range: ____________________
Active Duty: ______ Reserve/Guard: ______ Veteran: ______
Family Member: ______

Relative Diagnosis: Check all that apply
Depression: ______ Bipolar: ______ Anxiety: ______ ADHD: ______ PTSD: ______ Schizoaffective Disorder: ______
Schizophrenia: ______ OCD: ______ Borderline Personality Disorders: ______ Panic Disorder: ______
Substance Abuse Disorder: ______ Eating Disorders: ______ Other: ________________

Relationship to person with mental illness: Spouse: ______ Sibling: ______ Child: ______ Parent: ______
Partner: ______ Other Relative: ________________

Special Dietary Needs: Gluten Free: ______ Vegetarian: ______ Vegan: ______ Other: ________________

Each Participant must sign below

Waiver of Release and Liability: I hereby waive all claims against NAMI Cumberland Harnett and Lee Counties, sponsors or any personnel for any injury I might suffer in this event. I grant full permission for organizers to use photographs and quotations from me in legitimate accounts and promotions.

Signature: ____________________ Date: ____________________
The NCCWRHC is affiliated with the Museum of the Cape Fear Historical Complex & will be located at the site of the remains of the US Arsenal at Fayetteville, which was held by both Union & Confederate forces during the Civil War.

Designed to be a “teaching” center rather than a “collecting” museum, the Center will focus not on artifacts but on telling the stories of North Carolinians from all walks of life, be they men or women, enslaved or free, military or civilian, on both sides of the conflict. Do you know the story of an ancestor who lived during the Civil War and/or Reconstruction eras? If so, then please contact us!

http://nccivilwarcenter.org/share-a-story | 824 Branson St., Fayetteville, NC 28305 | Email: cheri@nccivilwarcenter.org

“Our state’s story needs room to breathe because it extends beyond those four years of war and because it cannot be neatly wrapped in Confederate gray. North Carolina’s enduring Civil War legacy is more like a quilt: A patchwork of blue and gray, white and black, and various shades in between.”
MEMBERS PRESENT: Jason Phipps, Cassandra Williams, Jerry Dodson, Marie Dodson, Albert Dixon, Anthony Navarro, Jessica Storts
BOARD MEMBERS PRESENT: None
GUEST(S): Vickie LaFleur
STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Terrasine Gardner, Member Engagement Manager, Noah Swabe, Individual and Family Engagement Specialist

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the Jerry Dodson, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by and seconded by Marie Dodson to approve the minutes. Motion passed.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>Jason updated the CFAC on a Family Connections Meeting he attended and spoke at. Jason brought up concerns presented by family members at the meeting about the lack of B3 services overall and lack of providers in the Johnston County area. The CFAC had a discussion about what B3 services are, what services are available, and access to B3 services in Johnston County. The Johnston CFAC has requested B3 services be one of the subjects discussed at the CFAC retreat at the end of the month. Jerry Dodson discussed running into NC State Representative Donna White who said she was willing to meet with Jerry after March 3rd. The Johnston CFAC had a discussion about the importance of talking to your local legislators is to influence legislation</td>
<td>Look into service providers in the Johnston County area providing B3 services. Continue to speak with and reach out to local and state elected officials</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. Membership</td>
<td>Jessica Storts has attended 3 meetings, Jessica explained why being a part of the Johnston CFAC was important to her and why Jessica wanted to serve, Johnston CFAC voted Jessica in as a member of the Johnston CFAC. Welcome Jessica!</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>5. CFAC Policies</td>
<td>Johnston CFAC reviewed maximum number of members allowed in the Johnston CFAC charter. After discussion it was motioned by Marie and seconded by Jerry to change the by-laws to cap membership to 12 members, motion passed. Doug Wright led a conversation about the current process for going to training or events. The topic will be brought up at the next steering committee meeting, CFAC members were encouraged to think about the current process and discuss at the next steering committee meeting.</td>
<td>Change by-laws to reflect new cap for membership, discuss training protocol at the March steering committee</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6. LME/MCO Updates</td>
<td>None at this time</td>
<td>None</td>
<td>None</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>
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<tr>
<td>5. State Updates</td>
<td>None at this time</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>6. CFAC Retreat</td>
<td>B3 services and possible lack of providers in Johnston County area to provide B3 services.</td>
<td>Pass the request to Rob prior to the CFAC retreat on 2/29/2020</td>
<td>February 29, 2020</td>
</tr>
<tr>
<td>7. Current Events</td>
<td>Members were provided with a handout with all upcoming events and encouraged to let Noah know in advance if interested in attending</td>
<td>Let Noah know if interested in an event</td>
<td>Ongoing</td>
</tr>
<tr>
<td>8. Guardianship Event</td>
<td>The Guardianship event will be held on March 31st from 6:00pm to 8:00pm, the topics will be what is guardianship, why guardianship, how to get guardianship, and alternatives to guardianship. The speakers will be the clerk of court or deputy clerk of court, will consider several different speakers for alternatives to guardianship. Packets provided to family members as a resource going forward.</td>
<td>Jason will reach out to the clerk of court about speaking, Noah will reach out to speakers in regards to alternatives to guardianship. Noah will adjust the time of the event with the medical mall. Jason and Noah will coordinate over the coming few weeks to begin gathering paper work for the packets. Noah will adjust flyer and agenda and send out for approval. Johnston CFAC and Alliance staff will begin marketing the event as soon as possible.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>9. Announcements</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

10. **ADJOURNMENT:** The next meeting will be March 17, 2020, at 5:30 p.m.

Respectfully Submitted by:

Noah Swabe, Individual and Family Engagement Specialist

[Click here to enter text.]  

Date Approved
THE ALLIANCE JOHNSTON COUNTY
CONSUMER AND FAMILY ADVISORY COMMITTEE (CFAC)

CHARTER

Name, Purpose, Membership and Objectives/Activities

1. **NAME:** The name of this sub-committee of the Alliance CFAC, shall be The Alliance Johnston Consumer and Family Advisory Committee (CFAC). Referred to hereafter as Johnston CFAC.

2. **PURPOSE:** The Johnston CFAC shall support the work of the Alliance CFAC and Alliance BHC to help improve the local service provisions and array. Johnston CFAC is responsible for gathering information, disseminating information, and reporting to Alliance CFAC Steering Committee concerns specific to Johnston County and overall system concerns regarding the following statutory requirements:
   
   i. Review, comment on, and monitor the implementation of the local business plan.
   ii. Identify service gaps and underserved populations.
   iii. Make recommendations regarding the service array and monitor the development of additional services.
   iv. Review and comment on the area authority or county program budget.
   v. Participate in all quality improvement measures and performance indicators.
   vi. Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, developmental disabilities, and substance use disorders.

3. **MEMBERSHIP:** Members must be consumers or former consumers of Mental Health, Intellectual/Developmental Disabilities or Substance Use Disorder Services in Johnston County, or a family member of such a consumer.
   
   a. **Conflict of Interest:** Every member will be required to complete and sign a “Conflict of Interest Disclosure Statement” annually and voluntarily update it as needed. Conflict of interest is a situation in which the personal or professional concerns of a committee member affect his or her ability to put the welfare of the committee or the organization before their personal/professional benefit.

   b. **Committee Membership:** Candidates must attend at least two (2) consecutive meetings and express an interest in becoming a member. The candidate will present themselves to the Johnston CFAC for membership and the Johnston CFAC will vote on the candidate.

   c. **Member Duties/Responsibilities**
      
      i. Members are responsible for promoting Johnston CFAC, community outreach, and recruit new members as needed.
         
         i. Members are responsible for arranging their own transportation to all events, meetings, workshops, etc.
         ii. Members are responsible for being prepared to actively participate in each meeting, to the best of their ability, by reading materials that may have been distributed prior to the meeting.
         iii. Members are responsible to notify the chair, co-chair, or secretary in the event he or she is unable to attend the regular monthly Committee meeting.
         iv. The Johnston CFAC will be comprised of current or past consumers and family members representing: As closely as possible equally the disability groups, and the needs of child consumers and family members and adult consumers, and the race and ethnic composition of the catchment area.

   a. **TERMS:** Terms of serving on the Johnston CFAC shall be for three, three year consecutive terms or a total of nine consecutive years.
THE ALLIANCE JOHNSTON COUNTY
CONSUMER AND FAMILY ADVISORY COMMITTEE (CFAC)

CHARTER

i. Resignation of members. Any member may resign in writing to either of the committee officers. The resignation will be effective upon delivery to the co-chair.

ii. Meeting Requirements. Any member missing three consecutive meetings without cause or notification of the Chair, Co-chair, or Secretary may be subject to removal from the Committee.

iii. Committee Composition (numbers). The Johnston CFAC shall comprise of members that reside in Johnston County, who are eighteen years of age and older. Every effort will be made to recruit members to achieve equal representation across all three disciplines (MH, IDD, and SUD). Members of the public are welcome and will be encouraged to attend and participate.

iv. Special Circumstances – If a committee member has reached the limit of service, nine consecutive years, and wishes to continue to serve on CFAC they must withdraw from the committee for a minimum of one month. The member will then be eligible to re-apply for committee membership. The request will be reviewed at the next CFAC general meeting where the other members will vote on reinstating the member making the request. If the member rotating off of the committee serves on any sub-committees or represents Johnston County CFAC in the community or is an officer of the CFAC committee, those activities would also have to be suspended while not on the committee. If the applicant wishes to continue in those roles in the community, the CFAC membership would need to confirm those appointments.

The Johnston CFAC will achieve their responsibility by doing the following:

i. Hosting at least one community wide forum to receive input about the Mental Health, Intellectual and Developmental Disability, and Substance Use Disorder Service System.

ii. Participate in community events with the Alliance Community Relations Department at least three times per year.

iii. Recruit new members for CFAC

iv. Receive training and/or presentations from Alliance staff or provider agencies around relevant information and services.

v. Annually in June elect a Chairperson and Co-Chairperson to facilitate the meetings and lead their efforts.

Officers

1. OFFICERS: Officers of the Committee will be the Executive Committee consisting of:
   a. Chairperson
   b. Co-Chair
   c. Secretary - Maybe elected from the current membership or assumed by Alliance support staff.

2. OFFICER DUTIES
   a. Chair acts as presiding officer of the Committee.
   b. Co-Chair shall act as presiding officer of the committee if the Chair is unavailable.
   c. Secretary records and maintains minutes of all meetings.

3. Election and term of office. Officers of the Johnston CFAC will be elected by a majority vote of the Committee at a regular meeting of the Committee preceding the next fiscal year (beginning July 1). An officer will hold office for a term of two years, coinciding with the fiscal year of July 1st—June 30th or until the successor of such office will have been duly elected and qualified, or until the death, resignation, disqualification, or removal from office of such offer. An officer may not hold office for more than two consecutive terms.
CHARTER

a. The chair shall appoint a Committee on Nominations that will nominate Committee Officers and present the nominations to the Committee prior to the expiration of the terms of Committee officers, or upon the occurrence of vacancies.
b. Removal of Officers. Any officer of the Committee may be removed with or without cause, by vote of a majority of the Committee, at a special meeting called for such purpose.
c. Resignation of Officers. Any officer of the Committee may resign by giving written notice thereof to the Chair.
d. Special allowances. The terms of office may be extended for one additional term, if no successor has been identified within the membership, and approved of the membership by a simple majority.

Meetings

1. On the third (3rd) Tuesday of each month at 521 North Brightleaf Boulevard, Smithfield, NC 27577.
2. The Chairperson will construct an agenda with the assistance from Alliance BHC Staff.
3. A quorum will consist of 50% of membership present (either in person or on the phone).
4. The Chairperson, Co-chair or Designee will facilitate the meeting.
5. The Chairperson will encourage attendance of the Alliance CFAC meetings either in person or by teleconference.
6. Steering Committee Meetings will be held monthly alternating from telephonic and in person/teleconference on the first Monday of each month. The chair and one or two other members will participate either in person or via teleconference.

Committees

The chair or co-chair may appoint members to represent the Johnston CFAC on local committees in the community that they feel the presence of CFAC members would be beneficial. Members representing CFAC by such an appointment are eligible for a stipend consistent with Alliance policy.

Stipends/Mileage/Conferences

1. Johnston CFAC members may receive a stipend, as detailed in Alliance Operational Procedure #3501 - CFAC Stipends.
2. Community Events/Outreach: CFAC members who participate in special events will receive a stipend with the understanding he/she will be required to staff the event table/booth for a minimum two-hour shift not including set up and dismantling.
3. Conferences, seminars, workshops, or classes.
   a. Members will not receive a stipend to attend conferences, seminars, workshops, or classes paid for and approved by the Alliance CFAC and Alliance BHC management.
   b. Members will receive mileage at the Alliance reimbursement rate from 521 North Brightleaf Boulevard to attend a conference, seminar, and workshop or class paid for and approved by the Alliance CFAC and Alliance BHC management.
   c. Members are responsible to register, if at all possible, during early bird registration and participation must be approved by the Alliance CFAC and Alliance BHC management. Members must attempt to apply for a scholarship if offered. Event attendees are responsible to notify a
member of the Executive Committee as soon as possible if they are unable to attend the event for any reason.

d. Event attendees are responsible upfront for their own transportation, meals, parking fees, and accommodations unless provided by the event. Receipts must be presented for reimbursement of parking fees, breakfast, lunch, and dinner. Reimbursement is at NC State allowed rates.

e. Late registration must be approved by the Alliance CFAC and Alliance BHC management, with the understanding that the attendee may have to pay for the event fee out of their personal funds. Reimbursement will follow as soon as possible.

f. Event attendees are responsible to provide a report and/or handouts at the following regularly scheduled Alliance CFAC Steering Committee meeting so that the information can be shared with all of Alliance’s CFAC members.
2. REVIEW OF THE MINUTES – The minutes from the November 21, 2019, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Alejandro Vasquez and seconded by Felecia McPherson to approve the minutes. Motion passed.

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<tr>
<td>3. Public Comments</td>
<td>Community events and resources have been provided. Michael opened the meeting with greeting the members and guest. Minutes were reviewed and approved. Starlett went over public comments and what they are for those that were visiting. Michael shared that Felecia, Ellen and himself had a great time at the i2i conference in Pinehurst. Michael offered to give the power point to everyone that was at the meetings. Next Thursday, Michael will be guest speaker at Action Pathways program at 1:30pm. It is located next to Spivey School. Michael requested flyers for the event. Starlett went over local events that are located in the packet. Dorothy had registration forms for the Crisis Intervention for Families available at the meeting. Michael inquired about a meeting in the catchment area about an open meeting with DHHS. Doug explained that there will be one but the date and times have to be determined.</td>
<td>See Starlett, Terrasine or Doug for any questions</td>
<td>Ongoing</td>
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AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME:
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not been put out for that. He will let everyone know when that will happen. Jackie inquired about the difference between DSS and DHHS. Ms. Newton explained that DHHS was the oversite agency for MH, SU, and IDD programs and the monies that are funneled down to MCO’s like Alliance. It is over policies, statutes, monitoring, etc falls under that umbrella. It is very broad and handles more than what DSS does. DSS falls under that broad scope of the organization. There is State office for DSS but there are multiple offices all over the state. DSS deals more with eligibility for disability, Medicaid, food stamps, etc. Ms. Marsha gave her clarity that DHHS is a big operation and under that comes DSS. They have hands on with people. Doug explained that DHHS is really broad. Ms. Newton gave more programs under DHHS that make all of the services run. DSS assist with resources needed to live.

4. State Updates

Roanna Newton Updates
January 2020 CEE Updates
Ms. Newton was excited that the meeting had more and more people coming to the meeting. The CEED updates were provided in packet. The State will soon change the format of getting out information. It will be electronic in the future. It will be connected to the DHHS newsletter in the future. Ms. Newton went over the States’ ask for public comments on White Paper on Tailored plans by January 29th. The two other are payment and Medicaid Accountable Care Organization. She express the importance of feedback. This is due Feb. 19th. There was an ask about the newsletters and communication bulletins from DHHS. They are located on 3rd page. She went over some of the other important points and events. State Funded Services Design webinar is on 1/24/2020. Feb, 1st is Legislative Breakfast which is sold out. In March the NC One Recovery Conference will happen. March 19th-20th there is the 2020 Intellectual and Developmental Services

See Starlett, Terrasine or Doug for any questions

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<td>Conference in Greenville, NC. There are also flyers in packet that go with webinars and conferences.</td>
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5. MCO

Doug Wright  
Joy Brunson- Nsubuga RI Rep  
Group Living Project

Doug explained it’s nice to see everyone and he was happy to be there. Doug gave brief overview of who he is and his role at Alliance and with CFAC for those who did not know him. He spoke briefly on Medicaid Transformation and what that looks like for the State and Alliance and all that it involves.

Recovery Response Center

Joy spoke about the Recovery Response Center. She spoke on the center in Cumberland. There are renovations being done and that is what has taken most of the time. Demo has started. The projected time from for the 23 hour unit will be about 6 weeks out to open granted construction goes well. The facilities based crisis or “living room unit” will get started in about two weeks or so as far contracting to build. The projected date for that opening is sometime in May. RHI has been in the community as much as they can to build relationships and answer questions about the new crisis facility they are building. There will be a job fair next week at NC Works at Thursday from 10 am to 2pm. They are looking for Certified Peer Support Specialist, LPN, RN, Customer Service Specialist, and Provisional and Fully Licensed Clinicians. There will also be looking for LCAS and fully licensed LCAS. It was explained that Peer Support was at the top of the totem pole for RI. They are a recovery oriented organization where over half of their 1300 employees are Certified Peer Support Specialist. The model is recovery based and focused. They are the main role. Their values us peer first and peer late meaning the first connection made will

RI will have the 23 bed portion of facility open in 6 weeks. The 16 bed facility is projected to open in late May. | May 2020 |
be with a peer and the last person they see. They are looking for 25 to 26 for Cumberland. Felicia gave her experience with RI as a Peer Support Specialist. Terrasine Asked for the flyer so we can send it out to CFAC and Community Collaborative.

This will be a 24/7 Crisis Facility, No Wrong Door facility with staff ready at all times. They will be reopening the police entrance in the back. They will be IVC designated with 1st and 2nd evaluations as well as have police officers to bring individuals directly to them. Non hospital medical detox will be available for alcohol, benzos and opiates. Mental health stabilization will be available as well and robust discharge planning. Joy explained that there will be an opportunity to tour the facility after opening. There is an open house also. The facility is composed of a 10 chair, 23 hour unit (observation unity) and a 16 bed facility crisis unit that will be for about 3 to 5 day stay. Ms. Ellen asked if the Roxie facility would be built on to or will it be completely changed. Joy explained that they were not building on it but changing the flow to match their model of services. Joy explained that they are customer service oriented and gave an example. The 23 hour unit was on second floor while it was Roxie. But that will be moved to the first floor. They believe that the sickest of individuals should not have to go upstairs. The units are being moving around. All the crisis services will be on the first floor. There will be no staff behind glass, specific colors on wall, very open, etc. There will be part time and full time. They will have pool or prn staff as well that need to come in for one on one, or holidays, etc.

The questions about security was asked. Joy explained that there will be a Sherriff at the facility but in a different part of the building to greet police that are bringing individuals in. Joy also explained the importance of the verbiage used in reference to the

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individuals being treated. They will be called guest. There will not be security in the other parts of the facility. A question was brought up about how to handle possible challenging confrontations with guest there. Joy explained that they take an early intervention/ proactive approach the situations and having open space and peer interaction gives them a better way to verbally deescalate a situation before they reach that point. However, if it is absolutely necessary, they are trained in CPI for knowledge of therapeutic holds but it is not something that they go to first. Joy offered her contact information for additional questions. Contact information will be sent out via email.

A question was asked about what is the protocol for individuals that arrive in possible crisis. RI is a diversion for the detention center and hospital ed. They are prepared for a variety of situations from those seeking services to those in involuntary commitment. Doug explained that the 23 hour chairs are for individuals who may not be in crisis for facility based but need to be evaluated and connected to resources needed. They can get their needs met during that time. There was a question if 3 to 5 days was enough to assist the individuals. Joy explained that they were a crisis stabilization site. They are to work on current crisis and are not long term. The robust discharge planning is to connect them to the next level of care. The facility has their own support in house to assist and serve whatever situation the guest has. It was explained that Cape Fear Valley and RI are two different entities. The guest will not be billed for the services received. Their insurances and Alliance will be contacted if they have services. RI is the safety net for all individuals, insured and uninsured.
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<td>Group Living</td>
<td>Doug spoke on 5600A group homes and group living and how the process will be done differently. Group living 5600A is not a process that Alliance will continue to pay. These are group homes that individuals with mental illness reside and the value for what was being paid was being met. This is not a process where they are being told to leave and that’s it. We are working with the guardians. We are designing a continuum of care for people in residential treatment. The first level is recovery transition. It is 60 to 90 day stay for people out of facility for crisis. This will be apartment living, one bedroom with monitoring from staff and the Night Owl monitoring system. This is a system that has sensors on doors, beds, windows, stove, etc that is connected to call center connected to someone in the department. For example, if a person usually sleeps through the night and they get up in the middle of the night, a call center rep can call and check on them. Medication management will be a service rendered to assist individuals get in to the habit of assisting them with a routine. This will teach them life skills and the things they need to know to live independently. This will start when they are released from the crisis facility. The next level is supervised living, low and moderate. It will start out with moderate. It gives more independence and not having someone intruding so often. Night Owl can be provided if needed. They will connected to services they needed. The last will be permanent and supported living. This is where they will sign their own lease and they have their apartment living independently with supports they need. Supervised living and supported/permanent living will allow them to stay in the neighborhood and community they have become accustomed to once they are independent. The supports would be the one to leave instead of uprooting a person from what they have become.</td>
<td>The group living project has started and 5600A Group Living funding will end June 30, 20202</td>
<td>June 30, 2020</td>
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See Starlett, Terrasine or Doug for any questions.
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<td>accustomed to in their own apartment. Supported services will still be there but in a way of the individuals choosing so that they can be successful.</td>
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<td>There are 3 providers working with us, Residential Support Services in Wake, Monarch in Johnston and RHD in Cumberland and Durham. Doug explained the difference between TCLI (Transition to Community Living Initiative) and this program. The TCLI was brought on from the state saying that individuals didn’t need to be put in whatever available bed after being out of a crisis facility. IT was not recovery oriented or kind. TCLI settlement assist individuals in the supports they need and obtaining homes to be independent. This program has taken notes on what didn’t work well and what did and incorporated improvements to move forward. The program has already started and transitions have started and will be completed by June 30th. As of June 30th, Alliance will no longer pay for the 5600A group living. There will be a plan in place for them to transition in what they have requested.</td>
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<td>A question was asked if this was targeted for homeless individuals. Doug explained that this is not targeted for the homeless at this time but individuals experiencing homelessness may fall into this program to be served. Starlett also gave information on the efforts being made for the homeless by the city and county. Doug explained that representative from Oak City Cares resource facility in Raleigh, NC came down to speak with city officials about their programs and services. Doug explained that the facility and programs are working well and this can be something to speak with politicians about getting something similar encouraged them to look at that model. He explained that if anyone was able to tour Oak City Cares. Michael asked Starlett to send out resources and...</td>
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| 6. CFAC Retreat            | Alejandro inquired if Cumberland had a program to assist anyone homeless with getting an ID. Operation INAS MUCH will write letters for individuals to take to the DMV to receive a free ID. Starlett Davis  
CFAC Retreat Agenda/ Trainings during retreat/ Head count  
Invite to Chair and Co-Chair of Community Collaborative  
Constructive Feed Back: Community Forum and going forward | See Starlett, Terrasine or Doug for any questions  
Confirmed headcount will be taken by Starlett by end of second week in February.  
Invite for Chair and CO-Chair of Community Collaborative will be made and sent by end of next week. | February 14, 2020  
January 31, 2020 |
| 7. Prep for next meeting   | Michael McGuire- Discuss the next meeting agenda items. Go over expectations, reminders, etc for the next meeting. | Next meeting Starlett will provide resources and progress on homeless initiative in Cumberland County.  
The committee will work on goals for upcoming year. | February 27, 2020 |
| 8. Appreciation            | Michael gave appreciation to all that attended.                             | N/A                                                                         | N/A                           |

ADJOURNMENT:

Meeting was adjourned at 7:05pm. Next Meeting February 27, 2020.

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.
### CFAC MEETING - REGULAR MEETING

**Trosa, 1820 James St., Durham, NC  27707**

5:30-7:00  p.m.

---

**MEMBERS PRESENT:** ☒ Steve Hill, ☒ Tammy Shaw, ☐ James Henry, ☒ Latasha Jordan, ☒ Dave Curro, ☒ Trula Miles, ☐ Brenda Solomon, ☐ Chris Dale, ☒ Dan Shaw, ☒ Pinkey Dunston, ☐ Regina Mays, ☐ Charlitta Burruss, ☒ Helen Castillo

**BOARD MEMBERS PRESENT:** None

**GUEST(S):** ☐ Susan Hertz, ☐ Tina Barnes, ☐ Bryan Cheek

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

**Dial-In Number:** (605) 472-5464

**Access Code:** 289674

---

1. **WELCOME AND INTRODUCTIONS**

2. **REVIEW OF THE MINUTES** – The minutes from the December 9, 2019, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Steve Hill and seconded by Dan Shaw to approve the minutes. Motion passed.

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<tr>
<td>3. Public Comments</td>
<td>None</td>
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<td>4. Interest in Membership/ Outreach</td>
<td>None</td>
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<td>5. LME/MCO Updates</td>
<td>Doug went over Group Living Transition Update and how we are proceeding with transitioning our members out of group homes and into the community. On Jan. 8, 2020, the Department of Health and Human Services issued two policy papers for public comments detailing the strategy to promote value-based care in NC Medicaid Managed Care. • North Carolina’s Value-Based Payment Strategy (VBP) for Standard Plans and Providers in Medicaid Managed Care. This paper describes the vision for value-based payments between Prepaid Health Plans and providers in NC Medicaid Managed Care. • North Carolina’s Medicaid Accountable Care Organizations (ACOs) for Standard Plans and Providers: Building on the Advanced Medical Home Program to Drive Value-Based Payment. This paper provides details on an optional Medicaid ACO program, including ACO organizational requirements, payment parameters, and total cost of care calculation and participation incentives for early adopters. PHPs and providers can form ACO Comments made by Feb. 19, 2020 for first (2) papers and Jan. 29, 2020 for last paper.</td>
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<td>N/A</td>
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<td>arrangements as a way to promote value in Medicaid and meet the Department's VBP targets. The Department welcomes feedback on both papers at <a href="mailto:Medicaid.Transformation@dhhs.nc.gov">Medicaid.Transformation@dhhs.nc.gov</a> by Feb. 19, 2020.</td>
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<td>On Dec. 30, 2019, The Department of Health and Human Services issued a policy paper for public comment</td>
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<td>• North Carolina’s Design for State-funded Services Under Behavioral Health and Intellectual/Developmental Disability Tailored Plans. While the implementation of managed care has been suspended as legislative action is needed to move forward, the Department continues to work on the design of Tailored Plans to serve individuals with behavioral health and intellectual disabilities in lieu of Standard Plans. In addition to managing Medicaid services, Behavioral Health I/DD Tailored Plans also will be responsible for managing State-funded behavioral health, intellectual/developmental disability (I/DD), and traumatic brain injury (TBI) services as the Local Management Entities-Managed Care Organizations (LME-MCOs) do today for the uninsured, underinsured and Medicaid beneficiaries. Members were asked to read the papers and comment their thoughts, and encouraged to reach out to Ramona, Terrasine, or Doug for additional information or questions.</td>
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<tr>
<td>6. State Updates</td>
<td>Roanna was out sick so Doug went over the CE&amp;E (Community Engagement &amp; Empowerment update for January.</td>
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<tr>
<td>7. Steering Committee Updates</td>
<td>NC One in Recovery Conference: Members that expressed interest in attending from Durham are; Charlitta Burris, and Regina Mays. Dave mentioned that conference attendance and guidelines on transportation would be addressed at the next Steering Committee meeting in February.</td>
<td>Steering Committee Agenda item for February</td>
<td>N/A</td>
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<tr>
<td>8. Event Planning</td>
<td>CFAC Retreat &amp; Attendance The tentative agenda was handed out to members and they are encouraged to attend the CFAC retreat that will take place on 02.29.2020 from 9am-3pm. Steve stated that he would revisit this topic and finalize attendance during the February meeting.</td>
<td>Revisit during February meeting.</td>
<td>N/A</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.
ADJOURNMENT: 7pm the next meeting will be January 13, 2020, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch, Individual & Family Engagement Specialist 01.15.2020

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
MEMBERS PRESENT: ☒ Steve Hill, ☒ Tammy Shaw, ☐ James Henry, ☒ Latasha Jordan, ☒ Dave Curro, ☒ Trula Miles, ☒ Brenda Solomon, ☒ Chris Dale, ☒ Dan Shaw, ☒ Pinkey Dunston, ☒ Regina Mays, ☐ Charlitta Burruss, ☐ Helen Castillo
BOARD MEMBERS PRESENT: None
GUEST(S): ☒ Roanna Newton, DHHS
STAFF PRESENT: ☒ Doug Wright, Director of Community & Member Engagement, ☒ Terrasine Gardner, Member Engagement Manager, ☒ Ramona Branch, Individual & Family Engagement Specialist
Dial-In Number: (605) 472-5464
Access Code: 289674

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the January 13, 2020, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Dave Curro and seconded by Steve Hill to approve the minutes. Motion passed.

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<td>3. Public Comments</td>
<td>Dan Shaw mentioned the viewing and discussion of the movie Bedlam on March 3, 2020 @ 7pm at the Durham Arts Council. This movie focuses on destigmatizing and decriminalizing mental health. Dave Curro mentioned that the Legislative Breakfast had a large turnout with 400 in attendance, with Medicaid expansion and transformation being the main topics.</td>
<td>Ramona will send out information on movie.</td>
<td>N/A</td>
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<tr>
<td>4. Interest in Membership/Outreach</td>
<td>None</td>
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<tr>
<td>5. LME/MCO Updates</td>
<td>Terrasine went over the Behavioral Health I/DD Tailored Plan Request for Applications (RFA) Pre-Release Policy Paper has been released and the link to access the paper was emailed to all members, and were encouraged to read and comment their questions and concerns by February 14, 2020.</td>
<td>Read and review the policy paper</td>
<td>Submit comments by 02.14.2020</td>
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<tr>
<td>6. State Updates</td>
<td>Roanna gave the state update and talked about the SWOT (Strength, Weaknesses, Opportunity, and Threat) 12 question survey. Doug sent out this electronically to all CFAC chairs, and co-chairs. (2) Members were asked to complete the survey electronically. Those members are: Brenda Solomon and Regina Mays. Steve Hill will email the survey to them for them to complete. This will be discussed during the call in Steering Committee meeting in</td>
<td>Steve Hill will email the survey to Brenda Solomon and Regina Mays for completion</td>
<td>As soon as possible</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
### AGENDA ITEMS:

**DISCUSSION:**

March, and feedback from the analysis will be presented during the April Steering Committee meeting.

Roanna discussed upcoming webinars that would be beneficial for CFAC’s and The Community Engagement & Empowerment CE&E update will be changing and feature additional information. This update will be sent out 2x per month.

**NEXT STEPS:**

Dave will compose membership statement to be added to Charter.

**TIME FRAME:**

N/A

---

7. **Membership, By-Laws & Charters**

Doug and Dave went over the membership and expectations of CFAC members.

Members voted on capping subcommittee membership to 12, the vote was unanimous. Current membership is currently over 12, and those members will not be voted out. Members that are not actively attending meetings will be contacted to see if they are still interested in membership. Dave Curro will compose statement regarding membership to add to Durham Charter. A copy of the By-Laws and Charter were given to each member and they were encouraged to read over these documents and start thinking about yearly planning that will be discussed during the CFAC Retreat.

---

8. **Steering Committee**

Conference Attendance: Members are encouraged to attend conferences. However; preference will be given to new members and those that have not attended before. Because of a tighter budget and a growing CFAC, attendance to conferences will be limited. Members are encouraged to apply for scholarships once registration opens for conferences.

Regina Mays and Charlitta Burris have been approved to attend the One in Recover Conference in Greensboro and they have been registered.

---

9. **Event Planning**

CFAC Retreat & Attendance 02.29.2020: The following members gave a firm commitment to attend the CFAC retreat: Pinkey Dunston, Brenda Solomon, Dan Shaw, Tammy Shaw, Regina Mays, Dave Curro, and Steve Hill. Ramona will call members this week to get a final head count.

Specific topics for Rob? The group would like to hear from Rob about Child Mental Health and CFAC in the Community.

Ramona will call members not in attendance this week to get a commitment from them by 02.14.2020

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

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<td>NAMI Walks 05.16.2020- Dorothea Dix: Pinkey Dunston and Brenda Solomon have volunteered for the CFAC table.</td>
<td>Ramona will reach out to Kim and invite her to the March 9, 2020 meeting.</td>
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<td>CFAC Legislative Day 05.19.2020 10am-12pm</td>
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<td>Members expressed concern about the move of Wellness City. They have requested that Kim Chansen from Wellness City attend our March meeting to discuss how the group may be able to support individuals during this transition.</td>
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**ADJOURNMENT:** the next meeting will be March 9, 2020, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch, Individual & Family Engagement Specialist 02.11.2020
Alliance Behavioral Healthcare Consumer and Family Advisory Committee

Durham County Charter

Purpose:
The county committees are responsible for gathering information, disseminating information, and reporting to the CFAC Steering Committee concerns specific to their county and overall system concerns regarding the following statutory requirements:

- 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 area authority or county program budget.
- Participate in all quality improvement measures and performance indicators.
- Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, developmental disabilities, and substance use disorders.

Tasks:
The Durham CFAC will achieve this responsibility by doing the following:

- Hosting at least (1) one community wide forum per year to receive input about the Mental Health/Intellectual and Developmental Disability/Substance Use Disorder service system.
- Participate in community events with the Alliance Community Relations Department at least (3) three times per year.
• Receive training and/or presentations from Alliance staff or provider agencies around relevant information and services.
• The committee will designate during the regular monthly meeting, (2) members to attend in person or telephonically the Alliance CFAC Steering Committee meeting.
• Other tasks agreed upon by the committee.
• Recruit new members for CFAC.
   Individuals that are interested in CFAC membership should come to at least (2) meetings and on the 3rd meeting they are eligible to be voted in.

**Composition:**

The Durham CFAC is made up of individuals and family members that reside in Durham County. Members of the public are encouraged to attend and participate where appropriate.

**Meetings:**

• Meetings will be held on the second Monday night of each month at TROSA (1820 James Street Durham NC).
• The chair will construct an agenda with assistance from Alliance staff.
• The chair will designate someone to take minutes.
• The chair or designee will facilitate the meeting.
MEMBERS PRESENT: ☒Carole Johnson, ☒ Megan Mason, ☒ Karen McKinnon, ☐ Connie King-Jerome, ☐ Israel Pattison, ☒ Annette Smith ☒, Ben Smith ☒, Wanda (Faye) Griffin, ☒ Diane Morris, ☒ Anthony Sarasona, ☒ Bradley Gavriluk, ☒ Jessica Larrison, ☐ Vicky Bass, ☒ Gregory Schweitzer

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

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

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the December 9, 2019, Wake Consumer and Family Advisory Committee (CFAC) Subcommittee meeting were reviewed; a motion was made by Annette Smith and seconded by Megan Mason to approve the minutes @5:40. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comments Individual and Family Challenges</td>
<td>Annette commented she contacted and made a request for DHHS make a frequently asked questions with coordinating answers for the Medicaid eligibility and deductions. Doug mentioned for those who needs resources to go to WakeNetworkOfCare.org for resources. Annette made a request if Medicaid makes a change that this information is posted on the Alliance Health webpage. Reference to the DHHS website for all communications bulletins.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4. CFAC Retreat</td>
<td>Feb. 29th see printed agenda. The CFAC retreat will be held at 5200 W. Paramount Parkway, Morrisville NC. Roanna suggested CFAC members vote on a training for the retreat. Roanna offered two trainings: CFAC Responsibilities or CFAC Advocacy. A vote was presented by Carole Johnson, Chair, and an overwhelmingly win is for CFAC Responsibilities. Roanna suggested she is able to present CFAC Advocacy training can be for another meeting. Annette asked if we can contact Alliance Health lobbyists. Annette inquired if we an invite the lobbyist come to a CFAC meeting and how they support Alliance and what are their talking points when they advocate. Doug suggested Stacy contact Sara Wilson to come and discuss the advocacy process Alliance takes.</td>
<td>Stacy will ask Sara Wilson to attend a Wake CFAC meeting to discuss Alliance Health advocacy process.</td>
<td>ASAP</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>4. ADJOURNMENT</td>
<td>the next meeting will be February 11, 2020, at 5:30 p.m.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Respectfully Submitted by:

Stacy Guse, Individual and Member Engagement Specialist

January 15, 2020

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Community Engagement & Empowerment Team – Update

January 2020

Legislatures Adjourn Without Taking Actions Required for Medicaid Managed Care: DHHS Suspends Implementation of Managed Care. [https://www.ncmedicaidplans.gov/](https://www.ncmedicaidplans.gov/)

NCDHHS Seeks Comment on Behavioral Health Plan Policy Plan While the implementation of Medicaid managed care has been suspended for the moment, the NC Department of Health and Human services (NCDHHS) continues to work on the design of ‘Tailored Plans’ to serve individuals with behavioral health and intellectual disabilities. In addition to managing Medicaid services, Behavioral Health I/DD Tailored Plans also will be responsible for managing state-funded behavioral health, intellectual/developmental disability (I/DD) and traumatic brain injury (TBI) services as the Local Management Entities-Managed Care Organizations (LME-MCO’s) do today for the uninsured, underinsured and Medicaid beneficiaries. NCDHHS is seeking comment on its policy paper titled “North Carolina’s Design for State-funded services Under Behavioral Health and Intellectual/Developmental Disability Tailored Plans.” This policy paper details NCDHHS vision for the delivery of state-funded behavioral health I/DD, and TBI services, as well as the continuation of critical “local health functions” (functions focused on health prevention and promotion) under Behavioral Health I/DD Tailored Plans. Please share your comments on the Policy paper with the Department at Medicaid.Transformation@dhhs.nc.gov by Jan. 29, 2020.

On Jan. 8, 2020, the Department of Health and Human Services issued two policy papers for public comments detailing the strategy to promote value-based care in NC Medicaid Managed Care.

- **North Carolina’s Value-Based Payment Strategy (VBP) for Standard Plans and Providers in Medicaid Managed Care.** This paper describes the vision for value-based payments between Prepaid Health Plans and providers in NC Medicaid Managed Care.

- **North Carolina’s Medicaid Accountable Care Organizations (ACOs) for Standard Plans and Providers: Building on the Advanced Medical Home Program to Drive Value-Based Payment.** This paper provides details on an optional Medicaid ACO program, including ACO organizational requirements, payment parameters, total cost of care calculation and participation incentives for early adopters. PHPs and providers can form ACO arrangements as a way to promote value in Medicaid and meet the Department’s VBP targets.

The Department welcomes feedback on both papers at Medicaid.Transformation@dhhs.nc.gov by Feb. 19, 2020.

1. Just a FYI/Reminder – SAMHSA has a 24/7, 365 day- a-year, Disaster Distress Hotline to provide immediate crisis counseling for anyone experiencing emotional distress related to disasters, including hurricanes. The Department’s Comms team is already pushing the phone number through social media. The phone number is **1-800-985-5990** or text **TalkWithUS to 66746**. Spanish speakers can call the hotline and press 2 for bilingual support.
2. DMH DD SAS Customer Service and Community Rights Team may be contacted concerning any complaints and or concerns regarding access to or quality of MH DD SAS Services. Here are the phone numbers for the CSCR Team:
   919-715-3197 – Office
   1-855-262-1946 – Toll-free
   Link to the webpage: https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/customer-service-and-consumer-empowerment

3. NC DHHS does fund a Refugee Assistance program, which could possibly be of assistance to refugees from Latin American countries. Individuals eligible for NC Refugee Assistance Program include:
   • Refugees, individuals fleeing from persecution in their homelands
   • Certain Cuban/Haitian entrants and parolees...
   • Victims of human trafficking
   • Asylees
   Link to the webpage: https://www.ncdhhs.gov/assistance/refugee-services

4. Link to bilingual counseling services offered by the Diocese of Raleigh Catholic Charities. https://www.catholiccharitiesraleigh.org/causes/counseling/

5. #CareForNC – All LME/MCO’s have joined to work together to make sure everyone can reach their potential. Each LME/MCO’s websites have access to this project. You can also visit #CareforNC.

6. Some legislative committee meetings are on the calendar. To keep track of the scheduled meetings, go to: https://www.ncleg.gov/LegislativeCalendar.


10. Opioid Action plan 2.0 has been released – https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/north-carolinas-opioid-action-plan

11. NCDHHS Newsletter – please sign up so that you will receive the most recent news and information from the Department: https://www.ncdhhs.gov.

12. www.NoKidHungryNC.org – Please go on this site if you know of or need food for your child.
13. NCGWG.org – use this website for all the updated information from the Governor’s Working Group on veterans, service members, and their families.

*Please check these web sites for the newest updates and information.*

1. DHHS Joint Communication Bulletins:
   https://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins

2. Medicaid Transformation:
   https://www.ncdhhs.gov/assistance/medicaid-transformation

   More information NC Medicaid Managed Care Public notices, press releases, session laws and submit a comment feedback is welcome and encouraged.

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**Upcoming Event**

**Check attached flyers**

**Webinar’s**

- **Webinar’s on TBI** – www.bianc.net

- **Additional Webinars on Medicaid Transformation**: https://medicaid.ncdhhs.gov/nc-medicaid-managed-care-training-courses

- **January 24, 2020** – Behavior plans for Adults with Autism Spectrum Disorders and/or Intellectual Developmental Disabilities **Location**: The Education Center at Eastern AHEC 2600 W. Arlington Blvd., Greenville, NC 27835-7224

- **January 24, 2020** – State-Funded Services Design Under BH I/DD Tailored Plans: This webinar will walk stakeholders through aspects of State-funded Services design under BH I/DD Tailored Plans detailed in the recently released “North Carolina’s Design for State-funded Services Under Behavioral Health and Intellectual/Developmental Disability Tailored Plans,” including the delivery of State-funded behavioral health, I/DD, and TBI services, as well as the continuation of critical “local health functions” (functions focused on health prevention and promotion) under Behavioral Health I/DD Tailored Plans. https://manatt.webex.com/manatt/onstage/g.php?MTID=ee22903497805690c60db5a886edc0153

- **February 1, 2020** – 42 Annual Legislative Breakfast on Mental Health: The UNC Friday Center; 100 Friday Center Drive Chapel Hill NC 27599 Registration begins December 1st. For questions concerning the event, email: Info@legislativebreakfastmh.org
➢ **March 11-13, 2020** – The 11th Annual NC ONE Community in Recovery Conference

➢ **March 19 - 20, 2020** – 2020 Intellectual & Developmental Disabilities Services Conference
Location: The Education Center at Eastern AHEC 2600 W. Arlington Blvd., Greenville, NC 27835-7224

➢ **March 31, 2020** – NCSBHA 2020 Annual Conference “Sowing the Seeds of Hope” - Stay tuned for registration announcements. For more information, contact Carty Beaston at 336-713-7754 or cbeaston@wakehealth.edu

BEHAVIOR PLANS FOR ADULTS WITH AUTISM SPECTRUM DISORDERS AND / OR INTELLECTUAL DEVELOPMENTAL DISABILITIES

January 24, 2020
The Education Center at Eastern AHEC
2600 W. Arlington Blvd.
Greenville, NC

About the Workshop
This workshop will teach participants how to implement behavior management strategies that utilize Structured TEACChing methods for adults with Autism Spectrum Disorder (ASD) and Intellectual Developmental Disabilities (I/DD). Participants will learn how ASD and I/DD affects the learning style and behavior of individuals and how to avoid, analyze, and address behavior problems. The format of this workshop will include presentations, interactive discussions, video presentations, and small group activities.

Objectives
• Identify learning styles of individuals with ASD/IDD and how these learning styles affect behavior
• Review similar and distinct symptoms of ASD/IDD and other co-morbid diagnoses
• Discuss how to distinguish between antecedent and consequence-based approaches to behavior management
• Implement Structured TEACChing strategies and other current practices to address behavioral issues
• Apply a behavioral assessment and implement problem solving approaches to reduce behavioral difficulties
• Demonstrate how to develop and implement behavior plans that utilize meaningful visual structure to reduce problem behaviors and promote independence

Target Audience
• Licensed Professional Counselors
• Psychologists
• Marriage and Family Therapists
• School-based Personnel
• Care Coordinators
• Therapists and Clinicians working with individuals with Autism Spectrum Disorder and/or Intellectual Developmental Disabilities
• Psychiatric Nurses
• Case Managers
• Social Workers
Faculty

Nicole Ginn Dreiling, PhD is a Clinical Assistant Professor at the UNC School of Medicine at the Raleigh TEACCH Center, which is part of the statewide TEACCH program that serves children and adults with autism and their families. She completed her clinical internship at the Mailman Center for Child Development in Miami, FL and received her Ph.D. in Clinical Psychology from the University of Florida. Her clinical and research interests include assessment and intervention for children, adolescents, and adults with autism, as well as treatment outcomes for young children with ASD with disruptive or aggressive behaviors.

Lindsey Williams, PhD is a Clinical Assistant Professor at the UNC School of Medicine at the Raleigh TEACCH Center, which is part of the statewide TEACCH program that serves children and adults with autism and their families. She completed her clinical internship at the Indiana University School of Medicine in Indianapolis and received her Ph.D. in Clinical Psychology from Louisiana State University. Her clinical and research interests include assessment and intervention across the lifespan, with particular focus on mental illness, transitioning to adulthood, and healthy aging in our adolescent and adult population.

Americans with Disabilities Act

Individuals requesting accommodations under the Americans with Disabilities Act (ADA), should contact the ECU Department of Disability Support Services at (252) 737-1016 (V/TTY) at least five business days prior to the program.

Credit

Category A-NC Psychology Credit
This program will provide 6.0 contact hours of (Category A) continuing education for North Carolina psychologists. No partial credit will be given.

Contact Hours
Certificates reflecting 6.0 contact hours of education will be awarded at the completion of the program.

National Board for Certified Counselors Credit (NBCC)
Eastern AHEC has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5645. Programs that do not qualify for NBCC credit are clearly identified. Eastern AHEC is solely responsible for all aspects of the programs.

Registration Information

Registration is online only at www.easternahec.net and requires a current MyAHEC account. Registration will close the day before the program at 6:00 a.m.

Fee: $90.00
The registration fee includes program materials, refreshments, and credit.

Attendance at this activity grants permission for Eastern AHEC to use any photographs, audio, video, or other images from this activity for promotional or educational purposes. Please notify an AHEC staff member if you have concerns.

Eastern AHEC Cancellation Policy

- Cancellations must be in writing (easternahec@ecu.edu).
- Registrants canceling between two weeks and two full business days prior to the first day of the event are refunded at 70% of the registration fee subject to a minimum $25 cancellation fee.
- No refunds or credits will be given for cancellations received less than two full business days prior to the event.
- Cancellations greater than two weeks prior to the event will receive 100% refund.
- No vouchers will be issued in lieu of a refund.
- Transfers/substitute(s) welcome (notify in advance of the program).

If you would like more information on the program, please contact Mental Health Education at (252) 744-5228 or legerell4@ecu.edu.

Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 a.m.</td>
<td>CHECK-IN</td>
</tr>
<tr>
<td>9:00 a.m.</td>
<td>Learning Styles of Autism and Intellectual</td>
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<tr>
<td></td>
<td>Developmental Disabilities along with</td>
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<td></td>
<td>Differentiating other Diagnoses</td>
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<tr>
<td>10:15 a.m.</td>
<td>BREAK</td>
</tr>
<tr>
<td>10:30 a.m.</td>
<td>Understanding Behavior - Group Problem</td>
</tr>
<tr>
<td></td>
<td>Solving and Generating Hypotheses</td>
</tr>
<tr>
<td>12:00 p.m.</td>
<td>LUNCH (on your own)</td>
</tr>
<tr>
<td>1:00 p.m.</td>
<td>Understanding Behavior - Designing a Behavior</td>
</tr>
<tr>
<td>2:15 p.m.</td>
<td>BREAK</td>
</tr>
<tr>
<td>2:30 p.m.</td>
<td>Teaching New Skills and Your Back-up Plan</td>
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<tr>
<td>4:15 p.m.</td>
<td>Wrap Up/Discussion</td>
</tr>
<tr>
<td>4:30 p.m.</td>
<td>ADJOURNMENT</td>
</tr>
</tbody>
</table>

Program Location

This program is being held at the Eastern Area Health Education Center located at 2600 W. Arlington Blvd, Greenville, NC.

http://eahec.ecu.edu/hs/map_directions.cfm

Handouts & Evaluations

Handouts will be available online only. One week prior to the program, registrants will receive a confirmation email with instructions to access handouts along with other program information.

Evaluations will be emailed after the program. Once the evaluation has been completed, your certificate will be available.

Please bring a jacket or sweater to ensure your comfort.
Young people with mental illnesses are at high risk for developing a substance use disorder. Primary care providers can be a first-line defense, but they need to have the right tools to help. Screening, Brief Intervention and Referral to Treatment (SBIRT) is one of the most effective tools available.

The Improving Adolescent Health: Facilitating Change for Excellence in SBIRT Change Package, supported by the Conrad N. Hilton Foundation, provides practical examples and standardized guidance to facilitate a conversation with adolescent patients in primary care settings using SBIRT. The guide, developed by a national team of multidisciplinary experts, includes scripts, concrete strategies and recommendations that will help navigate difficult conversations about substance use with adolescents.

This low-risk and high-reward investment in early intervention will help youth across the nation thrive now and grow into healthy adults.
Hi,
This is information regarding resources for transition to managed care.

Note:
- Beneficiaries will continue to access Behavioral Health and I/DD services through LME-MCOs. These services will continue to be provided as they are today.
- While the implementation of managed care has been suspended as legislative action is needed to move forward, the Department continues to work on the design of Tailored Plans.

If you sign up for the NCTracks email distribution list you can get updates and information regarding transition to managed care:
- https://visitor.r20.constantcontact.com/manage/optin?v=001l5gDXg3HY6YPbqVSzJdlGJ2Wd75-9F16vuBOigEmLFAJ9-1rr7aZff_ZZmoNhcZBtOCRfo3Kssha9_HTd5rrtAG20AFklG9vRliDhLpyoMQ%3D

Some links of interest:
- Main Medicaid transformation website: https://medicaid.ncdhhs.gov/medicaid-transformation
- If you sign up for the NCTracks email distribution list you can get updates and information regarding transition to managed care:
  - https://visitor.r20.constantcontact.com/manage/optin?v=001l5gDXg3HY6YPbqVSzJdlGJ2Wd75-9F16vuBOigEmLFAJ9-1rr7aZff_ZZmoNhcZBtOCRfo3Kssha9_HTd5rrtAG20AFklG9vRliDhLpyoMQ%3D
- Provider Playbook: Medicaid Managed Care, https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/ is access the latest information, tools and other resources.
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
**AGENDA ITEMS:** | **DISCUSSION:** | **NEXT STEPS:** | **TIME FRAME:** |
---|---|---|---|
7. Steering Committee Updates | Dave Curro suggested we keep a track of members who attend Alliance supported trainings and conferences so everyone can have an equal chance to attend. | N/A | N/A |
8. Wake CFAC discussion | Go through the charter and make adjustments How many active members do we want: Members voted on capping subcommittee membership to 12, the vote was unanimous. Current membership is currently over 12, and those members will not be voted out. Members that are not actively attending meetings will be contacted to see if they are still interested in membership. A copy of the By-Laws and Charter were given to each member and they were encouraged to read over these documents and start thinking about yearly planning that will be discussed during the CFAC Retreat. Who will attend the Steering Committee on the first Monday of each month? | Carole Johnson, Vicki Bass and Megan Mason will be the members on the CFAC Steering Committee. | N/A |
9. Opportunities | CFAC Retreat 2-29-2020 NAMI Walks 5-16-2020 Dorothea Dix CFAC Legislative Day 5-19-2020 10a.m. - 12 p.m. | N/A | N/A |

4. **ADJOURNMENT:** the next meeting will be March 10, 2020, at 5:30 p.m.

Respectfully Submitted by:

**Stacy Guse Individual and Family Engagement Specials** 2-16-2020
Alliance Behavioral Healthcare  
Consumer and Family Advisory Committee  
Wake County Committee Charter

Responsibilities:  
The purpose of this committee is to support the work of the Alliance CFAC at the county level by:  
1. Electing a chair to serve annually and participate as a member of the CFAC Steering Committee.  
2. Setting meeting agendas.  
3. Assist the Alliance CFAC meet its statutory responsibilities.  
4. Monitor and make recommendations regarding services provided.  
5. Community outreach.  
6. Communicate the concerns of the CFAC members and the community to the CFAC Steering Committee on a monthly basis.  
7. Report any activities undertaken to the CFAC Steering Committee.  
8. Provide relevant training to the CFAC, Wake Committee.  
9. Appoint members in addition to the Chair to represent the Wake Committee and CFAC Steering Committee.

Authority:  
The committee is authorized by the by-laws and led by the CFAC Wake County Sub-committee Chairperson. The Chairperson will make effective use of the time during meetings.

Sub-committee members shall:  
1. Prepare for meetings ahead of time.  
2. Communicate needs to the Chairperson or Alliance Liaison.  
3. Respect each other.  
4. Be on time to meetings or notify the chair when unable to attend.  
5. Support the decisions of the CFAC Steering Committee.

Composition: The Wake County Sub-committee is made up of members of the Alliance BHC CFAC who reside in Wake County.

Meetings:  
1. These meetings are open to the public and the public is encouraged to attend.

Meetings will be conducted as follows:  
1. The second Tuesday of every month at 5:30 until 7:00 PM. The Chairperson retains the authority to change the meeting date and time due to conflicts and weather conditions with reasonable notice to all members.  
2. The Chairperson will construct the meeting agenda with the assistance of the Alliance BHC staff.  
3. The Chairperson will designate a member to take the minutes of the meeting.  
4. A quorum will consist of 50% of membership or more.  
5. The Chairperson will facilitate the meeting.

Approved: 11/10/2015
ITEM: Finance Committee Report

DATE OF BOARD MEETING: March 5, 2020

BACKGROUND: The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 2:30 p.m. prior to the regular Board Meeting. This month’s report includes the draft minutes from the December 5, 2019, meeting, financial reports and ratios from the periods ending December 31, 2019, and January 31, 2020, and recommendations to the Board to approve all presented contracts over $250,000.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

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

(Back to agenda)
AGENDA

1. Review of the Minutes – December 5, 2019

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

3. Approval of Contract(s)

4. Quarterly Updates
   a. Solvency Standards
   b. PMPM
   c. Non-Medicaid

5. Budget Retreat

6. Adjournment
1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 2:32 p.m.

2. **REVIEW OF THE MINUTES** – The minutes from the November 7, 2019, meeting were reviewed; a motion was made by Chair Corvin and seconded by Mr. Pazzaglini to approve the minutes. Motion passed unanimously.

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### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Monthly Financial Reports as of October 31, 2019</td>
<td>The monthly financial reports were discussed which included the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and Division of Health Benefits (NC Medicaid) Contract Ratios as of October 31, 2019. Sara Pacholke discussed the monthly reports:</td>
<td>Cash analysis projections will be tracked and monitored for the remainder of the FY.</td>
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<tr>
<td></td>
<td>- As of October 31, 2019, the summary of savings by funding source is as follows, total revenue: $181M, total expenses: $178M and an overall savings of $2.4M.</td>
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<td>- As of October 31, 2019, there is a fund balance of $90M, primarily risk reserve.</td>
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<td>- There was a total loss of $3.1M in legislative reductions; an administrative loss of $1.7M; removing intergovernmental transfers and reinvestments costs true loss of $463k.</td>
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<td>- Alliance is meeting all Senate Bill 208 and Division of Health Benefits (NC Medicaid) contract ratios.</td>
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<td></td>
<td>The proposed budget included a $7.3M reduction however, as of December 4, 2019, that amount has been reduced to $1.6M. A portion of this is due to single stream funding and legislative cuts. Kelly Goodfellow provided an update on the single stream funding reduction. The state has been working to realign and reallocate single stream funding, however, legislative reductions are expected to continue.</td>
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<tr>
<td></td>
<td>Sara also reported on and provided cash details, trends, DMA contractual ratios: and changes for other local comparable LME/MCO’s.</td>
<td></td>
</tr>
</tbody>
</table>
### AGENDA ITEMS:

#### 4. Approval of Contracts

- **A. Phase 1 of Cumberland Recovery Response Center**
  1. A motion was made by Gino Pazzaglini and seconded by George Corvin to authorize the CEO to enter into a contract for Phase 1 of the renovations of the Cumberland Recovery Response Center (Roxie Center) for an amount not to exceed $346,000. Motion passed unanimously.

- **B. Alliance Claims System**
  1. A motion was made by George Corvin and seconded by Lascel Webley to enter into a contract for software development services for an amount not to exceed $1,000,000. Motion passed unanimously.

#### 5. Review of Budget Transfer Policy

- The Budget Transfer Policy (BO-19) has been reviewed and revised. Committee members approved the revision and agreed to bring this matter forth to the Board.

- A motion was made by Gino Pazzaglini and seconded by George Corvin to recommend approval of the Policy revision.

#### 6. Audit Reports as of June 30, 2019

- Eddie Burke presented Alliance’s audit reports as of June 30, 2019:
  - Total assets as of June 30, 2019 were $136M compared to $156.1M as of June 30, 2018
  - Total liabilities as of June 30, 2019 were $57.9M compared to $49.5M as of June 30, 2018
  - Total net assets as of June 30, 2019 were $87.9M compared to $112.9M as of June 30, 2018

- Summary items:
  - Clean unmodified opinion
  - Good internal controls
  - No adjusting journal entries or passed adjusting journal entries
  - No findings in single audit
  - No significant deficiencies in internal controls
  - Executed efficiently and effectively
  - On target with this FY schedule

- Mr. Burke mentioned key financial highlights including a consistent revenue stream, a decrease in cash and investment balance, as well as an increase of liabilities. He addressed committee concerns and answered questions from the Finance Committee members as well as the County Commissioners.

---

7. **ADJOURNMENT**: the meeting adjourned at 3:37 p.m.; the next meeting will be February 6, 2020 from 2:30 p.m. to 4:00 p.m.

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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..
### Summary of Savings/(Loss) by Funding Source as of January 31, 2020

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
<th>Projection as of June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$225,099,632</td>
<td>$218,675,251</td>
<td>$6,424,381</td>
<td>$7,818,806</td>
</tr>
<tr>
<td>Medicaid Waiver Risk Reserve</td>
<td>$4,444,608</td>
<td>-</td>
<td>$4,444,608</td>
<td>$8,846,806</td>
</tr>
<tr>
<td>Federal Grants &amp; State Funds</td>
<td>$38,219,321</td>
<td>$40,115,521</td>
<td>$(1,896,200)</td>
<td>$(340,878)</td>
</tr>
<tr>
<td>Local Funds</td>
<td>$16,756,899</td>
<td>$16,615,951</td>
<td>$140,948</td>
<td>-</td>
</tr>
<tr>
<td>Administrative</td>
<td>$34,527,235</td>
<td>$36,931,772</td>
<td>$(2,404,537)</td>
<td>$(4,483,823)</td>
</tr>
<tr>
<td>Total</td>
<td>$319,007,695</td>
<td>$312,338,495</td>
<td>$6,669,200</td>
<td>$11,641,011</td>
</tr>
</tbody>
</table>

- **Committed**
  - Legislative Reductions: $(198,846)  $(340,878)
  - Intergovernmental Transfers: $(1,754,560)  $(3,007,817)
  - Reinvestments-Service: $(313,075)  $(1,582,000)
  - Reinvestments-Administrative: $(1,132,183)  $(1,476,006)
  - Total Committed: $(3,398,663)  $(6,406,701)

- **Restricted**
  - $5,917,958

- **Unrestricted**
  - $4,149,906
  - $9,968,779

**Total Fund Balance Change**

- $6,669,200  $11,641,011

---

### Fund Balance as of January 31, 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>June 30, 2019</th>
<th>Change</th>
<th>January 31, 2020</th>
<th>Projection as of June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>$4,946,365</td>
<td>$(347,511)</td>
<td>$4,598,854</td>
<td>$4,717,266</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>$51,602,006</td>
<td>$5,216,332</td>
<td>$56,818,337</td>
<td>$60,336,840</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Statutes</td>
<td>$7,005,672</td>
<td>-</td>
<td>$7,005,672</td>
<td>$7,005,672</td>
</tr>
<tr>
<td>Prepaids</td>
<td>$858,436</td>
<td>$1,049,137</td>
<td>$1,907,573</td>
<td>$431,633</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>$7,864,108</td>
<td>$1,049,137</td>
<td>$8,913,245</td>
<td>$7,437,306</td>
</tr>
<tr>
<td>Committed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislative Reductions</td>
<td>$7,342,029</td>
<td>$(198,846)</td>
<td>$7,143,184</td>
<td>$7,001,151</td>
</tr>
<tr>
<td>Intergovernmental Transfer</td>
<td>$3,007,817</td>
<td>$(1,754,560)</td>
<td>$1,253,257</td>
<td>-</td>
</tr>
<tr>
<td>Reinvestments-Service</td>
<td>$1,832,000</td>
<td>$(313,075)</td>
<td>$1,518,925</td>
<td>$250,000</td>
</tr>
<tr>
<td>Reinvestments-Administrative</td>
<td>$4,953,013</td>
<td>$(1,132,183)</td>
<td>$3,820,830</td>
<td>$3,477,007</td>
</tr>
<tr>
<td>Total Committed</td>
<td>$17,134,859</td>
<td>$(3,398,663)</td>
<td>$13,736,196</td>
<td>$10,728,158</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>$6,426,721</td>
<td>$4,149,906</td>
<td>$10,576,627</td>
<td>$16,395,500</td>
</tr>
<tr>
<td>Total Fund Balance</td>
<td>$87,974,059</td>
<td>$6,669,200</td>
<td>$94,643,259</td>
<td>$99,615,070</td>
</tr>
</tbody>
</table>
A  Projected Administrative Loss as of 6/30/20 (4,483,823)  
Committed-Intergovernmental Transfers 3,007,817  
Committed-Reinvestments-Administrative 1,476,006  
Net Administrative Savings/(Loss) After Committed Funds -

B  FY20 Committed Reinvestment Plan

<table>
<thead>
<tr>
<th>Crisis Services</th>
<th>Committed Funds FY20</th>
<th>Spent January 31, 2020</th>
<th>Projection June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland Crisis Facility</td>
<td>1,200,000</td>
<td>311,400</td>
<td>1,200,000</td>
</tr>
<tr>
<td>NC START</td>
<td>132,000</td>
<td></td>
<td>132,000</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$ 1,332,000</strong></td>
<td><strong>311,400</strong></td>
<td><strong>1,332,000</strong></td>
</tr>
</tbody>
</table>

| Engagement and Self-Management |                   |                        |                         |
| Misc                            | $ 500,000 $1,675 | $ 250,000 $1,675       |
| **Subtotal**                    | **$ 500,000**    | **$ 1,675**            | **$ 250,000**           |

| Total - Services                |                   |                        |                         |
| **$ 1,832,000**                 | **$ 313,075**     | **$ 1,582,000**        |

| Administration                  |                   |                        |                         |
| Tailored Plan planning and implementation | $ 4,953,013 $1,132,183 | $ 1,476,006 |
| **Total - Administrative**      | **$ 4,953,013**   | **$ 1,132,183**        | **$ 1,476,006**         |

| **Total Service and Administration** | **$ 6,785,013** | **$ 1,445,258** | **$ 3,058,006** |

C  Key Assumptions

1) Restricted - Other State Statutes - using 6/30/19 amount. This will change once 6/30/20 is closed.  
2) The loss related to Federal Grants and State Funds is equal to the FY20 single stream reductions.  
3) The savings related to Medicaid Waiver Services is 75% of the average of year to date revenues vs. expenses.  
4) Projections are based on currently available information and therefore are subject to change.
## Statement of Revenue and Expenses (Budget and Actual) - As of January 31, 2020

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Current Period</th>
<th>Q1</th>
<th>Q2</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>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$38,787,140</td>
<td>$3,708,491</td>
<td>$7,448,570</td>
<td>$5,599,838</td>
<td>$16,756,899</td>
<td>$22,030,241</td>
<td>43.20%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>$53,383,119</td>
<td>$4,068,960</td>
<td>$12,144,715</td>
<td>$22,005,646</td>
<td>$38,219,321</td>
<td>$15,163,798</td>
<td>71.59%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$385,741,463</td>
<td>$34,077,500</td>
<td>$98,465,941</td>
<td>$96,960,799</td>
<td>$229,504,240</td>
<td>$156,237,223</td>
<td>59.50%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$477,911,722</td>
<td>$41,854,951</td>
<td>$118,059,227</td>
<td>$124,566,283</td>
<td>$284,480,460</td>
<td>$193,431,261</td>
<td>59.53%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>$387,584</td>
<td>$32,299</td>
<td>$96,975</td>
<td>$96,821</td>
<td>$226,095</td>
<td>$161,489</td>
<td>58.33%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>$4,359,385</td>
<td>$363,283</td>
<td>$1,089,849</td>
<td>$1,089,849</td>
<td>$2,542,981</td>
<td>$1,816,404</td>
<td>58.33%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>$500,000</td>
<td>$32,825</td>
<td>$242,828</td>
<td>$187,417</td>
<td>$463,070</td>
<td>$36,930</td>
<td>92.61%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>$57,848,078</td>
<td>$5,075,319</td>
<td>$14,850,860</td>
<td>$14,601,055</td>
<td>$34,527,235</td>
<td>$23,320,843</td>
<td>59.69%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$535,759,800</td>
<td>$46,930,270</td>
<td>$132,910,087</td>
<td>$139,167,338</td>
<td>$319,007,695</td>
<td>$216,752,105</td>
<td>59.54%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>$38,787,140</td>
<td>$3,707,232</td>
<td>$7,378,726</td>
<td>$5,529,933</td>
<td>$16,615,951</td>
<td>$22,171,189</td>
<td>42.84%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>$53,383,119</td>
<td>$3,623,510</td>
<td>$14,863,369</td>
<td>$21,628,642</td>
<td>$40,115,521</td>
<td>$13,267,598</td>
<td>75.15%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$385,741,463</td>
<td>$31,369,367</td>
<td>$93,707,952</td>
<td>$93,597,933</td>
<td>$218,675,251</td>
<td>$167,066,212</td>
<td>56.69%</td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td>$477,911,722</td>
<td>$38,700,108</td>
<td>$115,950,046</td>
<td>$120,756,569</td>
<td>$275,406,723</td>
<td>$202,504,999</td>
<td>57.63%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>$9,335,253</td>
<td>$1,056,168</td>
<td>$2,480,396</td>
<td>$2,537,664</td>
<td>$6,074,228</td>
<td>$3,261,025</td>
<td>65.07%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>$43,819,039</td>
<td>$4,081,844</td>
<td>$12,386,230</td>
<td>$10,923,560</td>
<td>$27,391,634</td>
<td>$16,427,404</td>
<td>62.51%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$4,193,786</td>
<td>$358,470</td>
<td>$1,347,855</td>
<td>$1,759,584</td>
<td>$3,465,909</td>
<td>$727,877</td>
<td>82.64%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>$500,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$500,000</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td>$57,848,078</td>
<td>$5,496,482</td>
<td>$16,214,481</td>
<td>$15,220,808</td>
<td>$36,931,772</td>
<td>$20,916,306</td>
<td>63.84%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$535,759,800</td>
<td>$44,196,590</td>
<td>$132,164,527</td>
<td>$135,977,377</td>
<td>$312,338,495</td>
<td>$223,421,305</td>
<td>58.30%</td>
</tr>
</tbody>
</table>

**CHANGE IN NET POSITION**

|                        | $2,733,680 | $745,559 | $3,189,961 | $6,669,200 |
Senate Bill 208 Ratios - As of January 31, 2020

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

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

**Medical Loss Ratio (MLR)** = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue. The requirement is 85% or greater cumulative for the rating period (7/1/19-6/30/20).
## Statement of Net Position - As of December 31, 2019

### ASSETS

**Current Assets**
- Cash and cash equivalents: $37,420,115
- Short term investments: $20,706,390
- Due from other governments: $30,957,948
- Accounts receivable, net of allowance for uncollectible accounts: $164,721
- Sales tax refund receivable: $263,794
- Prepaid expenses: $2,146,655
- **Total Current Assets**: $91,659,623

**Noncurrent Assets**
- Restricted Cash: $56,046,614
- Other assets: $383,638
- Capital assets, net of accumulated depreciation: $4,637,160
- Deferred Outflows of Resources: $9,931,398
- **Total Other Assets**: $70,998,811

**Total Assets**: $162,658,433

### LIABILITIES

**Current Liabilities**
- Accounts Payable and Other Current Liabilities: $4,625,366
- Claims and other service liabilities: $36,767,903
- Unearned Revenue: $12,596,501
- Current portion of accrued vacation: $1,421,865
- Other Current Liabilities: $1,802,910
- **Total Current Liabilities**: $57,214,545

**Noncurrent Liabilities**
- Net Pension Liability: $12,815,813
- Accrued Vacation: $655,135
- Deferred Inflows of Resources: $63,361
- **Total Long-Term Liabilities**: $13,534,309

**Total Liabilities**: $70,748,855

### NET POSITION

- Capital Assets at Beginning of Year: $4,946,365
- Restricted: $51,602,006
- Unrestricted: $31,425,688
- **Net Revenue over Expenses:**
- Current Year Change in Net Position: $3,935,520
  - **Total Net Position**: $91,909,579
  - **Total Liabilities and Net Position**: $162,658,433
## Summary of Savings/(Loss) by Funding Source as of December 31, 2019

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
<th>Projection as of June 30, 2020*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$190,982,132</td>
<td>$187,305,885</td>
<td>$3,676,248</td>
<td>$5,577,971</td>
</tr>
<tr>
<td>Medicaid Waiver Risk Reserve</td>
<td>$4,444,608</td>
<td>-</td>
<td>$4,444,608</td>
<td>$8,846,906</td>
</tr>
<tr>
<td>Federal Grants &amp; State Funds</td>
<td>34,150,361</td>
<td>36,492,011</td>
<td>(2,341,650)</td>
<td>(340,878)</td>
</tr>
<tr>
<td>Local Funds</td>
<td>13,048,408</td>
<td>12,908,719</td>
<td>139,689</td>
<td>-</td>
</tr>
<tr>
<td>Administrative</td>
<td>29,451,915</td>
<td>31,435,290</td>
<td>(1,983,375)</td>
<td>(4,607,817)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$272,077,425</strong></td>
<td><strong>$268,141,905</strong></td>
<td><strong>3,935,520</strong></td>
<td><strong>9,476,182</strong></td>
</tr>
</tbody>
</table>

**Committed**

- Legislative Reductions (836,442) $ (340,878) A
- Intergovernmental Transfers (1,503,909) (3,007,817) B
- Reinvestments-Service (1,675) (1,582,000) B
- Reinvestments-Administrative (510,006) (1,600,000) A, B
- **Total Committed** (2,852,031) (6,530,695)

**Restricted**

- 5,423,622 $ 8,078,933

**Unrestricted**

- 1,363,929 $ 7,927,944

**Total Fund Balance Change** $ 3,935,520 $ 9,476,182

## Fund Balance as of December 31, 2019

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>June 30, 2019</th>
<th>Change</th>
<th>December 31, 2019</th>
<th>Projection as of June 30, 2020*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>4,946,365</td>
<td>(309,205)</td>
<td>4,637,160</td>
<td>4,717,266</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>51,602,006</td>
<td>4,444,608</td>
<td>56,046,614</td>
<td>60,336,840</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Statutes</td>
<td>7,005,672</td>
<td>-</td>
<td>7,005,672</td>
<td>7,005,672</td>
</tr>
<tr>
<td>Prepays</td>
<td>858,436</td>
<td>1,288,219</td>
<td>2,146,655</td>
<td>431,633</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>7,864,108</td>
<td>1,288,219</td>
<td>9,152,327</td>
<td>7,437,306</td>
</tr>
<tr>
<td>Committed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislative Reductions</td>
<td>7,342,029</td>
<td>(836,442)</td>
<td>6,505,588</td>
<td>7,001,151</td>
</tr>
<tr>
<td>Intergovernmental Transfer</td>
<td>3,007,817</td>
<td>(1,503,909)</td>
<td>1,503,908</td>
<td>-</td>
</tr>
<tr>
<td>Reinvestments-Service</td>
<td>1,832,000</td>
<td>(1,675)</td>
<td>1,830,325</td>
<td>250,000</td>
</tr>
<tr>
<td>Reinvestments-Administrative</td>
<td>4,953,013</td>
<td>(510,006)</td>
<td>4,443,007</td>
<td>3,353,013</td>
</tr>
<tr>
<td><strong>Total Committed</strong></td>
<td><strong>17,134,859</strong></td>
<td><strong>(2,852,031)</strong></td>
<td><strong>14,282,828</strong></td>
<td><strong>10,604,164</strong></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>6,426,721</td>
<td>1,363,929</td>
<td>7,790,650</td>
<td>14,354,665</td>
</tr>
<tr>
<td><strong>Total Fund Balance</strong></td>
<td><strong>87,974,059</strong></td>
<td><strong>3,935,520</strong></td>
<td><strong>91,909,579</strong></td>
<td><strong>97,450,241</strong></td>
</tr>
</tbody>
</table>
A  Projected Administrative Loss as of 6/30/20  $ (4,607,817)
Committed-Intergovernmental Transfers  3,007,817
Committed-Reinvestments-Administrative  1,600,000
Net Administrative Savings/(Loss) After Committed Funds  $ -

B  FY20 Committed Reinvestment Plan

<table>
<thead>
<tr>
<th>Crisis Services</th>
<th>Committed Funds FY20</th>
<th>Spent December 31, 2019</th>
<th>Projection June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland Crisis Facility</td>
<td>1,200,000</td>
<td>-</td>
<td>1,200,000</td>
</tr>
<tr>
<td>NC START</td>
<td>132,000</td>
<td>-</td>
<td>132,000</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$ 1,332,000</strong></td>
<td><strong>$ -</strong></td>
<td><strong>$ 1,332,000</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engagement and Self-Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misc</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
</tr>
<tr>
<td><strong>Total - Services</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tailored Plan planning and implementation</td>
</tr>
<tr>
<td><strong>Total - Administrative</strong></td>
</tr>
</tbody>
</table>

| Total Service and Administration | **$ 6,785,013** | **$ 511,681** | **$ 3,182,000** |

Key Assumptions
1) Reinvestment spending based on current spending and existing contracts.
2) Restricted - Other State Statutes - using 6/30/19 amount. This will change once 6/30/20 is closed.
3) Projections are based on current information and subject to change.
## Statement of Revenue and Expenses (Budget and Actual) - As of December 31, 2019

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Current Period</th>
<th>Q1</th>
<th>Q2</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>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$38,787,140</td>
<td>$2,434,420</td>
<td>$7,448,570</td>
<td>$5,599,838</td>
<td>$13,048,408</td>
<td>$25,738,732</td>
<td>33.64%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>$53,383,119</td>
<td>$6,937,361</td>
<td>$12,144,715</td>
<td>$22,005,646</td>
<td>$34,150,361</td>
<td>$19,232,758</td>
<td>63.97%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$385,741,463</td>
<td>$31,733,649</td>
<td>$98,465,941</td>
<td>$96,960,799</td>
<td>$195,426,740</td>
<td>$190,314,722</td>
<td>50.66%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$477,911,722</td>
<td>$41,105,430</td>
<td>$118,059,227</td>
<td>$124,566,283</td>
<td>$242,625,510</td>
<td>$235,286,212</td>
<td>50.77%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>$387,584</td>
<td>$32,299</td>
<td>$96,975</td>
<td>$96,821</td>
<td>$193,796</td>
<td>$193,788</td>
<td>50.00%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>$4,359,385</td>
<td>$363,283</td>
<td>$1,089,849</td>
<td>$1,089,849</td>
<td>$2,179,698</td>
<td>$2,179,687</td>
<td>50.00%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>$52,601,109</td>
<td>$4,329,530</td>
<td>$13,421,208</td>
<td>$13,226,968</td>
<td>$26,648,176</td>
<td>$25,952,932</td>
<td>50.66%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>$500,000</td>
<td>$75,254</td>
<td>$242,828</td>
<td>$187,417</td>
<td>$430,245</td>
<td>$697,755</td>
<td>86.05%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>$57,848,078</td>
<td>$4,800,367</td>
<td>$14,850,860</td>
<td>$14,601,055</td>
<td>$29,451,915</td>
<td>$28,396,163</td>
<td>50.91%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$535,759,800</td>
<td>$45,905,796</td>
<td>$132,910,087</td>
<td>$139,167,338</td>
<td>$272,077,425</td>
<td>$263,682,375</td>
<td>50.78%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>$38,787,140</td>
<td>$2,411,138</td>
<td>$7,378,726</td>
<td>$5,529,993</td>
<td>$12,908,719</td>
<td>$25,878,421</td>
<td>33.28%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>$53,383,119</td>
<td>$6,223,008</td>
<td>$14,863,369</td>
<td>$21,628,642</td>
<td>$36,492,011</td>
<td>$16,891,108</td>
<td>68.36%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$385,741,463</td>
<td>$30,291,673</td>
<td>$93,707,952</td>
<td>$93,597,933</td>
<td>$187,305,885</td>
<td>$198,435,578</td>
<td>48.56%</td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td>$477,911,722</td>
<td>$38,925,819</td>
<td>$115,950,046</td>
<td>$120,756,569</td>
<td>$236,706,615</td>
<td>$241,205,107</td>
<td>49.53%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>$9,335,253</td>
<td>$748,329</td>
<td>$2,480,396</td>
<td>$2,537,664</td>
<td>$5,018,060</td>
<td>$4,317,193</td>
<td>53.75%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>$43,819,039</td>
<td>$3,185,273</td>
<td>$12,386,230</td>
<td>$10,923,560</td>
<td>$23,309,790</td>
<td>$20,509,248</td>
<td>53.20%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$4,193,786</td>
<td>$734,607</td>
<td>$1,347,855</td>
<td>$1,759,584</td>
<td>$3,107,440</td>
<td>$1,086,347</td>
<td>74.10%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>$500,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$500,000</td>
<td>$0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td>$57,848,078</td>
<td>$4,668,209</td>
<td>$16,214,481</td>
<td>$15,220,808</td>
<td>$31,435,290</td>
<td>$26,412,788</td>
<td>54.34%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$535,759,800</td>
<td>$43,594,028</td>
<td>$132,164,527</td>
<td>$135,977,377</td>
<td>$268,141,905</td>
<td>$267,617,895</td>
<td>50.05%</td>
</tr>
<tr>
<td><strong>CHANGE IN NET POSITION</strong></td>
<td><strong>$2,311,768</strong></td>
<td><strong>$745,559</strong></td>
<td><strong>$3,189,961</strong></td>
<td><strong>$3,935,520</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Senate Bill 208 Ratios - As of December 31, 2019

#### 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

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

**Medical Loss Ratio (MLR)** = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue. The requirement is 85% or greater cumulative for the rating period (7/1/19-6/30/20).
ITEM: Draft Minutes from the December 2019 Board Meetings

DATE OF BOARD MEETING: March 5, 2020

REQUEST FOR BOARD ACTION: Approve the draft minutes from the December 5, 2019, regular meeting and the December 19, 2019, special meeting.

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Robert Robinson, CEO; Veronica Ingram, Executive Assistant II
MEMBERS PRESENT: ☒ Glenn Adams, Cumberland County Commissioner, JD (via phone), ☐ Cynthia Binanay, Chair, MA, BSN, ☐ Tony Braswell, Johnston County Commissioner, ☐ Heidi Carter, Durham County Commissioner, MPH, MS, ☒ George Corvin, Vice-Chair, MD, ☒ David Curro, BS, ☐ Angela Diaz, MBA, ☐ Greg Ford, Wake County Commissioner, MA, ☐ Lodies Gloston, MA (via phone), ☐ David Hancock, MBA, MPAff, ☐ Duane Holder, MPA, ☐ D. Lee Jackson, BA (via phone – exited at 5:02 pm), ☒ Donald McDonald, MSW, ☐ Lynne Nelson, BS, ☒ Gino Pazzaglini, MSW LFACHE, ☒ Pam Silberman, JD, DrPH, ☒ Lascel Webley, Jr., MBA, MHA, and ☐ McKinley Wooten, Jr., JD

GUEST(S) PRESENT: Eddie Burke, Cherry Bekaert, LLP; Janet Conner-Knox, A Caring Heart, LLC; Bret Curro; Denise Foreman, Wake County Manager’s office; and Mary Hutchings, Wake County Finance Department

ALLIANCE STAFF PRESENT: Damali Alston, Director of Network Evaluation; Michael Bollini, Executive Vice-President/Chief Operating Officer; Joey Dorsett, Senior Vice-President/Chief Information Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Amanda Graham, Senior Vice-President/Operational Effectiveness; Veronica Ingram, Executive Assistant II; Mehul Mankad, Chief Medical Officer; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Colin Reilly, Senior Accountant; Robert Robinson, Chief Executive Officer; Matthew Ruppel, Director of Program Integrity; Erika Singleton, Administrative Assistant II; Tammy Thomas, Senior Director of Project Portfolio Management; Sara Wilson, Director of Government Relations; Carol Wolff, General Counsel; and Doug Wright, Director of Community and Member Engagement

1. CALL TO ORDER: Chair George Corvin called the meeting to order at 4:09 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Announcements</td>
<td>A. New Board Member: Chair Corvin mentioned a new Board member, Angela Diaz, who recently took the oath of office.</td>
</tr>
<tr>
<td></td>
<td>B. November URAC Review: Mr. Robinson mentioned a successful review; the agency received reaccreditation for three areas: Health Utilization Management, Health Call Center, and Health Network.</td>
</tr>
<tr>
<td></td>
<td>C. i2i Award: Mr. Robinson shared that Alliance and Johnston County Public Schools received an award for Public Schools Safety Improvement Program in Johnston County; this was a partnership between Johnston County and Alliance</td>
</tr>
<tr>
<td></td>
<td>D. Revised Orientation for New Board Members: Mr. Robinson shared about creating a revised training for new Board members; this revision was designed to expedite orientation in a more convenient format by transitioning from an in-person meeting to an online option for Board members.</td>
</tr>
<tr>
<td></td>
<td>E. Durham BOCC Presentation: Mr. Robinson shared about Alliance’s recent presentation at the Durham Board of County Commissioners (BOCC) meeting about Single Stream funding changes and a Medicaid Transformation update.</td>
</tr>
<tr>
<td>3. Agenda Adjustments</td>
<td>Chair Corvin recommended an adjustment to the agenda: to add sale of a facility; it would be after the sublease agreement.</td>
</tr>
<tr>
<td>4. Public Comment</td>
<td>There were no public comments.</td>
</tr>
<tr>
<td>5. Committee Reports</td>
<td>A. Consumer and Family Advisory Committee – page 3</td>
</tr>
<tr>
<td></td>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes and supporting documents from the Johnston, Cumberland, and Steering Committee meetings.</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td><strong>Dave Curro, CFAC Chair, presented the report. Mr. Curro shared about a community forum in Cumberland County; he also mentioned upcoming forums in Durham, Wake and Johnston County. He mentioned the recent Steering Committee meeting included a letter to all members of the North Carolina General Assembly, which was supported by all the CFAC subcommittees. Mr. Curro mentioned that the Statewide CFAC members have expressed interest in viewing this letter. The CFAC report is attached to and made part of these minutes.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td></td>
<td>The Board received the report.</td>
</tr>
<tr>
<td>B. Finance Committee – page 86</td>
<td><strong>The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included the draft minutes from the November 7, 2019, meeting, the Summary of Savings/(Loss) by Funding Source and ratios for the period ending October 31, 2019, and recommendations to the Board to approve all presented contracts over $250,000.</strong></td>
</tr>
<tr>
<td></td>
<td>David Hancock, Committee Chair, presented the report. Mr. Hancock stated that revenues exceeded expenditures and all contractual ratios were met. He shared that the Finance Committee received a detailed report from the auditor for the previous year ending June 30, 2019. Mr. Hancock and Sara Pacholke, Senior Vice-President/Financial Operations, reviewed the contracts which were reviewed by the Finance Committee and were presented to the Board for approval. The Finance Committee report is attached to and made part of these minutes.</td>
</tr>
<tr>
<td></td>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Mr. Hancock to authorize the CEO to enter into a contract for phase one of renovations of the Cumberland Recovery Response Center (Roxie Center) for an amount not to exceed $346,000; motion seconded by Mr. Webley. Motion passed unanimously.</td>
</tr>
<tr>
<td></td>
<td>A motion was made by Mr. Hancock to authorize the CEO to enter into a contract for software development services for an amount not to exceed $1,000,000; motion seconded by Mr. Pazzaglini. Motion passed unanimously.</td>
</tr>
<tr>
<td>6. June 30, 2019, Audit Presentation – page 94</td>
<td><strong>An annual audit is a requirement of the Local Government Budget and Fiscal Control Act GS 159-34. An annual audit is also a requirement of the NC DHHS-DHB (Department of Health and Human Services – Division of Health Benefits) contract with Alliance for the Medicaid Waiver. Eddie Burke with Cherry Bekaert, LLP, provided an overview of the results of the June 30, 2019, audited statements. This presentation was previously provided to the Board Finance Committee and will be saved with Board files. Chair Corvin shared that the Finance Committee reviewed this report in greater detail. Chair Corvin commended Finance staff for a successful report with no material findings.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td></td>
<td>The Board received the audit report.</td>
</tr>
</tbody>
</table>
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Consent Agenda</td>
<td>A. Draft Minutes from November 7, 2019, Board Meeting – page 95</td>
</tr>
<tr>
<td></td>
<td>B. Executive Committee Report – page 99</td>
</tr>
<tr>
<td></td>
<td>C. Quality Management Committee Report – page 102</td>
</tr>
<tr>
<td></td>
<td>D. Calendar Year (CY) 2020 Schedule of Board Meetings and Locations – page 106</td>
</tr>
</tbody>
</table>

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 Dr. Silberman to adopt the consent agenda; motion seconded by Mr. Curro. Motion passed unanimously.

<table>
<thead>
<tr>
<th>8. Sublease Agreement – page 109</th>
<th>A. Sublease Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B. Sale of Property</td>
</tr>
</tbody>
</table>

Both items required supermajority approval pursuant to the Board By-Laws. Both topics were postponed as the required supermajority was not present.

**BOARD ACTION**

The Board postponed reviewing this topic.

<table>
<thead>
<tr>
<th>9. Appointment Recommendation – page 117</th>
<th>In accordance with the By-Laws of the Board, the initial terms of some Board members were staggered. The matter before the Board was to recommend to the Cumberland Board of County Commissioners the appointment of Dr. John Lesica to Alliance's Board.</th>
</tr>
</thead>
</table>

**BOARD ACTION**

A motion was made by Commissioner Carter to forward John Lesica’s application to the Cumberland Board of County Commissioners and to request his appointment to Alliance’s Board; motion seconded by Ms. Gloston. Motion passed unanimously.

<table>
<thead>
<tr>
<th>10. Legislative Update</th>
<th>Rob Robinson, CEO, presented the legislative update; his presentation included an update on the Medicaid Transformation delay due to lack of a State budget. Brian Perkins, Senior Vice-President/Strategy and Government Relations, provided an update on the #CareforNC campaign, which included a meeting with other NC MCOs (managed care organizations) during this week’s i2i conference in Pinehurst, NC.</th>
</tr>
</thead>
</table>

**BOARD ACTION**

The Board received the update.

<table>
<thead>
<tr>
<th>11. Chair’s Report</th>
<th>Chair Corvin reminded Board members that the next Board meeting will be in February 2020 and in Johnston County. He wished all attendees Happy Holidays and thanked Board members and staff for the work they do for the people Alliance serves.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12. Closed Session(s)</th>
<th><strong>BOARD ACTION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A motion was made by Mr. Curro to enter closed session pursuant to NC § 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; motion seconded by Ms. Gloston. Motion passed unanimously.</td>
</tr>
<tr>
<td></td>
<td>The Board returned to open session.</td>
</tr>
</tbody>
</table>
AREA BOARD REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
4:00-6:00 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Adjournment</td>
<td>All business was completed; the meeting adjourned at 5:20 p.m.</td>
</tr>
</tbody>
</table>

Next Board Meeting
Thursday, February 06, 2020
4:00 – 6:00 pm

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

GUEST(S) PRESENT: None

ALLIANCE STAFF PRESENT: Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Veronica Ingram, Executive Assistant II; Robert Robinson, Chief Executive Officer; and Carol Wolff, General Counsel.

1. CALL TO ORDER: Chair George Corvin called the meeting to order at 8:09 a.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
</table>
| 2. Property Update | A. Sublease Agreement  
Carol Wolff, General Counsel, presented the sublease to Recovery Innovations, Inc. ("RI") for the Roxy Crisis Facility located at 1724 Roxie Ave, Fayetteville. This item requires supermajority approval pursuant to the Board By-Laws, which was present.  

**BOARD ACTION**  
A motion was made by Mr. Curro to approve the proposed Sublease to RI International, Inc. dba Recovery Innovations Inc. for the Roxy Facility located at 1724 Roxie Ave, Fayetteville and to authorize the CEO to make non-substantive changes and execute the Sublease; motion seconded by Mr. Wooten. Motion passed unanimously. |
| | B. Sale of Property at 3309 Durham Drive, Raleigh  
Ms. Wolff provided an update on the sale of this property. This item requires supermajority approval pursuant to the Board By-Laws, which was present.  

**BOARD ACTION**  
A motion was made by Commissioner Adams to waive the rules set forth in the By-laws and to authorize the CEO to enter into any binding or non-binding agreement for the sale of the property at 3309 Durham Drive, Raleigh, as long as it exceeds the purchase price and the agency’s investment in the property, subject to approval of the Board Chair, without further Board approval; motion seconded by Mr. Wooten. Motion passed unanimously. |
| 3. Adjournment | All business was completed; the meeting adjourned at 8:21 a.m. |
ITEM: By-Laws/Policy Committee Report

DATE OF BOARD MEETING: March 5, 2020

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

Policies reviewed at the December 12, 2019, Policy Committee meeting and ready for Board approval without revisions:
None

Policies reviewed with recommended revisions: BO-19 Budget Transfers, and G-10 Delegation of Authority to the Chief Executive Officer

Policies reviewed and recommended to repeal: None

REQUEST FOR BOARD ACTION: Accept the report. Accept Board Policy Committee minutes from the December meeting as submitted. Approve the recommended changes to the above listed policies.

CEO RECOMMENDATION: Accept the report. Approve the proposed revised policies.

RESOURCE PERSON(S): Lodies Gloston, Committee Chair; Monica Portugal, Chief Compliance Officer
APPOINTED MEMBERS PRESENT: ☒ Lodies Gloston, MA (Committee Chair) via teleconference, ☐ Lee Jackson, BA ☐ McKinley Wooten, JD

BOARD MEMBERS PRESENT: ☒ George Corvin, MD, via teleconference

GUESTS PRESENT:

STAFF PRESENT: Kathy Dempsey, Compliance Analyst and Monica Portugal, Chief Compliance Officer; and Carol Wolff, General Counsel

1. WELCOME AND INTRODUCTIONS – The meeting was called to order at 4:01 p.m.

2. REVIEW OF THE MINUTES – The minutes from the August 14, 2019, meeting were reviewed; a motion was made by Dr. Corvin and seconded by Ms. Gloston to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. G-10 Delegation of Authority to the Chief Executive Officer</td>
<td>The Committee reviewed and discussed proposed revisions to the policy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Dr. Corvin and seconded by Ms. Gloston to approve the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>revised policy. Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. BO-19 Budget Transfers</td>
<td>The Committee reviewed and discussed proposed revisions to the policy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Dr. Corvin and seconded by Ms. Gloston to approve the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>revised policy. Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. ADJOURNMENT: the meeting adjourned at 4:05 p.m.; The next meeting will be March 12, 2020, from 4:00 p.m. to 5:30 p.m.
I. PURPOSE

The purpose of this policy is to define the relationship between the Alliance Behavioral Healthcare Board of Directors (Board of Directors) and the Chief Executive Officer.

II. DEFINITIONS

Chief Executive Officer: The Chief Executive Officer is the Area Authority’s chief executive officer. The Chief Executive Officer is hired and evaluated by the Board of Directors and is responsible for leading and managing the Area Authority’s business and affairs.

III. POLICY STATEMENT

The Board of Directors shall maintain an ongoing relationship with the Chief Executive Officer that will ensure the effective and efficient operation of the Area Authority’s programs and services.

IV. PROCEDURES

A. Delegation of Authority and Responsibility to the Chief Executive Officer

The Chief Executive Officer shall be employed by the Alliance Behavioral Healthcare Board of Directors (Board of Directors) to administer the affairs of the Area Authority within the policies and procedures adopted by the Board of Directors and applicable Federal, State and local laws and regulations. The duties of the Chief Executive Officer shall include but are not limited to:

1. Hire, suspend and dismiss employees as necessary.
2. Provide the Board of Directors with required reports, data and information regarding programs, services, finances and any other business areas as identified by the Board of Directors.
3. Assume overall responsibility for implementing programs and services, including the execution of Provider contracts pursuant thereto.
4. Develop procedures to implement the policies of the Board of Directors.
5. Administer and monitor the Area Authority budget and recommend changes.
6. Define duties and establish the compensation of the Area Authority employees.
7. Evaluate the Area Authority employees.
8. Serve as the primary liaison between the Board of Directors and the NC Department of Health and Human Services.
9. Assist the Board of Directors in understanding their legal responsibilities in performance of their assigned duties.
10. Meet with the Board of Directors or specific Board of Directors members, during regularly established, or impromptu, meetings as required.
11. Negotiate, approve and execute settlement agreements of provider and consumer appeals deemed necessary and in consultation with General Counsel.
12. Enter into all necessary non-Provider contracts (including but not limited to consultant, service contracts, and purchase of goods) and extensions and amendments thereto costing $500,000 or less cumulatively within one fiscal year, and contracts funded directly by an allocation letter, a grant, or contracts for organization and employee insurance regardless of amount. Requests for all other non-Provider contracts shall be presented to the Board Finance Committee for consideration and authorization for approval by the Board. Nothing herein delegates authority to the CEO for those matters set forth in the Board By-laws requiring approval by a super majority of the Board. The CEO may delegate his authority for non-Provider contracts costing $500,000 or less, as deemed necessary for the efficient operation of the organization.

B. Board of Directors Access to Area Authority Management and Employees

From time to time Board of Directors members may need to interact with staff of the Area Authority in order for the Board to fulfill its mission. The Chief Executive Officer shall develop the framework and procedures to facilitate Board/staff interaction.
I. PURPOSE

Alliance Health (Alliance) is a political subdivision of the State of North Carolina that is subject to Article 3 of N.C.G.S. Chapter 159, the Local Government Budget and Fiscal Control Act. N.C.G.S. §159-9 requires the governing board to appoint a budget officer to serve at the will of the governing board. The Alliance Board has appointed the Chief Financial Officer as the Budget Officer. N.C.G.S. §159-15 allows the governing board to authorize the Budget Officer to transfer moneys from one appropriation to another within the same fund subject to such limitations and procedures as it may prescribe. The purpose of this Board Policy is to define the authority level at which the Chief Financial Officer as the board appointed Budget Officer, can transfer moneys within and between appropriations.

II. POLICY STATEMENT

The Annual Operating Budget for Alliance is supported by Federal and State Medicaid Funds, State Funds, Federal and Other Grant Funds and County funds. Throughout the fiscal year it may be necessary from time to time to transfer moneys between and within the funding sources (or “appropriations”) to maximize the most appropriate use of funding for services. It is the policy of Alliance to authorize the Chief Financial Officer, as the board appointed Budget Officer to transfer moneys as outlined below:

- Transfers of $25,000 or less between appropriations may be made by the Budget Officer without prior approval.
- Subject to the prior written approval from the Chief Executive Officer, transfers between appropriations of $25,001 - $100,000 per transaction, may be made if allowed by the funding source subject to a report to the Board Finance Committee at its next scheduled meeting. The report to the finance committee shall contain the reason and justification for the transfer. Consistent with N.C.G.S. §159-15, the Finance Committee will report these transfers to the Board at its next regular meeting for information and entry into the minutes.
- Funds allocated by the State for programs or services in a specific county may not be transferred between counties without the approval of the finance committee and the Board and/or direction from the State.

*Deleted:* Transfers within an appropriation up to $100,000 cumulatively for the fiscal year may be made subject to a year-end report to the Finance Committee. This year-end report will be provided to the Board at its next regular meeting for information and entry into the minutes.

*Deleted:* Amounts exceeding the limits above shall require Board approval. A request to transfer money in excess of the Budget Officer’s authority shall be brought to the Finance Committee first for prior consideration/recommendation. The Finance Committee shall report its recommendation to the Board at the next regular meeting for final approval or denial. The Board action shall be recorded in the minutes.
Notwithstanding the foregoing, the Year-end adjustments made in the year end close process (August of the following fiscal year) may be made and reported to the Finance Committee and the Board at the next meeting after the year-end financial statements have been completed.

The transfer of county appropriations between counties is prohibited.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
ITEM: Executive Committee Report

DATE OF BOARD MEETING: March 5, 2020

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. Attached are approved minutes from the January 21, 2020, meeting and draft minutes from the February 17, 2020, meeting.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dr. George Corvin, Board Chair; Robert Robinson, CEO
1. WELCOME AND INTRODUCTIONS – The meeting was called to order at 4:01 pm.

2. REVIEW OF THE MINUTES – The minutes from the November 18, 2019, meeting were reviewed; a motion was made by Mr. Hancock and seconded by Dr. Silberman to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Updates</td>
<td>a) LEGISLATIVE UPDATE: Mr. Perkins provided an update from the recent NC General Assembly (NCGA) session. The NCGA has not approved a budget which has caused a suspension of the State’s Medicaid Transformation. Committee members discussed implementation of NC DHHS’ (Department of Health and Human Services) Medicaid Transformation and the potential impact on the State’s Standard Plan and Tailored Plan implementation with the delay in approving the NC budget. Mr. Robinson stated that nothing changes at this point in terms of the organizational preparation to become a Tailored Plan.</td>
<td>a) None specified.</td>
<td>a) N/A</td>
</tr>
<tr>
<td></td>
<td>b) PROPOSED REVISIONS FOR BOARD ORIENTATION: Mr. Robinson mentioned revision to this process which formerly was a four-hour, in-person training. Staff revised this training to be more convenient for new Board members. Effective January 2020, this training will be exclusively online with the option for an in-person session if requested by Board members.</td>
<td>b) None specified.</td>
<td>b) N/A</td>
</tr>
<tr>
<td></td>
<td>c) BOARD MEMBERSHIP: Chair Corvin reviewed the current terms and pending vacancies of Board members.</td>
<td>c) None specified.</td>
<td>c) N/A</td>
</tr>
<tr>
<td></td>
<td>d) SALE OF PROPERTY UPDATE: Ms. Wolff provided an update on the sale of the property at 3309 Durham Drive in Raleigh; the update included progress with a potential purchaser with a tentative closing date of March 25, 2020.</td>
<td>d) None specified.</td>
<td>d) N/A</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
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<td>4. Board Videos for Staff Intranet</td>
<td>Mr. Robinson mentioned this internal video series: <em>Meet the Board</em>, where Board members record a short video for the staff intranet. Ms. Ingram mentioned the process and that the videos are well received by staff. Board Members were encouraged to participate in the process.</td>
<td>Ms. Ingram will schedule videos before upcoming Executive Committee meetings.</td>
<td>Starting February 17, 2020.</td>
</tr>
<tr>
<td>5. Review of Draft Policy</td>
<td>Mr. Robinson reviewed draft Policy G15: <em>Emergency Succession for the CEO</em>, which is separate from the succession plan policy. Committee members recommended revising section II of the policy: to replace &quot;The Board of Directors (Board) shall immediately convene...&quot; with &quot;The Board Chair shall immediately convene...&quot;</td>
<td>The draft policy will be forwarded to the Policy Committee.</td>
<td>For the next Board Policy Committee meeting.</td>
</tr>
<tr>
<td><strong>COMMITTEE ACTION</strong></td>
<td>A motion was made by Ms. Binanay to forward Policy G15: <em>Emergency Succession for the CEO</em> with the specified revision to the Board Policy Committee. Motion seconded by Ms. Gloston. Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Chair Responsibilities for February Board and Executive Committee Meetings</td>
<td>Chair Corvin mentioned that both he and Vice-Chair, Gino Pazzaglini, will be unavailable for the February Board and Executive Committee meetings. Committee members discussed utilizing a Chair Pro Tem; General Counsel, Carol Wolff, advised the Committee on the process for utilizing a Chair Pro Tem.</td>
<td>Chair Corvin will communicate with the potential pro tem.</td>
<td>None specified.</td>
</tr>
<tr>
<td>7. Board Chair and Vice-Chair Selection Process</td>
<td>Chair Corvin mentioned that his final term as a Board member ends March 31, 2020, which is in the midst of his term as Board Chair. Ms. Wolff advised the Committee to have the current Vice-Chair continue in his current role, which includes leading meetings in the Chair’s absence. She recommended selecting a Vice-Chair pro tem to serve through June 30, 2020.</td>
<td>Topic will be added to the agenda of the March Board meeting.</td>
<td>3/5/2020</td>
</tr>
<tr>
<td><strong>COMMITTEE ACTION</strong></td>
<td>The Committee supported Ms. Wolff’s recommendation.</td>
<td></td>
<td></td>
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<tr>
<td>8. Agenda for February Board Meeting</td>
<td>Committee reviewed the draft agenda and provided input.</td>
<td>Ms. Ingram will forward the agenda to staff.</td>
<td>1/22/2020</td>
</tr>
<tr>
<td>9. <strong>ADJOURNMENT</strong>: the meeting adjourned at 5:06 pm; the next meeting will be February 17, 2020, at 4:00 p.m.</td>
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</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on February 17, 2020.
**APPOINTED MEMBERS PRESENT:** Cynthia Binanay, MA (Previous Board Chair); George Corvin, MD (Board Chair), Lodies Gloston, MA (Policy Committee Chair) (via phone); David Hancock, MBA, PFAff (Finance Committee Chair), Donald McDonald, MSW (Network Development and Services Committee Chair); Lynne Nelson, BS (Human Rights Committee Chair) (via phone), Gino Pazzaglini, MSW LFACHE (Board Vice-Chair), Pam Silberman, JD, DrPH (Quality Management Committee Chair) (via phone; exited at 4:30 pm); and Lascel Webley, Jr., MBA, MHA (Audit and Compliance Committee Chair)

**APPOINTED, NON-VOTING BOARD MEMBERS PRESENT:** None

**BOARD MEMBERS PRESENT:** None

**GUEST(S):** None

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

1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 4:01 p.m.

2. **REVIEW OF THE MINUTES** - the Committee reviewed minutes from the January 21, 2020, meeting. A motion was made by Mr. McDonald to approve the minutes. Ms. Binanay seconded the motion; motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
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<tbody>
<tr>
<td>3. Updates</td>
<td>A. LEGISLATIVE UPDATE/MEDICAID TRANSFORMATION: Mr. Robinson shared that the NC General Assembly (NCGA) has not approved a budget. According to NC DHHS (Department of Health and Human Services) report, the TP (Tailored Plan) RFA (request for application) is on schedule to be released late winter/early spring.</td>
<td>A. None specified. B. None specified. C. Topic will be added to the agenda for the March Board meeting.</td>
<td>A. N/A B. N/A C. 3/5/20</td>
</tr>
<tr>
<td></td>
<td>B. BOARD VIDEOS FOR STAFF INTRANET: Mr. Robinson reminded Committee members of this project/plan for short videos of Board members as a means of introducing the Board to staff. Videos are scheduled to finish within the next six weeks.</td>
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<td></td>
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<tr>
<td></td>
<td>C. RESCHEDULING BOARD MEETING IN JOHNSTON COUNTY: As stated in the bylaws, “Regular meetings (of the Board) shall be held at least six times each year at a location and time designated by the Board of Directors.” The February 2020 Board meeting was scheduled to be in Johnston County and was cancelled due to inclement weather. The Committee agreed by consensus to reschedule this meeting as soon as space is available.</td>
<td></td>
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<tr>
<td>4. Staff Futures Workgroup</td>
<td>Mr. Robinson reviewed the purpose for this staff workgroup which board members were invited to attend. He requested input from the Executive Committee regarding future structure, schedule and purpose of these meetings.</td>
<td>Mr. Robinson will coordinate future meetings as needed and per the Executive Committee’s input.</td>
<td>None specified.</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
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<tr>
<td>5. Reappointment Recommendations</td>
<td>Vice-Chair Pazzaglini shared that two Board members’ terms expire March 31, 2020: David Curro and Angela Diaz. Both members are willing to serve an additional term.</td>
<td>Topic will be added to the agenda for the March Board meeting.</td>
<td>3/5/20</td>
</tr>
<tr>
<td></td>
<td><strong>COMMITTEE ACTION:</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>A motion was made by Dr. Silberman to recommend that the Board requests that the respective Board of County Commissioners reappoint David Curro and Angela Diaz. Motion seconded by Ms. Gloston. Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Agenda for September Board Meeting</td>
<td>Committee reviewed the draft agenda and provided input.</td>
<td>Ms. Ingram forwarded the agenda to staff.</td>
<td>2/18/20</td>
</tr>
</tbody>
</table>

7. **ADJOURNMENT:** the meeting adjourned at Click or tap here to enter text.; the next meeting will be March 16, 2020, at 4:00 p.m.
ITEM: Human Rights Committee Report

DATE OF BOARD MEETING: March 5, 2020

BACKGROUND: The Human Rights Committee shall include consumers and family members representing mental health, developmental disabilities and substance abuse.

The Human Rights Committee functions include:
1) Reviewing and evaluating the Area Authority’s Client Rights policies at least annually and recommending needed revisions to the Area Board.
2) Overseeing the protection of client rights and identifying and reporting to the Area Board issues which negatively impact the rights of persons serviced.
3) Reporting to the full Area Board at least quarterly.

The Human Rights Committee shall meet at least quarterly.

The Human Rights Committee is required by statute and by your by-laws. The Committee meets at least quarterly and reports to you by presenting the minutes of the meetings as well as through Quality Management Reports reviewing grievances and incidents.

The Human Rights Committee is a Board Committee with at least 50% of its membership being either consumers or family members that are not Board Members. All members and the chair are appointed by the Chair of the Alliance Board of Directors. Draft minutes for the January 9, 2020 meeting are attached.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Lynne Nelson, Committee Chair; Doug Wright, Director of Community and Member Engagement
APPOINTED MEMBERS PRESENT: ☐Lodies Gloston, MA, Board member, ☐Sally Hunter, ☒Donald McDonald, MSW, Board member, ☒Dr. Michael Teague, ☒Patricia Wells, ☒Ira Wolfe, ☐McKinley Wooten, Jr., JD, Board member, ☒Lynne Nelson (Committee Chair)

APPOINTED, NON-VOTING MEMBERS PRESENT:

BOARD MEMBERS PRESENT:

GUEST(S) PRESENT:

STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Ramona Branch, Individual and Family Engagement Specialist, Wes Knepper, Director of Quality Management

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES - The minutes from the July 11, 2019, meeting were reviewed; a motion was made by Dr. Michael Teague and seconded by Patricia Wells to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3. Grievance Review</td>
<td>Wes filled in for Todd Parker who is on vacation. Wes reviewed the Grievance report for the 4th quarter. Clarification was given over the difference between abuse, neglect, and exploitation. Questions were fielded around different services, what are enhanced services and the different kind of residential services. A request was made to bring a 4 quarter rolling trend on the number of grievances received. Another request was made for some sort of reporting of when QM sends a letter to providers because they have seen a trend that was concerning. The committee understands the importance of respecting confidentiality rights of members and providers and are more interested in the types of concerns coming in versus the specific providers. It was noted how the grievance staff would refer cases to the Special Investigative Unit and a request was made to have SIU present to the committee next quarter. Reviewed that grievances reported have gone down and are in line with other LME/MCOs by not including internal concerns.</td>
<td>Present at the next meeting a rolling 4 quarter trend on the number of grievances received. Discuss trends that were of concern to QM enough to contact providers for resolution. Schedule SIU to present at the next meeting.</td>
<td>January 9, 2020</td>
</tr>
<tr>
<td>4. Incident Review</td>
<td>Wes reviewed the 4th quarter Incident Trends Report with the committee. Adult and children were compared as well as types of incidents. Special attention was given to Restrictive Interventions, Injuries, Abuse/Neglect/Exploitation, and deaths. The committee ask for a rolling 4 quarter comparison for total numbers.</td>
<td>Present at the next meeting a rolling 4 quarter trend of incidents.</td>
<td>January 9, 2020</td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
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<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Annual Human Rights Training</td>
<td>Doug delivered the annual Human Rights training to all members present. Each member received a copy of the training as well as the statutes and rules relevant to human rights at the LME/MCO level and at the provider level.</td>
<td>Use the information to perform duties and support members, ask questions if they arrive and receive the training annually.</td>
<td>October 2020</td>
</tr>
<tr>
<td>6. Future agenda items</td>
<td>Special Investigative Unit, possibly something about the changing demographics of our population.</td>
<td>Schedule SIU for next quarter.</td>
<td>January 9, 2020</td>
</tr>
</tbody>
</table>

7. **ADJOURNMENT**: next meeting will be January 9, 2020 from 4:00 p.m. to 5:30 p.m.

Respectfully Submitted by:

Doug Wright

[Click here to enter text.]

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Q4 Complaint Analysis
QM Quality Assurance
Overview

Q1 FY20 yielded 236 entries

- 100 (42%) Grievances – Members/legal guardians
- 89 (38%) Internal Employee Concerns – Alliance staff
- 40 (17%) External Stakeholder Concerns – Outside entities
- 7 (3%) Compliments
<table>
<thead>
<tr>
<th>Reporting Category</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse, Neglect and Exploitation</td>
<td>Any allegation regarding the abuse, neglect and/or exploitation of a child or adult as defined in APSM 95-2 (Client Rights Rules in Community Mental Health)</td>
</tr>
<tr>
<td>Access to Services</td>
<td>Access to Services as any complaint where an individual is reporting that he/she has not been able to obtain services</td>
</tr>
<tr>
<td>Administrative Issues</td>
<td>any complaint regarding a Provider’s managerial or organizational issues, deadlines, payroll, staffing, facilities, etc.</td>
</tr>
<tr>
<td>Authorization/Payment Issues/Billing PROVIDER ONLY</td>
<td>Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices regarding providers</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>Any complaint regarding the ability to obtain food, shelter, support, SSI, medication, transportation, etc.</td>
</tr>
<tr>
<td>Clients Rights</td>
<td>Any allegation regarding the violation of the rights of any consumer of mental health/developmental disabilities/substance abuse services. Clients Rights include the rights and privileges as defined in General Statutes 122C and APSM 95 -2 (Client Rights Rules in Community Mental Health)</td>
</tr>
<tr>
<td>Confidentiality/HIPAA</td>
<td>Any breach of a consumer’s confidentiality and/or HIPAA regulations.</td>
</tr>
<tr>
<td>LME/MCO Functions</td>
<td>Any complaint regarding LME functions such as Governance/ Administration, Care Coordination, Utilization Management, Customer Services, etc.</td>
</tr>
<tr>
<td>LME/MCO Authorization/ Payment/Billing</td>
<td>Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices of the LME/MCO</td>
</tr>
<tr>
<td>Provider Choice</td>
<td>Complaint that a consumer or legally responsible person was not given information regarding available service providers.</td>
</tr>
<tr>
<td>Quality of Care – PROVIDER ONLY</td>
<td>Any complaint regarding inappropriate and/or inadequate provision of services, customer services and services including medication issues regarding the administration or prescribing of medication, including the wrong time, side effects, overmedication, refills, etc.</td>
</tr>
<tr>
<td>Service Coordination between Providers</td>
<td>Any complaint regarding the ability of providers to coordinate services in the best interest of the consumer.</td>
</tr>
<tr>
<td>Other</td>
<td>Any complaint that does not fit the above areas.</td>
</tr>
</tbody>
</table>
Nature of Issue/Type

(Top 5)

- Quality of Services: 54
- Access to Services: 44
- Administrative Issues: 29
- Authorization/Payment/Billing: 28
- Abuse, Neglect, Exploitation: 23
Source: Who submitted concerns?
# Complaints Against Alliance

## 19 Complaints Against Alliance

<table>
<thead>
<tr>
<th>Nature of Issue</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LME/MCO Functions</td>
<td>Complaints related to Care Coordination (staff), housing, changes in care management, and Innovations wait list</td>
</tr>
<tr>
<td>Authorization/Payment/Billing</td>
<td>Complaints related to denials for services, improper billing of members, guardian’s concerns for budget letter reductions</td>
</tr>
</tbody>
</table>
Service Breakdown

- 17% from Residential Services
- 11% Innovations Waiver Services
- 7% Outpatient Services
  - All others represented 6% or less or were non-service related
Service Breakdown

- 11% - NC Innovations Waiver Services
- 2% - IDD Care Coordination
- 2% - Developmental Therapies
Service Breakdown

- 34% - Enhanced Services
- 8% - Basic Services
- 10% - Crisis Services
- 1% - SUD Services
- <1% - MH/SUD Care Coordination
Human Rights Complaints

- Abuse/Neglect/Exploitation: 23 complaints
- Basic Needs: 12 complaints
- Client Rights: 7 complaints
- Confidentiality/HIPAA: 3 complaints
Human Rights Complaint/Grievances

Service Breakdown
Abuse/Neglect/Exploitation

- Residential Services (Including Innovations): 6
- Innovations Services (Non-Residential): 4
- Outpatient Services: 3
- Other: 2
- Unknown: 2
- Substance Abuse Comprehensive Outpatient Tx: 1
- Peer Support Services: 1
- Crisis-Behavioral Health Urgent Care Center: 1
- Respite: 1
- Crisis Inpatient: 1
<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Support Services</td>
<td>1</td>
</tr>
<tr>
<td>Crisis – Facility Based Crisis</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

Total of 3
Basic Needs

- Community Support Team (CST): 2
- Crisis - Inpatient: 2
- Unknown: 2
- ACTT: 1
- Intermediate Care Facility (ICF): 1
- Innovation Services (non-residential): 1
- Medication Administration: 1
- Respite: 1
- Partial Hospitalization: 1
<table>
<thead>
<tr>
<th>Nature of Issue</th>
<th>Description</th>
<th>Resolutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Abuse/Neglect/Exploitation</td>
<td>3 – Potential licensing rule violations</td>
<td>16 – Referred to Division of Health Services Regulations (DHSR)</td>
</tr>
<tr>
<td></td>
<td>5 – Sexual Assault/Inappropriate Sexual Behavior</td>
<td>4 – Provider initiated corrective action</td>
</tr>
<tr>
<td></td>
<td>6 – Abuse in Residential Facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 – Improper supervision</td>
<td>8 – Worked with provider for solution/Corrective action</td>
</tr>
<tr>
<td></td>
<td>6 – Exploitation related to payment for services</td>
<td>4 – Information/Technical Assistance to provider.</td>
</tr>
<tr>
<td>12 Basic Needs</td>
<td>7 – Hospitalizations/Involuntary Commitments (IVC)</td>
<td>1 – Referred to DHSR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 – Provider initiated corrective action</td>
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<tr>
<td></td>
<td></td>
<td>2 – Nonissue</td>
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<tr>
<td></td>
<td></td>
<td>4 – Tracking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 – Undetermined</td>
</tr>
<tr>
<td>7 Client Rights</td>
<td>2 – Related to management of members’ finances/resources</td>
<td>1 – Provider initiated corrective action</td>
</tr>
<tr>
<td></td>
<td>2 – Potential violation of facility rules related to Client Rights</td>
<td>2 – Tracking for potential trends</td>
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<tr>
<td></td>
<td>2 – Related to basic client supervision</td>
<td>2 – Undetermined</td>
</tr>
<tr>
<td></td>
<td>1 – Related to medications</td>
<td>1 – Referred to DHSR</td>
</tr>
<tr>
<td>3 Confidentiality/HIPAA</td>
<td>2 – Other patient information in information received</td>
<td>2 – worked with provider for resolution</td>
</tr>
<tr>
<td></td>
<td>1 – Location of services not confidential</td>
<td>1 – Information/Tech Assistance provided</td>
</tr>
</tbody>
</table>
Incident Report Breakdown

- 763 Reports were entered into NC-IRIS for 495 members
- 491 reports involved children, 272 involved adults

**LEVELS**
- 686 Level 2 reports
- 77 Level 3
Wake County submitted the largest number of Level 2 (365) and Level 3 (41) reports in the 1st quarter of FY20.
A total of 491 Incidents were reported for children: (474 L2 and 17 L3)
A total of 332 Incidents were reported for Adults: (272 L2 and 60 L3)
This chart represents the top 10 services reporting incidents during Q1 of FY20. PRTF service category remains the highest reporting service; 22% of all reports.
REPORTS BY INCIDENT CATEGORY
(Primarily Human Rights Related)
• 92% of Restrictive interventions in Q1 were Physical Restraints
Restrictive Intervention Breakdown

- 69% from PRTF Programs
- 23% from Day Treatment Programs
- Higher numbers/percentages in Child and Adolescent programs
• 64 Total – 62 were L2; 2 were L3
• 1 L3 due to self injury resulting in permanent damage, 1 L3 involved an allegation of abuse
• Other category represents a variety of causes for injuries
64 reported in this category
6 Substantiated: **6 Staff Abuse/Neglect, 1 Sexual Assault, 1 Caregiver Abuse**
Staff and Caregiver Abuse were the most commonly reported in the category (70% of reports in this category)
A total of 26 deaths were reported during the 1st quarter. 17 (35%) L3, (9) 65% L2. 42% of reports due to Unknown Causes. Could be downgraded to L2 when the OCME report is received. OMT (Opioid Maintenance Therapy) are included in Unknown Death reports.
Incident Report Compliance
Incident Report Compliance Process
(Q1 FY2020)

• 21 Late Incident Report emails were sent out in Q1
  • 14 sent during Q4 (2x as many)

• 3 Plans of Corrections (POC) were issued for late reports in Q1

• 2 POCs were closed from FY19 during Q4
• Late submissions in the 1st increased by 1 percentage point in Q1. (Q4: 11%)
Special Investigations Unit (SIU)

- Responsible for prevention, detection, and investigation of fraud, waste, and abuse in the Alliance provider network
  
  - Data Analytics
  - Tips/Hotline
  - Member Surveys
  - Investigation
  - Training/Education
Grievances & Complaints

• The Quality Management (QM) Department receives and seeks to resolve concerns about services in the Alliance network.

• Details regarding the concerns and resolution are documented by QM.

• Allegations of fraud may be included in the concerns or may be uncovered in the resolution process.
SIU & QM Collaboration

- QM staff have received department specific training from SIU staff on indicators that warrant consult with SIU
- The SIU Supervisor and QM Incident & Grievance Manager meet monthly to discuss possible referrals
- QM staff consult with the SIU Supervisor on an as needed basis when indicators of fraud are noted
- SIU investigators review grievances/complaints as part of the investigation process
- SIU refers quality of care issues to QM
SIU FY19

- 153 cases opened
- 82 investigations initiated
- 13 cases referred to Division of Health Benefits Office of Compliance and Program Integrity
  - Evidence of billing after date of death, kickbacks, billing for services not rendered, upcoding, unbundling
SIU Transition to Tailored Plan

• What’s New?
  • Pharmacy Benefit Manager
  • Physical Health Claims
  • Increase in Third Party Liability/Subrogation
  • Smaller number of members enrolled in the health plan

• How will SIU prepare?
  • Focus on known risk areas
  • Maintain active role in overall Alliance preparations
  • Ongoing collaboration with Division of Health Benefits
  • Training, training, training
Questions?

Presented by
Matt Ruppel, MSW, CFE
Director of Program Integrity
Office of Compliance
ITEM: Board Network Development and Services Committee Report

DATE OF BOARD MEETING: March 5, 2020

BACKGROUND: The committee met on January 8, 2020. An overview of the state’s vision and plan for care management under the tailored plan was presented. Additionally, information around Alliance’s plan and current actions to develop and support provider-led care management was reviewed with the committee.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Donald McDonald, Committee Chair; Sean Schreiber, Executive Vice-President/Network and Community Health
BOARD NETWORK DEVELOPMENT & SERVICES COMMITTEE - REGULAR MEETING
5200 W. Paramount Parkway, Morrisville, NC 27560
4:00-5:00 p.m.

APPOINTED MEMBERS PRESENT: ☒Marilyn Avila, ☒Heidi Carter, MPH, MS, Board member, ☒Angela Diaz, Board member, ☒Sally Hunter, ☒Donald McDonald, MSW, Board member (Committee Chair), ☒Lynne Nelson, BS, Board member;

BOARD MEMBERS PRESENT: ☒George Corvin, MD (Board Chair)
GUEST(S) PRESENT: ☒Yvonne French (DMH Liaison)
STAFF PRESENT: ☒Sean Schreiber, Executive Vice-President/Network and Community Health, ☒Sandra Ellis (Scribe)

1. WELCOME AND INTRODUCTIONS – The meeting was called to order by Donald McDonald (Committee Chair)

2. REVIEW OF THE MINUTES – The minutes from the September 11, 2019, meeting were reviewed; a motion was made by Commissioner Carter and seconded by Mr. McDonald to approve the minutes. Motion passed unanimously.

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<th>AGENDA ITEMS:</th>
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<td>3. Tailored Plan Care Management: Sean Schreiber</td>
<td>Provided update and answered questions; document to be sent to committee members.</td>
<td>• Continue Updates  • Sean look into NC Home Reduction (McDonald)</td>
<td>March 11, 2020</td>
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<td>4. ADJOURNMENT: Meeting adjourned at 5:30pm; next meeting scheduled for March 11, 2020 from 4:00 p.m. to 5:30 p.m.</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.
ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: March 5, 2020

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

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

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

The draft minutes and materials from the previous meeting are attached.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Pam Silberman, Committee Chair; Wes Knepper, Director of Quality Management
Thursday, December 05, 2019

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

APPOINTED MEMBERS PRESENT: □ Cynthia Binanay, MA, BSN (Board member), ☒ David Curro, BS (Board member), ☒ David Hancock, MBA, MPAff (Board member), arrived at 2:24 pm □ Duane Holder, MPA (Board member) by phone, ☒ Pam Silberman, JD, DrPH (Board member; Committee Chair); □ Israel Pattison (CFAC) □ Joe Kilsheimer (CFAC)

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

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

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

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

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

2. REVIEW OF THE MINUTES – The minutes from the November 7, 2019, meeting were reviewed. The minutes will be changed to reflect that Doug Wright was in attendance at the last meeting. David Curro moved that we approve the minutes, David Hancock seconded. The motion passed.

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<td>3. OLD BUSINESS</td>
<td>QIP Updates (Wes) – <strong>Access to Care QIP</strong>. Urgent and routine callers. Urgent continues to go up while the number of calls goes down. On the other hand, the routine callers is not changing. Large part of these come from our jail population who are not keeping the appointments after they get out. The prison social workers make the call not us. Parole officers can now see their appointments. <strong>Clinical Contacts QIP</strong> - % of face-to-face contacts made by hospital liaisons (by our care coordinators). One of our facilities has asked that we not have care coordinators there anymore and so we are trying to take them out of the measure. Our care coordinators can still see members there, but we don’t have free access on the unit. This happened after July. There was big drop between June and July—we need to figure out what happened. <strong>Expedited Care QIP</strong> Our interventions have not been effective. Have set up focus groups and interviews with members (guardians). Going to get a sense from providers as well to find out how quickly do the members want to be seen and how quickly do providers need them to be seen.</td>
<td>• Wes will speak to David Rosen who is focusing on post release health to see if there are best practices we might be able to incorporate into our post incarceration reaching out • Wes will add the numbers in for how many callers met the criteria on the QIP chart • George will contact Brian Shiteman.</td>
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<td>Reduce TAT for Post-Disposition Requests – Mahul and Wes will have a discussion with UM about this.</td>
<td>Upgrade Provider Profiles QIP we've gotten close to the goal. Two struggles with this goal. Providers that have already submitted info (this has to be done every 90 days) are rolling off. There are some providers who serve from one to five out of our catchment area and probably won't get more from us have little incentive to fill this out. We are working on some targeting outreach. There will be fines if not current. Pam suggests we ask the State how we deal with these providers that only have very few of our cases. If a provider has five single case agreements in place, we have to offer them contract. They might eventually not have five any more, and there's the problem. Might be a good idea to ask the State if providers could update their NC Tracks with a few extra fields.</td>
<td>• Mehul and Wes will have a discussion with UM about the reduce TAT for post-discharge requests measure.</td>
<td>• Mehul and Wes will have a discussion with UM about the reduce TAT for post-discharge requests measure.</td>
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<td>Improve Adverse Letters – letters that have gone out from our Utilization Management department that have denied or reduced an authorization request. We've picked 14-15 elements that would have to all be in place to make a letter perfect. We found there were training issues, so we did a lot of staff training in October. Did trainings for admin staff that do the mailings and the UM staff that create the letters. We hope that when we look at November that results will be better.</td>
<td></td>
<td>• Wes will talk to Provider Networks about who to talk to at the State about adding a few fields for providers to NC Tracks.</td>
<td>• Wes will talk to Provider Networks about who to talk to at the State about adding a few fields for providers to NC Tracks.</td>
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<td>Call Center LTSS Communication Timeliness - Response to IDD health information request within 1 business day. Wes thinks this project will hit the goal quickly.</td>
<td>TCLI IPS/SE - New QIP-the baseline is all of last fiscal year. Number of individuals in TCLI referred for supportive employment—we have goal of 26 referrals. Last year we did 21.</td>
<td></td>
<td>• When the packets of information are ready, Damali will bring them into the meeting.</td>
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<td>HEDIS Measure Update (Damali) Performance Measure Review (Damali) – we are looking at data per provider. The providers that serve our members that meet the criteria for each member and looking at individual provider performance. Barrier is a number of our behavioral health providers and ACT teams are not prescribing these medications, but we want them to be aware of what the members are taking. We are working on messaging according to providers backgrounds. Alliance will share our information with providers for our members. Putting together a three pronged approach to this.</td>
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<td>Performance “Super” Measure Update (Damali)</td>
<td>at the last meeting talked about mapping. We are doing early analysis to see if we are having effect. We mapped Holly Hill hospital’s discharge process. Focusing mainly on state mental health discharges. Some breakdown in referral process. Wanted to access what the barriers were. Now they are getting daily census and using that as referral source and can meet with individuals in the first or second day of the admission. Of those that do accept the service, there is a higher rate of being seen in 1-7 days. Other issues occurring are changes with Holly Hill. Have a high rate of clinician turnover. We are not getting the census on a regular basis. We are working on that. Holly Hill has not seen a lot of SUD primary diagnosis for discharge. That number is ticking up. That has not been a target population for the hospital transition team. We need to work on that.</td>
<td>Damali will add notation on the chart about which is higher and lower.</td>
<td></td>
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<td>Recovery innovations</td>
<td>we have a peer support diversion team in place with them. A special funding last year. We started a pilot last spring for a few months. At end of the pilot, they hit their benchmarks. We continued the program in the fall. We don’t have November data yet.</td>
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<td>Triangle Springs SUD discharges</td>
<td>They do Medicaid only. We started seeing an uptick in our members seeking treatment there. We do have a contract now. They have a partial hospitalization program onsite adjacent that focuses on SUD discharges. On November 15, we added that service to our contract so that can serve as an aftercare. They provide transportation.</td>
<td></td>
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<td>UNC Wakebrook discharges-MA and State</td>
<td>outpatient codes were added to contract of the Suboxone clinic operated by UNC primary care clinic. This will also count toward our 7 day.</td>
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4. NEW BUSINESS

Clinical Guidelines Review (Wes) our clinical guidelines are approved through a subcommittee of CQI. Have a list on our website of approved Alliance best practice guidelines. This year we are going to work on metabolic screens for these. Providers know about this page and some helped us develop them.

DMH Measure Changes (Wes) and Performance Standards Dashboard Changes (Wes) DMH has responded to us and taken a page and a half of measures that we used to report monthly and removed them except for two and moved those two...
5. **ADJOURNMENT:** the meeting adjourned at 2:25 pm; the next meeting will be February 6, 2020, from 1:00 p.m. to 2:30 p.m.
1. **WELCOME AND INTRODUCTIONS** – the meeting was called to order at 1:01 pm

2. **REVIEW OF THE MINUTES** – The minutes from the October 3, 2019, meeting were reviewed. After correcting the misspelling of George Corvin’s name, the start time, moving Mary Hutchings name from an appointed member to a guest and changing Cynthia Binanay’s attendance from present to absent, a motion was made by Dave Curro and seconded by George Corvin to approve the minutes. The motion passed unanimously.

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<td>3. OLD BUSINESS</td>
<td><strong>Quality Work Plan Review (Wes)</strong> – this is the foundation of what is driving our major quality initiatives at Alliance. Three 7-day follow up state contract measures and three HEDIS measures we’ve selected. The targets for these were set by the 50th percentile for Medicaid plans in the most recent year it was published. The others are QIPs. We have had some turnover to the QI team in Quality Management. New people that have been hired have some expertise that is causing us to reevaluate some things. <strong>HEDIS Measure Update (Damali)</strong> – we are pushing data back out to providers, so that they know what their performance is. We recently looked at full year 2018 calendar year data and drilled that down for providers. We are looking at attribution. We will be reporting out how agencies perform on these measures. For the PCPs, at very least they should be aware of who the primary physician is, the medication the clients are taking and how that may be playing out in behavioral health issues that they are working on with the members. Not responsible for medication, but they are responsible for being aware of what medication they are on and seeing that they are getting the screenings while they are on the medications.</td>
<td>• Pam requested that a notation be made about when we did the intervention and started sending things out to the provider. Damali will let Wes know what months to notate. • Wes will put in an explanation next to 7 day challenge performance data – DHB on chart of what it is.</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
AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME: |
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Performance Measure Review (Damali) - We have taken a step back in past few months with these measures. We have started going to our major facilities, walked through their discharge process. We are figuring out where they can be more effective and we can be more effective with our interventions, help improve discharge coordination and getting people to the next service. Completed process mapping of discharge process with Holly Hill, Triangle Springs and Recovery Innovation. We have a second process mapping with Holly Springs in a couple of weeks and are working on mapping for two of UNC’s units. Have removed barriers to hospital physician teams so that they can get their referrals, get into facilities, introduce their services and can get to individuals much quicker than with our prior process. Are looking at their data to see if they are able to touch more individuals and get more individuals involved with their program. These teams are the bridge between the person leaving the facility and getting to the next appointment. The hope is that they are able to see more people now and that our rate will go up as well. That service by itself counts towards the measure, but we really want to see if they are connecting members to services because that counts toward the 30 day follow up.

4. NEW BUSINESS

Performance Standards Dashboard – Two measures not met are uninsured 7-day follow up for substance use disorders and mental health. For mental health, we hit it in March but not in April. For SUD, we have hovered in mid-30s for a long time. It’s an especially difficult population to engage. We are hoping that our work with the providers can help move the needle.

For the TBI waiver, we realized that we had to transition a lot of our care coordination efforts away from waiting for people to be in the waiver and coordinating their care to doing the outreach educations and helping them navigate the enrollment process. Eventually we will not have the bandwidth to do as much.

Next month, we have QIP updates and clinical guidelines review. Clinical guidelines are going through a reimagining. Those are reviewed by a provider subcommittee of CQI.

Wes asked if there anything else you want to hear about. Pam requested that Damali give us an update at a future meeting on whether any of the interventions are making a difference.

- Wes will put radio buttons on the supermeasures right under current status of metrics on performance dashboard
- Damali will update the committee in the future about whether any of the interventions are making a difference.
5. **ADJOURNMENT:** the meeting adjourned at 1:49 pm; the next meeting will be December 5, 2019, from 1:00 p.m. to 2:30 p.m.
ITEM: Recommendation for Reappointment to Alliance’s Area Board

DATE OF BOARD MEETING: March 5, 2020

BACKGROUND: In accordance with the By-Laws of the Area Board, the terms of some Board members (David Curro and Angela Diaz) expire March 31, 2019. The Board is requested to consider these members’ reappointment for an additional term and request official reappointment through their respective counties’ Boards of County Commissioners.

REQUEST FOR BOARD ACTION: The Board is requested to recommend to the respective Board of County Commissioners the reappointment of David Curro and Angela Diaz.

CEO RECOMMENDATION: The Board is requested to recommend to the respective Board of County Commissioners the reappointment of David Curro and Angela Diaz.

RESOURCE PERSON(S): Dr. George Corvin, Board Chair; and Robert Robinson, CEO